Overview

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

Malignant
• Sarcomas

Hemangioma

• Etiology: Benign proliferation of vascular endothelial cells
• Gender: F>M
• Age: Present since infancy but may not be clinically obvious
• Site: Any oral location; may be multiple Skin

Hemangioma

• Clinical features:
  - Lobulated or nodular mass
  - Red to purple
  - Blanches with dialscopy
• Clinical behavior:
  - Present at birth, proliferates for 6-10 months, then involutes
Hemangioma

- Differential diagnosis:
  1) Vascular malformation
     - present at birth; persists throughout life
     Varix – dilated vein
  2) Hematoma
  3) Lymphangioma
     - proliferation of lymphatic endothelial cells
     - often combined with hemangioma
  4) Pyogenic granuloma
  5) Mucocoele; salivary gland tumor

- Histology:
  - Numerous blood vessels
  - Capillary - small lumen
  - Cavernous – dilated lumen

- Treatment:
  Periodic observation - as many involute with time
  Problematic lesions: steroids, sclerotherapy
Benign neural lesions

- **Includes:**
  1. Neurofibroma
     - solitary
     - associated with neurofibromatosis (NF)
  2. Schwannoma
  3. Traumatic neuroma
     - after transaction or damage to nerve
     - mental foramen area, tongue, lower lip
  4. Other neuromas
     a) Mucosal neuroma
        - associated with multiple endocrine neoplasia III (MEN III)
     b) Palisaded encapsulated neuroma

- **Gender:** No predilection
- **Age:** Young and middle-aged adults
- **Site:** Any; especially tongue
  - Rarely can occur in jaw (neurofibroma, schwannoma, traumatic neuroma)
- **Clinical features (soft tissue):**
  - Smooth-surfaced nodule or mass
  - Pink
  - Soft to firm
- **Radiographic features (intraosseous):**
  - Well-defined radiolucency

- Neurofibroma
- Neurofibromas in neurofibromatosis
- Neurofibromas and café au lait spots in neurofibromatosis
- Intraosseous neurofibroma
Benign neural lesions

- **Differential diagnosis:**
  1) Fibroma
  2) Epulis fissuratum
  3) Lipoma; salivary gland lesions; vascular lesions
  4) Granular cell tumor – especially dorsum of tongue
Benign neural lesions

- **Histology**: varies depending on type of lesion
  - cells with wavy nuclei
  - schwannoma: Antoni A and Antoni B patterns
- **Treatment**: Conservative surgical excision

Sarcomas

- **Definition**: Proliferation of *malignant* mesenchymal cells

1) Fibroblasts = **fibrosarcoma**
2) Adipocytes = **liposarcoma**
3) Vascular endothelial cell
   = **Kaposi's sarcoma**
   = **angiosarcoma**
4) Peripheral nerve cells
   = **malignant peripheral nerve sheath tumor**
5) Striated muscle = **Rhabdomyosarcoma**
6) Smooth muscle = **Leiomyosarcoma**
Sarcomas

• Rare in oral cavity

• Points to remember:
  - History of H&N radiation therapy risk soft tissue and bone sarcoma
  - Kaposi’s sarcoma HIV pt, transplant pt, immunosuppressed pt
  - Malignant peripheral nerve sheath tumors mostly in NF patients
  - Rhabdomyosarcoma orbit in children