

# CLINICAL STOMATOLOGY CONFERENCE

DNSC D9910.00

October 31, 2007

## Soft tissue lesions Part 1

### Overview

#### Benign

- *Fibroma*
- *Pyogenic granuloma*
- Epulis fissuratum
- Lipoma
- Granular cell tumor
- Congenital epulis (of the newborn)
- Hemangioma
- Neural lesions

#### Malignant

- Sarcomas

### Fibroma

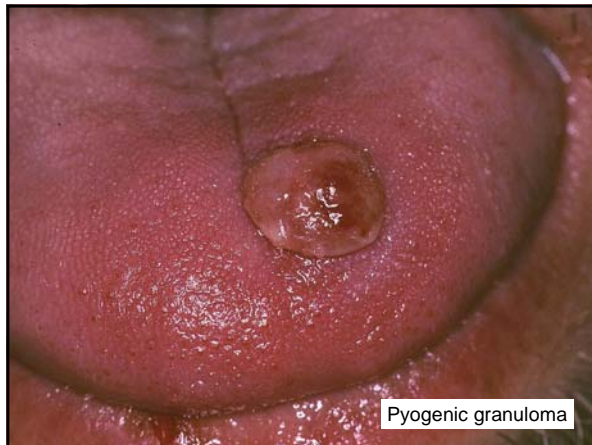
- Etiology: Likely reactive hyperplasia of fibrous tissue in response to *local irritation* or *trauma*
- Gender: F>M
- Age: Most common in 4<sup>th</sup>-6<sup>th</sup> decade
- Site: *Labial mucosa*, *tongue*, *gingiva*
- Clinical features:  
Sessile or pedunculated  
Pink-white, firm nodule



## Fibroma

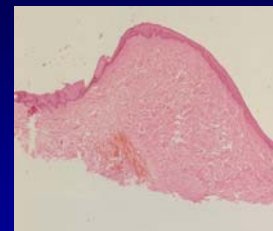
- Differential diagnosis:

- 1) Lipoma
- 2) Neural lesions (e.g. neurofibroma, schwannoma, neuromas)
- 3) Pyogenic granuloma – red/purple
  - \*\* NOTE: Many fibromas may be maturing PGs
- 4) Salivary gland lesions, vascular lesions
- 5) Granular cell tumor – especially dorsum of tongue



## Fibroma

- Histology:
  - mass of fibrous connective tissue
  - covered by stratified squamous epithelium
  - $\pm$  hyperkeratosis
  - $\pm$  inflammation



- Treatment: Conservative surgical excision

## Pyogenic granuloma

- Etiology: Exuberant tissue response to local irritation or trauma
- Gender: F>>M
- Age: Children, young adults  
Pregnant women
- Site: Gingiva (75% of cases); facial>lingual  
*Lips, tongue, buccal mucosa*
- Clinical features:  
Smooth or lobulated  
Mostly pedunculated  
Red, purple; ulcerated



## Pyogenic granuloma

- Differential diagnosis:
  - 1) Vascular lesions
  - 2) Fibroma
  - 3) Lipoma
  - 4) Neural lesions
  - 5) Salivary gland lesions

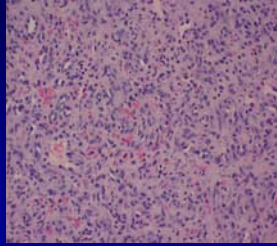




## Pyogenic granuloma

- Histology:

- vascular proliferation (granulation tissue)
- mixed inflammatory infiltrate
- stratified squamous epithelium ± ulceration
- *Older lesions:* Fibrous



- Treatment: Conservative surgical excision  
Scale adjacent teeth  
Multiple recurrences

## Epulis fissuratum

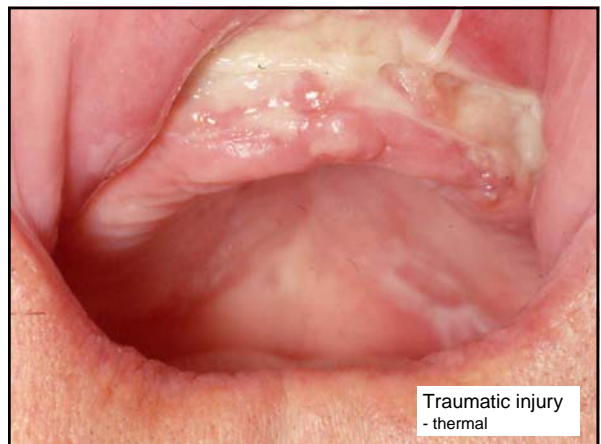
- Etiology: Likely reaction to irritation/trauma from *ill-fitting denture*
- Gender: F >> M
- Age: Middle-aged and elderly
- Site: Alveolar vestibule  
Anterior mx or mn
- Clinical features:  
Folds of hyperplastic tissue  
Firm; ± ulceration  
Pink to reddish



## Epulis fissuratum

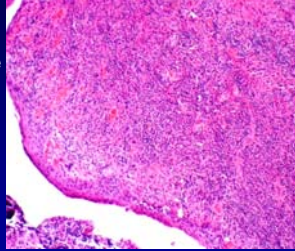
- Differential diagnosis:

- 1) Fibroma
- 2) Pyogenic granuloma
- 3) Lipoma, neural lesions
- 4) Traumatic ulcer; chemical/thermal injury



## Epulis fissuratum

- Histology:
  - fibrous connective tissue hyperplasia
  - epithelial hyperplasia
  - chronic inflammation
  - ± bone or cartilage



- Treatment: Surgical removal  
Reline or reconstruction of denture

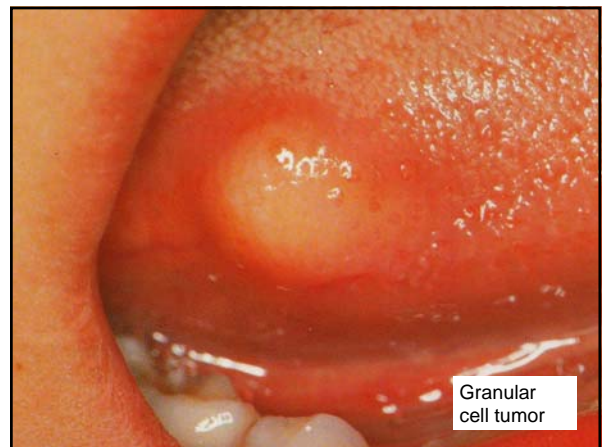
## Lipoma

- Etiology: Benign proliferation of fat
- Gender: F>M
- Age: Mostly >40 yo
- Site: Buccal mucosa, buccal vestibule  
Tongue, FOM, lips
- Clinical features:
  - Smooth-surfaced nodule
  - Sessile or pedunculated
  - Yellow to pink



## Lipoma

- Differential diagnosis:
  - 1) Fibroma
  - 2) Granular cell tumor
  - 3) Lymphoepithelial cyst
  - 4) Epidermoid/dermoid cyst
  - 5) Abscess





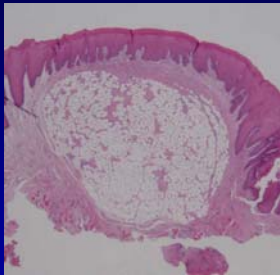
Lymphoepithelial cyst



Epidermoid cyst

### Lipoma

- Histology:
  - collection of mature fat cells in connective tissue
  - well-circumscribed
  - stratified squamous epithelium



- Treatment: Surgical removal

### Granular cell tumor

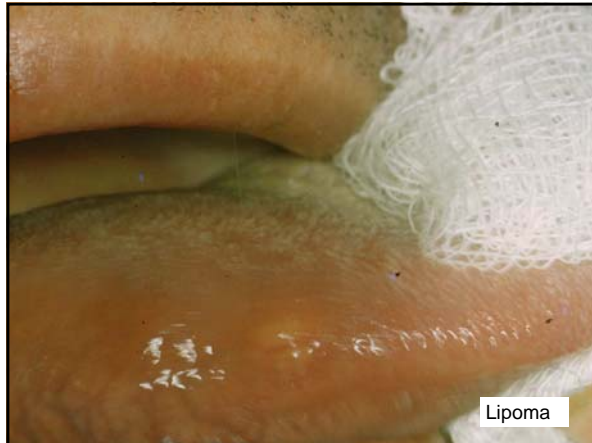
- Etiology: Benign proliferation of granular cells of *unknown origin*
- Gender: F>M
- Age: 4<sup>th</sup>-6<sup>th</sup> decades
- Site: Tongue, especially dorsum  
Buccal mucosa
- Clinical features:
  - Nodule
  - Pink to yellow
  - Sessile
  - Firm to palpation; "button-like" feel





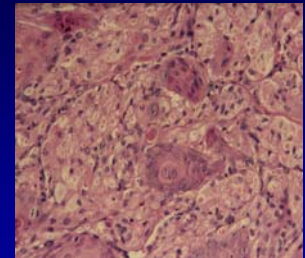
## Granular cell tumor

- Differential diagnosis:
  - 1) Fibroma
  - 2) Neural lesions
  - 3) Lipoma
  - 4) Lymphoepithelial cyst;  
Epidermoid/dermoid cyst;  
Abscess



## Granular cell tumor

- Histology:
  - sheets of cells with granular cytoplasm
  - not encapsulated
  - *pseudoepitheliomatous hyperplasia* of epithelium



- Treatment: Conservative surgical excision
  - No recurrence, even if margins +

## Congenital epulis (of the newborn)

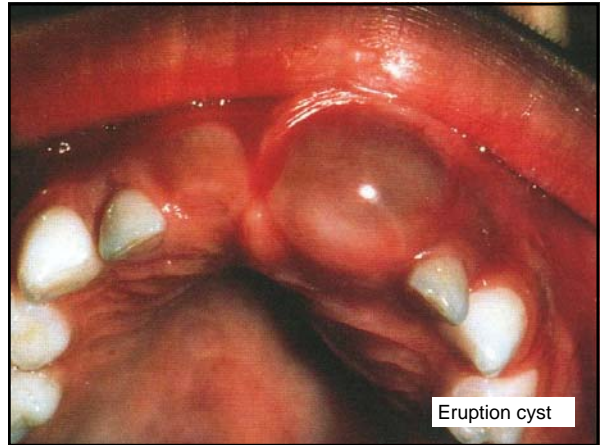
- Etiology: Benign proliferation of granular cells of *unknown origin*
- Gender: 90% in females
- Age: Infants
- Site: Mx ridge > Mn ridge; lateral to midline  
Rarely occurs on tongue
- Clinical features:
  - Smooth-surface mass
  - Pink-yellow to red
  - Most  $\leq 2$  cm; can be quite large





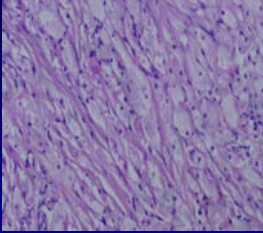
**Congenital epulis (of the newborn)**

- Differential diagnosis:
  - 1) Hemangioma/lymphangioma
  - 2) Neural lesion
  - 3) Eruption cyst
  - 4) Gingival cyst of the newborn  
Bohn's nodules



**Congenital epulis (of the newborn)**

- Histology:
  - sheets of cells with granular cytoplasm
  - not encapsulated
  - *atrophic epithelium*
- Treatment: Conservative surgical excision
  - \*\* May regress after birth
  - \* No recurrence







Rubber ball!!!