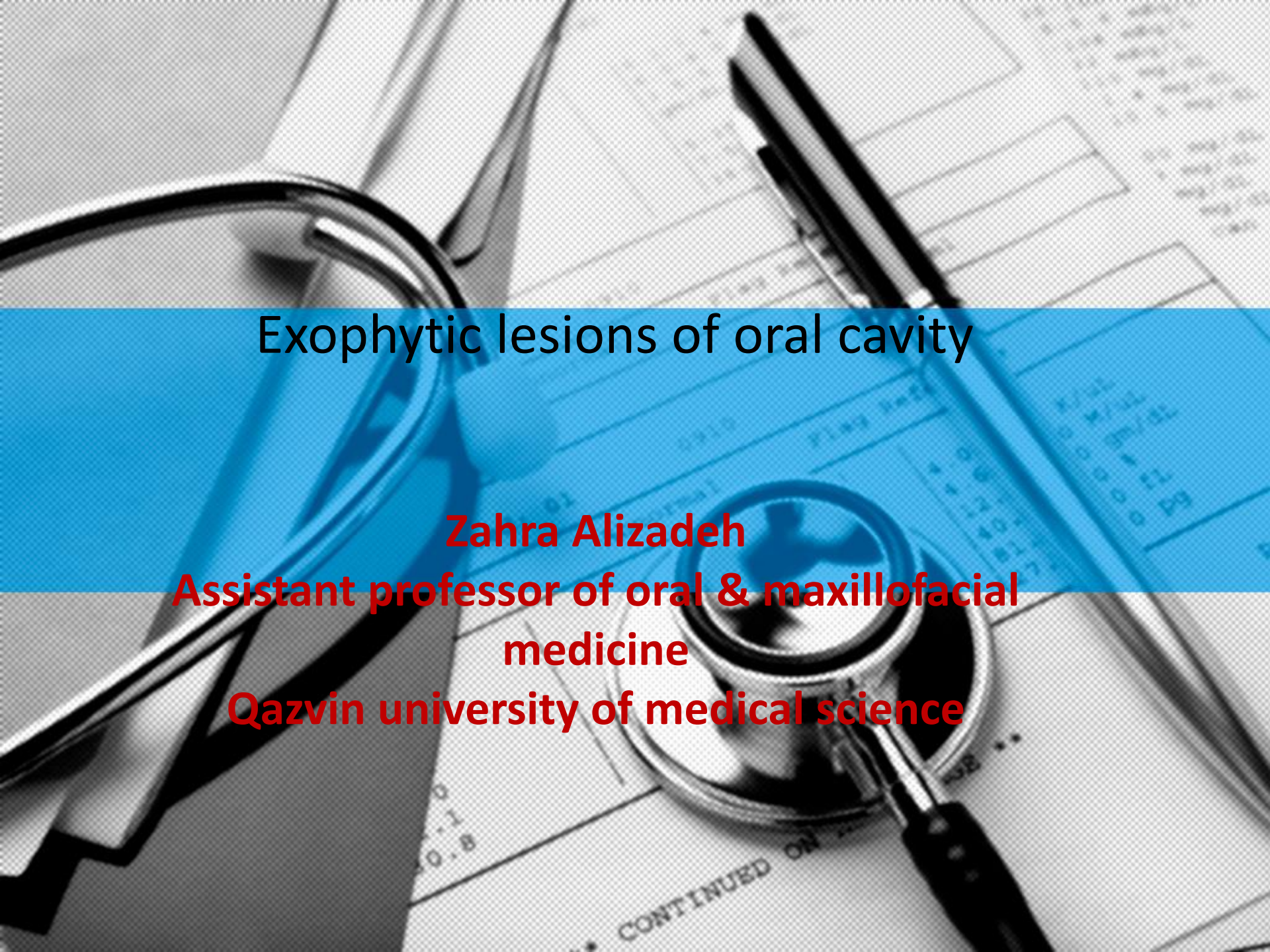


Exophytic lesions of oral cavity

Zahra Alizadeh
Assistant professor of oral & maxillofacial medicine
Qazvin university of medical science

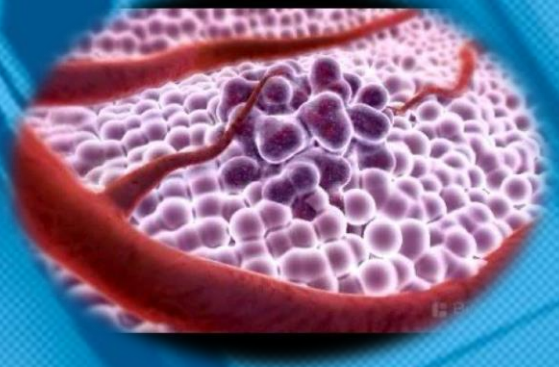
What we learn here?

Non neoplastic soft tissue swellings of mouth arising from oral mucosa.

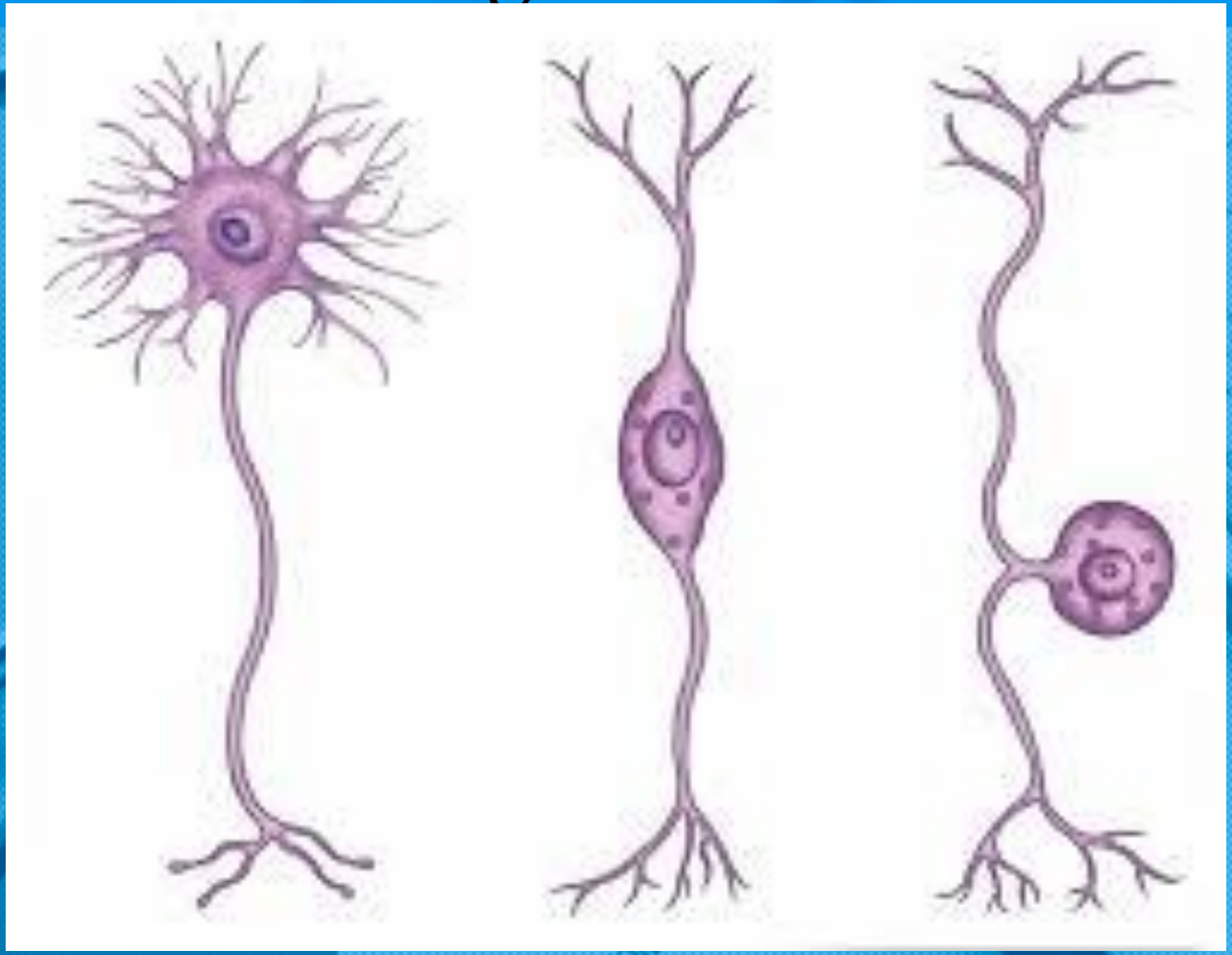
Benign Soft Tissue Tumors

Lesions that form from fibrous tissue, adipose tissue, nerves

Benign proliferations of blood vessels and lymphatic vessels resemble neoplasms but do not have unlimited growth potential.



Neurogenic Lesions



Benign Soft Tissue Tumors

Neurogenic Lesions

Traumatic Neuroma.

- IS not a true tumor

  a proliferation of nerve tissue that is caused by injury to a peripheral nerve

- When a nerve and its sheath are damaged, the proximal end of the damaged nerve proliferates into a mass of nerve and Schwann cells mixed with dense fibrous scar tissue.

In the oral cavity, injury to a nerve may occur from injection of local anesthesia, surgery, or other sources of trauma

– the mental foramen area is the most common location.

Benign Soft Tissue Tumors

Neurogenic Lesions

Traumatic Neuroma.

- often painful (pain on palpation)
- Adults
- The definitive diagnosis is made on the basis of a biopsy
- treated by surgical excision
- Recurrence rates for neuromas are rare.

Benign Soft Tissue Tumors
Neurogenic Lesions

Neurofibroma and Schwannoma (neurilemmoma)

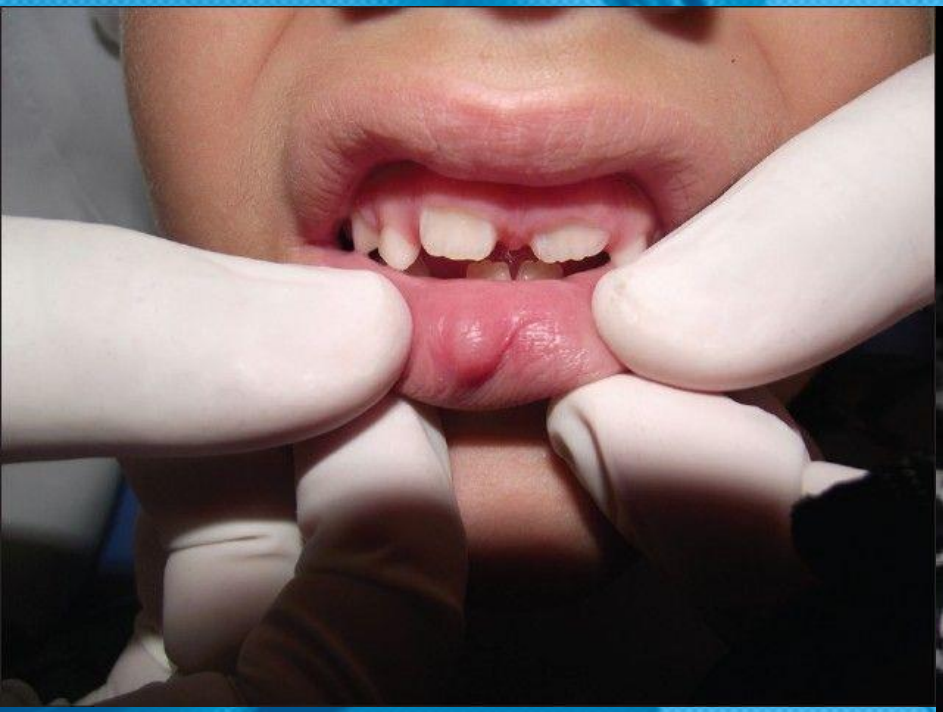
- Derived from the tissue that envelops nerves and includes Schwann cells and fibroblasts
- The tongue and buccal mucosa are the most common intraoral sites
- On rare occasions, the tumor can arise centrally within bone, where it may produce a well-demarcated or poorly defined unilocular or multilocular radiolucency
- Any age,

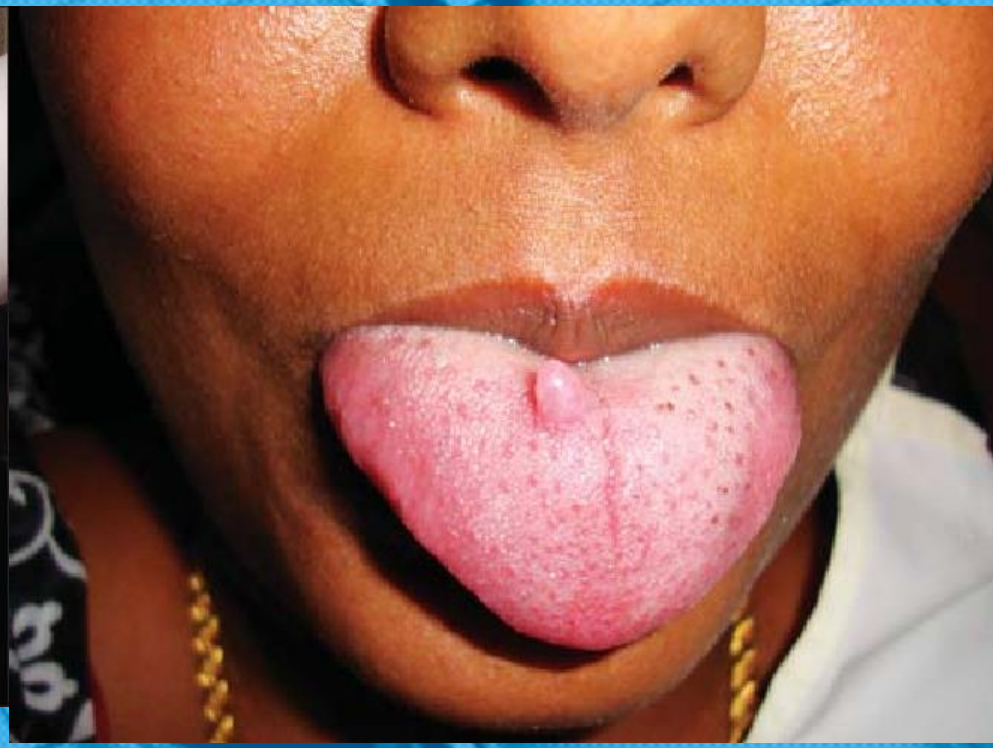
Benign Soft Tissue Tumors
Neurogenic Lesions

Neurofibroma and Schwannoma (neurilemmoma)

- Without any sex predilection.
- Differences in immunohistochemical staining have been demonstrated and may be helpful in establishing the definitive diagnosis.
- Treatment for a neurofibroma or schwannoma is surgical excision
- Do not recur.

NEUROFIBROMA





Benign Soft Tissue Tumors
Neurogenic Lesions

Neurofibromatosis

Multiple neurofibromas occur in a genetically inherited disorder known as neurofibromatosis 1 (NF1) or von Recklinghausen's disease.

An autosomal dominant trait

Patients have multiple neurofibromas that can occur anywhere in the body but are most common on the skin.

The clinical appearance can vary from small papules to larger soft nodules to massive baggy, pendulous masses (elephantiasis neuromatosa) on the skin

Benign Soft Tissue Tumors
Neurogenic Lesions

Neurofibromatosis

The plexiform variant of neurofibroma, which feels like a “bag of worms,” is considered pathognomonic for NF

Another highly characteristic feature is the presence of ***café au lait*** (coffee with milk) pigmentation on the skin macules that vary in diameter from 1 to 2 mm to several centimeters. In NF1, this pigmentation typically has a smooth edge

Benign Soft Tissue Tumors
Neurogenic Lesions

Neurofibromatosis

Freckling of the axilla (Crowe sign) or of other intertriginous zones is also a highly suggestive sign.

Lisch nodules, translucent brown-pigmented spots on the iris, are found in nearly all affected individuals

Benign Soft Tissue Tumors
Neurogenic Lesions

Neurofibromatosis

Studies indicate that oral manifestations may occur in as many as 72% to 92% of cases

Enlargement of the fungiform papillae

Radiographic findings may include: enlargement of the mandibular foramen, enlargement or branching of the mandibular canal, increased bone density, concavity of the medial surface of the ramus, and increase in dimension of the coronoid notch.

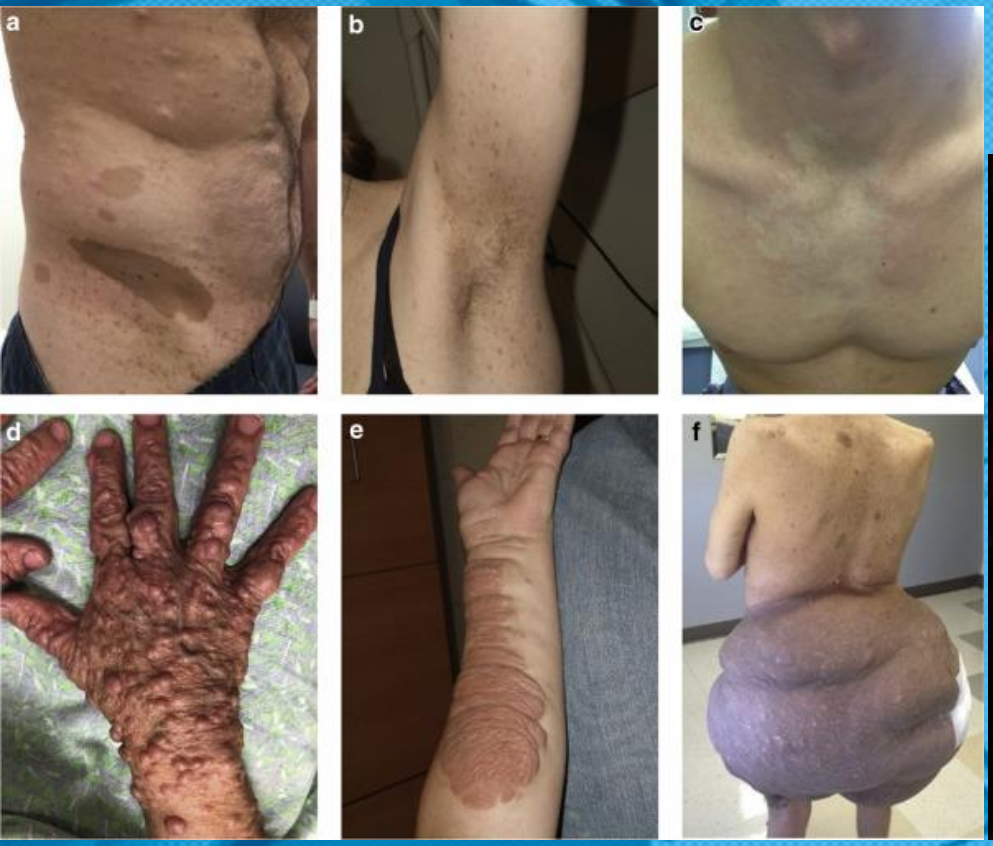
Benign Soft Tissue Tumors
Neurogenic Lesions

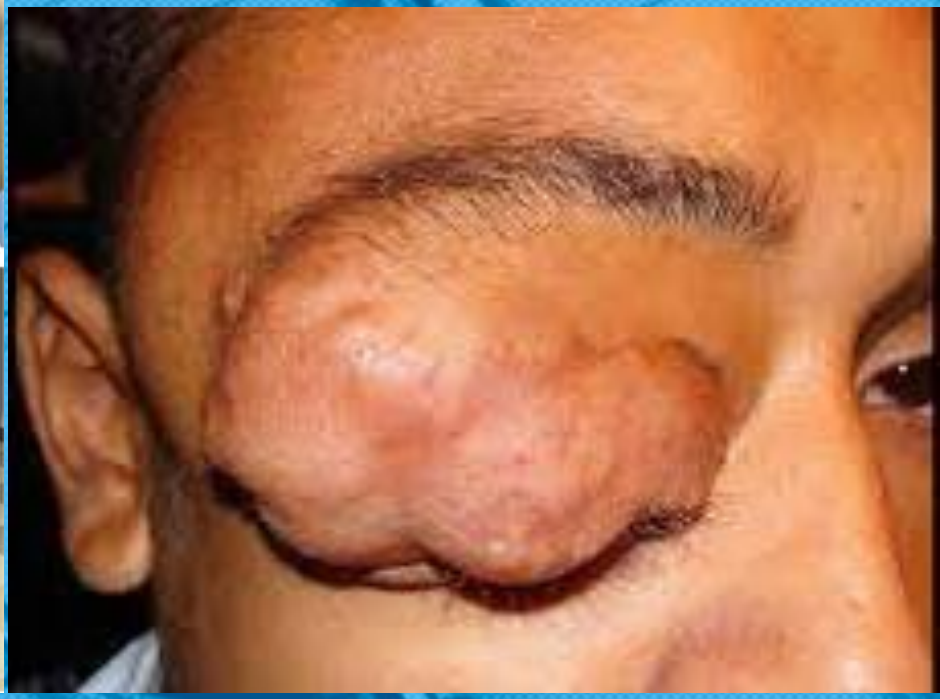
Neurofibromatosis

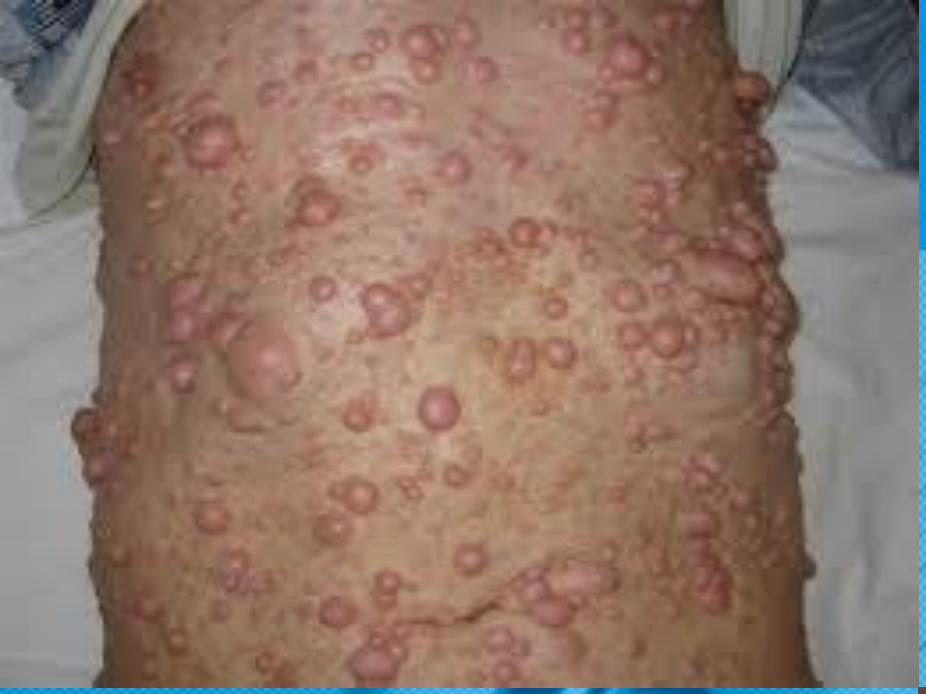
Patients with NF1 are at increased risk of the development of malignant tumors, especially malignant peripheral nerve sheath tumor, leukemia, and rhabdomyosarcoma

There is no specific therapy for NF1, and treatment often is directed toward prevention or management of complications.

NEUROFIBROMATOSIS TYPE 1







Benign Soft Tissue Tumors
Neurogenic Lesions

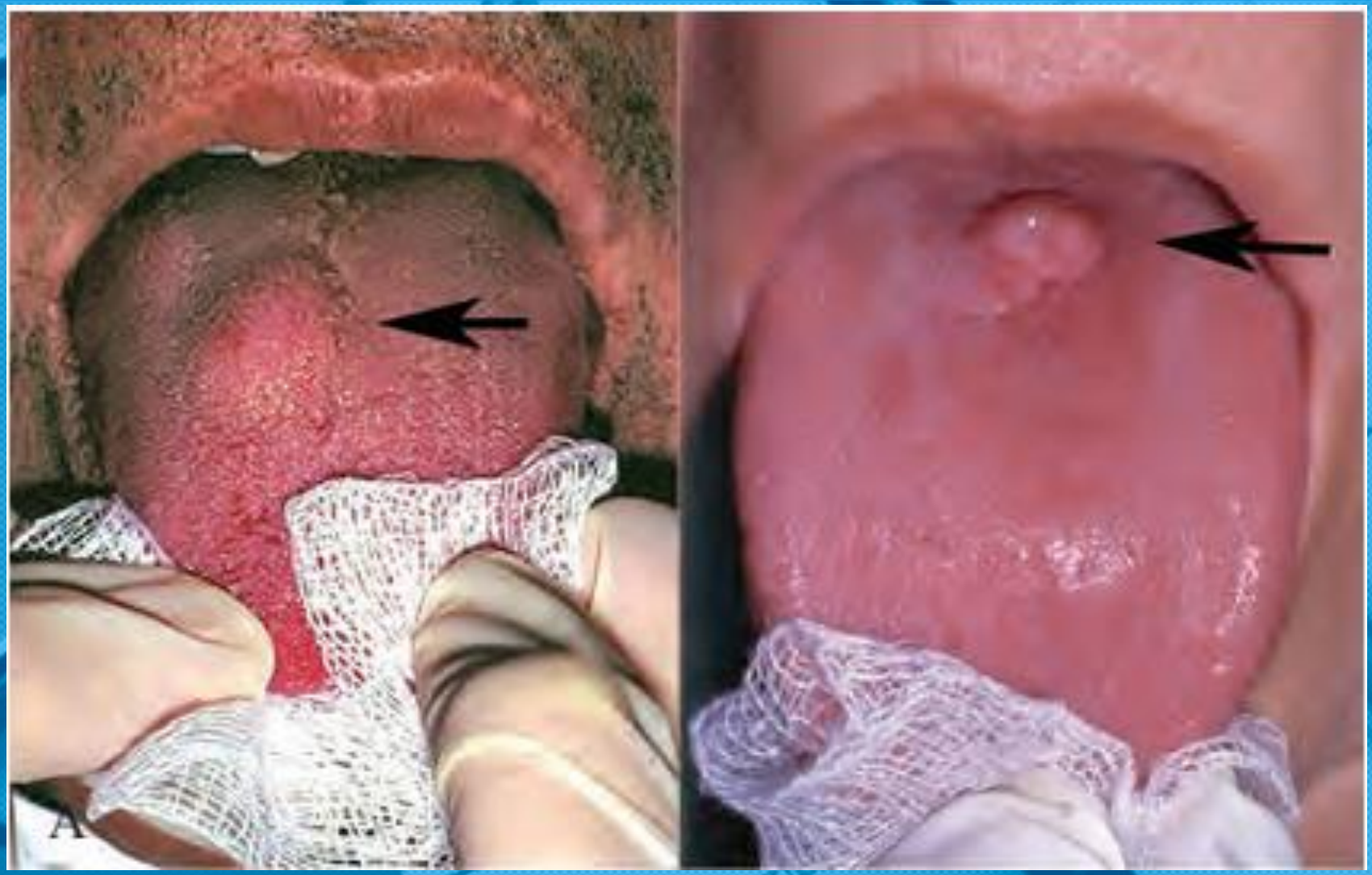
Granular Cell Tumor

- A benign tumor composed of large cells with a granular cytoplasm.
- The pathogenesis of this tumor has not been established, but most evidence suggests that it arises from Schwann cells
- Most often occurs on the tongue , followed by the buccal and labial mucosa.
- Other intraoral sites include the palate, gingiva, and the floor of the mouth.
- An asymptomatic sessile, painless, nonulcerated nodule that is usually 2 cm or less in size

Benign Soft Tissue Tumors
Neurogenic Lesions

Granular Cell Tumor

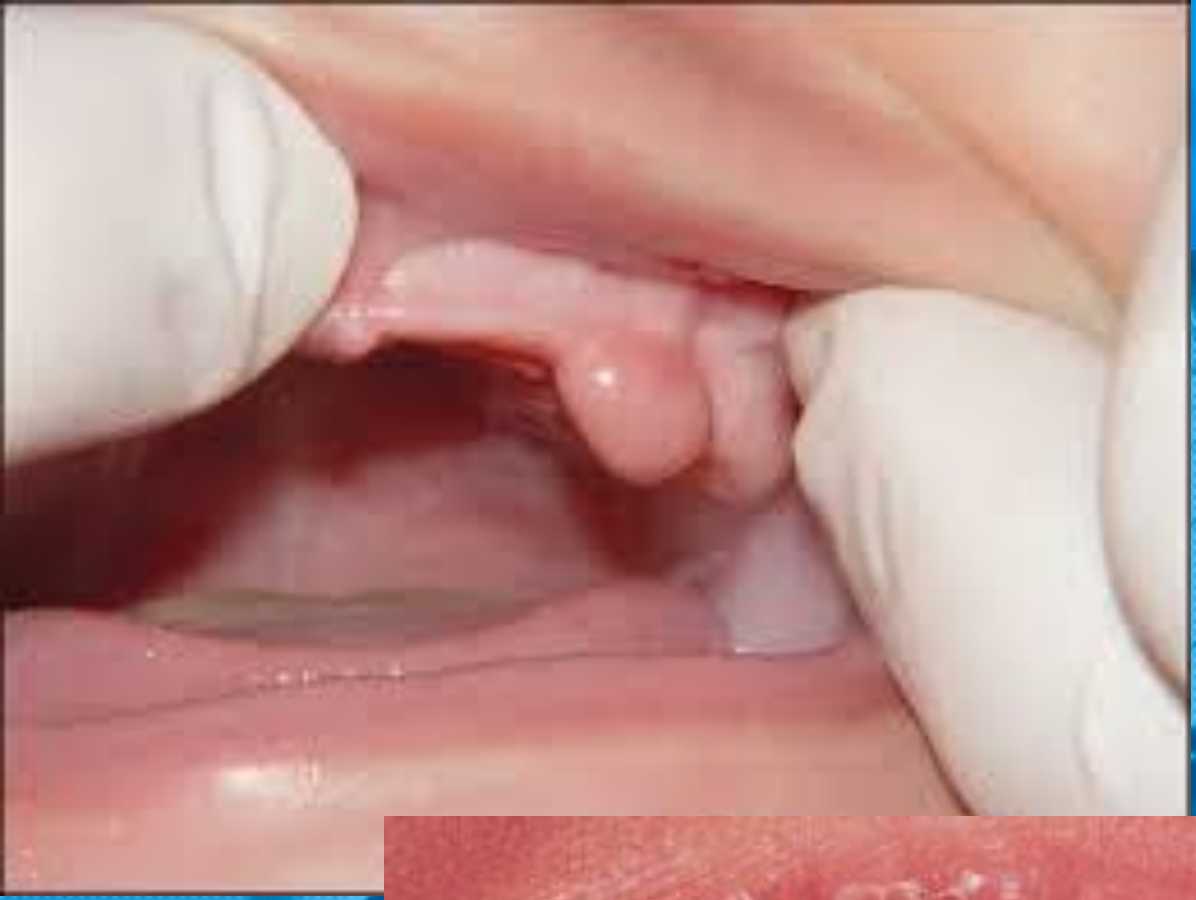
- The mass is typically pink, but some granular cell tumors appear yellow
- Adults with a female predilection.
- This tumor is treated by conservative surgical excision and does not recur

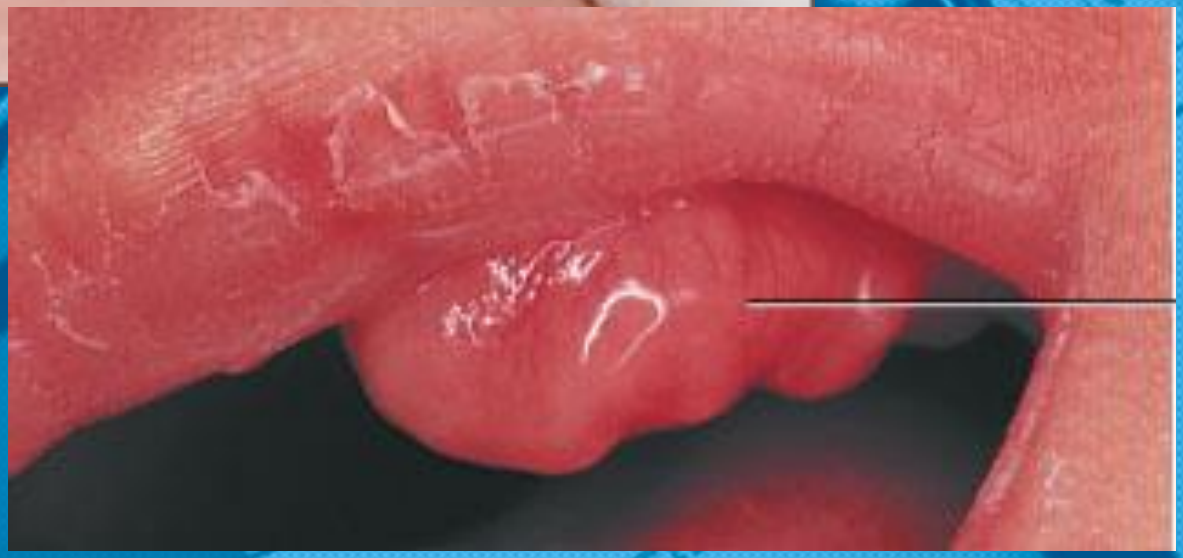


Benign Soft Tissue Tumors
Neurogenic Lesions

congenital epulis of the Newborn

- Benign neoplasm composed of cells that closely resemble those seen in the granular cell tumor that occurs in adults.
- Present at birth
- Smooth-surfaced, sessile, or pedunculated mass on the gingiva.
- Anterior maxillary alveolar ridge and almost always occurs in girls.
- treated by surgical excision
- Does not recur.
- Occasionally, the tumors will regress without treatment





Benign Soft Tissue Tumors
Neurogenic Lesions

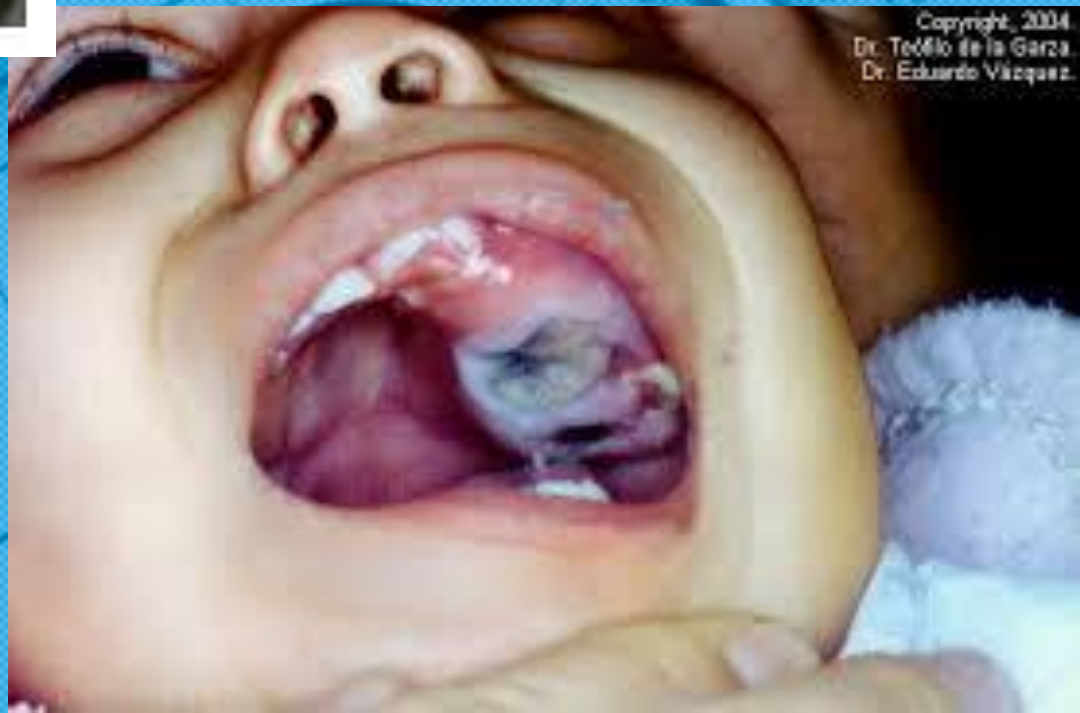
Melanotic Neuroectodermal Tumor of Infancy

- Benign neoplasm that occurs in young children and almost always occurs during the first year of life.
- Origin from cells of the neural crest.
- Most commonly occurs in the maxilla, followed by the skull, mandible, and brain.
- Presents as a rapidly enlarging mass that destroys bone and may exhibit blue-black pigmentation.

Benign Soft Tissue Tumors
Neurogenic Lesions

Melanotic Neuroectodermal Tumor of Infancy

- High levels of urinary vanillylmandelic acid are often found in patients with this tumor, and the levels tend to return to normal when the tumor is resected.
- Conservative surgical removal is usually adequate, but the behavior of this tumor is unpredictable
- High recurrence rate, and malignant transformation has been reported rarely.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Dr. Teófilo de la Garza
Dr. Eduardo Vázquez

Benign Soft Tissue Tumors

Lipoma

- Benign tumor of mature fat cells
- Most examples occur on the trunk and proximal portions of the extremities
- Oral lipomas are usually soft, smooth-surfaced nodular masses that can be sessile or pedunculated
- A subtle or more obvious yellow hue often is detected clinically, When occurring in the superficial soft tissue, the lipoma appears as a yellowish mass with a thin surface of epithelium
  - Because of this thin epithelium, a delicate pattern of blood vessels is usually observed on the surface.
-

Benign Soft Tissue Tumors

Lipoma

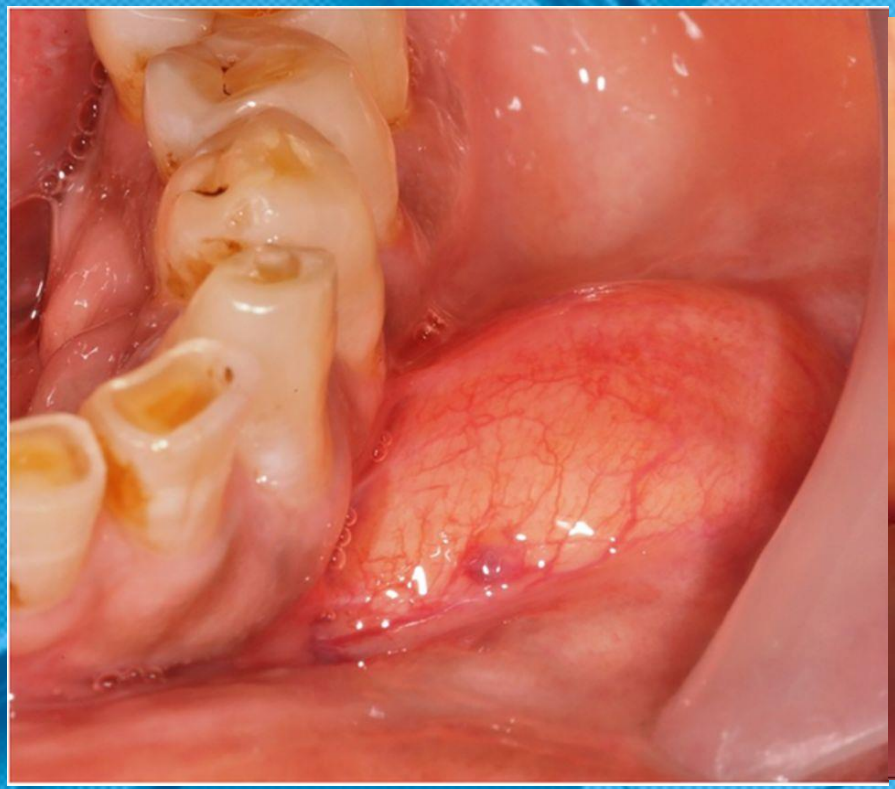
- Deeper lesions may appear pink, they may not demonstrate this finding and therefore are not as easily identified
- The majority of oral lipomas are found on the buccal mucosa and tongue
- Over 40 years of age
- without any sex predilection

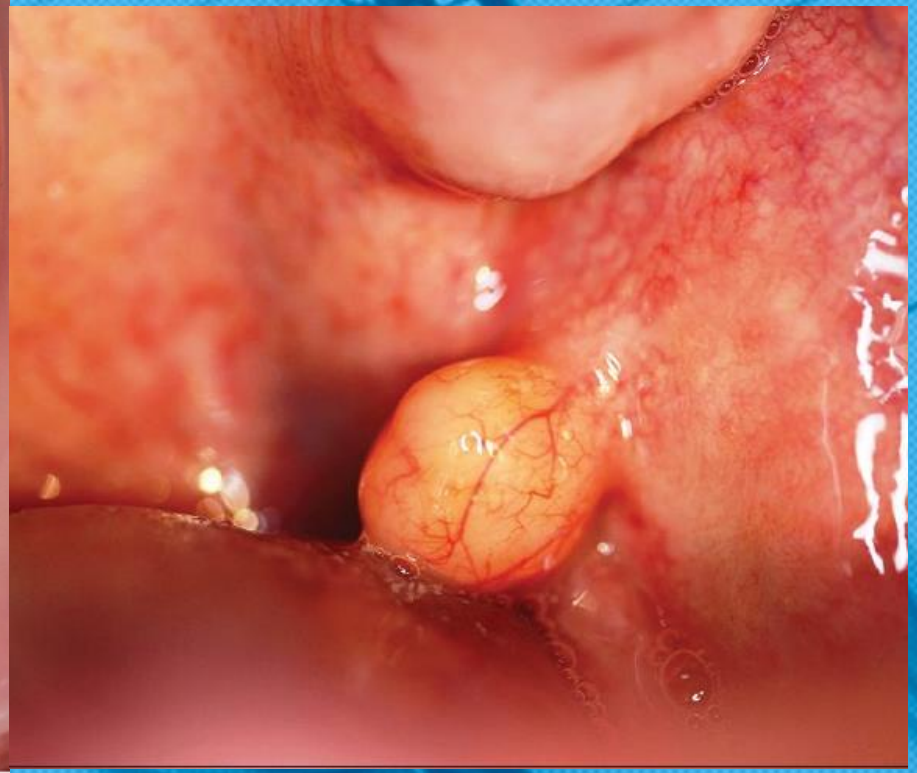
Benign Soft Tissue Tumors

Lipoma

- treated by conservative surgical excision and generally does not recur.
- Intramuscular lipomas have a somewhat higher recurrence rate because they are more difficult to remove completely.

LIPOMA





Benign Soft Tissue Tumors
Vascular Lesions

Hemangiomas

The most common tumors of infancy

Much more common in females than in males

They are firm and rubbery to palpation, and the blood cannot be evacuated by applying pressure

By age 5, most of the red color is usually gone.

Benign Soft Tissue Tumors
Vascular Lesions

Hemangiomas

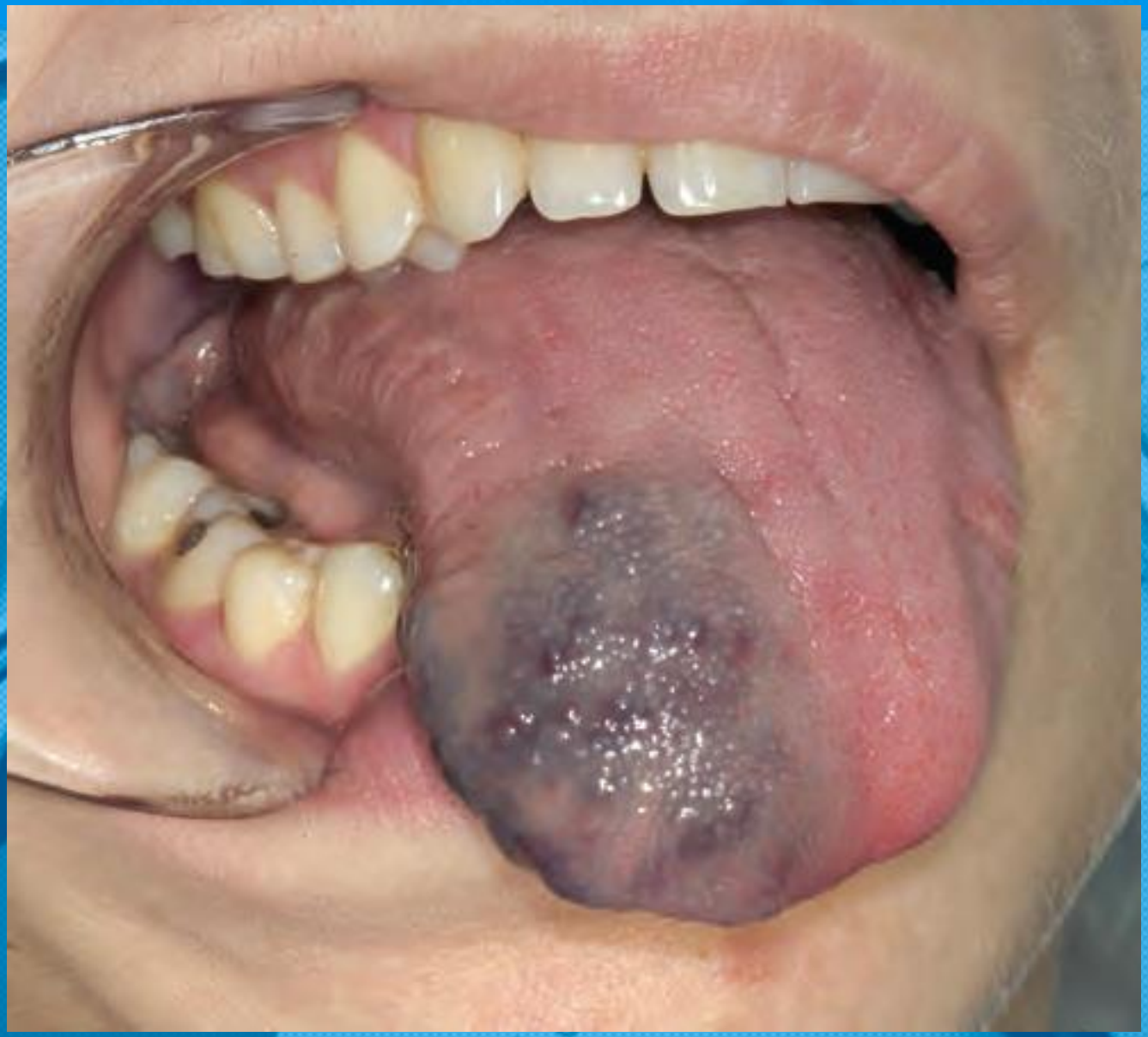
- Appear a few weeks after birth and grow rapidly.
- variety of presentations: superficial and deep, small and large
- most commonly as solitary lesions but also as multiple lesions.
- Small lesions may be clinically indistinguishable from pyogenic granulomas
- Because most hemangiomas of infancy undergo involution, management often consists of “watchful neglect.”
- .

Benign Soft Tissue Tumors
Vascular Lesions

Hemangiomas

- For problematic or lifethreatening hemangiomas, pharmacologic therapy with the beta blocker propranolol has become the first-line treatment
- Systemic corticosteroids also may help to reduce the size of the lesion
- Excision may be effective for localized, pedunculated tumors that demonstrate ulceration or recurrent bleeding.

HEMANGIOMA



Benign Soft Tissue Tumors
Vascular Lesions

Vascular Malformations

- Apparent at birth, grow slowly proportional to the growth of the child
- Classified depending on the vessel type involved or flow types: arterial and arteriovenous (high flow), capillary, or venous (low flow).
- Centrally located malformations must be distinguished from the many osteolytic tumors and cyst-like lesions that affect the jaws

Benign Soft Tissue Tumors
Vascular Lesions

Vascular Malformations

- Arterial And Arteriovenous Malformations May First Develop Following Hormonal Changes (Such As Puberty), Infections, Or Trauma, And, Clinically, They May Be Firm, Pulsatile, And Warm.
- Venous Malformations Can Sometimes Appear First In Early Adulthood, And, Clinically, They Are Soft And easily Compressible.

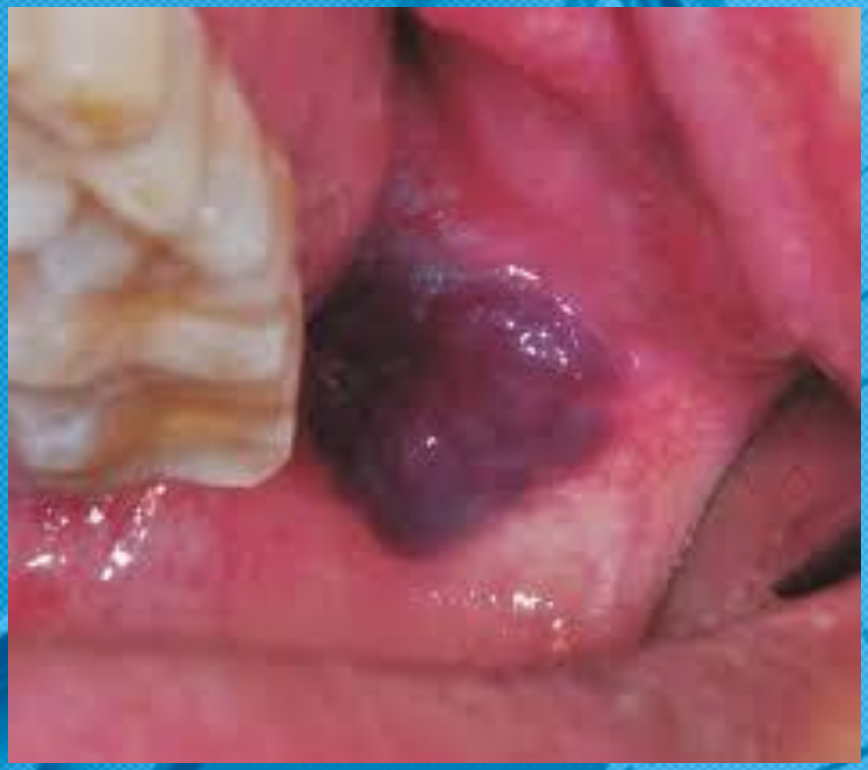
Benign Soft Tissue Tumors
Vascular Lesions

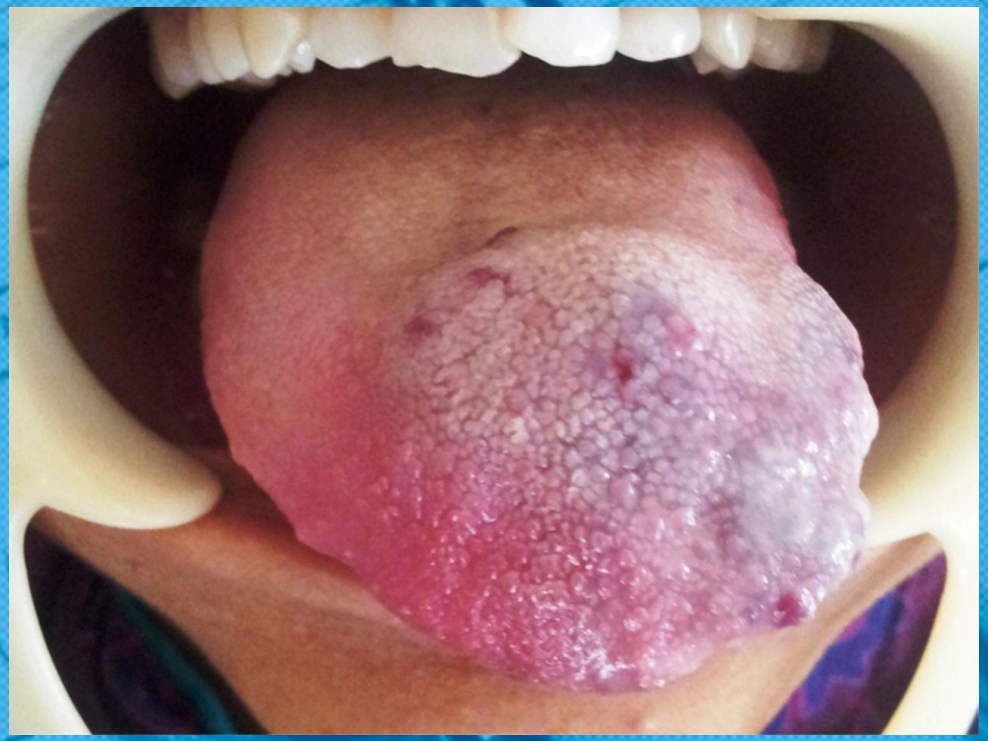
- Diascopy is the technique of applying pressure to a suspected vascular lesion to visualize the evacuation of coloration and may facilitate the differentiation of a small vascular lesion from a pigmented lesion
- Care should be taken in performing biopsies or excising all vascular lesions:
  - (1) they have a tendency for uncontrolled hemorrhage
  - (2) the extent of the lesion is unknown since only a small portion may be evident in the mouth.

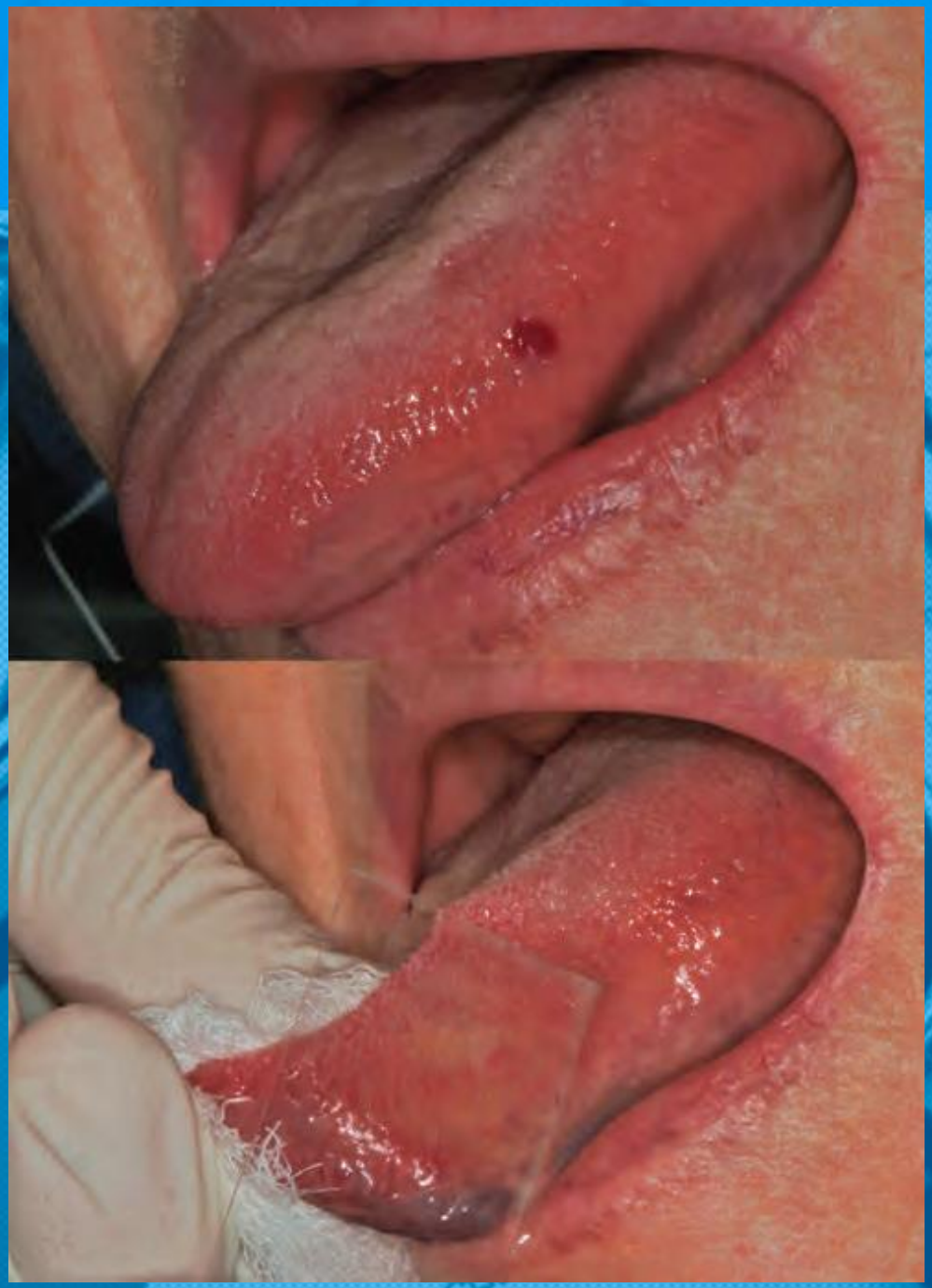
Benign Soft Tissue Tumors
Vascular Lesions

- Small, stable malformations may not require treatment. Larger, problematic lesions may be treated with a combination of sclerotherapy and surgical excision

VASCULAR MALFORMATION







Benign Soft Tissue Tumors
Vascular Lesions

Lymphangioma

- Lymphatic malformation, similar to other vascular malformations
- common extraoral and intraoral sites are the neck (predominantly in the posterior triangle) and tongue
- The vast majority (80–90%) of lymphangiomas arise within the first 2 years of life and are an important cause of congenital macroglossia.

Benign Soft Tissue Tumors
Vascular Lesions

Lymphangiomas…

- Slow-growing and painless soft tissue mass.
- presents without a clear anatomic outline
- Intraosseous lymphangiomas have been reported
- they may undergo a rapid increase in size secondary to inflammation from an infection or hemorrhage from trauma.
- Large lymphangiomas may become life threatening if they compromise the airway or vital blood vessels, and those spreading into and distending the neck are macrocystic and are referred to as cystic hygromas.

Benign Soft Tissue Tumors
Vascular Lesions

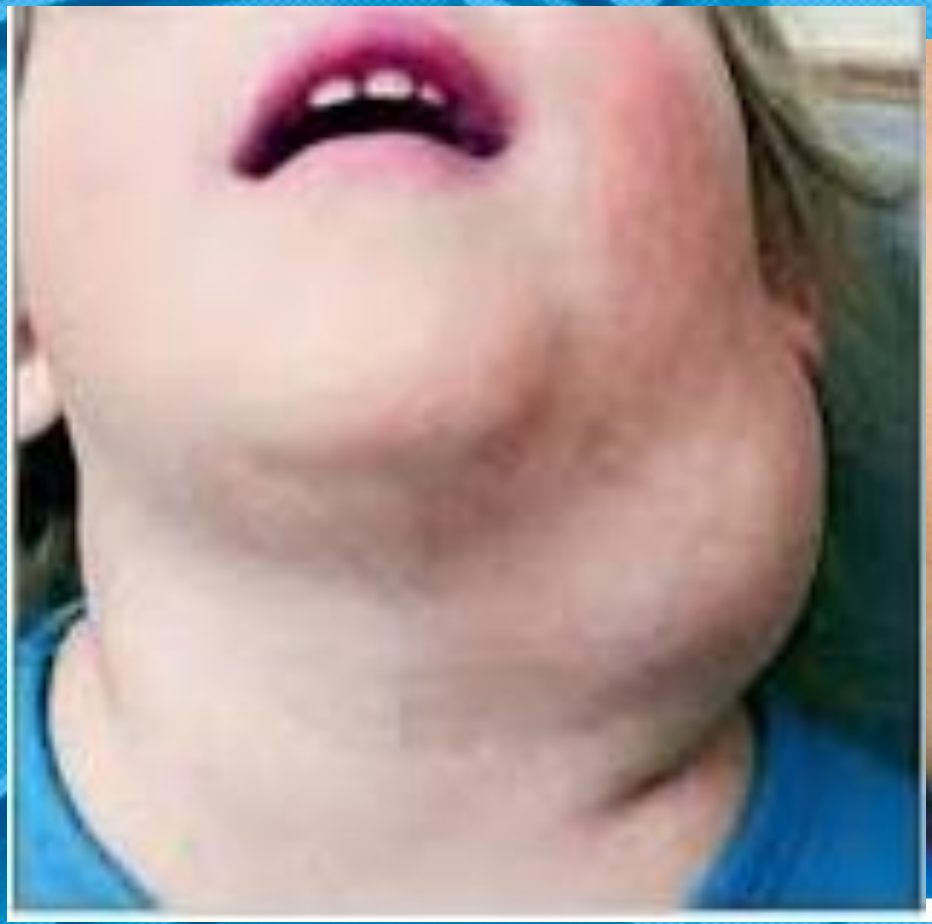
- Differential diagnoses of lymphangiomas of the tongue include hemangioma, congenital hypothyroidism, mongolism, neurofibromatosis, and primary muscular hypertrophy of the tongue, all of which may cause macroglossia.

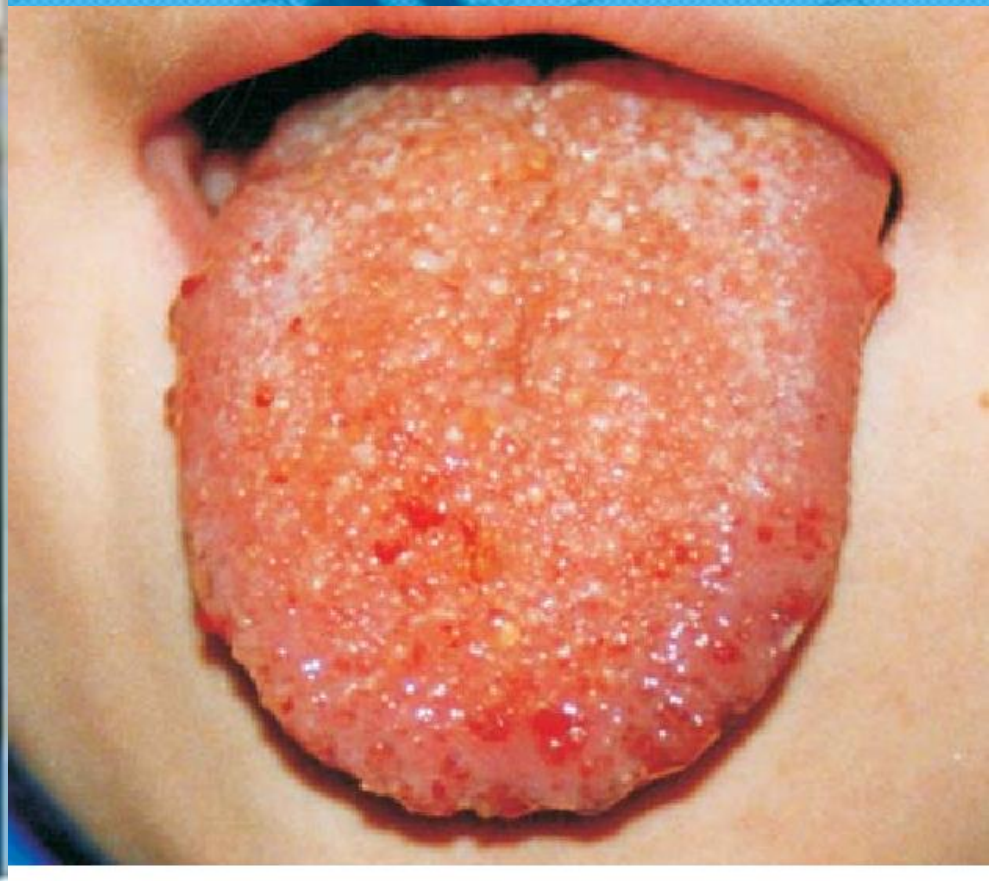
- The typical oral lymphangioma has a pebbly surface(frog eggs)
- The treatment of lymphangiomas is dictated by their type, anatomic site, and extent of infiltration into surrounding structures

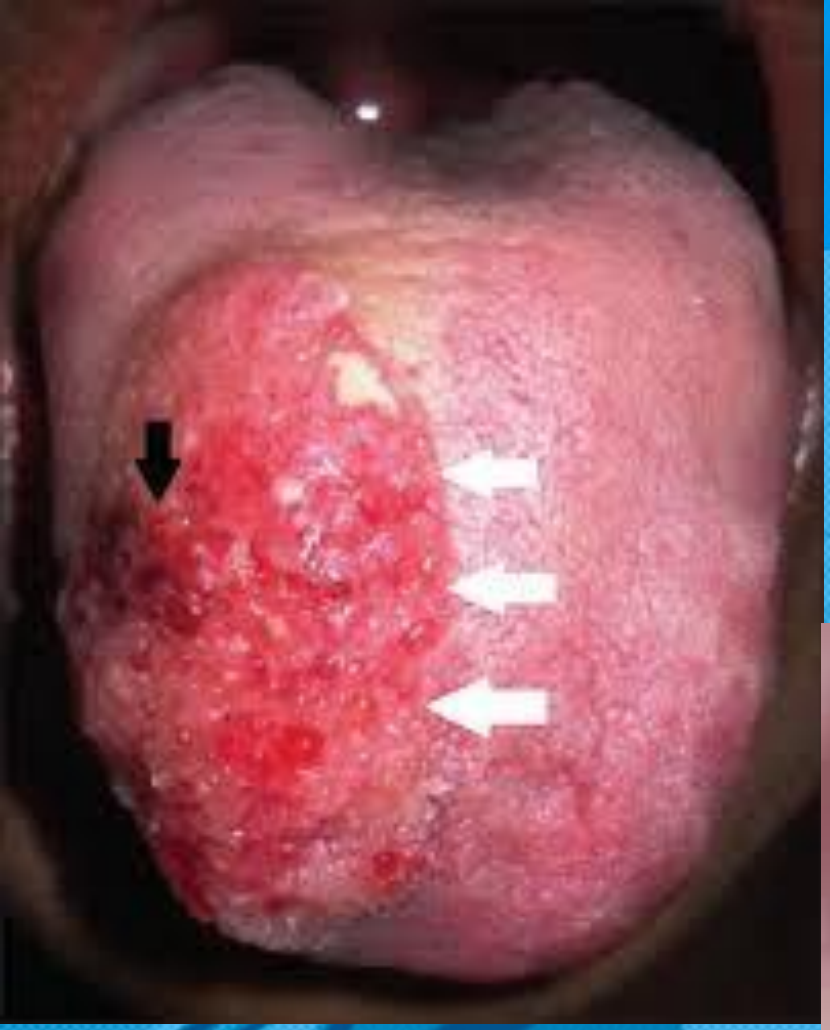
Benign Soft Tissue Tumors
Vascular Lesions

- Surgical excision is the most common
- Recurrence of oral lymphangiomas has been reported, presumably because the lesion is interwoven between muscle fibers, preventing complete removal

LYMPHANGIOMA







the end