



# Oral Pathology

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- Developmental Conditions
- Mucosal Lesions—Reactive
- Mucosal Lesions—Infections
- Mucosal Lesions—Immunologic Diseases
- Mucosal Lesions—Premalignant
- Mucosal Lesions—Malignant
- CT Tumors—Benign
- CT Tumors—Malignant
- Salivary Gland Diseases—Reactive
- Salivary Gland Diseases—Benign
- Salivary Gland Diseases—Malignant
- Lymphoid Neoplasms
- **Odontogenic Cysts**
- Odontogenic Tumors
- Bone Lesions—Fibro-Osseous
- Bone Lesions—Giant Cell
- Bone Lesions—Inflammatory
- Bone Lesions—Malignant
- Hereditary Conditions

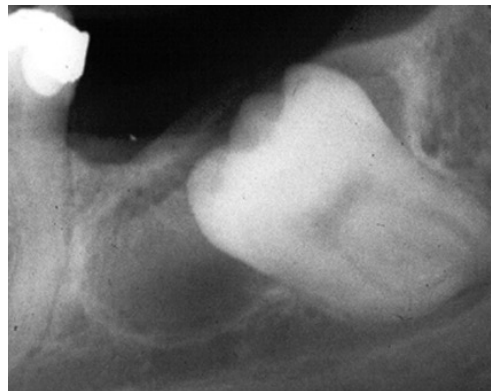
# Radicular Cyst

- Also called a *periapical cyst*
- Most common odontogenic cyst
- Radiolucency at apex
- Always associated with nonvital tooth
- Necrotic pulp causes periapical inflammation
  - Acute → abscess
  - Chronic → granuloma
- **Epithelial Rests of Malassez (ERM)** from Hertwig's Epithelial Root Sheath (HERS) within pocket of inflammation encapsulate the lesion resulting in formation of a cyst
- Tx: RCT, apicoectomy, or extraction with curettage



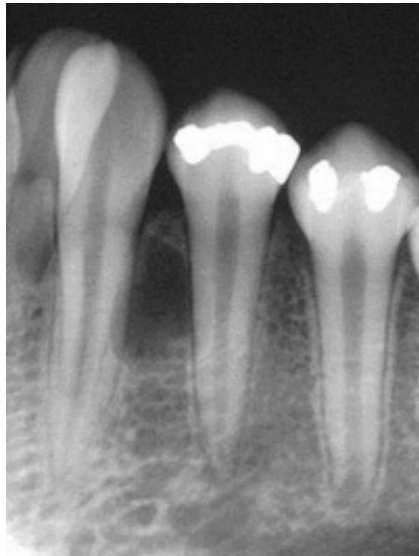
# Dentigerous Cyst

- Also called *eruption cyst* if lesion occurs over erupting teeth in children
- Radiolucency attached to CEJ of impacted tooth
- Most common with canines and third molars
- Accumulation of fluid between crown and **reduced enamel epithelium**
- Tx: excision, but may be source of future odontogenic tumor



# Lateral Periodontal Cyst

- Most common in mandibular premolar region
- Always associated with vital tooth
- Tx: excision



# Gingival Cyst of Adult

- Soft tissue counterpart of LPC (no radiolucency)
- Tx: excision



# Gingival Cyst of Newborn

- Bohn's nodules= lateral palate
- Epstein's pearls= midline palate
- **Rests of dental lamina** epithelialize the small lesions
- Tx: none, will involute as infant ages



# Primordial Cyst

- Develops where a tooth would have formed
- Most common at mandibular third molar region
- Tx: complete removal



# Keratocystic Odontogenic Tumor (KCOT)

- Aggressive and recurrent
- Most common in posterior ascending ramus of mandible
- Thin corrugated parakeratinized epithelium
- **Gorlin Syndrome**= multiple KCOTs, multiple BCCs, calcified falx cerebri, fatal, also called nevoid basal cell carcinoma
- Tx: aggressive enucleation



# Calcifying Odontogenic Cyst

- Also called *Gorlin cyst* (confusingly)
- Rare and unpredictable
- Ghost cells= empty space where nucleus was and keratin fills it, can undergo calcification and little radiodensities detected radiographically

