Oral PATHOLOGY 360

INTERNATIONAL ORAL DISEASES

CASE PRESENTATION CONFERENCE 2022

VIRTUAL CONFERENCE

21 & 22 May 2022

IODCPC 22

PROCEEDINGS

Oral PATHOLOGY 360

Education ★ Awareness ★ Collaboration

www.oralpathology360.com

Connecting you to everything & everyone in the diagnosis & management of oral & maxillofacial diseases

ORAL PATHOLOGY 360 IN NUMBERS

International Events 7	Livestreams 90	Recorded Videos 50
Community +7000	Countries +70	Partnerships 20

Videos viewed
+70000 , +9600 Hours

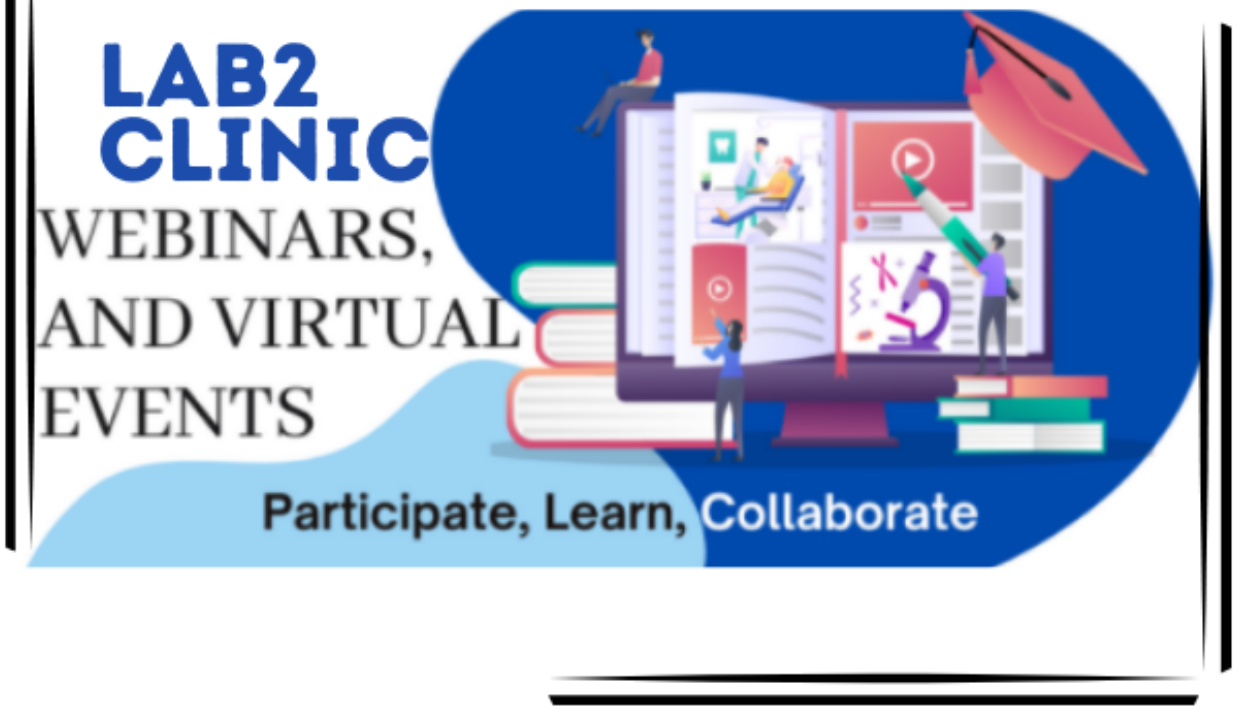
Lab2Clinic Weekly Newsletter

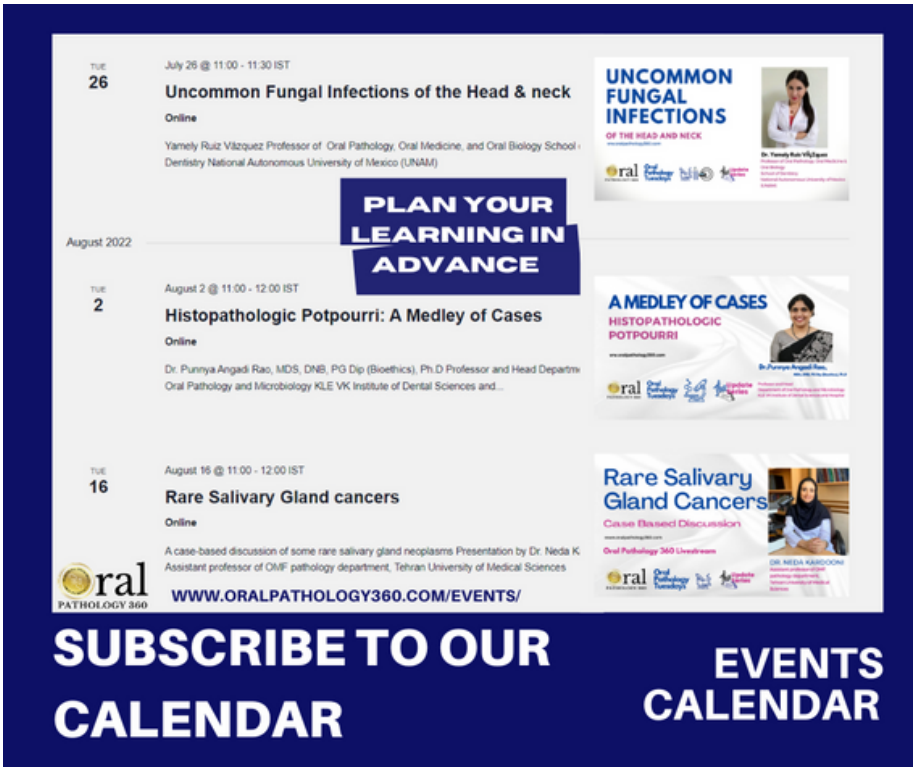
Bringing you news & Update of virtual events

Oral PATHOLOGY 360

Subscribe Now

ORAL PATHOLOGY, TRIPLE O & DENTISTRY NEWS





Connect With Us

IODCPC22 Organizers

Dr Mandana Donoghue

Conference Convener

Dr Jos Hille

Scientific Convener &

Regional Coordinator Europe

Dr Merva Soluk Tekkesin

IAOP Coordinator &

Regional Coordinator Europe

Dr Kannan Ranganathan

IAOP Coordinator &

ASOMP Coordinator

Dr Simarpreet V Sandhu

ASOMP Coordinator

Dr Jeronimo Lazos

Guest Lectures

Dr Ravikanth Manyam

Case Presentation (Oral)

Dr Joharia Azhar

Case Presentation (Poster)

Dr Nandini D B

Memorial wall

Dr Madhushankari G. S

Memorial wall

Dr. Karla Maria Carvalho

Guest Speaker Introductions

Dr Mariana Villarroel-Dorrego

America

Dr Raghu Radhakrishnan

Asia

Dr Lahari Telang

Asia Pacific

Dr Pouyan Aminishakib

Middle East

Dr K Karpagaselvi

India

IODCPC22 Organizing Partners

Oral PATHOLOGY 360

ASOMP
Asian Society of
Oral & Maxillofacial Pathology

UNIVERSITY of the WESTERN CAPE

VYDEHI INSTITUTE OF DENTAL SCIENCES
& RESEARCH CENTRE

TEHRAN UNIVERSITY OF MEDICAL SCIENCES

MANIPAL COLLEGE OF DENTAL SCIENCES
MANIPAL
(A constituent unit of MAHE, Manipal)

VDC VISHNU DENTAL COLLEGE

PENANG INTERNATIONAL Dental College

VIRTUAL DENTAL ACADEMY

IODCPC 22- Souvenir

CONTENTS

About the Souvenir

Türkiye Citizenship

Just with 400.000$

Advantages

Being able to work as a Doctor in Türkiye

Getting the 39th powerful passport of the world

For more information

0090 531 917 8673

Add a Reason to Your Patient's Smile

Introducing the New PerioGard® Mouthwash

LOW STAINING FORMULA

0.12% *Chlorhexidine Digluconate*

- ***Reduces*** *the formation of dental plaque*
- ***Helps*** *promote gum care*
- ***Suitable*** *for pre and post surgery use*
- ***Alcohol*** *free*

For dental professional communication only


WM Tilakaratne


Pouyan Aminishakib

Keynotes


Dr Mandana

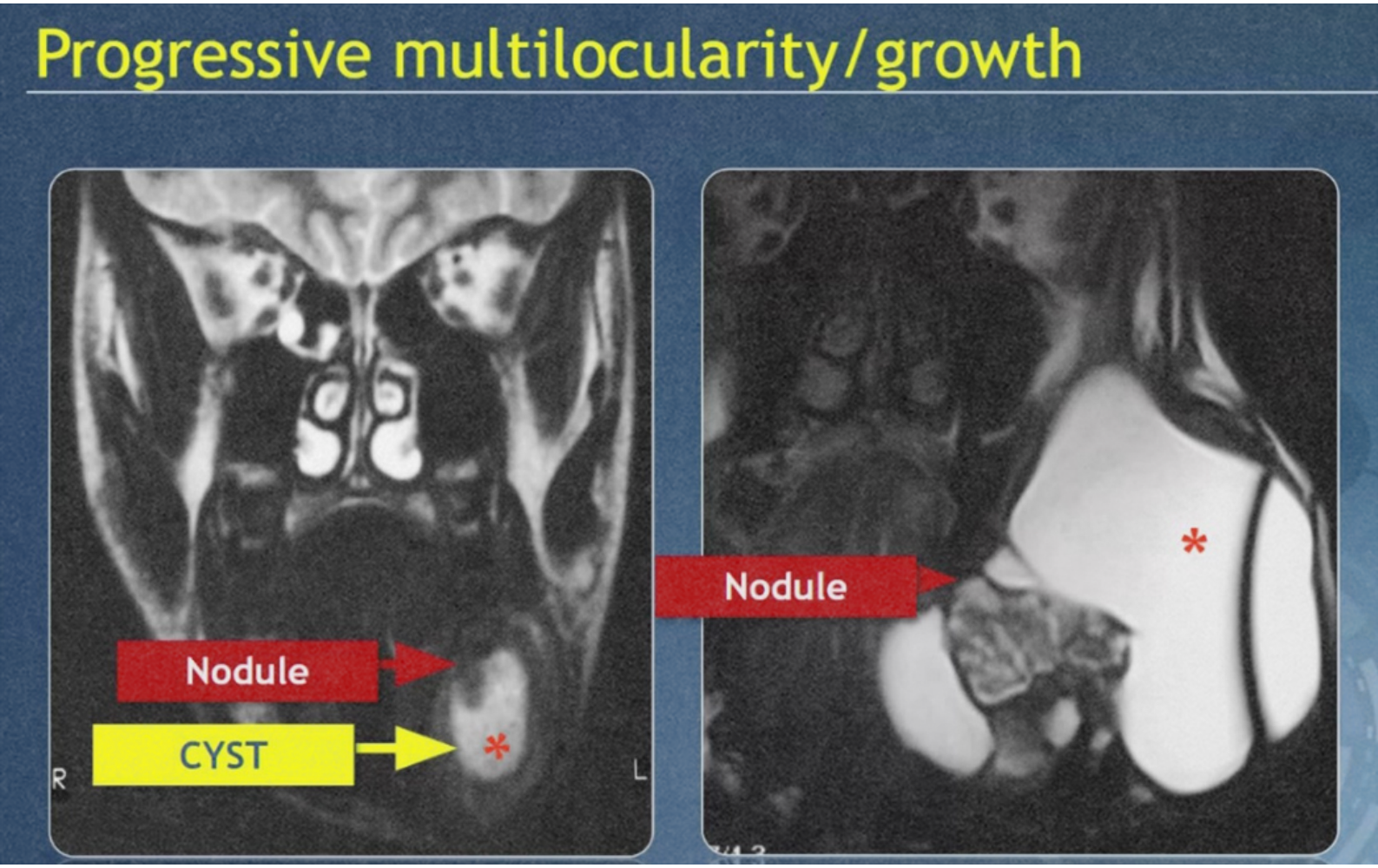

Jos Hille


Leon Janse van Rensburg

Title: Correlative Imaging of Jaw Tumours

Prof Dr Leon Janse van Rensburg
MBBCh, MFamMed, MMed(RadD),EDiNR, DSc

The objectives of the lecture:
Demonstrate the radiological features and correlative CT and MRI features of the Ameloblastoma, Odontogenic Keratocyst, and Odontogenic Myxoma
Show the application of MRI in treatment decisions and follow-up of patients will be demonstrated
Discuss new etiopathological and targeted directed treatment concepts of jaw tumors

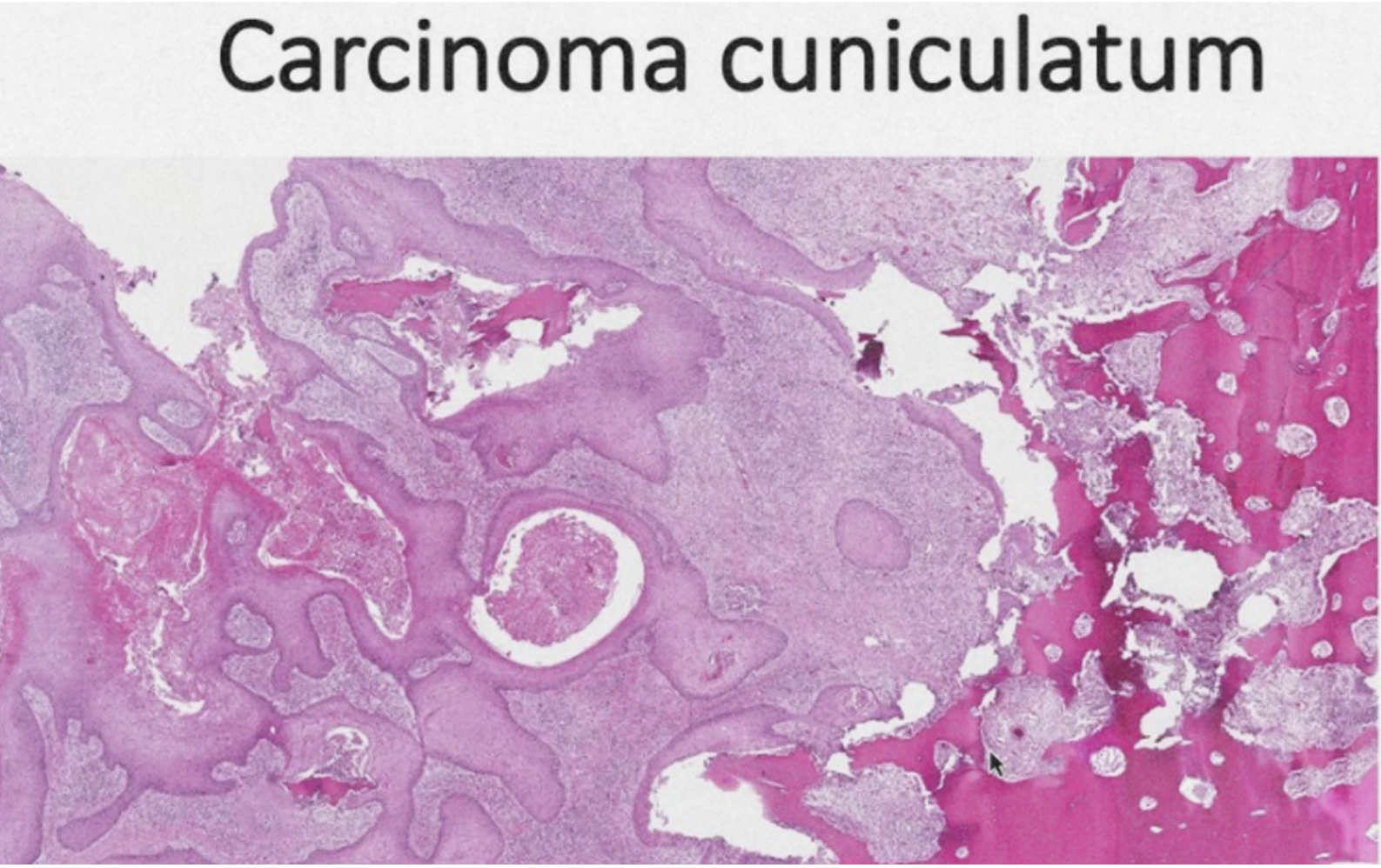


WHO 2022: Tumours of the Oral Cavity and Mobile Tongue

Professor Wanninayake M Tilakaratne
BDS, MS, FDSRCS, FRCPath, PhD

There are a few significant changes to the chapter on the oral cavity and mobile tongue in the new WHO classification 2022 on head and neck tumors. A few new sections have been added, and changes were introduced in the Oral potentially malignant disorders (OPMD) and oral epithelial dysplasia sections. Some titles from the list of OPMDs were removed, and a few were introduced.

The section on oral epithelial dysplasia has newly added features for both architectural alterations and cytological atypia groups. Oral submucous fibrosis and HPV-associated dysplasia are described in separate sections for the first time. In addition, molecular aspects are given a prominence in all chapters of the new WHO classification of head and neck tumours.



Guest Lectures

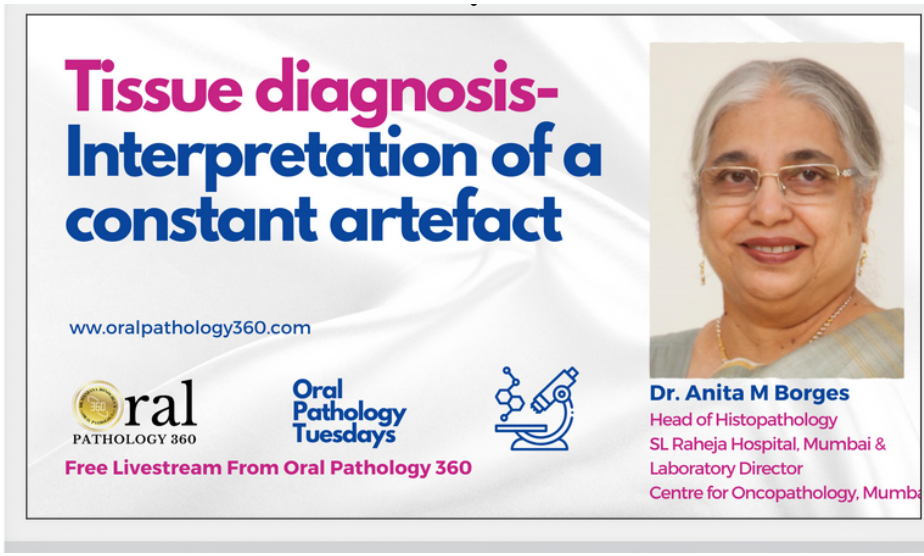
Guest Lectures

Who needs a pathologist anyway? The central role of the pathologist in oral cancer care

Professor Keith D Hunter BSc, BDS, FDSRCSEd, PhD, FRCPath, FHEA

All tissue diagnosis is the interpretation of a constant artifact

Dr Anita Borges MD, FRCPath.



2 New Lesions: A Slimy, Sloughing Keratosis & New bone above the old bone

Dr Jerry E. Bouquot BA, DDS, MSD, FAAOMP, DABOMP, DABOM (Honorary), FICD, FACD, FADI, FDSD, FRSM (UK), FPFA, OKU, DDSD, TDD

Lifestyle and risk of head and neck cancers

Dr. Nazanin Mahdavi

Lifestyle and risk of head and neck cancers Head and neck cancer (HNC) is the seventh most common cancer and is the most common cancer in men younger than 55 years. It includes malignancies from the oral cavity., pharynx, larynx, and esophagus. There are 650,000 new cases of these cancers and 350,000 cancer deaths. The major risk factors for HNC are alcohol consumption, cigarette smoking, HPV infection, and eating habits that are mostly modifiable lifestyle factors yearly. There is growing evidence that lifestyle, dietary habits, physical activity, and socioeconomic factors may be responsible for the high incidence of HNC. In this presentation, we will discuss the role of lifestyle in HNC, focusing on oral cancers.

Oral case presentation: emphasizing methodology

Professor Umadevi K Rao

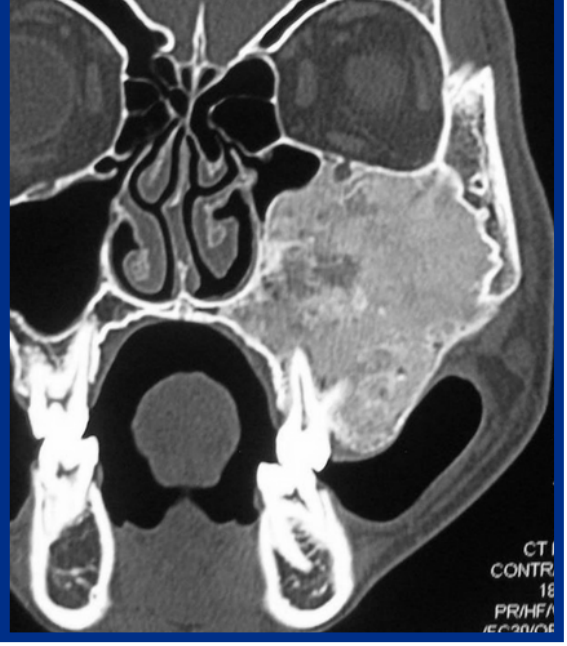
The presentation discusses the importance of an oral presentation, its delivery, and its methodology. An illustrative report will be discussed, which could help post-graduate students in their presentations to aim at effective communication with their professional colleagues, with patient care as a priority

Artificial Intelligence in the Clinical Detection of Oral Potentially Malignant Disorders

Dr Alan Roger Santos-Silva

The incidence of oral cancer continues to rise worldwide while the prognosis remains poor, with an overall 5-year survival rate <50%. Most patients present with late-stage disease because early-stage oral cancers and oral potentially malignant disorders (OPMDs) are often asymptomatic and mimic benign conditions. Therefore, novel methods are needed for an early, accurate diagnosis to aid clinical decision-making. This lecture will focus on emerging artificial intelligence tools used for early cancer detection and how the development of machine learning models might increase the diagnostic accuracy of OPMDs in the Dental setting.

Guest Lectures



Imaging Modalities in the assessment of maxillary sinus pathologies

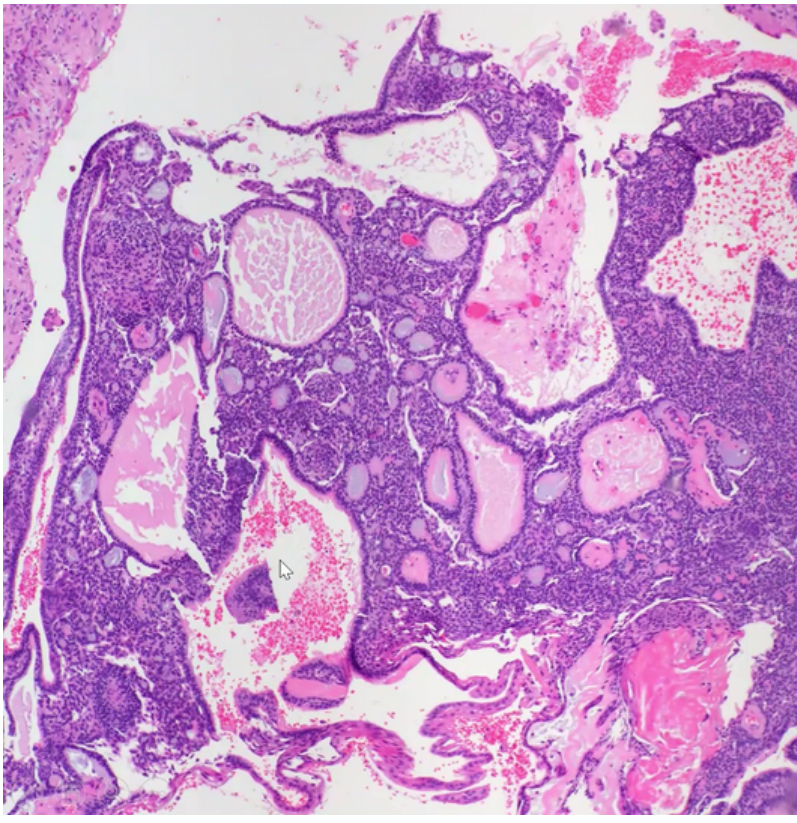
Dr. Hemant R Umarji

The Maxillary Sinuses are situated at the crossroads of Otolaryngology and Dentistry, and many lesions of the maxillary sinuses have orodental implications and vice versa.

This presentation aims to briefly overview various Imaging modalities' role in assessing maxillary sinus pathologies such as sinusitis, intrinsic and extrinsic cysts, tumors, malignancies, fibro-osseous lesions, trauma, and others.

WHO 2022 Classification of Odontogenic cysts, tumours and allied lesions. What is new, what is changed, what is controversial?

Professor John Wright DDS, MS

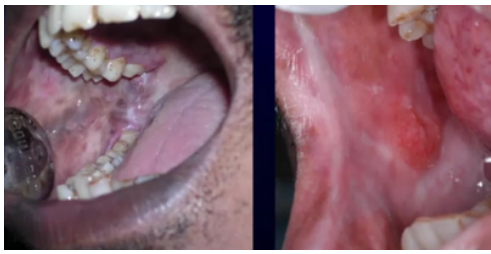


The most recent WHO classification of odontogenic cysts, tumors, and allied lesions has just been released. The presentation will review new lesions to the classification, significant changes, and areas of continued controversy.

Oral Submucous Fibrosis (OSF): A primer

Dr. Kannan Ranganathan B.D.S., M.D.S., M.S., PhD

O.S.F. is an oral potentially malignant disorder with a malignant transformation rate of 1.3 – 23%. The etiological agent is areca nut, the fourth most commonly consumed substance globally- following tobacco, alcohol, and caffeine. It is estimated that around 10%-20% of the world's population consumes areca in various forms, and there are about 600 million areca nut chewers globally. In India alone, it is consumed by around 223.79 million people.

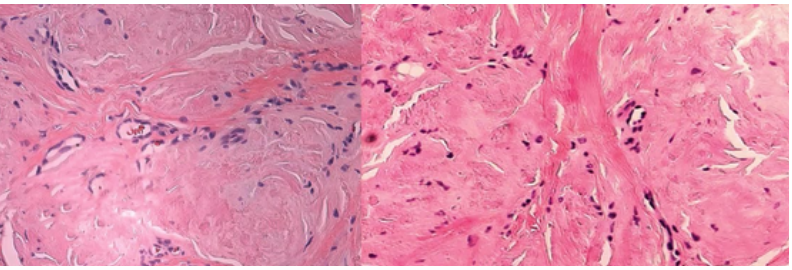


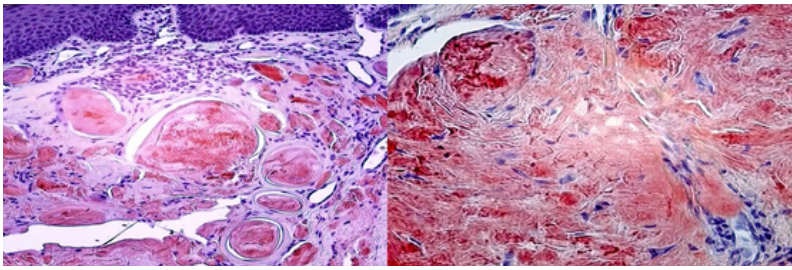
O.S.F. is characterized by fibrosis and atrophy of the epithelium. The morbidity associated with this condition is unique and shows regional variation depending on the type of area nut consumed. The atrophic changes make diagnosing dysplasia difficult and prognosticating malignant transformation a challenge. This presentation will focus on this unique condition's clinical, histological, and molecular aspects.

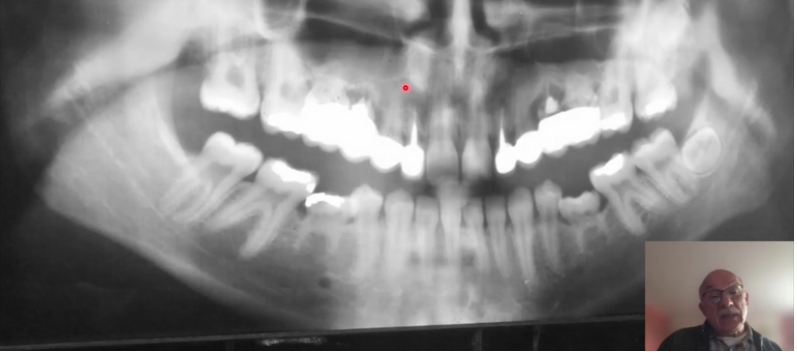
Oral manifestations of Systemic Disease. Presentation of a case with Clinicopathologic correlation

Professor Said-Al- Naief

The oral manifestations of systemic disease encompass various autoimmune, metabolic, inflammatory, storage, and inflammatory conditions. Recognizing and identifying such manifestations are extremely important since they may reflect the early/initial disease manifestations and translate to proper, timely workup, diagnosis, and definitive management. We present an example of oral presentations of Amyloidosis, discussing the clinicopathologic features and disease characteristics.







Oral Sarcoidosis

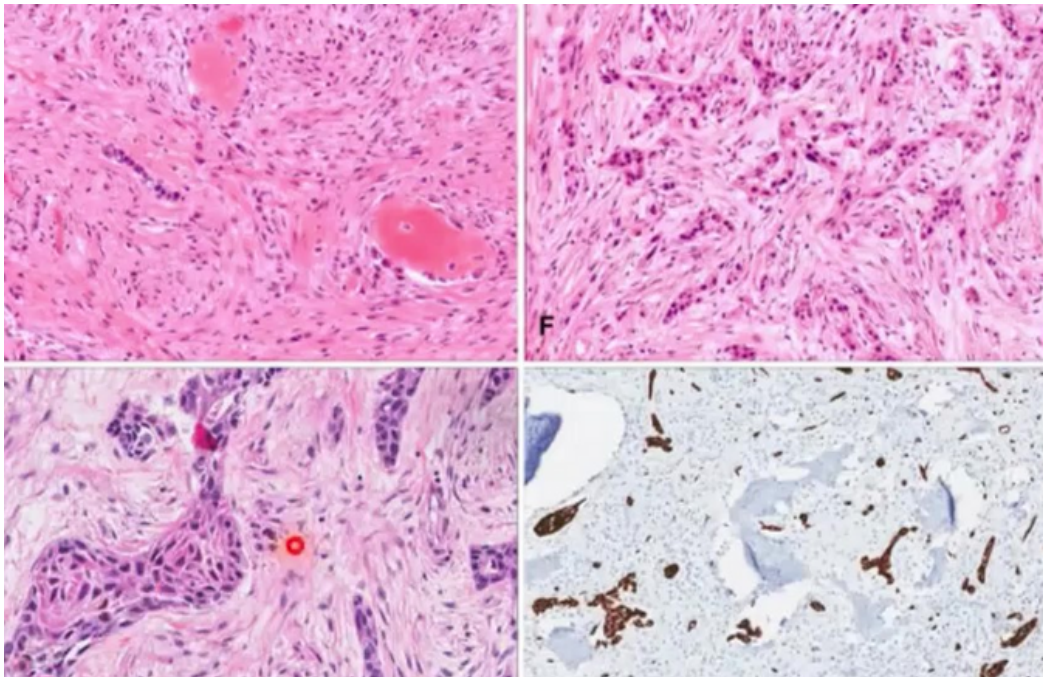
Dr. Benjamin Martinez

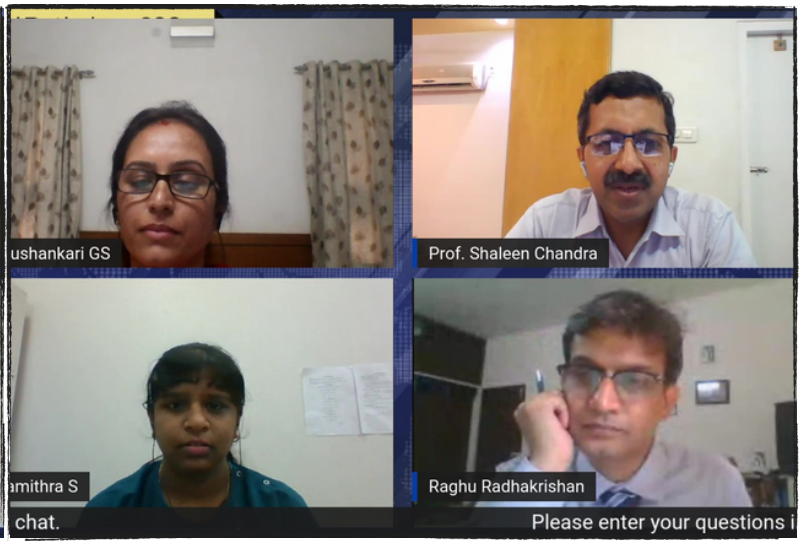
Sarcoidosis is a granulomatous inflammation affecting multiple organs. Oral lesions are relatively rare and can affect oral mucosa, salivary glands, or jaws. We will present four cases involving salivary glands, maxilla, and lower lip; our cases were in women between 40 – 59 years old. The diagnosis was made with biopsy and confirmation with laboratory studies, especially the angiotensin-converting enzyme. In addition, patients were treated with systemic corticosteroids and had good results.

An Overview of Odontogenic Carcinoma, rare entities in the differential diagnosis of odontogenic tumours

Dr Yamely Ruiz VÃ¡zquez

Ghost cell odontogenic carcinoma is a rare malignant epithelial neoplasm with histological features of calcifying cystic odontogenic tumor or dentinogenic ghost cell tumor, but with characteristics of malignancy. Due to the few reported cases in the literature, it is known that the behavior of this entity is unpredictable. Therefore, and despite its infrequency, it is a lesion that must be known, and that can represent a diagnosis and treatment challenge.



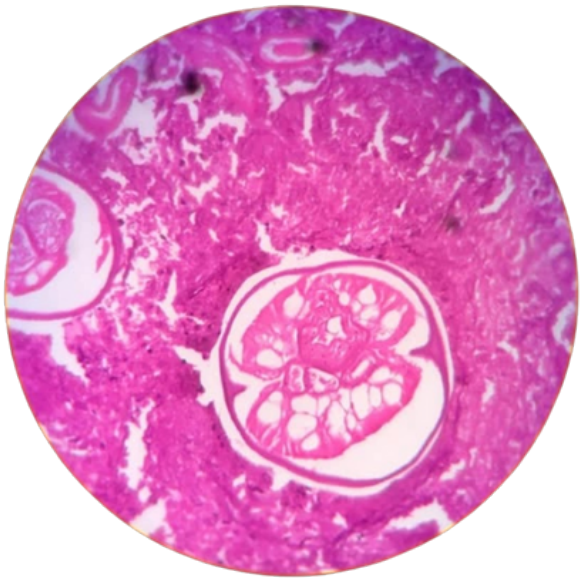


Case Presentations (Oral)

Parasitic infection in the head and neck region- A rare case report

Yamunadevi Andamuthu

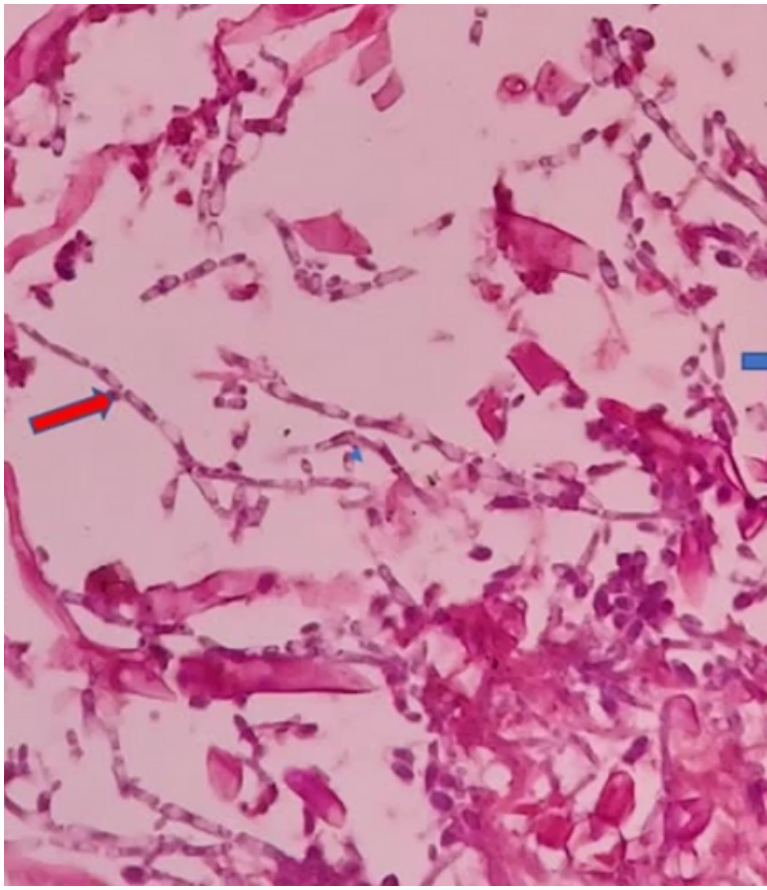
A 44 years male patient presented with pain and swelling over the right buccal mucosa. The pain was present spontaneously, and the swelling was insidious in onset and gradually increased to the present size of about 10x10 mm. This solitary swelling was well-circumscribed, firm, tender, and nonpulsatile on clinical examination. Ultrasonography revealed a radiolucent region with mild cystic septae. The lesion was excised as a whole, and histopathological examination revealed six trilaminar cystic structures surrounded by necrotic fibrous connective tissue stroma, suggestive of parasitic infection.



Parasitic infection in the oral cavity is very rare, and this case presentation looks into the importance of diagnostic aids in the final diagnosis of the lesion. Also, this paper focuses on the histopathological presentation of this distinct entity.

Mixed fungal infection in a patient with diabetes mellitus -A case report

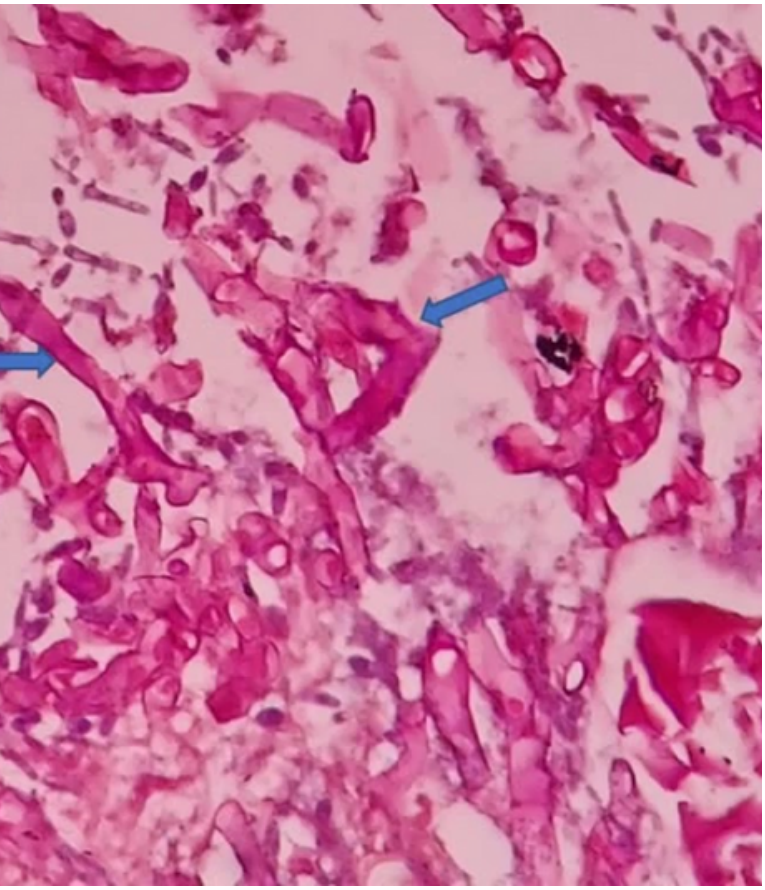
Ashuja RB, Shruthy R, Madhushankari GS



Mucormycosis is a potentially lethal, rare, but emerging opportunistic fungal infection caused by the order Mucorales. The human host may inhale spores in the air and develop the disease, especially if diabetic or immunocompromised.

Oral Aspergillosis is another uncommon condition caused by aspergillus species that is likely to cause disease in an immunocompromised patient and enables the spread of invasive Aspergillosis to cross the anatomical barriers.

We received a biopsy specimen from the department of Oral and Maxillofacial Surgery along with the following clinical details: A 50-year-old female with a chief complaint of pain

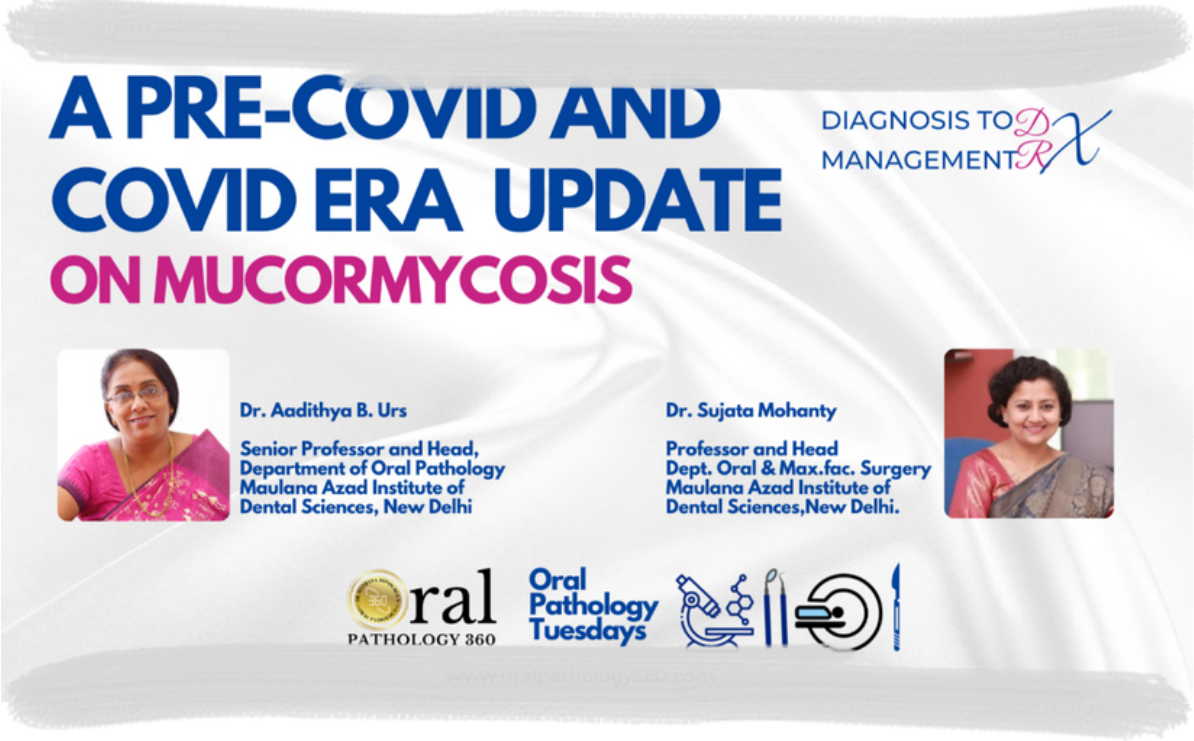


and swelling in the upper and lower back tooth region for one week following a tooth extraction.

Clinical examination revealed a swelling and necrotic mass in the region of 14,15 with pus discharge of one-week duration. The patient was hypertensive, recently diagnosed with diabetes mellitus, and under treatment.

The biopsy specimen was processed and stained with Hematoxylin & eosin, and Per Iodic Acid Schiff. The slides revealed non-septate branching fungal hyphae and numerous septate hyphae and sporangia. Diagnosis of Mucormycosis with Aspergillosis (mixed fungal infection) was made.

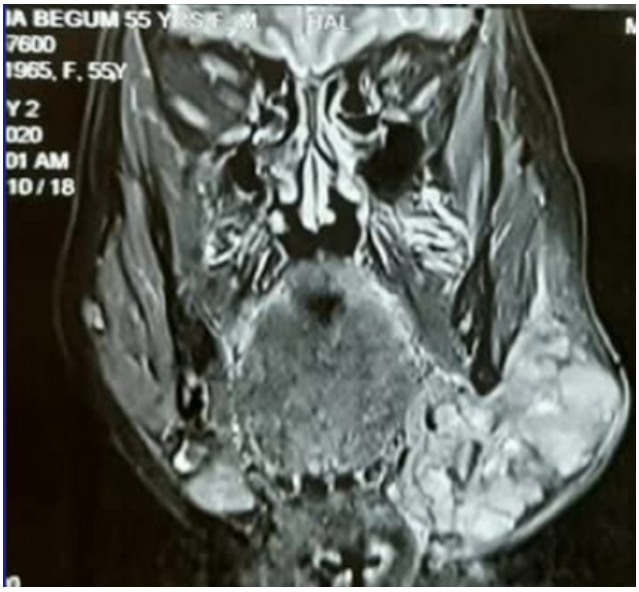
Oral fungal infections are uncommon, rapidly progressing diseases associated with significant discomfort and massive tissue destruction. Only a few cases in the literature report the simultaneous occurrence of Mucormycosis and Aspergillosis fungal infections. Cytology and tissue biopsy help confirm the clinical diagnosis. However, an early diagnosis and properly controlling predisposing factors are necessary for a better outcome.

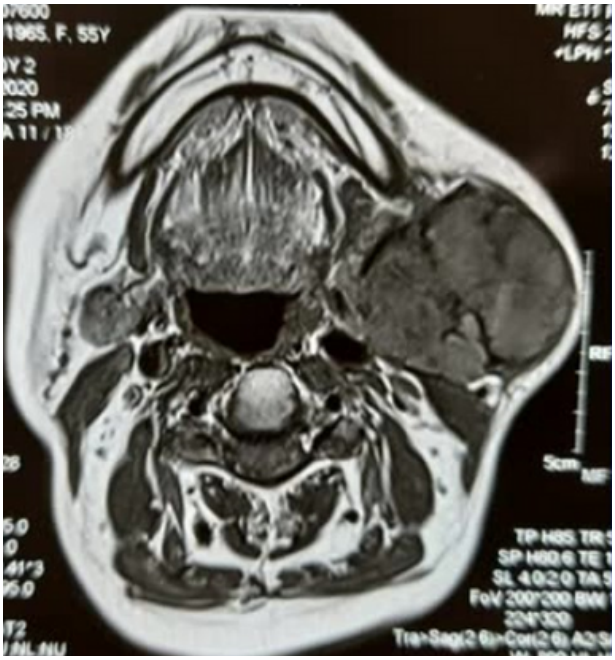


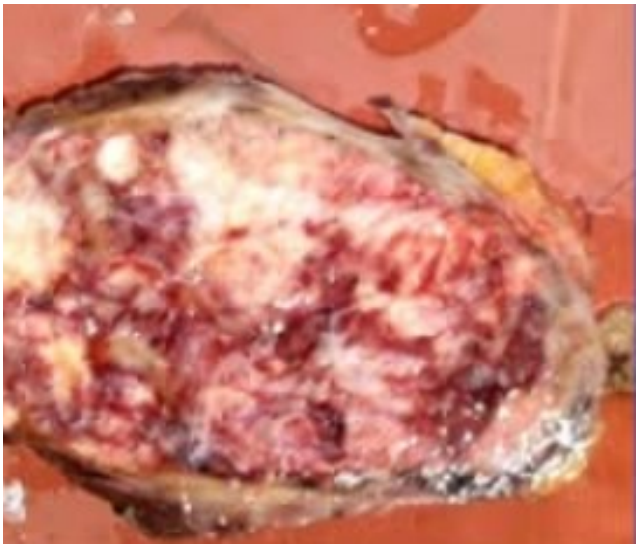
Primary amelanotic malignant melanoma of parotid and submandibular salivary gland: A rare case report

R*udra Prasad Chatterjee, Sudeshna Bagchi*

Amelanotic malignant melanoma (AMM) affecting the parotid and submandibular salivary gland are exceptionally rare. Most of these cases were associated with metastasis from a cutaneous primary tumor. Here we discuss the case of an AMM involving parotid and submandibular gland in a 60-year-old female with exhaustive analysis. In due course, it was diagnosed as a Primary AMM by Woodward's criteria, making it scarcer. However, the large, non-cohesive, round cells with large hyperchromatic nuclei seen here were inconclusive. Thus IHC was performed, which finally revealed the lesion to be AMM. By then, the AMM had already metastasized; chemotherapy was initiated, but the patient succumbed before completion of the regimen. Because of the high chances of misdiagnosing these aggressive lesions, an early and effective diagnosis is necessary for a better prognosis.







Recurrence of Melanotic Neuroectodermal Tumor of Infancy- A Rare Case Report

Swapna Amod Patankar

Melanotic neuroectodermal tumor of infancy (MNTI), first reported by Krompecher in 1918, is an uncommon, pigmented tumor predominantly affecting the craniofacial bones of newborn infants. Although classically benign, it is rapidly growing, locally aggressive, and can follow a malignant course. Infants in the first year of life are usually affected, compelling prompt diagnosis and treatment and close monitoring. Recurrences can be expected primarily because of incomplete excision, tumor dissemination during surgery, or multicentric nature. Approximately a few hundred of these tumors have been reported in the medical literature.

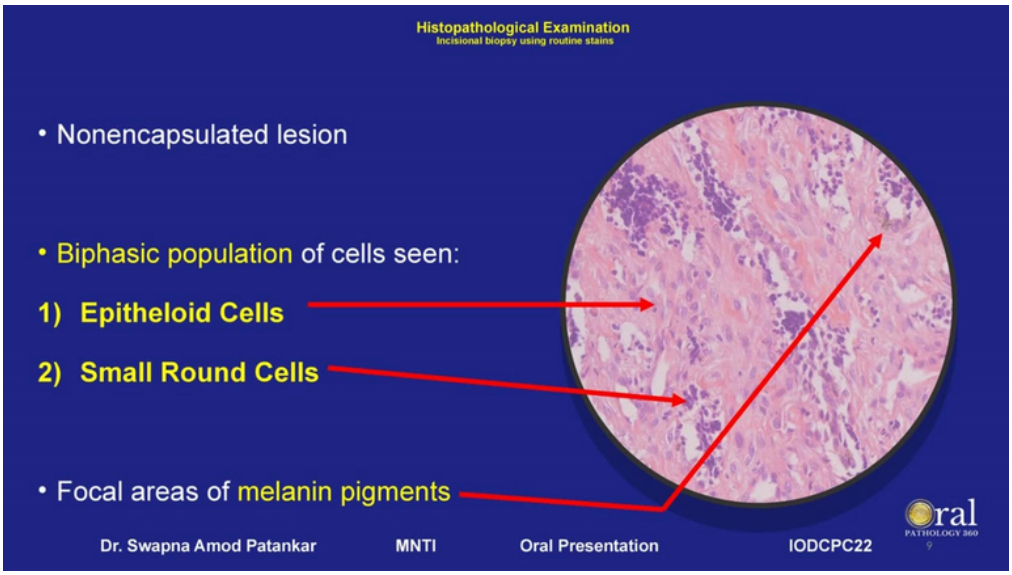
This case presented as a large, round, sessile, firm, non-tender, painless, pale-pinkish mass extending from the left maxillary alveolus to the midline of the alveolar ridge and further extending to the right posterior portion of the maxillary alveolus.

Computed tomography (CT) of the head and neck displayed a well-demarcated hyperdense soft tissue mass. On microscopy, the lesions consisted of a biphasic population of cells; large polygonal epithelioid cells with abundant pale cytoplasm, vesicular nuclei, and focal areas of dark-brown melanin pigments. The second group of small round cells (neuroblast-like) with hyperchromatic nuclei & scanty cytoplasm

The epithelioid cells were positive for HMB45, Vimentin, Mic 2, CK, negative for S100, and the small round cells positive for Synaptophysin. Vanillyl mandelic acid levels in the urine were 10 mg/24hrs by Liquid Chromatography-Tandem Mass Spectrometry.

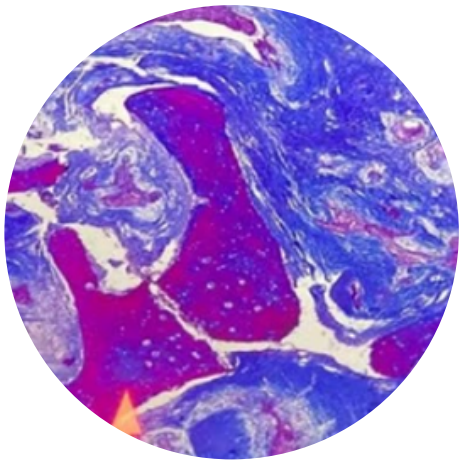
The lesion was diagnosed as a Melanotic Neuroectodermal Tumour of Infancy and treated by surgical removal. However, it recurred after two months.

To conclude, MNTI is a rare tumor of infants with known recurrence & diagnostically challenging entity which requires a conglomeration of clinicopathological and laboratory findings.



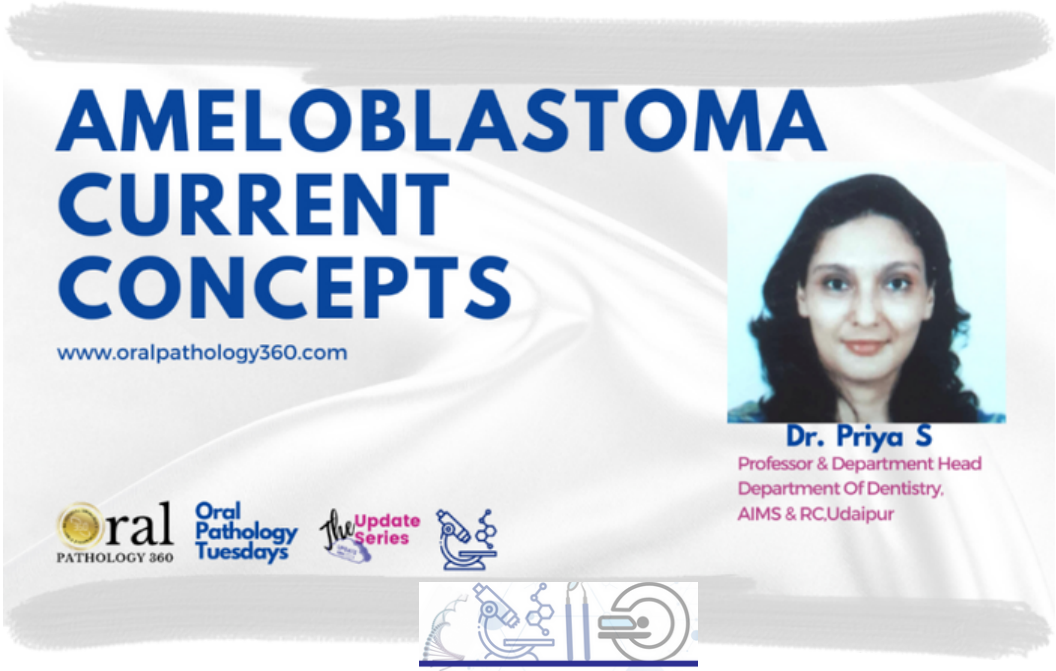
Desmoplastic ameloblastoma: A multifaceted epiphenomenon?

Geethu Prasad, Karla Carvalho



Desmoplastic Ameloblastoma (DA), a distinct variant of ameloblastoma, accounts for approximately 0.9-1.2% in different races. DA with prominent osteoplasia (osteoplastic ameloblastoma) is a benign, locally invasive variant with an infrequent occurrence, with only about 8 cases reported in the literature. However, its uncommon site of occurrence, aggressive nature, and similarities to fibro-osseous lesions of the jaw radiographically often paves the way for misdiagnosis.

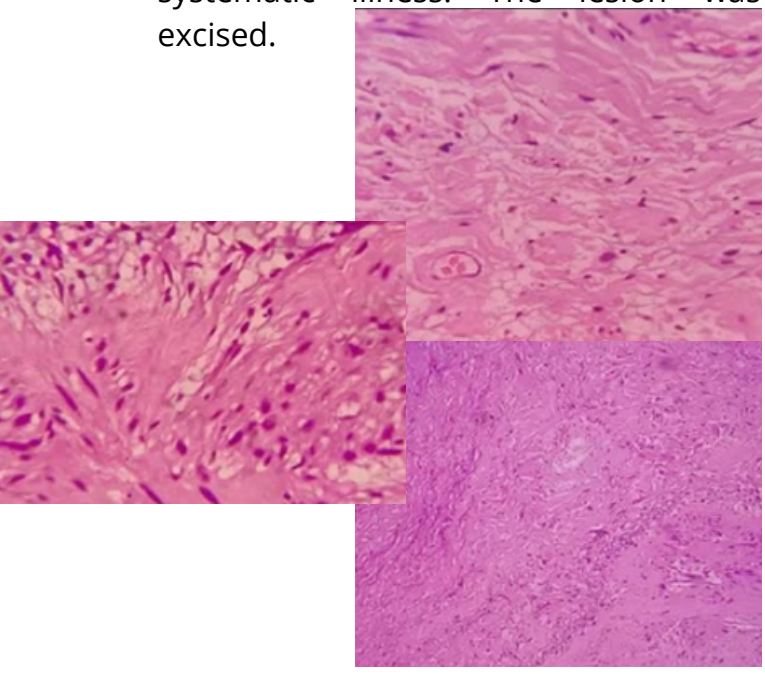
This case report focuses on a 38-year-old male presenting with a gradually increasing painless swelling over three years in the maxillary anterior region. Cone Beam Computed Tomography(CBCT) showed a well-defined multilocular mixed radio-opaque radiolucent lesion with few internal septae. The lesion was provisionally diagnosed with the help of Clinical features, Orthopantomogram (OPG), and CBCT as a fibro-osseous lesion. An incisional biopsy was performed, and the histopathological diagnosis revealed it to be Desmoplastic Ameloblastoma with osteoplasia. The patient was successfully managed by maxillary resection from 11 to 24 region.
The distinct histology of osteoplastic ameloblastoma and its true biologic nature is not entirely understood. Stromal desmoplasia may be an inductive phenomenon or a host defense mechanism. In addition, the rare occurrence of osteoplasia may contribute to its unique radiographic features, which give an impression of a fibro-osseous lesion. Thus, a clinician must remain sentient about the characteristic presentation of this lesion to arrive at a correct diagnosis. Further clinical and molecular biology research is required to shed more light on its deviation from conventional ameloblastoma.



Hybrid benign nerve sheath tumor of Tongue – An unusual case report

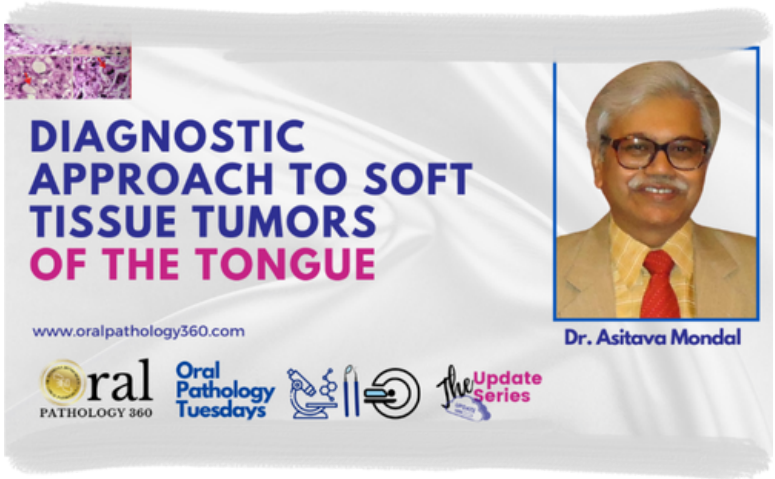
Georgia Benitha J

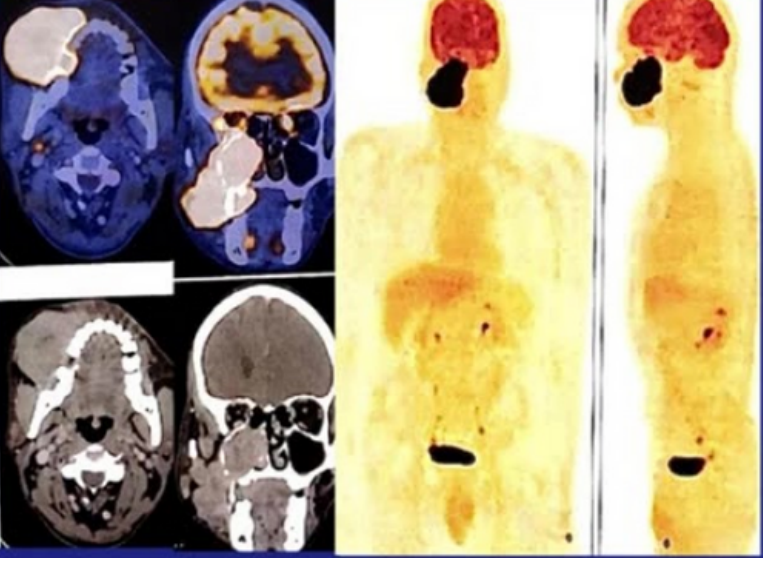
Perineuriomas, schwannomas, and neurofibromas are benign nerve sheath tumors. A hybrid schwannoma-perineurioma is a cutaneous, subcutaneous, or intra-osseous tumor with schwannian cytomorphology and perineurioma-like architecture composed of a combination of both types of cells. These tumors can appear at any age and have no gender preference. The tongue is the most common location, followed by the palate, mouth floor, jugal mucosa, lips, and, less frequently, the jaw. A 35years female patient came to the department complaining of a lesion on the left lateral border of the tongue. The lesion had a 15-year duration and increased in size over the past year. A solitary nodular growth measuring 0.5X0.5 cm was seen on the anterior left lateral border of the tongue: no tenderness, no evidence of pus discharge, and no systematic illness. The lesion was excised.



The Histopathological examination revealed a well-encapsulated tumor mass composed of haphazardly arranged collagen bundles and elongated spindle-shaped cells showing slender or wavy nuclei. These cells were mixed with large round cells with centrally placed nuclei suggestive of mast cells. In addition, there was evidence of palisaded spindled nuclei around an acellular eosinophilic area admixed with loose myxomatous areas. And areas of hyalinization were noted around the blood vessels. A differential diagnosis of myofibroma and benign nerve sheath tumor was considered.

Masson trichrome, toluidine, and immunohistochemical analysis were done with marker S100 and desmin. They showed diffuse cytoplasmic cells positivity for S100 and the presence of mast cells by toluidine blue. A Hybrid Benign Nerve Sheath Tumour diagnosis was reached on clinicopathological correlation. Herein we will discuss the unusual presentation of hybrid nerve sheath tumors with advanced diagnosis technique with IHC and special stain.





A Unique Variety of Lymphoma: Re-thinking the importance of diagnostic algorithms

Sangamitra.S

Lymphoma makes up 5% of all cancers, and it is one of the most debilitating diseases of our immune system. It is a group of malignant neoplasms of lymphocytes with more than 90 subtypes. Despite the origin of its name, lymphoma need not only be contained within the "lymphocyte" category. Finding out the precise origin of the cell is vital as that will play an important part during treatment. This paper reports a unique case of lymphoma in a 55year old male patient who presented with swelling in the upper right back tooth region for the past month. The histopathology and basic immunohistochemical examination were insufficient to identify the exact pathology. On further examination using bone marrow biopsy and precise immunohistochemical analysis, the diagnosis left us lost for words; it was none other than plasmablastic lymphoma. This diagnosis made us rethink the importance of diagnostic algorithms and their role in patient treatment.

Oral Adenosquamous Carcinoma- A report of a rare entity

S.Mythili

Adenosquamous carcinoma (ASC) is a rare variant of squamous cell carcinoma, which is very aggressive and highly infiltrating epithelial neoplasm. It has distinct histomorphological features comprising both squamous cell and glandular cell components. ASC is extremely rare in the upper aerodigestive tract, typically seen in the uterine cervix, lung, and pancreas.

In the oral cavity, the affected areas include the palate, tonsillar areas, floor of the mouth, and tongue. ASC is considered to have a poor prognosis because of its high recurrence rates, metastasis, and low survival. This abstract presents a case of a 62-year-old male patient who reported to the department with a chief complaint of a non-healing ulcer on the right posterior ventrolateral portion of the tongue in relation to the 32-37 region for the past three months. In addition, the patient gave a history of tobacco chewing for the past 25 years. While incisional biopsy provided a provisional diagnosis of Squamous cell carcinoma of the tongue, the excisional tissue showed Adenosquamous carcinoma of the tongue.

Peripheral Ameloblastoma Of Gingiva: A Case Report

Garima Jain, Rushit Patel, Christina Sarah James, Shreyas Shah, Mili Takvani,

Peripheral ameloblastoma (PA) is a rare odontogenic tumor that accounts for 1% of all ameloblastomas. Kuri first reported PA in 1911, and Stanley and Krogh 1959 defined the clinical and histopathologic characteristics. It clinically presents painless, firm, smooth exophytic growth with a pedunculated or sessile base and normal mucosal color. The differential diagnosis usually includes pyogenic granuloma, peripheral giant cell granuloma, peripheral odontogenic fibroma, peripheral ossifying fibroma, papilloma, and epulis.

A 31-year-old female patient presented to a dentist with a chief complaint of pain and a peanut-sized swelling in relation to 45, 46. On establishing drainage, the swelling subsided. However, the patient revisited the dental clinic after six months with a chief complaint of pain in relation to 38.

A thorough clinical examination of the oral cavity revealed a painless soft tissue swelling in relation to 45, 46. The lesion had recurred- measuring 2 x 2 cm with a smooth lobulated surface and color same as the adjacent mucosa. The patient was unaware of the same. Radiographic examination revealed destruction of the lingual plate. The lesion was excised and sent for histopathological examination. Microscopic examination of the excised specimen revealed an intact surface epithelium with ameloblast-like tumor islands in the underlying connective tissue. These islands were predominantly arranged in follicular and plexiform patterns showing loosely arranged stellate reticulum-like cells surrounded by a palisading layer of columnar cells with reverse polarity of nuclei. A final diagnosis of Extra-osseous (Peripheral) Ameloblastoma with mixed histological patterns was made. Peripheral ameloblastoma with a mixed pattern is rare. Despite the apparent non-aggressive course and low recurrence rate of the peripheral ameloblastoma, long-term follow-up is necessary, as demonstrated in this case.

Mucoepidermoid carcinoma- An eccentric presentation

Rachael J Khodabux

Salivary gland tumors are clinically diverse groups of neoplasms, of which pleomorphic adenoma and mucoepidermoid carcinoma (MEC) are the most common benign and malignant tumors. Minor salivary gland tumor accounts for about 15% of all the salivary gland neoplasm, of which mucoepidermoid carcinoma accounts for about 12-29% of all malignant tumors in salivary glands.

Histologically, mucoepidermoid carcinomas are classified into low, intermediate, and high grades. Clinical features of each differ and are essential in the final grade determination. In addition, the prognosis of mucoepidermoid carcinoma varies depending on the clinical stage and histological grade.

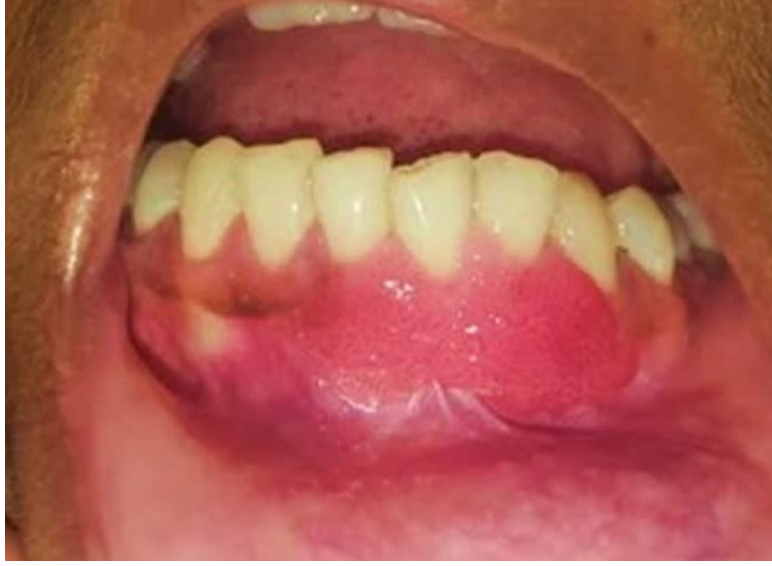
This presentation will discuss a case of Low-grade mucoepidermoid carcinoma, which was initially thought to be a pleomorphic adenoma by clinicians.

Spongiotic Gingival Hyperplasia – Really Juvenile?

Prasad Harikrishnan

Localized juvenile spongiotic gingival hyperplasia (LJSGH) are lesions of unknown etiology manifest as erythematous, hyperplastic gingival lesions. These lesions are usually restricted to the attached gingiva. They appear as bright red papillary lesions and show a tendency to bleed. Previous reports suggest that this lesion commonly affects the maxillary anterior region in females in the second decade of life. However, a careful review of the literature suggests that the prefix "juvenile" might not be so appropriate. This paper presents one case of LJSGH with a comprehensive systematic review of the literature.

A forty-one-year-old female patient presented with an asymptomatic, discrete, erythematous papillary lesion in the mandibular labial gingiva with a tendency to bleed for the past two months. She was systemically healthy with good oral hygiene. Correlating the clinical and histopathological features, a diagnosis of LJSGH was arrived at. Using specific keywords, we searched for previous reports of LJSGH in various databases and retrieved a total of 30 publications that discussed over 200 cases. After going through each of these case reports in detail, we collected specific information in a structured format. Finally, the results were tabulated and interpreted. Interestingly, we found that more than 20 cases were reported in adults, with one case being reported in an 81-year-old. Recurrence was also a significant feature in LJSGH.



Although LJSGH has been reported mostly in children, many cases occur in adults also. Lack of awareness of LJSGH as a separate entity probably explains this apparent contradiction. This paper provides comprehensive knowledge about this unique lesion through a case report and a systematic review. Based on the available literature, we suggest that the prefix "juvenile" be removed from the name, and the lesion be referred to as just Localized Spongiotic Gingival Hyperplasia.

Verrucous hyperplasia in Orthokeratinized Odontogenic cyst: Histopathological and Immunohistochemical cognizance-

Dinesh Y

Odontogenic cysts are known to present with diverse morphology and continue to confuse pathologists with a few rare histopathological variations. A 49 years old male patient-reported pain and foul-smelling pus discharge from the upper front region for the past two weeks. Clinical examination revealed a non-vital discolored tooth in relation to 23. Hematological investigations were positive for HbsAg.

A Radiographic (OPG) examination revealed a well-defined radiolucent lesion obliterating the left maxillary

sinus's anterior region. It was provisionally diagnosed as an odontogenic cyst- a periapical cyst. The lesion was excised and submitted for histopathological examination. H&E stained sections showed odontogenic epithelial lining of 5-8 cell thickness with a prominent granular layer and bulbous rete ridges. The surface orthokeratin was thrown into spikes and plugs. The fibrous connective tissue wall showed intense chronic inflammation.

Further, a panel of immunohistochemical analyses was done (CK10, P53, P16, BCL2, and Ki67. CK 10 showed strong positivity in the suprabasal layer of epithelium. Correlating immunohistochemically, histopathology was suggestive of Infected Orthokeratinized Odontogenic Cyst with Verrucous Hyperplasia. The patient showed good signs of healing on review and was kept under follow-up for three months.

Malignant small round cell tumor of oral cavity- A diagnostic perplexion

Anju Devi, Anjali Narwal, Mala Kamboj, Shruti Gupta

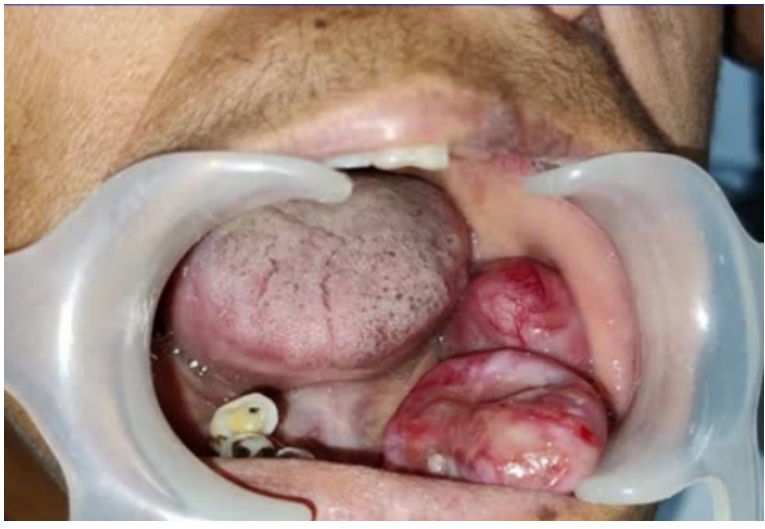
Malignant small round cell tumors are characterized by small, round, relatively undifferentiated cells.

They generally include Ewing's sarcoma, peripheral neuroectodermal tumor, rhabdomyosarcoma, synovial sarcoma, non-Hodgkin's lymphoma, neuroblastoma, retinoblastoma, hepatoblastoma, and nephroblastoma or Wilms' tumor. These round cell tumors are characterized by typical histological patterns.

Immunohistochemical and electron microscopic features can help in the differential diagnosis. Tumors that show good differentiation are generally easy to diagnose, but identifying the diagnostic and morphological features is difficult in poorly differentiated tumors; therefore, no definitive diagnosis may be possible.

Authors herein report a case of a malignant small round cell tumor of the mandible.

A 56-year-old woman presented with painful swelling in the left mandibular ridge region for two months. CT Imaging revealed moderate enhancing iso-to hyperdense expansile destructive lesion involving the body of mandible with the destruction of inner & outer cortex and alveolar margin and small exophytic component – likely hemangioma. Histopathologically, tumor cells showed scanty cytoplasm and round nucleus with salt and pepper chromatin. Hence neuroendocrine tumor was suspected. For further confirmation, immuno-histochemistry was performed, and a final diagnosis of malignant small round cell tumor with Lambda Light Chain restriction was given.

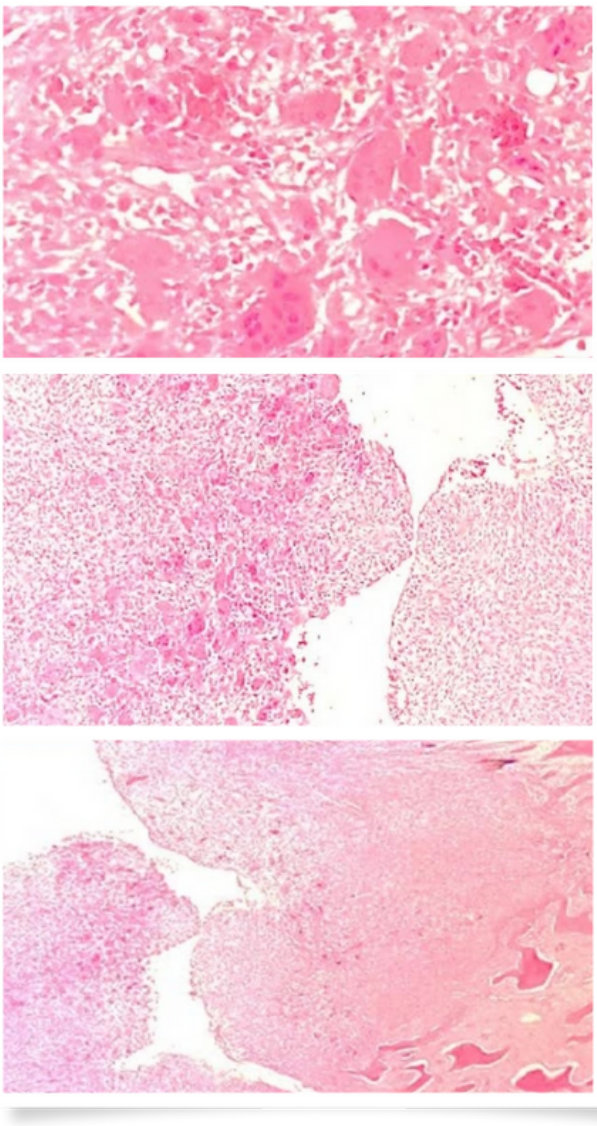


Rare hybrid lesion of the jaw – case report

Joe Yap Boon How, Ajay Telang, Lahari Telang

Hybrid jaw lesions are rare tumors composed of two or more different histopathological features within a single lesion. Examples of hybrid lesions include combined central giant cell granuloma (CGCG) features with fibro-osseous lesions such as ossifying fibroma (OF), fibrous dysplasia, or odontogenic tumors like central odontogenic fibroma. The coexistence of CGCG with OF in the jaw is extremely rare, with fewer than 15 cases reported in English language literature. These lesions are diagnostically challenging for both oral pathologists and radiologists.

We report a hybrid jaw lesion in a 47-year-old male patient presenting as a painful and diffuse left mandibular swelling. Although the 2-dimensional imaging study was suggestive of a cystic lesion, the 3-dimensional imaging study pointed to a more aggressive tumor. The patient underwent a biopsy, and the histopathological examination showed features of both CGCG and an OF lesion. Complete excision of the lesion and the subsequent histopathological findings confirmed the diagnosis of hybrid CGCG-OF.



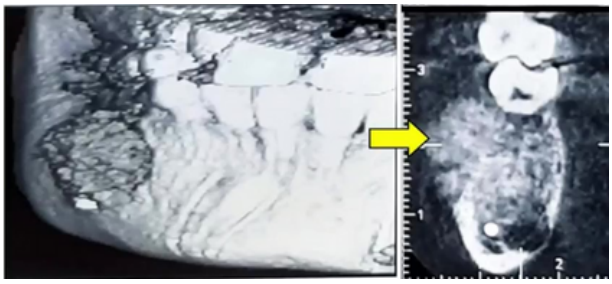
The rarity of hybrid jaw lesions increases the need to report similar cases, which allows a better understanding of these lesions. However, the accurate diagnosis of these combined lesions can only be made through triangulation of clinical, radiologic, and histopathologic findings, thus emphasizing the importance of clinicopathologic correlation and an interdisciplinary approach to diagnosis.

Aggressive fibro-osseous lesion versus low-grade osteosarcoma: A case report with literature review

Poonam R. Sawant, Anita Spadigam, Sonal Prabhudessai, Meghna Naik

Fibro-osseous lesions of the craniofacial complex share clinical, radiological and morphological features. A precise diagnosis of fibro-osseous lesions is important because the evolution and management of each vary.

We present an interesting case of an aggressive juvenile ossifying fibroma in a 10-year-old boy, with challenging imaging & histopathological findings. This lesion recurred nine months post-surgical enucleation&curettage. The recurring lesion was detected on routine follow-up of the patient. The patient initially presented with swelling on the right side of the face for one month.



Clinical examination revealed carious mandibular right deciduous first molar & non-tender bony hard swelling of the buccal cortex. Radiographic findings revealed a spherical mixed radiopaque lesion with ill-defined margins and buccal cortical periosteal reaction. The histopathology of the lesion posed a diagnostic dilemma owing to overlapping features of a fibro-osseous lesion & low-grade osteosarcoma, which prompted the use of immunohistochemistry to aid the final diagnosis. The immunohistochemical marker helped rule out osteosarcoma & a final diagnosis of Aggressive Juvenile Ossifying fibroma was concluded. Juvenile ossifying fibromas (JOFs) are rare, benign, locally aggressive lesions with a high tendency toward recurrence. This paper aims to discuss a recurrent case of aggressive Juvenile ossifying fibroma, along with a review of literature on cases of recurrent Juvenile ossifying fibromas & association of Fibro-osseous lesions with osteosarcoma.

The curious case of a double-loaded jaw

Jochima Eudora Cota

An 11year old male patient presented with a hard swelling and pain on the right side of the face for the last 12 days. On radiographic examination, bilateral lytic lesions were noted on the right and left angles of the mandible.

A thorough clinical examination, systemic evaluation, blood and serum analysis for routine markers, inflammatory markers, renal and hepatic function tests, and histo-pathological analysis were conducted.

Based on the exclusion of various differentials and a clinical-radiographic-pathologic correlation, a diagnosis of chronic recurrent multifocal osteomyelitis (CRMO)/ chronic nonbacterial osteomyelitis (CNO) was arrived upon, and the lesion was debrided. DNA analysis was conducted to evaluate for any genetic predisposition. The patient was kept on routine follow-up. Patient-reported with a recurrence of pain on the right side after five months. Repeat RCT of 46 was advised. The patient then visited another center where he underwent extraction of the developing 48, and re-debridement of the lesion was done. Upon histopathological evaluation, a diagnosis of juvenile ossifying fibroma was made. We, however, re-evaluated the diagnosis by running a histopathologic evaluation on the same debrided tissue and reconfirmed the original diagnosis of CRMO.

Chronic nonbacterial osteomyelitis is rare, with variable clinical manifestations ranging from asymptomatic or mild symptoms from a single focus to severe localized pain from multiple foci in CRMO. The patient is often subjected to unnecessary medical treatment due to a misdiagnosis. CRMO remains a diagnosis of exclusion. Therefore, clinical signs and symptoms, along with thorough clinical-radiographic-pathologic evaluation, form the cornerstone for the diagnosis of CNO.

Sinonasal osteosarcoma: a case report of a rare entity

Julandi Alwan

Osteosarcomas in the head and neck are commonly found in the jaws. However, osteosarcoma of the sinonasal tract is very rare, and less than 100 cases have been reported in the literature thus far—osteosarcomas arising in this site without the patient having a known predisposing factor occur less frequently. Treatment of sinonasal lesions proves very challenging due to the anatomical structures closely associated with the sinonasal tract and a lack of evidence-based treatment modalities.

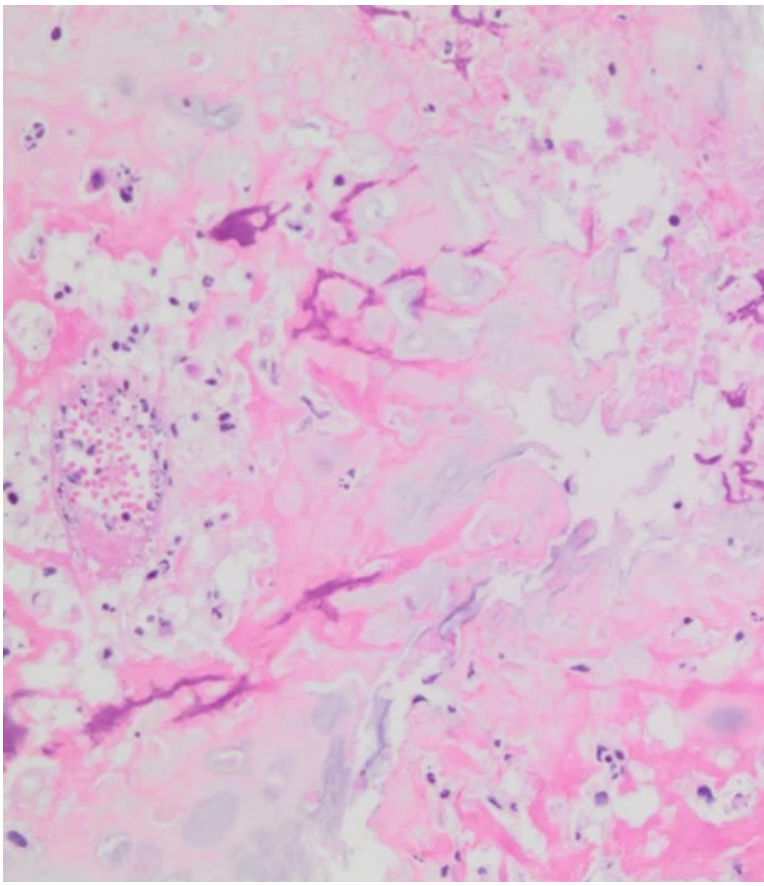
A 63-year-old female presented to the Otorhinolaryngology department with a four-month

history of an enlarging mass in both nostrils, a blocked nose, and headaches. The fleshy mass protruded from the right nostril with associated contact bleeding, pain, V3 neuralgia, tiredness and loss of weight, and right proptosis with poor vision, which has progressively worsened. There is a history of diabetes mellitus; however, no history of prior radiation therapy, Paget's disease, or retinoblastoma. CT scans revealed an extensive, destructive sinonasal tumor with skull base erosion. A diagnosis of an osteogenic sarcoma (osteosarcoma) was made on endoscopic biopsy. A multidisciplinary team decided to treat the patient with palliative radiotherapy, as the patient was not fit for adjuvant chemotherapy.

Although osteosarcomas are rare in the sinonasal tract, they should remain in the differential

diagnosis of destructive lesions at this site, keeping in mind that clinical, pathological, and

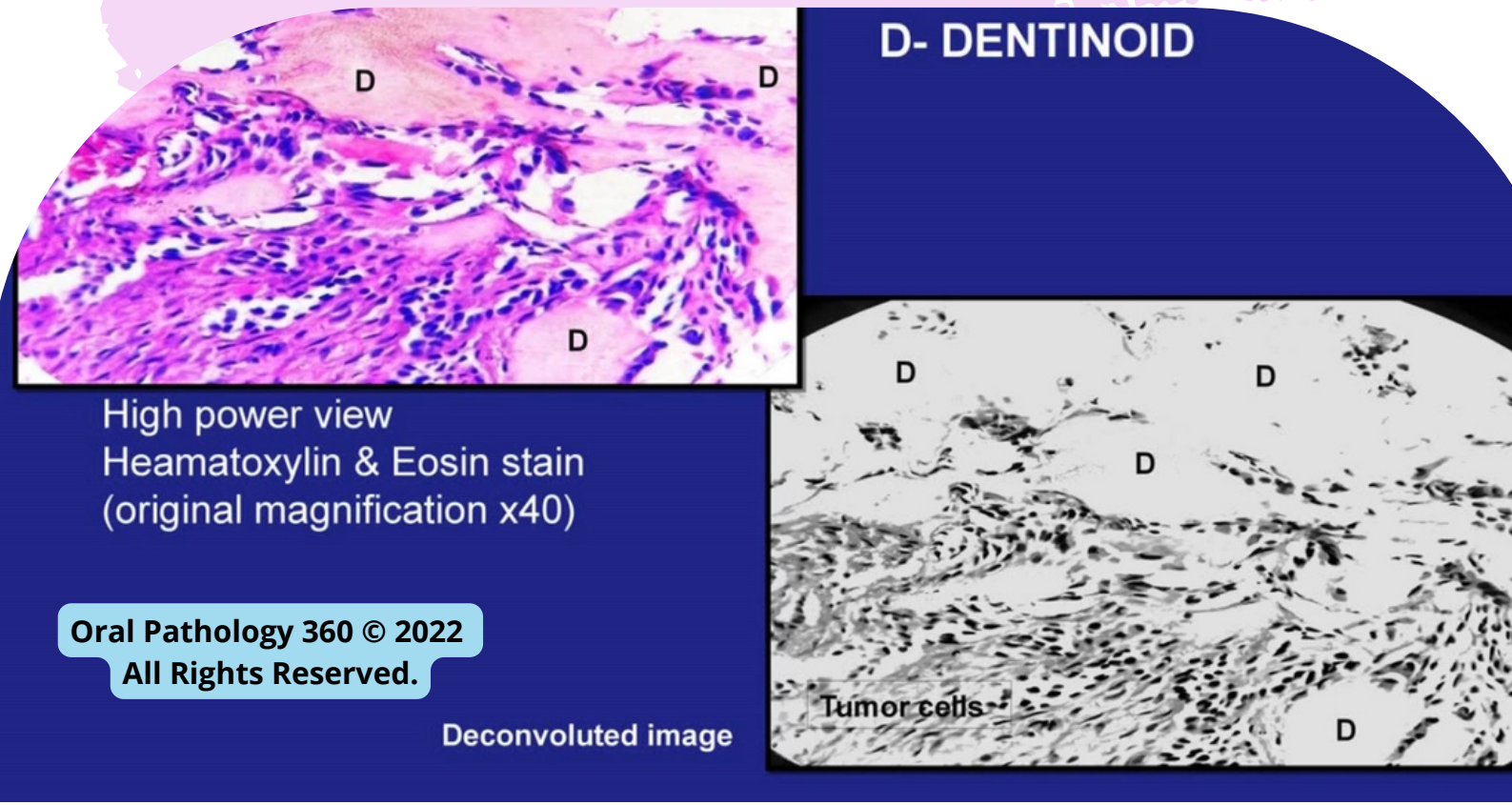
radiological correlation is mandatory. Osteosarcomas are generally responsive to chemotherapy, which makes the correct early diagnosis of osteosarcoma crucial. However, the prognosis of such lesions remains guarded, as there is a high rate of local treatment failure due to presentation at an advanced stage, incomplete margins, and radioresistance. We herein report a rare case of a 63-year-old female who presented with sinonasal osteosarcoma.



Odontogenic carcinoma with dentinoid: the case of the MISSED out one!!!

Krishna Sireesha Sundaragiri

Gorlin first categorized the calcifying epithelial odontogenic cyst (CEOC) as a distinct entity in 1962. Therefore, it is also called Gorlin's cyst or calcifying odontogenic cyst. This cyst is commonly witnessed in the second decade of life. This cyst is extensively diverse in terms of its clinical presentation, histopathological features, and biological behavior. Many cases present cystic characteristics, while a few are of the solid type (15%), and rarely is malignant transformation seen. The common site is the gingiva or alveolar process of the maxilla or mandible. Here we report a case of a unicystic type of CEOC that resembled a residual cyst. A 63-year-old female patient reported a chief complaint of swelling in her lower right back jaw region for two months. History revealed that the swelling was progressing in size with no secondary changes, pain, or paresthesia. The patient had no relevant medical history; she underwent extraction in her lower right jaw region two years ago. On clinical examination, there was a solitary diffuse swelling of size 1x2 cms obliterating the buccal vestibule of the edentulous 46 region. The swelling was soft in consistency and nontender. Based on the clinical findings, a provisional diagnosis of residual cyst in relation to 46, 47, and 48 was given. Odontogenic keratocyst & osteomyelitis were considered under differential diagnosis. IOPA, occlusal radiograph & OPG revealed a solitary, well-defined unilocular radiolucency of approximately 3x4 cms in the alveolar ridge region of 46-47. Fine Needle Aspiration Cytology revealed yellow cheesy material suggestive of an infected cyst. Hence Excisional biopsy was performed, and histopathology showed epithelium with ghost cells and few calcifications. A final diagnosis of CEOC was given.



Carcinomatous transformation of Odontogenic Keratocyst – a case report

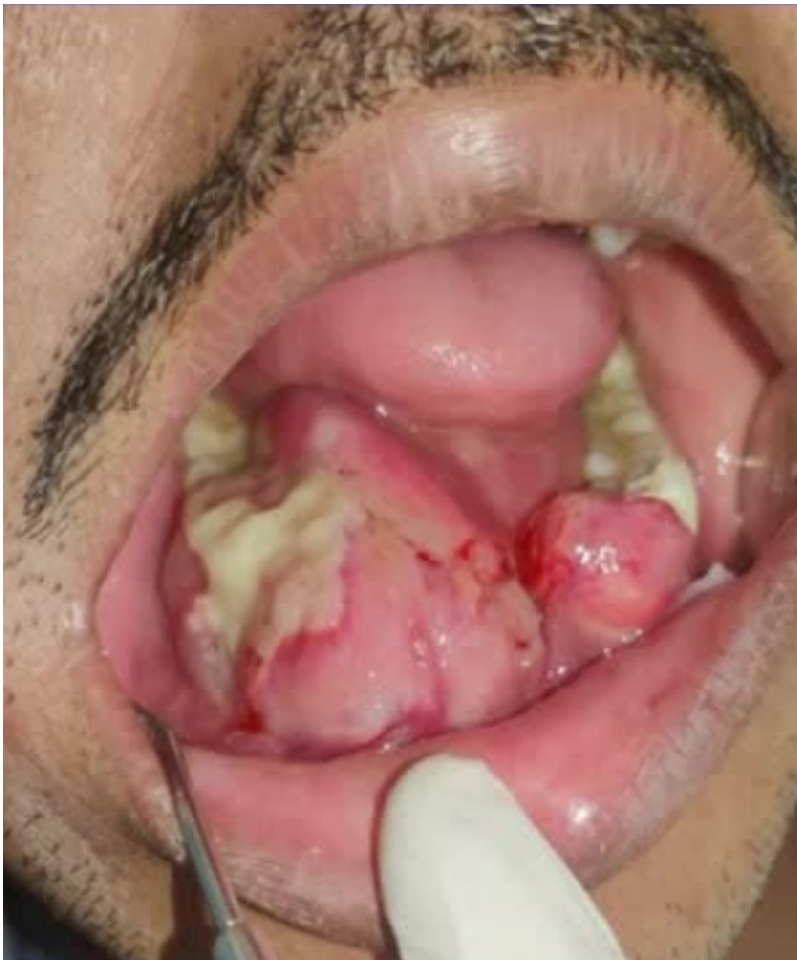
Raviteja Vanguru, Swetha Pasupuleti

OKC is a developmental odontogenic cyst arising from the remnants of the dental lamina. It is more aggressive and has high recurrence rate than other odontogenic cysts. In 2005 WHO classification was classified as a tumor due to its aggressive growth, recurrence after treatment, and mutations in the PTCH gene. However, in 2017 it was reclassified to cyst as the mutations in OKCs are not limited to PTCH alone. The frequency of carcinomatous transformation within odontogenic cysts is low, 0.01%- 0.02%, out of which 60% occur in keratocysts.

A 29-year-old male patient came with a chief complaint of swelling in the lower right side of the face for six months, measuring approximately 5x4cm. Orthopantomography revealed a well-defined unilocular radiolucency extending from the distal aspect of 41 to the mesial aspect of the distal root of 46. CBCT revealed a well-defined hypodense area with scalloped borders in the mandibular anterior and right posterior region. FNAC was performed, which revealed numerous RBCS, nucleated and enucleated polyhedral eosinophilic epithelial cells suggestive of Odontogenic cyst, and biopsy was advised. Incisional biopsy showed features of OKC.

Later, marginal resection of the mandible was done and submitted for histopathology, which was consistent with the previous diagnosis. Frequent follow-up was advised to check for recurrence; after six months, the patient-reported recurrence, which on histopathological examination showed carcinomatous changes. IHC was done using Ck19 which was mildly positive, and Ck5/6, which was positive. The patient was then referred to a higher center for further treatment.

OKC's transformation rates are unknown, but in this case, a transformation occurred in less than a year. So, it should be followed up regularly to check for recurrence.



Melanoma in situ: A Case Report

Akanksha Badhu, Dipshikha Bajracharya

Melanoma is a neoplasm arising from melanocytic cells, which are derivatives of the neural crest cells. It may occur in different body parts, including the skin and the mucous membrane. Oral mucosal melanoma is a rare but more invasive variant with greater metastatic potential than the cutaneous type. This is a case report of a 53-year-old male patient who complained of black patches at various sites in the mouth for five months. The intraoral examination revealed blackish discoloration on the right half of the hard palate extending to the attached gingiva (buccal and palatal), vestibule, and entire buccal mucosa of the right side. Also, an irregular growth was noted in the gingiva on the same side. Extraoral examination revealed stony hard, fixed, and tender right submandibular lymph nodes. 3-4 typical nevi were also noticed on the back and neck. He underwent CBCT of the head and neck, which revealed bilateral cervical lymphadenopathy. The patient was advised histopathologic and immuno-histochemistry (IHC) evaluation. The histopathological findings of the biopsy taken from the right buccal mucosa showed para-keratinized stratified squamous epithelium with the proliferation of broad atypical melanocytes containing melanin pigment in the basal and parabasal layer. Melanin pigment was also appreciated in the subepithelial connective tissue. The underlying connective tissue comprised loose collagen fibers with few blood vessels. IHC revealed strong positivity for Melan -A in the basal and parabasal layers. Similarly, 30-35% positivity was seen for Ki-67. Based on a thorough clinical examination, histopathological evaluation, and IHC study, the case was diagnosed as Melanoma in situ.

Chronic mechanical irritation of tongue with different histopathological presentations – case series with its biological significance.

Abhishek Banerjee

Chronic mechanical injury of the tongue is one of the most common causes of tongue ulcers, mostly seen in the lateral border. The causes are mostly sharp cusps, sharp edges due to attrition of the teeth, fractured tooth, etc. These cases are mostly ignored by patients as well as clinicians thinking them to be benign entities. There are possibilities that mechanical injury can cause malignant transformation of a traumatic ulcer without a pre-existing oral potentially malignant disorder. These ulcers usually take a longer time to heal, hence the need for biopsy. The plethora of histopathological presentations can only be studied if a biopsy is done. This paper will highlight the histopathology of traumatic ulcers in three different forms, i.e., TUGSE, Eosinophilic ulcer, and Squamous cell carcinoma.

A rare benign tumor mimicking malignancy– unmasking the histological masquerader

Reshma P K

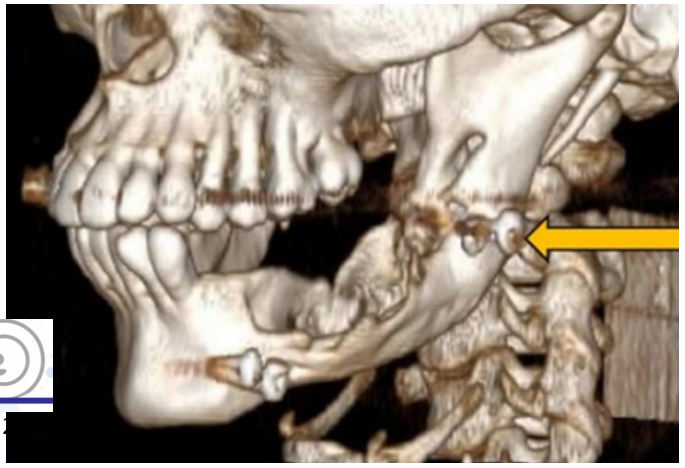
A 68-year-old male patient reported a chief complaint of restricted mouth opening and difficulty chewing and swallowing food for the past six months. He was diagnosed with a malignancy in another hospital six years back. The patient refused further treatment as he was given a life expectancy of only six months, considering the histopathological grading. On examination, the swelling was noted in the left maxillary palatal region, approximately 4X3cm in size and firm in consistency. Incisional biopsy showed numerous spindle-shaped cells showing cellular and nuclear pleomorphism and a few cells showing bizarre nuclei and intranuclear vacuolization. Mitosis and abnormal mitosis were not noted. "Shredded carrot collagen," mast cells, and hyalinization around the blood vessels were also evident. SOX 10 and S100 were positive among the tumor cells, while Ki67 proliferative activity was <1%. Correlating the histopathological features and the immunohistochemical positivity, a diagnosis of ancient neurofibroma was given. This rare entity has not been reported so far in the oral cavity. Histopathological features, such as degenerative changes and nuclear atypia in these ancient neurofibromas, may be confused easily with various malignant mesenchymal tumors. We have compared these lesions' cellular and nuclear morphology to senescence and senescence-associated secretory phenotype. Our case also illustrates the hazard of using cellular and nuclear pleomorphism as the single criterion for diagnosing malignant lesions.

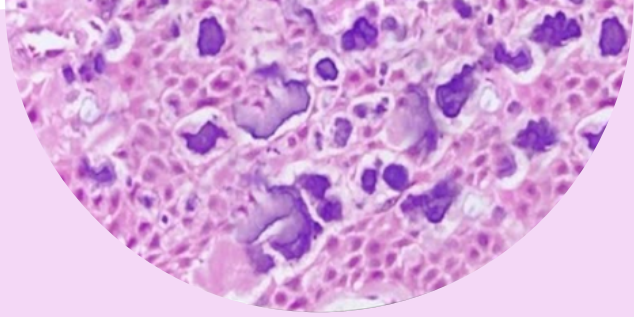
The Vesuvius scenario: Recurrent Ameloblastoma-A Case Report

Anupama Mukherjee

Since its first description in 1853 by Weld, Ameloblastoma has evolved conceptually to explain its origin, pathogenesis, and behavior. However, the etiopathogenetic mechanisms that drive recurrence and aggressiveness remain elusive. In particular, the recurrence of Ameloblastomas in the iliac crest graft has been rarely reported in the literature. This is a case report of recurrent ameloblastoma found in the iliac crest graft, 37 years post-surgical resection of the left mandibular region. The histopathological and immuno-histochemical evaluation was done to assess the tumor type and aggressiveness, respectively.

In cases such as this, prognosis remains guarded, and due to the paucity of similar cases in the literature, prognostication continues to be challenging. We report the use of molecular markers that have been investigated to accomplish the same. A review of prognostic markers that could unravel the aggressiveness of ameloblastomas has been discussed in this case report.





Extensive Calcifying Epithelial Odontogenic Tumor of Maxilla – A clinical-radiopathological challenge

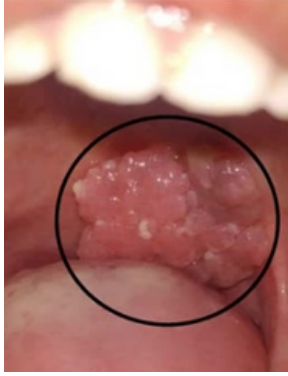
Harsha.M

Calcifying epithelial odontogenic tumor (CEOT) is a rare odontogenic tumor of the jaw. Clinically, it is a slow-growing, locally aggressive tumor & involving the maxilla. The intraosseous tumors occur primarily in the mandible(2:1) in molar regions, with a small proportion of cases affecting the maxilla and lacking classical clinic-radiologic features. However, the characteristic cytologic findings associated with radiologic features aid the diagnosis of CEOT even at atypical sites. This case report is a detailed discussion of a lesion at the unusual site, i.e., anterior maxilla.

A 26yr-old female patient with a chief complaint of dull aching pain and swelling in the left maxillary region for eight months. On extraoral examination, well-defined non-tender facial swelling around the size of 4.5x6x3cm was present on the left maxillary sinus region with normal overlying mucosa.

The main diagnoses, therapeutic interventions, and outcomes of OPG & CT revealed a well-defined unilocular radiolucency in the left maxillary sinus with impacted canine anteriorly. Histopathologically typical sheets & strands of polyhedral, polymorphous epithelial cells with clear intercellular bridges were seen along with huge aggregations of amyloid material and very small foci of calcification. The lesion was resected with aggressive curettage using the intraoral maxillary vestibular approach, & entire lesion was excised along with the impacted canine. The patient was followed up for one year with no evidence of recurrence.

The main “take-away” lesson(s) from this case? CEOT presenting at an unusual site; the maxillary anterior region is rare. In conjunction with the radiologic picture, the cytologic features can help make the preoperative diagnosis and guide surgical management.



Soft tissue growth in the palate of a pediatric patient-An an unusual case presentation.

Pragya Kumari.D

Rhabdomyosarcoma (RMS) is a malignant soft tissue neoplasm of the skeletal muscle origin, which was first described by Weber in 1854. The most common sites of involvement of RMS are the head and neck, genitourinary tract, and extremities. Its occurrence in the oral cavity is rare (0.4%). The frequent intraoral sites are the soft palate and tongue. The tumor has a male predilection for younger males (below 15 years). Clinically, the manifestations of RMS may vary from a small cutaneous nodule on the face to an extensive fast-growing facial swelling, which may be painless or occasionally associated with pain. RMS is thought to arise due to the proliferation of embryonic mesenchymal tissue. It has three broad subtypes based on histologic appearance: Embryonal, Alveolar, and Pleomorphic. Embryonal RMS is subdivided into Classic, Spindle, and Botryoid variants. Here we report a case of 4 years old male patient with a growth in the palate of 6 months duration with difficulty in swallowing. Clinically the lesion was a lobulated verrucous growth which was provisionally diagnosed as lymphangioma. The patient underwent surgery, following which the specimen was sent for histopathological examination, which showed a polypoid tumor lined by stratified squamous surface epithelium with loosely arranged myxoid stroma consisting of round/spindle cells with hyperchromatic and vesicular nuclei

Based on the clinical and histological correlation, a diagnosis of Embryonal Rhabdomyosarcoma (Botryoid variant) was made. Histopathological differential diagnoses of leiomyosarcoma, fibrosarcoma, and neurofibrosarcoma were ruled out. IHC positivity for Desmin confirmed the histopathological diagnosis. RMS has a high recurrence rate and poor prognosis. Therefore, timely diagnosis and treatment of RMS are essential for a better prognosis and improved survival rate.

The involvement of viruses and fungi in the pathogenesis of different dental infections

Wael Khalil

Tooth-related infections or commonly named dental infections have been described as the most common causes of tooth loss in adults. These pathologies were mostly periodontitis, pericoronitis, and periapical infection. The involvement of various bacteria in the pathogenesis of these pathologies has been thoroughly mentioned and approved in the literature. However, the variability in the severity and prognosis of these lesions among patients suggests the association of other pathogens, like viruses and fungi, in the pathogenesis of these lesions. Several studies investigated the association of multiple viruses and fungi with the lesions mentioned earlier, yet, a vast controversy was reached concerning this subject. Therefore, we utilized quantitative PCR for pathogen detection in saliva, gingival, and lesional samples.

We found that Some of these pathogens appear to be associated with the investigated dental pathologies, while others show no contribution to the pathogenesis of these lesions.

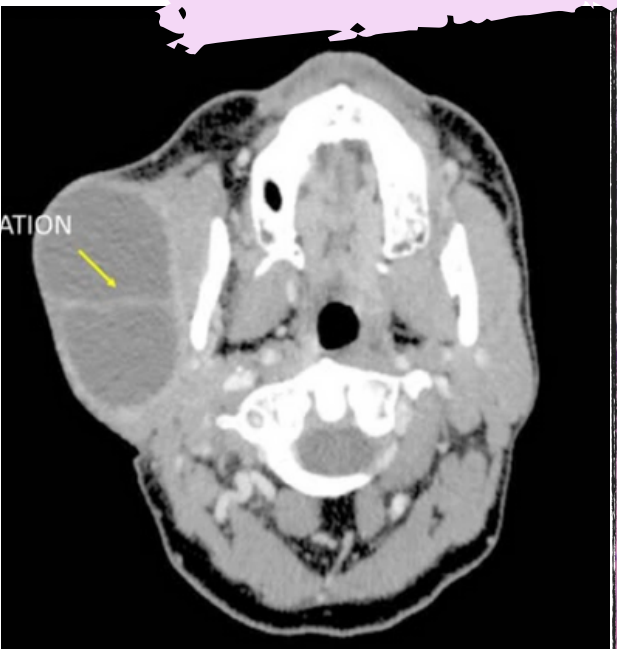
Not always a ‘cyst’: a case of an Intraductal Carcinoma of the parotid gland

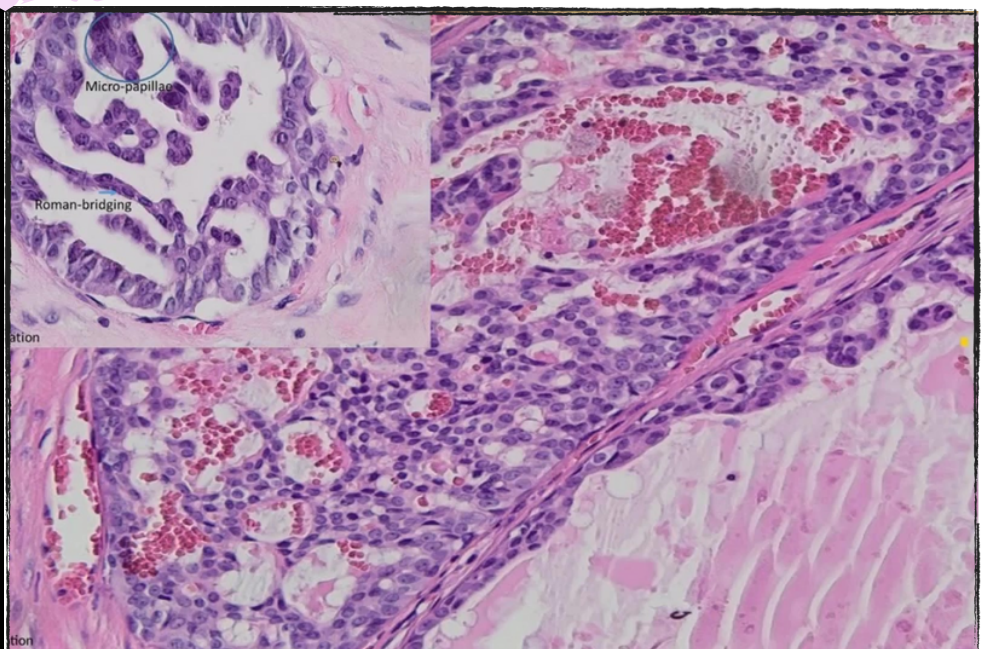
Johan Frank Opperman

Intraductal carcinoma (IDC) is a rare, low-grade neoplasm with histopathological features reminiscent of atypical ductal hyperplasia or ductal carcinoma-in-situ of the breast, showing a predilection for the parotid gland. These tumors were published under various names, including “low-grade cribriform adenocarcinoma” and “low-grade salivary duct carcinoma,” before being classified as Intraductal Carcinoma (IDC) in the last edition of the WHO classification of Head and Neck Tumours.

A 47-year-old male was referred to the Otorhinolaryngoscopy Department for a one-year history of a slow-growing right parotid swelling. The patient is a heavy smoker but otherwise healthy. Clinical examination revealed a well-circum-scribed, ‘cystic’ mass in the superficial part of the right parotid gland, extending superiorly to the preauricular region. The clinical differential diagnosis included a benign lymphoepithelial cyst or Warthin’s tumor.CT scan of the right parotid showed a cystic mass, measuring 69 x 46 x 68mm in transaxial diameter. The mass contained homogenous cystic content in keeping with proteinaceous fluid. Previous fine-needle aspiration biopsies (FNAB) were inconclusive. Subsequent superficial parotidectomy revealed a demarcated but non-encapsulated tumor composed of a single, large cyst lined by a monolayer to bilayer epithelium. Several tumor islands showed solid to cribriform proliferation, characterized by “Roman-bridging” and occasional micro-papillae, surrounded by an intact myoepithelial layer. Immuno-histochemistry confirmed an intraductal carcinoma. The differential diagnosis of IC includes benign and malignant entities. Despite its infrequency and indolent behavior, recognizing this distinct tumor from other salivary gland tumors is crucial, especially because of its favorable prognosis. Currently, conservative excision with clear margins appears to be an adequate treatment.

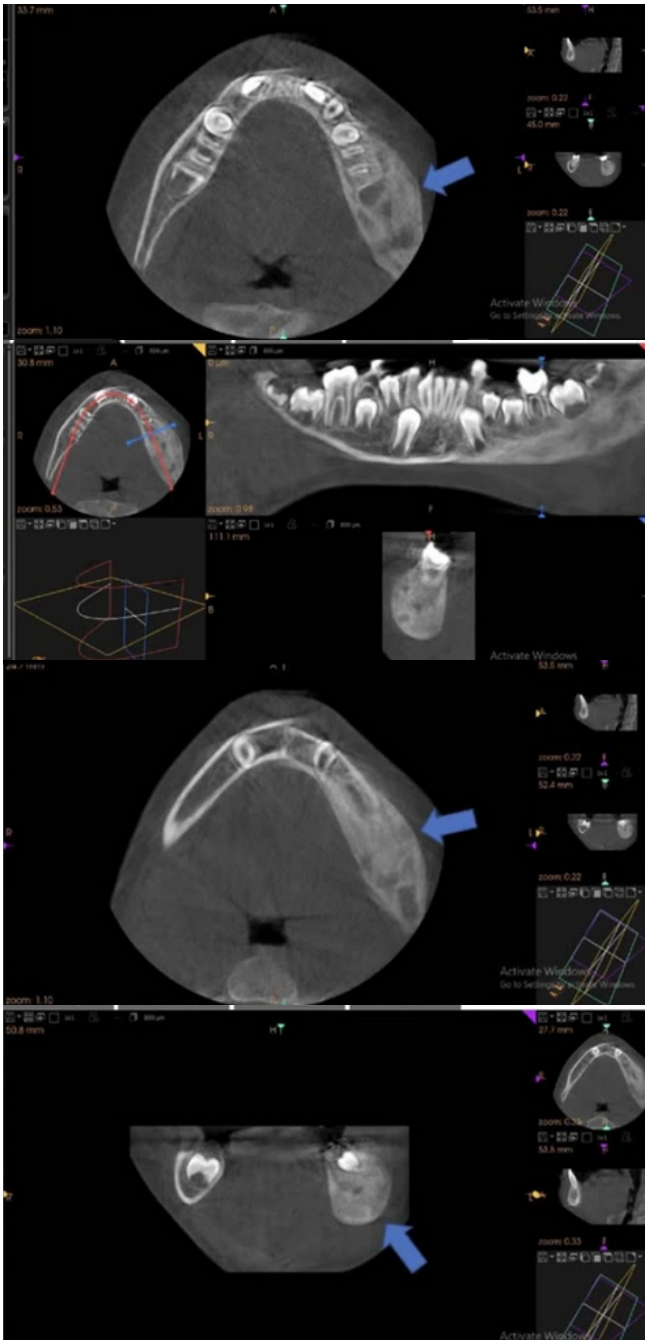
This paper will focus on the histopathological features and the immunohistochemical and molecular profile of this widely debated neoplasm.





Garre's osteomyelitis of the mandible caused by infected tooth: A case report

Manoj kumar Ippili, Ravikanth Manyam



Garre's osteomyelitis of the jaws is a rare type of chronic osteomyelitis characterized by an asymptomatic, exuberant periosteal deposition of bone. The disease occurs primarily in children, and to date, in all instances, it has occurred only in the mandible. It is commonly associated with an odontogenic infection resulting from dental caries.

An 8-year-old male child was referred to our outpatient department with a slowly progressive extraoral swelling involving the lower border of the mandible. Intraoral examination revealed a carious left mandibular molar, which was non-tender on percussion. At the same time, the corresponding lower border of the mandible on palpation exhibited a diffuse, non-tender, bony hard swelling. An orthopantomogram taken to diagnose the cause and extent of the bony hard swelling revealed a typical periosteal reaction of the inferior cortex of the mandible in relation to the infected mandibular molar.

Preoperative examination by Cone beam computer tomography (CBCT) showed sclerosing focus in the body of the mandible.

Based on these findings, a provisional diagnosis of chronic osteomyelitis was made. No other radiopaque or radiolucent foci were evident in the surrounding bone.

The lesion showed parallel and interconnecting rows of highly cellular and reactive woven bone on incisional biopsy with uninflamed fibrous connective tissue. Conclusion: The history of slowly progressive swelling in a very young child, along with clinical findings of a bony hard, diffuse swelling with a carious tooth and typical radiological picture and histological features, led to the final diagnosis of osteomyelitis with proliferative periostitis or in other words 'Garre's osteomyelitis. Treatment consisted of removal of the offending molar and administration of an antibiotic. Regression of the periosteal reaction is expected over some time without any need for surgical intervention.

Calcifying Odontogenic Cyst with associated odontoma –An uncommon pathology

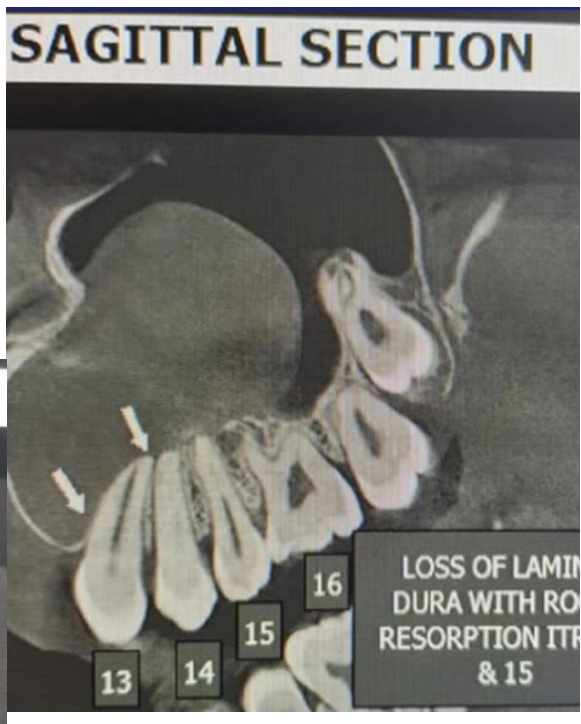
Namrata Baliga, Madhushankari G.S, Ashwini Ramakrishna

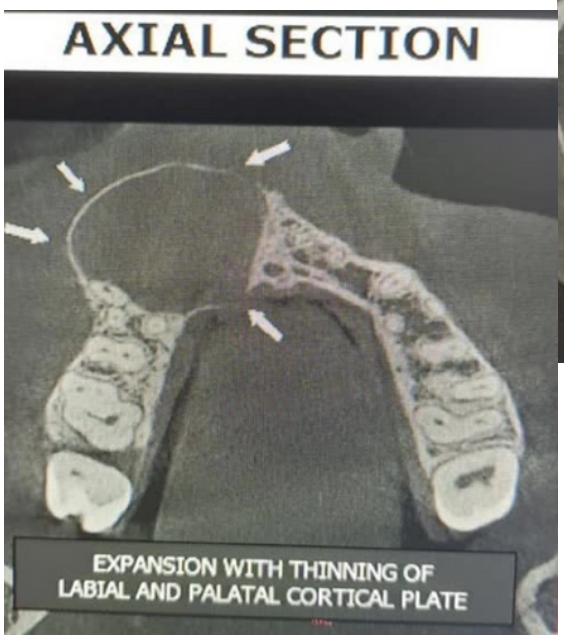
Calcifying Odontogenic Cyst is a well-recognized rare benign odontogenic lesion first recognized by Gorlin et al. as a distinct entity in 1962. It histologically often presents with ghost cells.

A 17-year female reported a chief complaint of swelling in the right mid-face region for one year. On inspection, facial asymmetry was noted over the right middle 1/3rd of the face measuring approximately 3.5X2cms. Intraoral examination revealed right vestibular obliteration from 12 to 15 regions with clinically missing 12 and over-retained 52. Radiographic investigation revealed a multilocular cystic lesion associated with an impacted right lateral incisor and an odontome. The provisional diagnosis was a Dentigerous cyst associated with an impacted permanent maxillary right lateral incisor. The cystic lesion was enucleated along with the extraction of 52 and odontome, which was submitted for histopathology.

Histopathological examination revealed a cystic lesion lined by odontogenic epithelium with cuboidal to columnar basal cells and hyperchromatic nuclei showing reversed polarity and palisading along with superficial stellate reticulum-like cells and numerous ghost cells. The connective tissue revealed odontogenic epithelium arranged in strands and nests, ghost cells undergoing calcification, and inflammatory cells. The presence of enamel spaces, Dentin, and cementum-like areas was also found, which confirmed the diagnosis of Calcifying Odontogenic Cyst with associated odontoma.

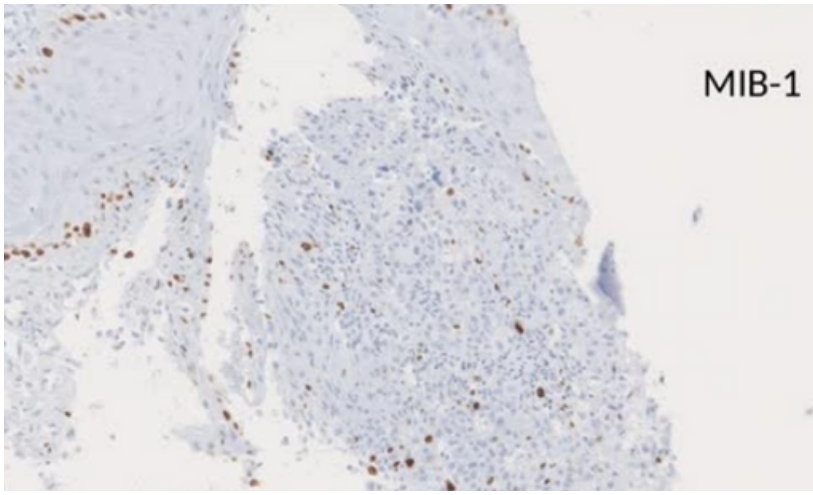
Owing to its varied presentations and the rarity of the lesion, knowledge of Calcifying Odontogenic Cyst is necessary for its early diagnosis and treatment.

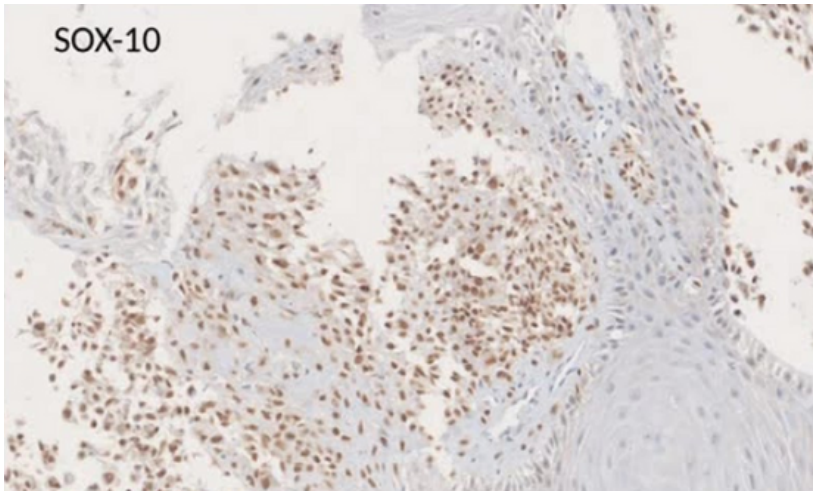




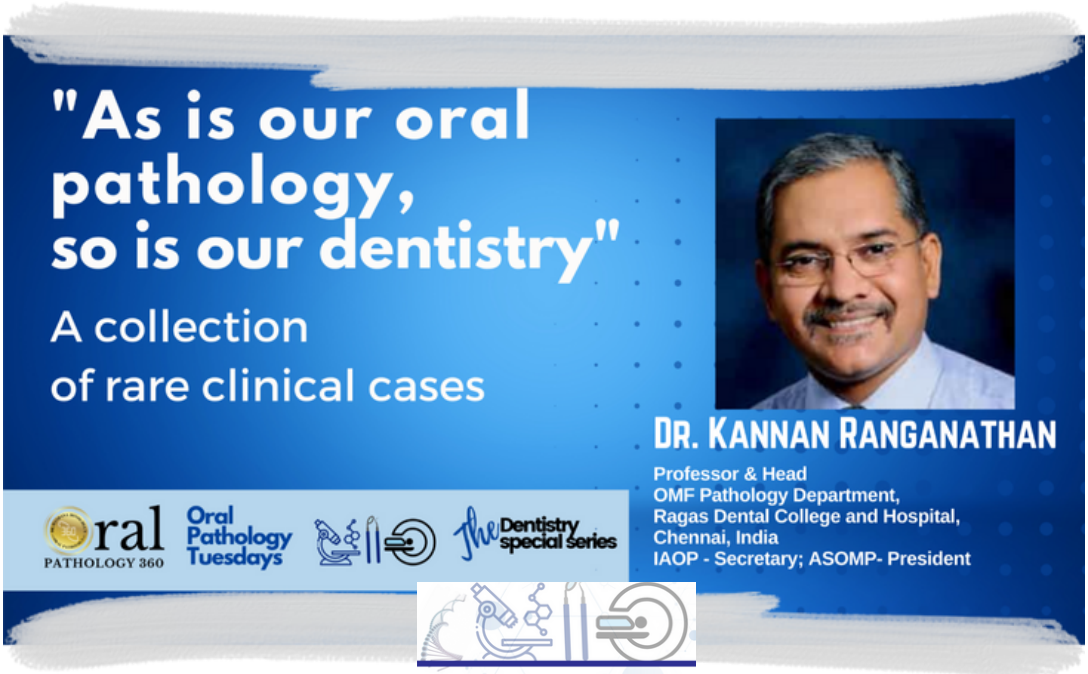
Masquerading Nevus-A diagnostic dilemma

Nithya S





An increased incidence of head and neck squamous cell carcinoma in younger individuals makes it imperative for oral pathologists to distinguish pseudo-malignant lesions from true malignancies. Diagnosing lesions that could mimic a pediatric malignancy relies greatly on a cautious correlation of clinical and histopathological features. While Melanomas are common in young children, prepubertal cases of oral squamous cell carcinoma and melanomas are rare. Melanocytic nevi like the spitz nevi or the atypical Spitz tumors can mimic carcinomas and cause difficulty in diagnosis due to their histological variations and clinical presentations, thus requiring adjunct tools like comparative genomic hybridization techniques for their diagnosis. A pediatric case where the histopathology resembled a moderately differentiated squamous cell carcinoma is discussed here. The lesion, which did not show any evidence of melanocytic content, proved to be a melanocytic nevus after clinical correlation with age and immuno-histochemical analysis. This case highlights the importance of being aware of such pseudo-malignant lesions in the dental setting.



Host | Producer | Designer

RICHARD WILMORE

richardwilmore.com

"I bring creativity to life through collaboration, innovation, and organization."

Case Presentations (Posters)

Florid Cemento osseous dysplasia A rare case report

Shalini Gnanasekar

Florid Cemento Osseous dysplasia is a fibro-osseous lesion that replaces normal bone with fibrous connective tissue and calcified cementum-like material. The word florid was introduced to describe the widespread, extensive manifestations in the jaw. They are usually classified into three main groups according to their extent and radiographic appearance: periapical (surrounds the periapical region of teeth and are bilateral), focal (single lesion), and florid (sclerotic symmetrical masses), cemento-osseous dysplasia's. The FCOD is most commonly found in middle-aged women. The initial phases of FCOD often mimic periapical inflammatory lesions radiographically. Prevalence of 5.5% reports from the Indian population is even rarer, with only 5 cases in Literature. Florid Cemento osseous dysplasia is asymptomatic and distinguished radiographically. A 28-year-old female patient reported with a chief complaint of pain in relation to the lower anterior region for a few weeks. Radiographically, CBCT revealed multiple mixed radiolucencies in relation to 35 - 47 tooth region. Excisional biopsy of the lesions and extracted tooth showed highly cellular stroma with spindle-shaped fibroblasts, woven bone, and cementoid calcifications.

The lesions were diagnosed as FCOD, and the patient was advised on follow-up visits as presented here.

Mashup character of a tumor

Rencie Hepzibah

Mandibular swelling in the oral cavity can occur for various reasons, commonly due to odontogenic or non-odontogenic lesions. Those lesions represent dentigerous cysts, radicular cysts, odontogenic keratocyst, ameloblastomas, fibro-osseous lesions, and osteomas.

Ameloblastoma is a slow-growing, persistent, and locally aggressive odontogenic neoplasm of epithelial origin, accounting for 10% out of 30% of all odontogenic tumors. According to the WHO, ameloblastomas are classified into conventional, unicystic, and peripheral. Unicystic ameloblastoma (UA) refers to those cystic lesions that show clinical, radiographic, or gross features of a mandibular cyst but on histologic examination show the typical ameloblastoma-like epithelial lining of the cyst cavity, with or without luminal and/or mural tumor growth.

This presentation will discuss a case of unicystic ameloblastoma occurring in the younger age group, which was initially thought to be a dentigerous cyst or a calcifying epithelial odontogenic tumor.

IgG4 Related Sclerosing Disease of the Mandible: A Case Report and Review of Literature

Sonal A. Prabhudesai, Poonam Sawant

IgG4-related sclerosing disease is a rare systemic immune-mediated condition that affects single/multiple organs, characterized by tissue inflammation and fibrosis. The four clinical subtypes include pancreaticobiliary disease, head and neck limited disease, retroperitoneal fibrosis with or without aortitis, and Mikulicz syndrome with systemic involvement. The head and neck disease commonly involves the salivary glands, orbit, lymph nodes, and thyroid gland. It commonly affects middle-aged/ elderly males and presents as a slow-growing lesion. The diagnostic histopathological features include a triad consisting of dense infiltration by IgG4+ plasma cells, marked fibrosis, and obliterative phlebitis. The exact pathogenesis is not known. We put forth a rare case report and a hypothesis to explain the same.

This case profiles a 22-year-old female patient who complained of pain, difficulty in mouth opening (limited to 1 cm) for one month, and a hard, non-tender extra-oral swelling over the right side of the face.

The contrast-enhanced computed tomography (CECT) revealed a lytic lesion in relation to the right ramus of the mandible with an enhancing soft tissue component measuring approximately 1.9*1.5 cm.

Histopathologic findings were significant for a highly cellular spindle cell growth admixed with a dense infiltrate composed chiefly of plasma cells, few epithelioid cells, lymphocytes, and eosinophils. Immunohistochemical staining with a panel of markers and raised serum IgG4 levels confirmed the histopathological diagnosis of IgG4-related sclerosing disease.

IgG4-related sclerosing disease is a rare fibro-inflammatory condition that mimics fibro-osseous lesions, spindle cell lesions, and round cell tumors.

Understanding the cascade of molecular events could help in deriving better treatment options.

Pleomorphic Adenoma of buccal space: a case report and review of literature

Suganya Ramalingam

Pleomorphic adenomas are benign neoplasms of salivary glands which can grow into widespread sizes. Early diagnosis of these diseases is essential. The definitive treatment approach for this disease is complete tumor excision, whereas enucleation may result in recurrence in some cases. Major care and preservation of facial nerve to be taken if it occurs in the parotid gland. Regular and long-term follow-up is necessary to check for recurrence, even after removal. A case of Pleomorphic Adenoma of buccal space in a 67-year-old female will be discussed. Covering clinical features, histopathology, radiological findings, treatment, and a literature review emphasizing diagnosis.

Ameloblastoma and Ameloblastic Carcinoma: A Diagnostic Dilemma

Nowsheen Yaqoob

Ameloblastoma constitutes about 1-3% of all jaw tumors. Malignant variants of the ameloblastoma are exceptionally rare and may arise de novo or from the transformation of a long-standing primarily benign lesion that has undergone several surgical excisions. Ameloblastic carcinoma is an aggressive malignant epithelial odontogenic tumor with a poor prognosis. Two–thirds of these tumors arise in the mandible, while one-third originate in the maxilla. The most common symptom is a rapidly progressing painful swelling. It may also present as a cystic lesion with benign clinical features or as a large tissue mass with ulceration, significant bone resorption, and tooth mobility.

Here we present a rare case report of a 27-year-old male patient who had complained of swelling on the right side of the face. The patient had a history of swelling, which was gradually increasing in size and associated with pus discharge. On extraoral examination, diffuse swelling was present on the right side of the face, extending from the zygomatic arch to the lower border of the mandible from the right angle of the mandible to the left parasymphsis region. On intraoral examination, there was an exophytic lesion in right gingival, buccal sulcus, which was diffused with white and red areas on the surface and associated with buccolingual expansion. On radiographic examination, it appeared as a well-defined radiolucency with soap bubble appearance and loss of teeth. A provisional diagnosis of ameloblastoma was given based on history, clinical examination, and radiographic examination. Histopathological examination of the lesion demonstrated features consistent with ameloblastic carcinoma. Lymph node resection along with mandibulectomy was done.

Primordial Odontogenic Tumor: A Case Report

Delna Lucia Varghese, Nivin G, Anjana K

Odontogenic tumors are a heterogeneous group of lesions with diverse clinical and histopathologic subtypes. The last update of these tumors was published in 2017 and the Primordial odontogenic tumor is a newly defined entity in the 2017 WHO classification under the group of odontogenic tumors of mixed origin. Only eighteen cases have been reported to date.

we report a case in an 8-year-old boy who presented with a fast-growing painless swelling in the left cheek region. The lesion was extensive. Extraoral examination showed a was diffuse, hard, and non-tender swelling. Intra orally, the swelling was noted in relation to the upper left deciduous first and second molar with obliteration of the buccal vestibule. The palatal cortical plate in this region showed expansion, and the deciduous left canine, first, and second molars were mobile. There was no history of trauma. The biochemical findings and blood picture were within normal limits. PAN view and CBCT showed a

large expansile unilocular hypodense lesion of size 3x 3cm surrounding the crown of developing 24. A radiological diagnosis of dentigerous cyst in relation to developing 24 with the differential diagnosis of the odontogenic tumor was given. The presence of an inflammatory lesion was ruled out by the lesion's PAP-stained smear of aspirated straw-colored fluid. Incisional biopsy was not confirmatory, but it could rule out malignancy and narrow down the diagnosis as a benign odontogenic tumor. Enucleation of the lesion was done, and the biopsy confirmed the diagnosis of a primordial odontogenic tumor.

Demystifying the hereditary pattern of non-syndromic odontogenic keratocyst

Siya K

Keratocystic odontogenic tumors (KCOTs) are locally aggressive benign tumors that occur in the bones of both jaws with a high recurrence rate. They are known for their peculiar behavior, variable origin debated development, unique tendency to recur, and disputed treatment modalities. We present three cases of OKC in a family with no associated syndrome. Karyotyping was done and found that the 9th chromosome was affected in all three cases. Therefore, the pedigree chart of the cases will help predict the occurrence of KCOT in future generations.

Non-syndromic multiple Odontogenic keratocyst: A rare case report.

Sumita Banerjee, Ngairangbam Sanjeeta, Nandini Db

Odontogenic Keratocyst (OKC) is a developmental cyst of odontogenic origin that accounts for 10–15% of all jaw cysts and is characterized by aggressive clinical behavior and a high recurrence rate. Multiple OKCs are unusual, and their occurrence is often associated with Nevoid Basal Cell Carcinoma Syndrome (NBCCS), Ehler-Danlos syndrome, Noonan syndrome, Orofacial digital syndrome, or other syndromes. Multiple OKCs in non-syndromic cases are rare and mostly found in young adults. Only 5.8% of multiple OKCs presented without any syndrome features have been reported. Here we present a non-syndromic multiple OKC in a 27-year-old healthy male patient. The management approach consisted of enucleation with curettage of the smaller lesions and decortication of the labial cortex in the large lesion. The occurrence of Multiple OKC in the present case may be because of the multifocal nature of OKC rather than its association with any syndrome. Multiple OKCs at an early age may be considered the first manifestation of NBCCS, so regular follow-up of the patient is planned.

An unusual palatal swelling - a diagnostic dilemma

Eileen Mary Vaseekaran Chellappa

Palatal swellings remain a diagnostic dilemma for most clinicians. Based on their etiologies, palatal swellings can be broadly classified into developmental, inflammatory/reactionary, cystic, and neoplastic. A slow-growing and long-standing palatal lesion are often considered a benign neoplasm. Certain rare lesions like "Ossifying fibroma" may also make their presentation a large palatal swelling. Ossifying fibroma is a slow-growing benign neoplasm of the jaws, commonly the mandible. The lesion is composed of varying amounts of bone or cementum in fibrous tissue stroma, which are also considered under fibro-osseous lesions. This paper aims to present one such rare case report of Ossifying fibroma, which presented as a large swelling filling the entire palate. Clinically the swelling was hard to firm in consistency with no associated mobility or pain. Upon incisional biopsy, one area showed predominant myxoid areas resembling "fibromyxoma," increasing the case's complexity. But on excisional biopsy, the histopathological features of the lesional tissue and radiological features helped narrow down to a final diagnosis of 'Ossifying fibroma". The differential conditions which had to be ruled out included fibrous dysplasia, osteoblastoma, focal cemento-osseous dysplasia, and focal osteomyelitis. To conclude, this presentation would help break the monotony of suspecting common neoplasms in the palate, throw light on the probability of rarer tumors, their origin, classification, and the crucial role played by clinical, radiological, and histopathological findings in narrowing down to the final diagnosis.

Oral submucous fibrosis with proliferative verrucous leukoplakia- a case report

Meghna Virendra Naik, Joachim Cota

Oral submucous fibrosis (OSMF) represents a unique oral, potentially malignant disorder due to its primary involvement of the connective tissue with progressive fibrosis and atrophy of the overlying epithelium. Associated with a 7-13% rate of malignant transformation into oral squamous cell carcinoma, there is a reported rate of 28.4% of exophytic verruca-papillary lesions arising in the background of OSMF.

A 45 years old male with a habit history of 12 years (smoked and smokeless tobacco) reported a chief complaint of a burning sensation in the mouth. Clinical examination revealed Stage II OSMF with white non-scrappable plaque-like lesions having a papillary surface at multiple sites involving bilateral buccal mucosae, lower labial mucosa, and palate. Histopathological evaluation showed verrucous hyperplasia with no stromal invasion. The results of histochemical techniques such as Masson’s trichrome and Modified Elastin Masson’s trichrome stain and immunohistochemical staining for genomic marker c-Myc and CD105 (a marker for neoangiogenesis) will be discussed in this poster.

Amelogenesis imperfecta: A case report

Naveen Kumar Reddy Bheemavarapu, Swetha Pasupuleti

Amelogenesis imperfecta (AI) represents a group of developmental conditions, genomic in origin, which affects the structure and clinical appearance of enamel of all the teeth in a more or less equal manner, and may be associated with morphologic or biochemical changes elsewhere in the body. The enamel may be hypoplastic, hypomineralised, or both, and the affected teeth may be discolored, sensitive, or prone to disintegration. AI may show autosomal dominant, autosomal recessive, sex-linked, and sporadic inheritance patterns. Diagnosis is based on family history, pedigree plotting, and meticulous clinical observation.

In this case, we discuss a 14-year-old patient who came with the chief complaint of discoloration of teeth for six years. The patient gave a history of discolored primary teeth followed by discolored permanent teeth with no relevant past medical and dental history. Extra oral examination showed no gross asymmetry; however, intra-oral examination showed brownish discoloration and attrition of enamel of all teeth. In addition, the OPG radiographic examination revealed an ill-defined radiolucency on the enamel portion of all the teeth and the obliteration of pulps. At the same time, dentin was intact, and roots were normal. Based on these findings, we reached a diagnosis of amelogenesis imperfecta. As a result, appropriate dental management and counseling for further care were undertaken.

AI presents problems of socialization, function, and discomfort but may be managed by early vigorous intervention, both preventively and restoratively, with treatment continued throughout childhood and adulthood. The primary dentition may be protected in infancy using preformed metal crowns on posterior teeth.

Fibrous Dysplasia in a young female: a diagnostic work up

Chesetti Anitha Devi

Fibrous dysplasia (FD) is a benign lesion characterized by replacing the bone with fibro-osseous tissue, mostly occurring in the maxilla in the 2nd-3rd decade of life. Though FD is common in the maxilla, literature shows few case reports of monostatic FD in the mandible. Here we present one such case of an 11-year-old female who presented with a chief complaint of swelling in her lower right back tooth region. The swelling started ten days ago, patient noticed a sudden onset of swelling for which I.V antibiotics were prescribed by a general physician & referred to our institution. Extra oral examination revealed a solitary diffuse swelling in the angle of the mandible. Intraorally alveolar mucosa of 45,46,47 was erythematous & 46 was missing. Based on history & clinical examination, a provisional diagnosis of ANTIBIOMA was given & differential diagnosis of CHRONIC OSTEOMYELITIS OF 46,47, RESIDUAL CYST CEMENTO OSSIFYING FIBROMA were considered.

Further investigations of IOPAR, and OPG revealed no gross pathology. Hence USG was advised, which revealed focal bony defect at the angle of right mandible with adjacent inflammatory changes

along muscular plane. Accordingly, FNAC & incisional biopsy was done. Histopathology report revealed CONDENSING OSTEITIS. Hence patient was kept on empirical therapy & followed up. One month after the biopsy, swelling recurred. It was larger than before. Clinical examination revealed a solitary diffuse swelling in the lower right back jaw region. On Intraoral examination, no significant changes were observed. CBCT was advised & report revealed ill-defined mixed hyperdense areas interspersed with hypodense areas measuring 2×2.5 cms with buccolingual cortical plate expansion further; based on radiological features, excisional biopsy was planned & performed. The histopathologic examination revealed MONOSTOTIC FIBROUS DYSPLASIA. The patient is on follow-up. This case highlights the diagnostic importance of CBCT.

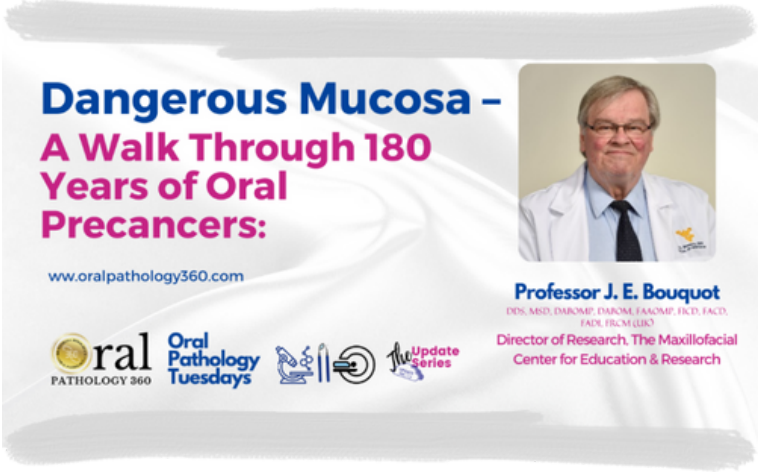
A minute invasion altering the conclusion.

Barath Balaji

Oral and oropharyngeal cancer is the sixth most common cancer in the world and constitutes about 10% of all cancer cases in India. Squamous cell carcinoma accounts for 90% of all oral cancers. It can occur anywhere in the mouth but most commonly on the tongue and the floor of the mouth. It usually arises from a pre-existing potentially malignant oral lesion and occasionally de novo. The mutagenic effects of tobacco, alcohol, betel quid, or areca-nut are dependent upon dose, frequency and the duration of use and are accelerated and exaggerated by the concurrent use of two or more of these agents. Squamous cell carcinoma is managed by surgery, radiation, and chemotherapy singularly or in combination. Prognosis includes a large size of the tumor at the time of diagnosis, metastasis to regional lymph nodes, and a deep invasive front of the tumor; regardless of the treatment modality, the five-year survival rate is poor at about 50%.

This presentation will discuss a case of well-differentiated squamous cell carcinoma of the tongue, which was clinically diagnosed as verrucous hyperplasia by the clinicians and histologically diagnosed as verrucous hyperplasia on incisional biopsy. Excision of the lesion was done, and the microscopic features revealed a focal invasion of epithelial islands in connective tissue.

Immunohistochemistry was performed in which a pan-CK marker was used to confirm the focal invasion of epithelial cells in connective tissue. The biopsied site is very crucial to prevent misdiagnosis of the lesion. In addition, the eyes of a pathologist should be sharper than the blade for guiding the surgeon to proper treatment.



Risk of sepsis after squeezing facial acne

Thao Thi Do

A 50-year-old female patient came to the hospital because of swelling in the right cheek. The patient squeezed facial acne one month back, then one week later, she squeezed pus from the lesion, but the swelling continued to increase. One week ago, the patient had chest pain, swelling, and blue pus discharge, the patient went to a hospital in another province, but the symptoms did not decrease after the patient went to the Can Tho University Hospital, Vietnam. Presently, the patient has swelling in the cheek of the right site, size 1cm x 1cm, green pus discharge, accompanied by a fever of 39 degrees C, severe pain, fatigue, loss of appetite, insomnia, trismus, short breathing. A blood test showed increased WBC 14.1x 109/L, NEU 11.7x 109/L, MONO 0.99 x 109/L, PDW 20.6%, GOT 80 U/L, GPT 78 U/L, Bacterial culture from pus shows Staphylococcus Aureus infection. Antibiotic sensitivity showed that this bacterium was sensitive to Cotrimoxazole, Chloramphenicol, Doxycilline, Gentamycine, Tecoplamine, Vancomycin, and resistant to Clindamycin, Oxacillin, Penicillin, Tetracycline. The patient was treated with Imipenem/Cilastatin 0.5 grams t.i.d., IV, Ketorolac Tromethamine 30 mg/ml b.i.d., IM, Medrol 16 mg orally one tablet, q.d. After five days of treatment, the patient's symptoms improved. A facial abscess is a rare condition that can cause sepsis. Therefore, it is important to recommend that patients should not squeeze acne. Facial abscess treatment includes culture to identify bacteria, carrying out the antibiogram, and use of appropriate antibiotics.

Non-syndromic multiple Odontogenic keratocyst: A rare case report.

Sumita Banerjee, Ngairangbam Sanjeeta, Nandini Db

Odontogenic Keratocyst (OKC) is a developmental cyst of odontogenic origin that accounts for 10–15% of all of jaw cysts and is characterized by aggressive clinical behavior and a high recurrence rate. Multiple OKCs are unusual, and their occurrence is often associated with Nevoid Basal Cell Carcinoma Syndrome (NBCCS), Ehler-Danlos syndrome, Noonan syndrome, Orofacial digital syndrome, or other syndromes. Multiple OKCs in non-syndromic cases are rare and mostly found in young adults. Only 5.8% of multiple OKCs presented without any syndrome features have been reported. Here we present a non-syndromic multiple OKC in a 27-year-old healthy male patient. The management approach consisted of enucleation with curettage of the smaller lesions and decortication of the labial cortex in the large lesion. The occurrence of Multiple OKC in the present case may be because of the multifocal nature of OKC rather than its association with any syndrome. Multiple OKCs at an early age may be considered as the first manifestation of NBCCS, so regular follow-up of the patient is planned.

A rare centrally located mandibular malignant salivary gland tumor

Damathoti Nihitha, Devarapalli Silky Teja

Mucoepidermoid carcinoma is a malignant epithelial tumor first described as a separate entity by Stewart, Foote, and Becker (1945). It accounts for 10 % of all salivary gland tumors and <5% of head & neck cancers. Mucoepidermoid carcinoma shows a higher predilection for major salivary glands - parotid gland (80%), submaxillary gland (8-13%), and sublingual gland (2-4%). The accessory salivary glands are rarely affected (6.4%) and are generally localized in the palate, floor of the mouth, buccal mucosa, lips, tongue, and retromolar region. Here, we report one case of mucoepidermoid carcinoma in the retromolar region. A 21-year-old female patient has come with a chief complaint of swelling in her lower left back jaw region for 20 days. The lesion started as a peanut-sized swelling which gradually progressed to its present size. The swelling was associated with pain but with no secondary changes. The patient had no relevant medical & dental history. On clinical examination, there was a solitary diffuse swelling of approximately 2x3 cms in the 48 region. On palpation, the swelling was soft in consistency and fluctuant. On evaluation, a provisional diagnosis of a benign odontogenic cyst was established. Dentigerous cyst, mucocele, and adenocarcinoma were considered under differential diagnosis. OPG revealed a solitary ill-defined radiolucency surrounding the coronal portion of unerupted 48. There was no aspirate on FNAC. CBCT was advised and revealed an ill-defined roughly oval-shaped hypodensity in the 48 region without bony invasion. An incisional biopsy revealed low-grade mucoepidermoid carcinoma. Excision of the lesion along with Hemi-mandibulectomy was done. The specimen was sent for histopathological examination, which revealed low-grade mucoepidermoid carcinoma. The patient is under follow-up, and there was no evidence of recurrence. Thus, this case highlights the importance of early disease diagnosis as advanced cases demand more complex treatments and have a poor prognosis.

Aspiration cytology- a diagnostic challenge in salivary gland pathologies

Garima Rawat

Salivary gland pathologies have always been a conundrum to diagnose for pathologists. However, due to the rarity of occurrence and markedly overlapping features amongst the various entities, they seldom pose difficulty in diagnosis. Therefore, fine-needle aspiration (FNA) is routinely performed initially to evaluate salivary gland lesions.

Occasionally, overlaps between benign and malignant lesions due to heterogeneity of the cell types, metaplastic changes, and sampling issues exist. We present a case that was a challenge to diagnose in a 46-year-old male with right submandibular region swelling. The diagnostic discrepancy between the primary cytologic and final histology diagnoses rendered the case more complex.

Parotid swelling in a 67-year-old female- A diagnostic enigma

Sandra Sagar

A 67-year-old Dravidian female reported a chief complaint of swelling in the left parotid region. On clinical examination, there was a 1x1 cm swelling in the parotid region, which was non-tender and gradually increased to attain the present size. Histological examination revealed an encapsulated tumor of glandular origin. composed of closely apposed tubular and trabeculae of tumor cells arranged in a jigsaw puzzle pattern. In several areas, the cells were arranged in the form of bilayered tubules with luminal cells showing eosinophilic cytoplasm, darkly stained nuclei, and abluminal cells with mainly clear cell morphology. Central eosinophilic material was also evident in some tubules, which showed PAS-positive and negative mucicarmine reactions. There were also ductal structures lined by luminal and abluminal cells arranged in a trabecular pattern. We report this case since it closely mimics metastasis from papillary thyroid carcinoma and other salivary gland tumors. Also, this case highlights the importance of advanced diagnostic aids that helps in the accurate diagnosis, contributing to the correct treatment planning for the patient.

A Dreadful Malady for Ages - Oral Submucous Fibrosis a Premalignant Condition

Vidha R

Oral submucous fibrosis (OSMF) is a precancerous condition with a malignant transformation rate of 7% to 30% associated with significant dysfunction and discomfort. In modern literature, this condition was first described by Schwartz in 1952. It is a chronic, insidious, progressive, irreversible, crippling fibrotic disorder that not only involves the submucosa of the oral cavity and oropharynx but sometimes also the esophagus and rarely the larynx. Reduced mouth opening, difficulty swallowing, recurrent oral ulcers, burning sensation in the mouth, and hesitation while socializing with others adversely influence the patient's quality of life. The awareness of such a condition among oral physicians can help in timely diagnosis and appropriate treatment.

A 51-year-old male patient complained of a burning sensation and inability to open the mouth for the past three months. The patient had a history of pan chewing for the past five years with a generalized burning sensation on the tongue and buccal mucosa, and mouth opening was restricted to 10 mm. Two samples from buccal mucosa (left and right side) were taken, one soft in consistency and the other firm. The incisional biopsy showed dysplastic stratified squamous epithelium with invading cells with keratin pearls; also fibrosis was seen in superficial and deep connective tissue.

The diagnosis was OSMF with squamous cell carcinoma on the left side. We present this case to highlight the difficulties faced by the clinical practitioners in providing treatment because of the taboos in a rural population, as well as to emphasize the problem of increasing consumption of tobacco and areca nut.

Unforeseen guest of the jaws - report of a rare case with follow-up

Vandana Sampath

Odontomas are the most common odontogenic tumors arising within the jaws. They are often associated with a retained deciduous tooth, thereby interfering with the eruption of their successors. Though odontomas are common, multiple odontomas are rare and are usually associated with systemic syndromes such as Gardner's syndrome, familial colonic adenomatosis, basal cell nevus syndrome, etc. This presentation reports a rare case of a non-syndromic young female patient with a mixed dentition exhibiting multiple odontomas in both jaws. A clinical diagnosis of odontoma was made, following which a conservative surgical approach was performed under intravenous conscious sedation. The post-operative results indicate that early diagnosis of odontomas results in less complex treatment and ensures a better prognosis. In addition, a one-year follow-up was done, and no recurrence was noted.

Pediatric plexiform-ameloblastoma involving the mandible - An unusual and unique case report

Moumalini Das, Abhishek Banerjee

Ameloblastoma is a benign, destructive, aggressive neoplasm accounts for about 1% of all tumors in the maxilla and mandible and forms 11% of all odontogenic tumors. It is locally invasive and has a high recurrence rate and possibilities of malignant transformation if not surgically appropriately removed. Their occurrence in children is rare, accounting for 10-15% of reported cases.

Based on the 2005 WHO classification, ameloblastoma has four histological categories- conventional solid/multicystic (follicular and plexiform patterns are most common), unicystic, peripheral (extraosseous), and desmoplastic. Ameloblastomas can invade adjacent structures and erode bone. They remain asymptomatic, non-functional, slow-growing, persistent, and often diagnosed radiologically or clinically as facial swelling. 80-85% of ameloblastomas occur in the molar and ramus area, followed by symphysis of the mandible, and 15-20% in the maxilla in the posterior region and may involve maxillary sinus and nasal bone.

In this case report, we describe an unusual case of a child who had swelling on the buccal aspect and pre-shedding mobility in the deciduous mandibular molar in D. Also, the lesion extended the crown of erupting permanent premolar resembling a dentigerous cyst. It was given a date for surgery, but after an incisional biopsy, found to be a rare case of plexiform ameloblastoma on histopathological evaluation. Panoramic and contrast tomography were used along with some routine hematological investigations, and surgical resection with costochondral graft placement was planned with long-term follow-up.

White sponge nevus: report of three cases in a single family

Ngairangbam Sanjeeta, Sumita Banerjee, Nandini Db

White sponge nevus (WSN) is an interesting hereditary oral mucosal disorder that commonly manifests as bilaterally symmetrical, thickened white, corrugated or velvety, diffuse plaques that predominantly affect the buccal mucosa. The lesions may develop at birth or later in childhood or adolescence. Because it is asymptomatic and benign, WSN requires no treatment. Recognition of this disorder is important due to its potential confusion with other lesions that may be found in the oral cavity. Emphasis should be given to this disorder's early and correct diagnosis to avoid unnecessary treatment. This paper presents three affected members of a single family.

Maxillary swelling: A Case report of an unusual presentation

Prasanna Gudivaka, Sowmya M

Schwannoma is a benign, encapsulated, slow-growing, and usually, solitary tumor originating from Schwann cells of the peripheral nerve sheath. Approximately 25-40% of cases are seen in the head and neck region, of which 1% are in the oral cavity. The tongue is the most common site, followed by the palate, floor of mouth, buccal mucosa, lips, and jaws. It may develop at any age, and there is no gender predilection. We report a rare case of a 28-year-old female who presented with pain and swelling in the left maxilla molar region extending from lateral nasal and angle of the mouth of left side till preauricular region. Clinical examination revealed a nodule with tenderness at the site of extraction. Based on the clinical examination, differential diagnosis is given as Odontogenic Myxoma, Haemangioma, or Odontogenic cyst/tumor.

Since the lesion is soft in consistency, an MRI examination is advised. It showed oval-shaped radiopaque lesions extending from the lateral wall of the nose to the infratemporal space, which compressed the maxillary sinus without involving the sinus cavity on the left side.

An incisional biopsy was diagnosed as angiolipoma. Later excisional biopsy of the lesion under local anesthesia was done. A histopathological examination revealed a partially encapsulated tumor with spindle cells, and differential diagnosis included neurofibroma and neurilemmoma.

A diffuse positive immunoreactivity for S-100 protein by the spindle cells led to the final diagnosis of Schwannoma.

Schwannomas are rarely seen in the oral cavity. However, as this case demonstrates, they should not be overlooked as a differential diagnosis. The definitive diagnosis can only be made after correlating clinical, histopathological, and immunohistochemical findings.

Actinomycotic Osteomyelitis in the maxilla: A case report

Anjana K, Delna Lucia Varghese, Nivin G

Actinomycotic osteomyelitis of the jawbones is an extremely rare disease that produces abscesses and opens draining sinuses. The principal cause of cervicofacial actinomycosis is Actinomyces israeli. Actinomyces produce chronic, slowly developing infections, particularly when normal mucosal barriers are disrupted by trauma, surgery, or a preceding infection. Actinomyces strains resemble both bacteria and fungi. Thus they were often considered transitional between the two groups of microorganisms.

Involvement of the bone is rare, but osteomyelitis sporadically occurs secondary to primary infection at primary sites. The infection progresses by direct extension into the adjacent tissues. Actinomycotic osteomyelitis has been associated with multiple systemic diseases like diabetes mellitus, malnutrition, autoimmune diseases, and acquired immunodeficiency syndrome.

Only a few cases of actinomycosis osteomyelitis have been reported in the literature. It is assumed that the mandibular predominance of the disease stems from the relatively poor vascularization of the condensed cortical bone in the mandible. Maxillary actinomycotic osteomyelitis is extremely rare compared to mandibular actinomycotic osteomyelitis, probably because of the good blood supply of the face, which provides maximum oxygen and better circulation.

This original case report presents a case of maxillary actinomycotic osteomyelitis with the diagnosis based particularly on histological features. Hence the present case may serve as a reminder to consider actinomycosis as a possible cause of osteomyelitis in persistent infection.

The highly diversified pathogenicity of the phenomenon and the absence of solid diagnostic criteria and laboratory values were the challenges encountered before arriving at a diagnosis.

Unforeseen guest of the jaws - report of a rare case with follow-up

Vandana Sampath

Odontomas are the most common odontogenic tumors arising within the jaws. They are often associated with a retained deciduous tooth, thereby interfering with the eruption of their successors. Though odontomas are common, multiple odontomas are rare and are usually associated with systemic syndromes such as Gardner's syndrome, familial colonic adenomatosis, basal cell nevus syndrome, etc. This presentation reports a rare case of a non-syndromic young female patient with a mixed dentition exhibiting multiple odontomas in both jaws. A clinical diagnosis of odontoma was made, following which a conservative surgical approach was performed under intravenous conscious sedation. The post-operative results indicate that early diagnosis of odontomas results in less complex treatment and ensures a better prognosis. In addition, a one-year follow-up was done, and no recurrence was noted.

BILATERAL TALON CUSP: A CASE REPORT

Simran Uppal

Talon cusp (TC) is a rare developmental anomaly due to the invagination of inner enamel epithelium cells. It arises as a projection in the cingulum area of lingual or palatal surfaces of maxillary incisors with an increased prevalence in the Asian population. Due to its resemblance with an eagle's talon, it was named "Talons Cusp" and has been described by various other terms like dens evaginatus, evaginated odontome, supernumerary lingual tubercle, and occlusal enamel pearl.

This case report describes the case of a non-syndromic bilateral Talon cusp in the permanent maxillary lateral incisors of an 8-year-old girl who reported to the department of pedodontics and preventive dentistry with the chief complaint of interference in occlusion. An intraoral periapical radiograph showed a V-shaped radiopaque structure in the affected lateral incisors, and an Orthopantomogram radiograph confirmed the presence of a Talon cusp.

Many classifications of TC exist, but none describe the type of Talon cusp completely. Thus, according to the latest "Integrated Classification of Talon Cusp" by Mehta et al. 2022, the authors developed a classification system for the Talon cusp, which takes into account all the morphological aspects and can be applied in clinical diagnosis to assess the severity and prognosis of the case. Therefore, the present case would be classified as,

TC = 12 (FDI tooth notation), BL (Bilateral nature), TI (true talon), P (Palatal surface), and TC = 22, BL, TI, P.

The timely diagnosis and management of TC prevent pulpal complications in teeth. This case was managed by reducing Talons cusp to remove the occlusal interferences, which is a prerequisite in managing such cases for future orthodontic retraction to minimize the interference in occlusion.

Hand, foot, and mouth disease in a pediatric patient during covid 19 omicron pandemic period - a case report

Karthik Shunmugavelu

Hand, foot, and mouth disease (HFMD) is an infectious disease caused by the human enterovirus and principally affects children below five years old and immunocompromised adults. Oral ulceration, skin eruptions on hands and feet, and fever and malaise are the characteristic signs and symptoms.

The severity of the disease ranges from mild illness to life-threatening conditions. So physicians should be well aware of the early clinical signs and symptoms and follow standardized treatment guidelines to avoid mortality in severe cases.

An unusual clinical presentation in pediatric patient

M. Divya Dharshini

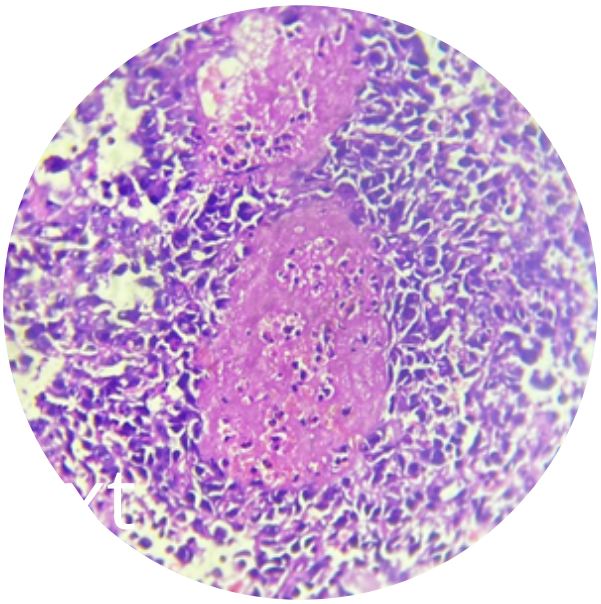
An 11-year-old female patient complained of swelling in the gingiva in relation to 73 for the past two months. The gingival epithelium was ulcerated, and pus discharge was evident on probing. So, a provisional diagnosis was given as gingival abscess, and the differential diagnosis was periapical abscess and pyogenic granuloma. Hence, an incisional biopsy of the soft and hard tissue was done, which was diagnosed as osteosarcoma infiltrating the soft tissue on histopathological examination.

The patient was diagnosed with osteosarcoma in the femur two years back and was under chemotherapy.

Upon diagnosis of osteosarcoma, the patient underwent a PET scan which revealed secondary lesions in the maxilla, mandible, and spinal cord, following which the patient was advised for chemotherapy.

Osteosarcoma is a bone malignancy derived from primitive bone-forming (osteoid producing) mesenchymal cells. It is a rare sarcoma with a peak incidence in the second decade. It is the third most common adolescent cancer and accounts for about 4% of childhood cancers. Oral and maxillofacial osteosarcomas account for 4-9%, which often occur as secondary tumors after radiation and chemotherapy. Metastasis of the tumor can be due to lymphatic spread, blood vessel permeation, and local infiltration.

Osteosarcoma of the head and neck region is rare, and if the primary occurs in the jaw, it has a more aggressive clinical course. Targeting and preventing metastasis has been a significant obstacle in osteosarcoma treatment. Poor pathological response to primary chemotherapy acts as a factor of metastasis.



Multiple lytic lesion

Deepika Karuturi

Multiple myeloma is a relatively uncommon malignancy of plasma cell origin that often appears to have a multicentric origin within the bone. Myelomatous infiltrates commonly involve the mandible, pelvis, sternum, clavicle, and proximal portions of the humerus and femur. Multiple myeloma is most common in patients older than 40 years, with a peak incidence rate at

60-70 years. Jaw lesions may be a primary manifestation of multiple myeloma, with an incidence varying from 8 to 15%. Because of varying symptoms, it is very difficult to diagnose multiple myeloma in the oral and maxillofacial regions.

A 47-year-old female patient presented with ulceroproliferative, indurated, and painful growth. Based on clinical findings, a diagnosis of oral squamous cell carcinoma and salivary gland neoplasms were considered. Hematological investigations were done, and the patient was anemic. Later, an incisional biopsy was done. Based on histopathological findings, the diagnosis was a round cell malignant tumor. An excisional biopsy was performed, and the histopathology was suggestive of undifferentiated malignancy. Differential diagnoses included NHL-large cell type, poorly differentiated carcinoma, amelanotic melanoma, Ewing's sarcoma, and Multiple myeloma.

Immunohistochemical findings were positive for CD-138, and PET-CT showed multiple lytic lesions in both the axial and appendicular skeleton. The final diagnosis was "Multiple Myeloma."

Maxillofacial presentations in patients with multiple myeloma are not common and often overlooked. In addition, oral lesions rarely occur as the first sign of multiple myeloma; this case illustrates the potential diagnostic importance and its consideration in the differential diagnosis.

Multiple dentigerous cysts: Any associated syndrome?

Afreen Nadaf

Multiple dentigerous cysts and their association with a syndrome are uncommon. An 18-year-old male patient presented with a chief complaint of nasal blockage on the right side for two months. The patient suffered from severe obstructive sleep apnea, cardiac abnormalities in childhood, and a history of delayed developmental milestones. Past dental history revealed gingival overgrowth that was excised. On general examination, frontal growth, brachycephalic head, europroscopic face, short neck, flattened nasal bridge, hypertrichosis, saddle nose, hypertelorism, and mild clouding of the cornea were evident. Intraorally, macroglossia, spacing of teeth, and unerupted third molars were seen. A panoramic radiograph and a computed tomography scan revealed unerupted third molars with cyst formation in all four quadrants.

Considering the multiple cysts, differentials included non-syndromic multiple dentigerous cysts, cleidocranial dysplasia, Maroteaux Lamy syndrome, and basal cell nevoid syndrome. Fine needle aspiration cytology revealed a creamy white material, and protein estimation showed 7gm/100ml. All cysts were marsupialised or enucleated, and histopathological confirmation of dentigerous cyst was obtained. Laboratory investigations revealed abnormal levels of GAG concentrations, and enzyme assay revealed slightly low levels of arylsulfatase-B, which is the pathognomonic sign of MPS Type VI. Based on clinicopathological features, a final diagnosis of Maroteaux-Lamy syndrome was reached. It is one of the genetic disorders involving disturbances in mucopolysaccharide metabolism, with the basic defect being deficiency of arylsulfatase-B, which leads to accumulation of dermatan sulfate in tissues and their urinary excretion. The deposition of mucopolysaccharides leads to a progressive disorder involving multiple organs, often resulting in death in the second decade of life. This disease, which has several oral and dental manifestations, is first diagnosed based on clinical findings

Case Presentations (Poster)

An accidental co-existence of fibro-osseous lesion under the cystic entity

Vinotha Palanisamy

In this case, we report a 23 years female patient reported elsewhere with a chief complaint of pain in her upper right back tooth region for one month with a history of swelling in her upper right jaw region.

A multilocular radiolucency was evident in OPG, suggestive of a cystic lesion. On incisional biopsy, histopathological features were consistent with Calcifying odontogenic cyst. The lesion was excised, and the patient recovered well. After a year, the patient returned complaining of swelling on the same site. On the CT scan, a mass extending from the upper right premolar region to the third molar tooth and a polypoid growth buttressing the lateral nasal wall were appreciated. Based on the CBCT report and the past histopathological report, the lesion was considered more aggressive, and surgical removal of the lesion under general anesthesia was performed. On histopathological analysis of the excised specimen, the section showed numerous slender, curvilinear bony trabeculae containing immature woven bone resembling a “Chinese letter pattern,” leading to the diagnosis of fibrous dysplasia. Fibrous dysplasia is a rare, non-hereditary, developmental anomaly of the bone which is commonly seen in the first three decades of life in the posterior maxilla with a female predilection.

This case report is one of a kind where two lesions could have occurred as a hybrid tumor where the underlying fibrous dysplasia was masked. The literature suggests fibrous dysplasia could be a reactive or reparative lesion. Interestingly the patient had a history of many trauma-related keloids, such as keloid in relation to an ear prick. Similarly, this fibrous dysplasia could be the reactive keloid type of healing to the earlier surgical intervention.

Basal cell type of unicystic ameloblastoma: A case report

Maanyam Hema Lakshmi Supraja, Alapati Naga Supriya

Ameloblastoma is the most common benign odontogenic tumor comprising enamel organ-like tissue without any hard tissue formation. According to WHO, Ameloblastomas are classified into Conventional/multicystic, Unicystic, and peripheral variety. Among these types, Unicystic Ameloblastoma (UA) accounts for 20% of the ameloblastomas. Unicystic ameloblastoma refers to cystic lesions that show clinical, radiographic, or gross features of a jaw cyst but on histologic examination show a typical ameloblastomatous epithelium lining the cyst cavity, with or without luminal and/or mural tumor proliferation.

A 40-year-old female patient was referred to our department for three weeks with swelling in the left mandibular premolar region. On intraoral examination, a diffuse non-tender and firm swelling extending from the vestibule of 35 to 38 region was observed, and CBCT revealed a radiolucency in the periapicalregion of 35,36,37,38 with buccal and lingual cortical plate perforation. The lesion was provisionally diagnosed as a radicular cyst. Following an excisional biopsy, histopathology revealed cystic epithelium with tall hyperchromatic columnar basal cells and sub-nuclear vacuolations.

Subepithelial hyalinization and superficial stellate reticulum-like cells were evident.

There was follicular and plexiform arrangement of tumor nodules in the form of nests and islands extending into the lumen. A focal area showed mural invasion with the cystic wall infiltrated by connective tissue. There was transition of central stellate reticulum-like cells into hyperchromatic basaloid and peripheral columnar cells.

Basal cell variant of ameloblastoma is uncommon, accounting for 2.6% of all ameloblastomas. Radiographically, Unicystic Ameloblastoma shows unilocular radiolucency. We rarely see cases showing diverse histological features, which might pose a diagnostic dilemma.

Painful, swollen, and ulcerated gingiva an indication of underline systemic pathology - A Case Report.

Madhura Barve, Chetan Bhadage, Ajay Bhoosreddy

Pain, swelling, pus discharge, and ulceration of gingival tissue are the commonest complaints that an oral physician encounter. Most of the time, these symptoms indicate gingival or periodontal pathology. Although this scenario is very common, such cases should be investigated thoroughly. We are presenting a similar case which presented to us with pain, swelling, pus discharge, and ulceration of gingival tissue. An episode of high-grade fever, malaise, nausea, and dysphagia led us to investigate the case further. Thus identifying a severe disease.

We present a case of acute necrotizing ulcerative gingivitis (ANUG) in a 51-year-old woman with a history of diabetes and hypertension. The patient presented with a one-week history of fever and white necrotic patches on the surface of the gingiva.

Oral examination revealed halitosis, ulcerated, painful, and swollen gingiva, especially the anterior part. The differential diagnosis considered was gingival ulcers of viral origin and desquamative gingivitis. CBCT revealed mild to moderate bone loss. Lab investigation revealed underlying leukopenia, which later improved and poorly controlled diabetic status. The case was managed by conservative oral treatment and management of the underlying systemic condition. This case highlights the importance of thorough case history and appropriate investigations in diagnosing ANUG

In addition, a successful outcome of acute necrotizing gingivitis depends on a multidisciplinary approach involving an oral medicine specialist, periodontist, and general physician.

A rare variant of Ameloblastoma

Ruchik Anerao

Ameloblastoma is highly polymorphic due to its ability to undergo various forms of metaplasia.

Keratoameloblastoma is a rare variant of ameloblastoma, with 18 cases described in the literature. As reported by Pindborg in 1970.

A 32-year-old female patient reported a chief complaint of a swelling on the palate for three years, gradually increasing in size to approximately 4x3 cm since its onset in the left posterior palatal region. The mass was firm, smooth, and erythematous. The swelling was not associated with pain, discharge, or paresthesia. Left submandibular lymph nodes were tender and palpable. No remarkable medical history was revealed except for hypertension. Orthopantomography showed no evidence of palatal bone pathology. Differential diagnoses included minor salivary gland tumors, odontogenic keratocyst, squamous Cell Carcinoma, and other variants of ameloblastoma. Histopathological examination of hematoxylin and eosin stained sections and CK19 immune marker revealed many peripheral and central follicular cells showed an affinity for CK19, which confirms its odontogenic origin. The final diagnosis from histopathological features and immunohistochemistry was a Peripheral variant of Keratoameloblastoma.

Ossifying Fibroma: Case report

Chinmayee Mannava, Supraja Salwaji, Ravikanth Manyam

Ossifying fibroma (OF) is a benign bone neoplasm classified as a fibro-osseous lesion in the jaw. It originates from undifferentiated cells of the periodontal ligament. It contains highly cellular fibrous tissue that contains varying amounts of calcified tissue resembling bone, cementum, or both. It tends to occur in the second and third decades of life, with a predilection for women and the mandibular premolar and molar areas.

In the present case, a 12-year-old male patient came with a painless swelling measuring approximately 3x3cm in the right maxillary anterior region for one month. On intraoral examination, we found a solitary swelling extending from the vestibule of the maxillary right central incisor region to the primary second molar region. A preoperative CT scan showed mixed radiolucency of size 2.9x2.5x3.6 cm in the right maxillary region involving the floor of the right nasal cavity and hard palate. Based On these findings, a provisional diagnosis of fibrous dysplasia was given. Incisional biopsy exhibited histopathological features of a well-encapsulated lesion and connective tissue showing numerous spindle, angular, and bipolar mesenchymal cells in a sparse collagenous stroma and areas showing varying sizes of irregular-shaped immature bony trabeculae with entrapped osteocytes and osteoblastic rimming. Osteoid deposition was also observed. Due to the expansive destructive nature of ossifying fibroma, surgical excision is performed, and follow-up is recommended.

Conclusion: proper correlation of the clinical, radiological, and histological features is necessary for establishing a definitive diagnosis, as well as for categorizing the fibro-osseous lesions. Since chances of recurrence of ossifying fibroma are reported in the literature, surgical excision and follow-up of the patient are recommended.

Florid cemento-osseous dysplasia - An unusual entity.

Bhavani Meesala, Smita Birajdar,Satya Tejaswi Akula

Florid cemento-osseous dysplasia (FCOD) is a rare, non-neoplastic fibro-osseous lesion affecting tooth-bearing areas of the jaw, characterized by the replacement of normal trabecular bone with osseous tissue and dense acellular cementum in a fibrous stroma. They are usually asymptomatic and detected accidentally during routine dental radiographic examination.

A 46 years old female patient reported to the institution with a chief complaint of swelling and pain in the left lower back tooth region for 20 days. Intra-oral examination showed a solitary swelling of size measuring approximately 2 x 3 cm in relation to the lower left buccal vestibule. CBCT axial section of mandible showed ill-defined hypodense areas located at root apical third portions of molars and anterior teeth. Additionally, hypodense areas showed expanding buccal and lingual cortical plates of molars on both sides. Also, the region of anterior teeth showed thin cortical borders.

Due to the symptomatic nature of the

the lesion, it was surgically enucleated. The radiographic appearance, distribution of the lesion, the positive vitality test of the involved teeth, and histopathological findings supported the diagnosis of florid cemento-osseous dysplasia. The patient is asymptomatic and under follow-up for six months. Diagnosis of cemento-osseous dysplasia can be made with accurate clinical and radiographic assessment. However, a specific diagnosis is critical because these entities' treatment, biological behavior, and prognosis may vary. In asymptomatic cases, no treatment is required, and the patient should have regular follow-ups. But in symptomatic cases, surgical intervention is advised.

Credits

Editorial - Scientific

Dr. Jos Hille

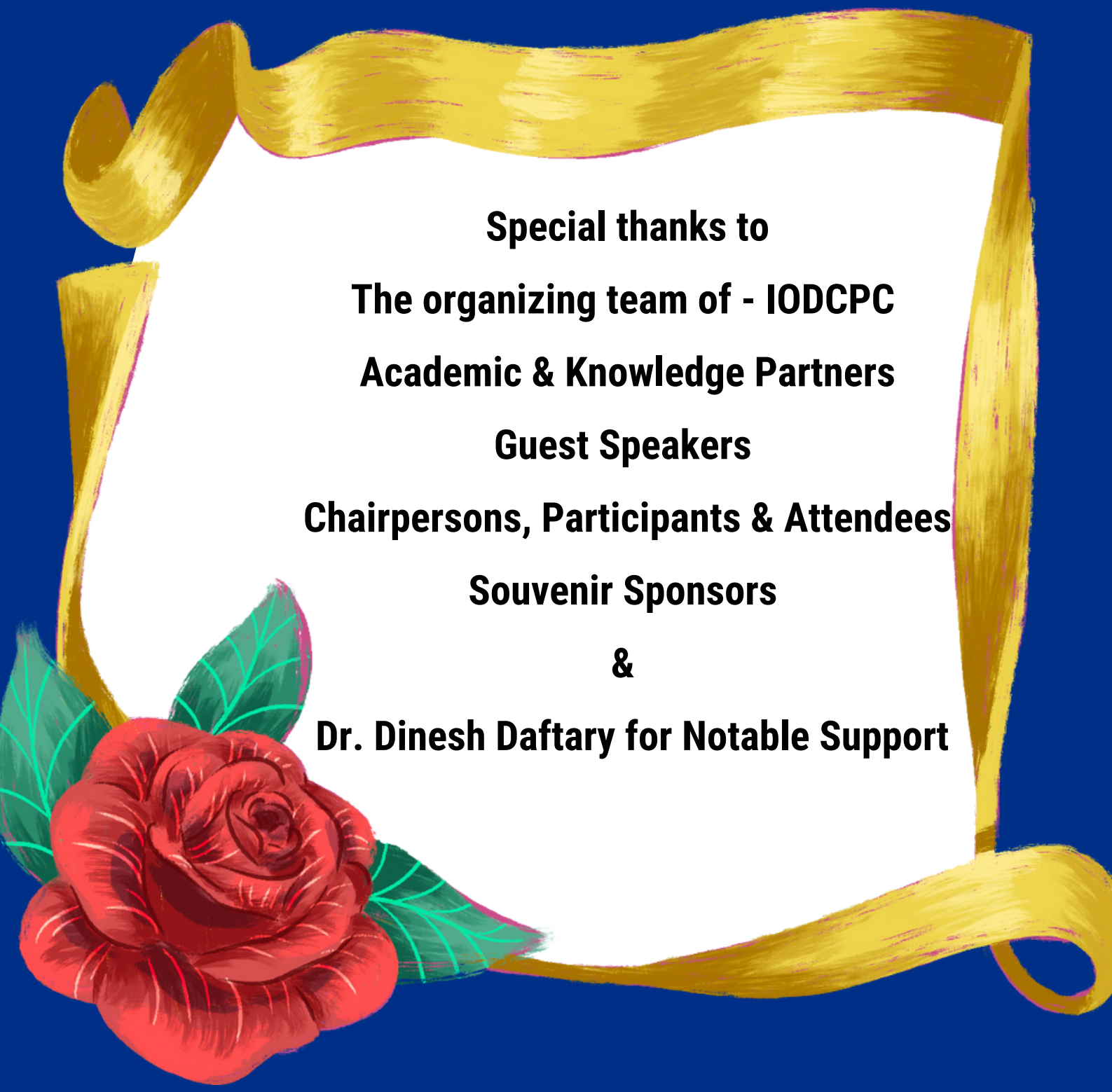
Dr. Jeronimo Lazos

Dr. Ravikanth Manyam

Dr. Mandana Donoghue

Design & Artwork

Angel-designs & Solutions



Special thanks to

The organizing team of - IODCPC

Academic & Knowledge Partners

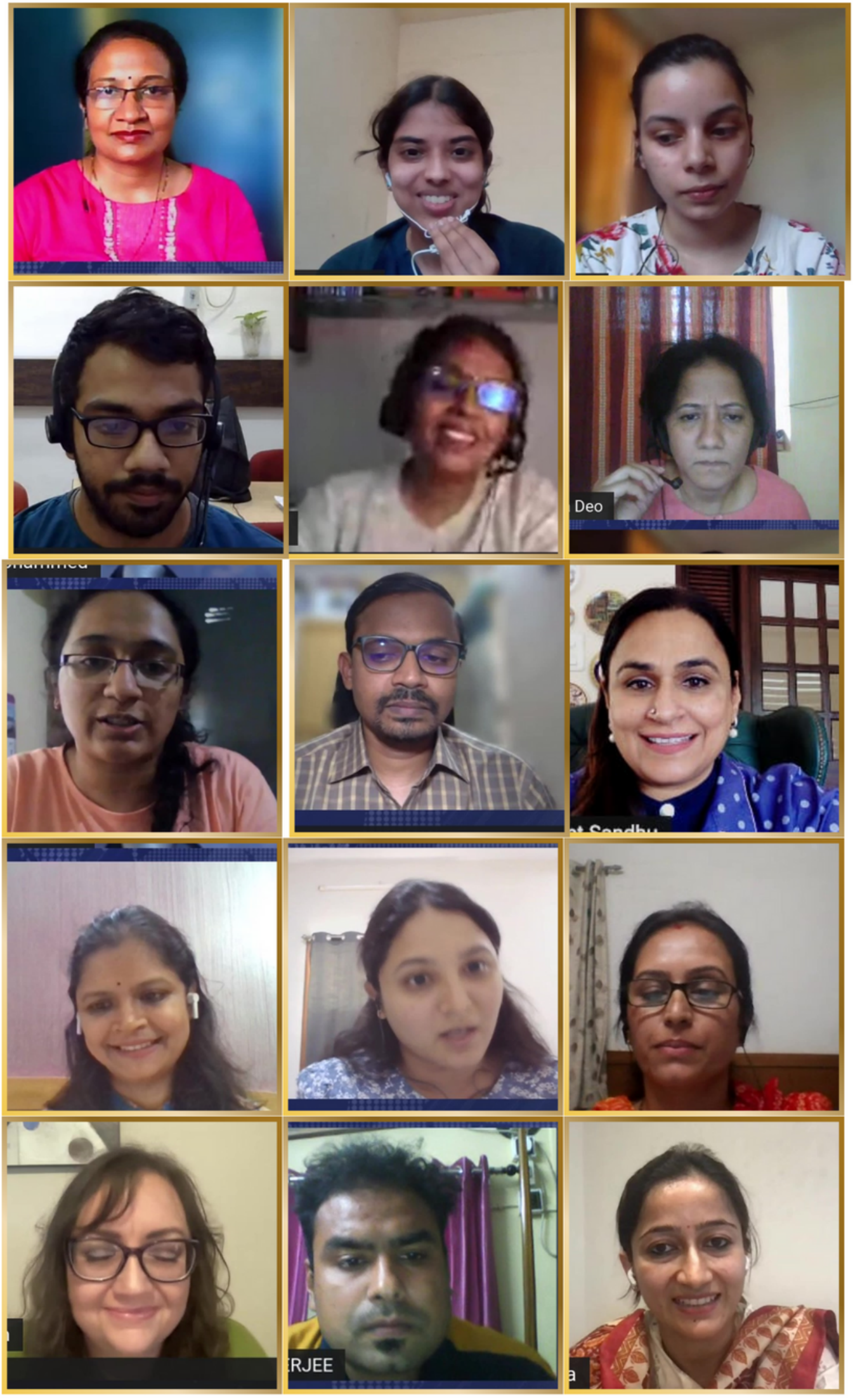
Guest Speakers

Chairpersons, Participants & Attendees

Souvenir Sponsors

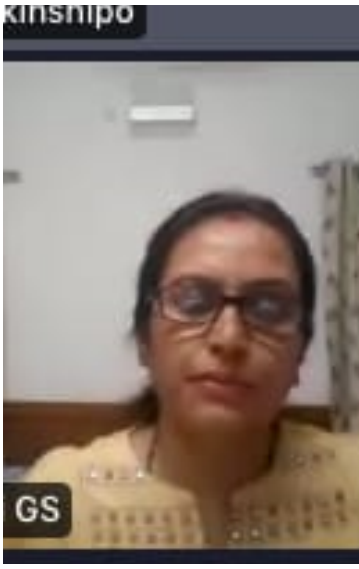
&

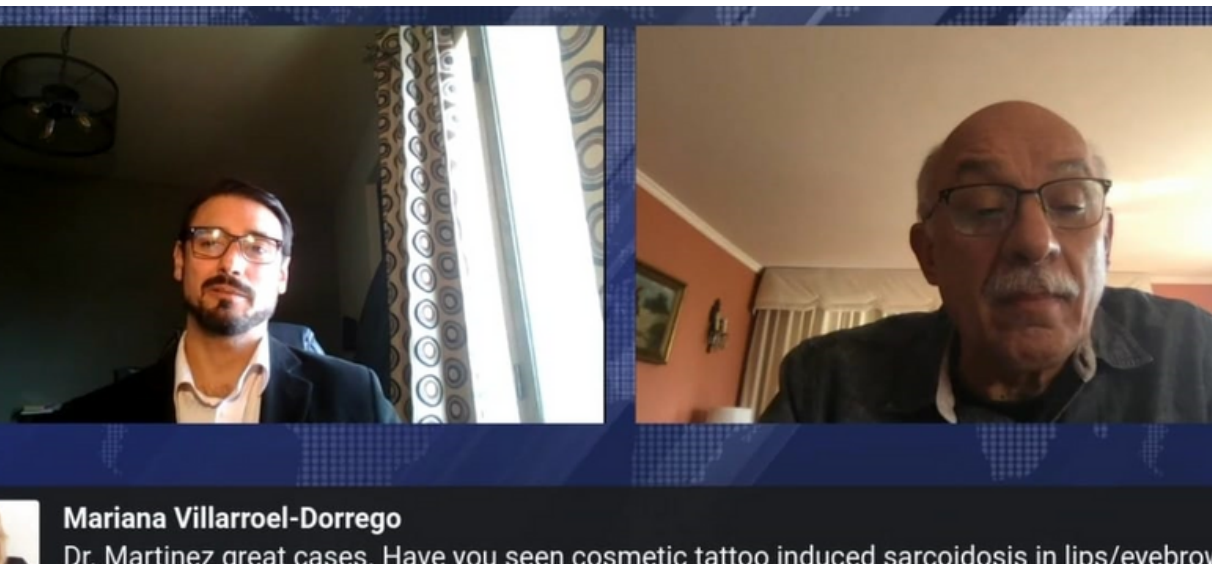
Dr. Dinesh Daftary for Notable Support


Deo
RJEE


yan Aminishakib
Nazanin


Professor Jos Hille
what do you think of the statement that most OSCC are preceded by OMPD's?


GS


Mariana Villarroel-Dorrego


nathan


Dr. Simarpreet Sandhu
Dr. Mariana Villarroel-Dorrego
Merva Soluk Tekkesin
John Wright


Dr. Simarpreet Sandhu


Karpagaselvi Sanjai


Jos Hille

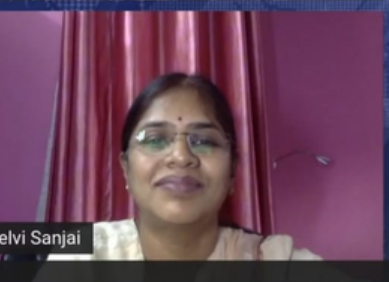

Dr. Nandini D.B.


na


Nagamani Narayana


vi Sanjai


Merva Soluk Tekkesin


elvi Sanjai


Nasser
Please enter your questions in the cha


na Devi


Lahari Telang


Raghu Radhakrishnan


Keith Hunter

Add a Reason to Your Patient's Smile

Introducing the New PerioGard® Mouthwash

LOW STAINING FORMULA

0.12% *Chlorhexidine Digluconate*

***Reduces** the formation of dental plaque*

***Helps** promote gum care*

***Suitable** for pre and post surgery use*

***Alcohol** free*

For dental professional communication only