



# 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

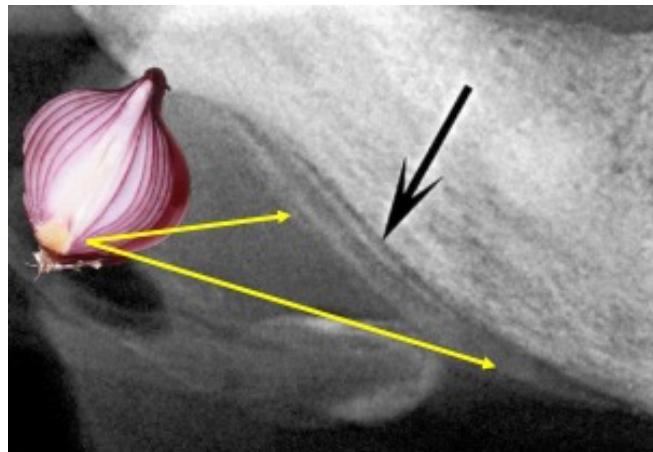
# Acute Osteomyelitis

- Most common initiating causes are odontogenic infection and trauma
- Infection and inflammation usually begins in medullary space involving the cancellous bone and spreads to cortical bone, periosteum, and soft tissues
- Symptoms
  - Deep and intense pain
  - High or intermittent fever
  - Paresthesia or anesthesia of IAN
  - Tooth is NOT loose, this is caused by periodontitis
- Tx: antibiotics and drainage



# Chronic Osteomyelitis

- Diffuse mottled radiolucency
- Sequestra= piece of dead bone
- **Garre's Osteomyelitis**= chronic osteomyelitis with proliferative periosteitis (onion skin)
- Tx: antibiotics and debridement



# Focal Sclerosing Osteomyelitis (Condensing Osteitis)

- Bone sclerosis resulting from low-grade inflammation like chronic pulpitis
- Tx: none, just address the cause



# Diffuse Sclerosing Osteomyelitis

- Same as previous just wider scale, may lead to jaw fracture and osteomyelitis
- Tx: antibiotics and address the cause

# Bisphosphonate-Related Osteonecrosis of the Jaws (BRONJ)

- Risk of development much greater with IV than oral
- Jaw pain
- Tx: **CHX rinse**, antibiotics, conservative surgery

