



American Academy of Oral
& Maxillofacial Pathology



CLINICAL PATHOLOGIC CONFERENCE

Moderators:

John Wright, DDS, MS and Susan Zunt, DDS, MS

62nd Annual Meeting & Continuing Education Program

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San Francisco, California

CLINICAL PATHOLOGIC CONFERENCE - 2008

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Case 3	Dr. Marilena Vered Dept. of Oral Pathology and Oral Medicine School of Dental Medicine Tel Aviv University Tel Aviv, Israel	Dr. Ibrahim Bello Institute of Dentistry University of Oulu Finland
Case 4	Professor Yoichi Tanaka Dept of Pathology and Laboratory Medicine, Tokyo Dental College Ichikawa General Hospital Tokyo, Japan	Dr. Julia Yu Fong Chang School of Dentistry, College of Medicine, National Taiwan University Taipei, Taiwan
Case 5	Dr. Michael Aldred Dorevitch Pathology Heidelberg, Melbourne Australia	Dr. Sue-Ching Yeoh Staff Specialist (Oral Medicine) - Sydney South West Area Health Service Sydney, Australia
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Case 1

The patient is a 53 year old male who was seen in consultation at UAB, Otolaryngology Head and neck Surgery for further evaluation & management of nasal airway obstruction which was slow in onset over about a 2-year period and intermittent epistaxis. His past medical history includes mild hypertension, rhinoplasty, and a nasal tumor biopsy performed during teenage years.

He is allergic to penicillin and past social history also includes tobacco and drug use 20 years ago.

Three images provided; Sagittal CT Neck Soft Tissue with Contrast (Figure 1), Sagittal MRI Face Neck Orbits without contrast (Figure2) and Axial CT Soft Tissue Neck with Contrast (Figure 3).



Figure 1

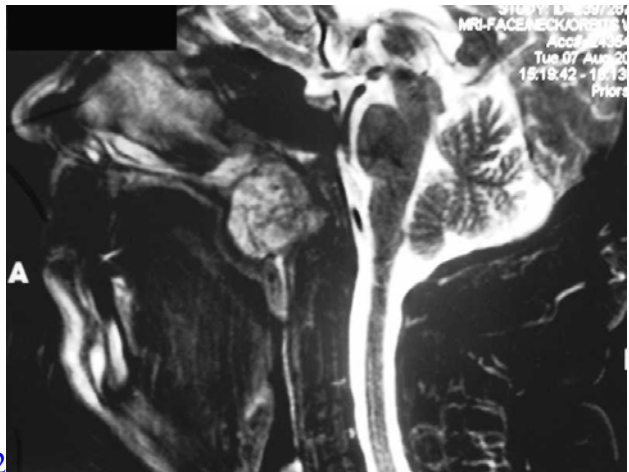


Figure 2

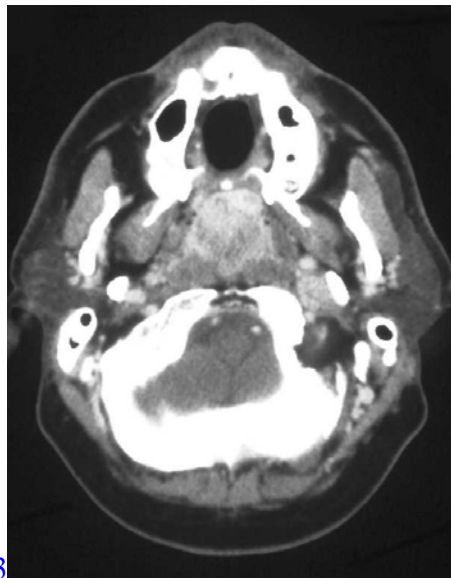


Figure 3

Case 2

A 31 year old female patient presented with a swollen eye. Intraoral examination showed a necrotic ulcerated lesion extending from midline of the maxilla involving buccal sulcus from tooth 21 to 12. The CT scan showed an erosive mass anterior to the ethmoid cells and an opacified maxillary sinus. The patient is HIV negative.



Case 3

April 2003: A 1.5 year old boy, otherwise healthy, was referred by a pedodontist to the Dept. of Oral & Maxillofacial Surgery due to an exophytic mass in the area of the lower deciduous incisors, which has been clinically diagnosed as an “eruption cyst”. The mother reported that the child had fallen against a glass top table about 3 weeks previously

Clinically, a 2x2 cm, bluish-brownish swelling of soft to moderately solid consistency covered by smooth mucosa was found in the vestibular area, extending between the right and left deciduous canines. The lower deciduous central incisors were lingually positioned. Both teeth were mobile.

Anterio-posterior and lateral x-rays of the mandible demonstrated a lytic lesion in the midline area with periosteal elevation

May 2003: Lesion was curetted and right deciduous central incisor extracted

May 2004: Present x-rays are from the third recurrence - Secreting fistula and soft tissue swelling adjacent to right first deciduous molar, non-responding to antibiotic treatment

Figure 1

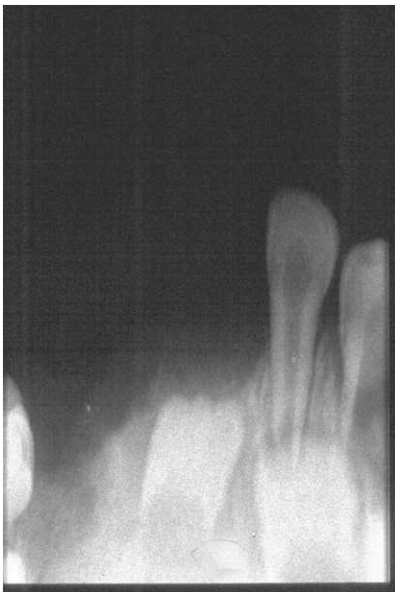


Figure 2



Figure 3



Figure 4



Case 4

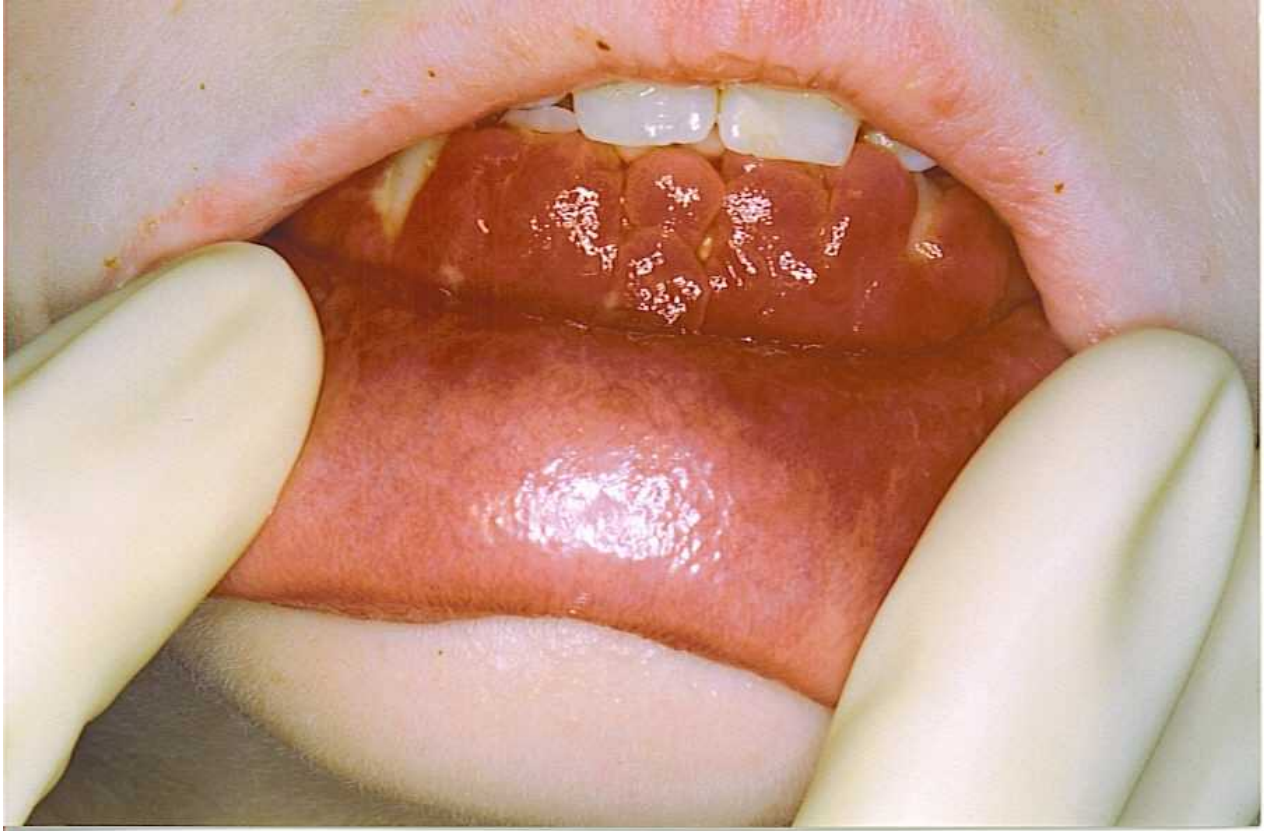
The patient is a 53 year old woman who noticed a lesion on the left buccal mucosa associated with mild pain for approximately 18 months. It appeared as a flat lesion with punctated black pigmentation. Her own dentist treated it with an ointment and her symptoms improved but the pigmentation did not change.

She recently visited another dental clinic for further evaluation. The clinical illustration shows a few black spots on her left buccal mucosa taken during her first dental clinic visit. There is some redness but swelling or ulceration was not observed. An oral surgeon excised the lesion.



Case 5

This 11 year old girl had a two year history of gingival swelling.



Case 6

A 36 year old male patient with AIDS suffered with headaches for several months and was sent for consultation because he presented with mass lesions located in the gingivae of the anterior part of the maxilla, mandible and left tuberosity. He was asymptomatic and mentioned that he had noticed the gingival enlargements for approximately three or four months. The upper and lower incisors presented with moderate mobility. The patient had not received HAART treatment.

