

Differential
Diagnosis of
Oral Masses
Gingival Lesions

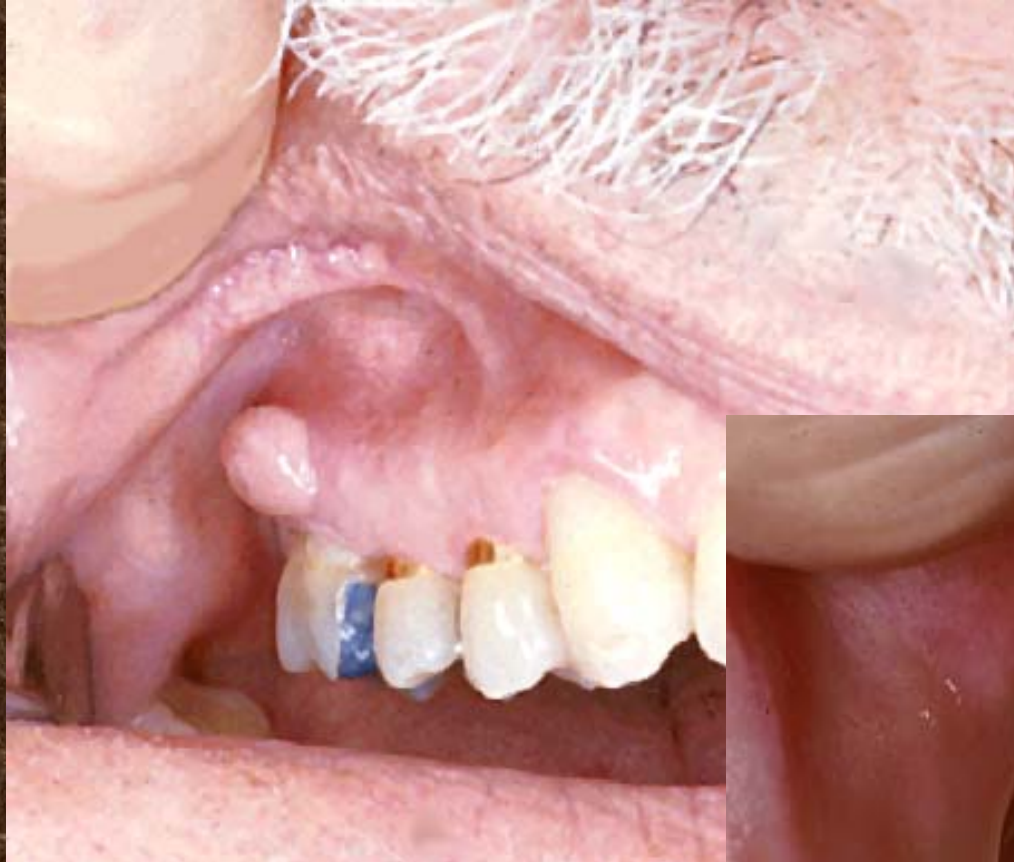
Gingival/Alveolar Ridge Masses

- Parulis
- Periodontal Abscess
- Tori and Exostoses
- Reactive Proliferations
- Peripheral Odontogenic Cysts
- Peripheral Odontogenic Tumors
- Squamous Cell Carcinoma
- Expansile Central Bone Tumors

Parulis

- Buccal or Lingual
- Odontogenic Source of Infection
- Nonvital Tooth
- Periapical Radiolucency
- Purulent exudate
- Gutta purcha/radiographic tracer

Parulis



Periodontal Abscess

- Erythematous
- Deep Periodontal Pocket
- Alveolar Bone Loss
- Vital Teeth
- Purulence upon Probing
- Diabetes Mellitus

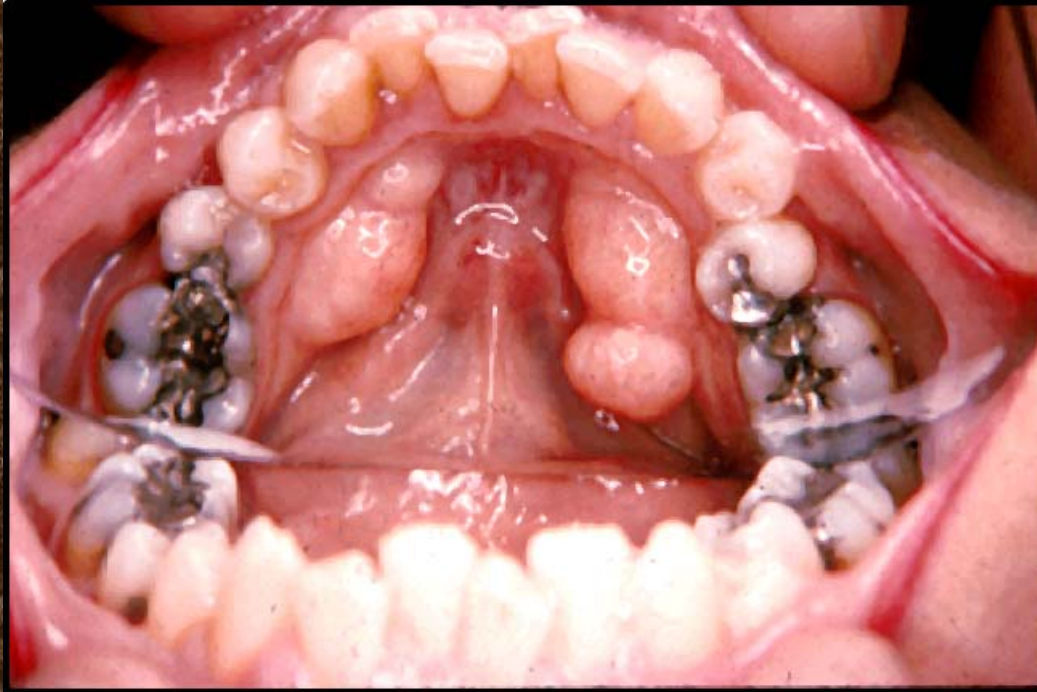
Periodontal Abscess



Torus Mandibularis

- Bilateral Lingual Premolar Region
- Adult Onset
- Lobulated, Bone Hard
- May become ulcerated
- May interfere with prostheses

Mandibular Tori



Exostoses

- Typically buccal posterior
- May occur anywhere on alveolus
- Adult onset
- Bone hard
- May interfere with prostheses

Exostoses



Congenital Epulis

- Bosselated tumor of the anterior alveolar ridge in newborns
- Maxilla > Mandibular ridge
- Microscopic: tumor is comprised of large granular cells with small nuclei. IHC staining is suggestive of smooth muscle origin
- Tx: Simple excision, excellent prognosis

Congenital Epulis of the Newborn



Reactive Lesions of the Gingiva

- Pyogenic Granuloma
 - Pregnancy Tumor
- Peripheral Fibroma
- Peripheral Ossifying Fibroma
- Peripheral Giant Cell Granuloma

Reactive Lesions of the Gingiva

- All tend to occur during 2nd/3rd decades
- Females>Males
- Interdental Papilla most commonly
- Irritant in Sulcus
 - Foreign substance, physical irritant
 - Calculus
- Vary in aggressiveness

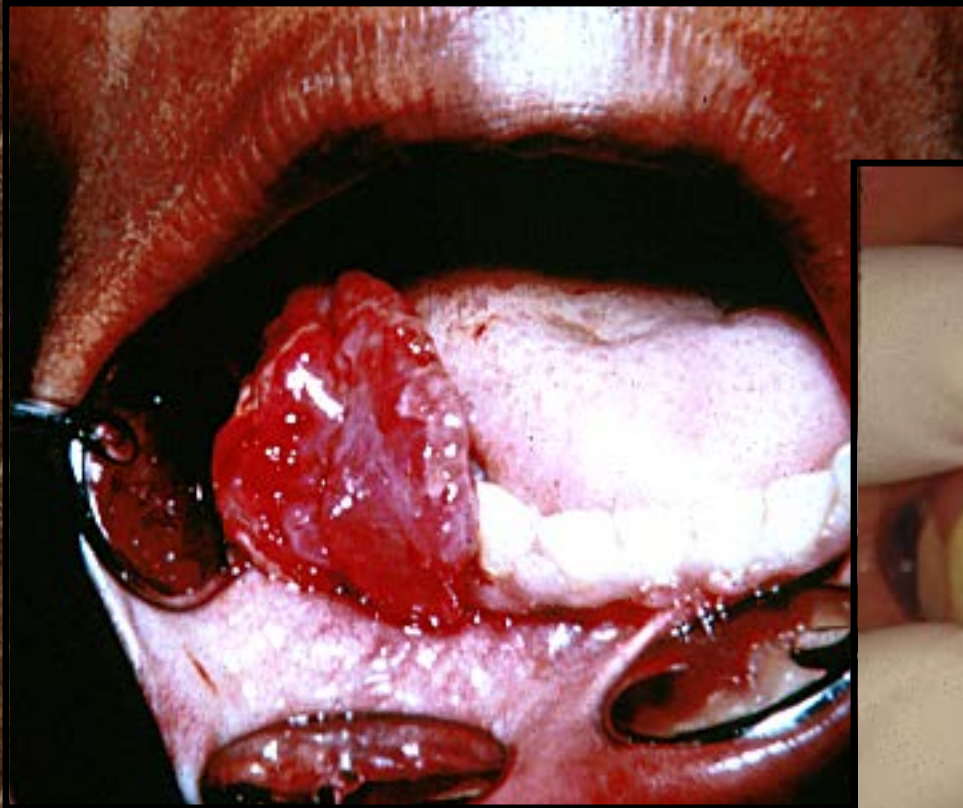
Color Characteristics of Reactive Gingival Masses

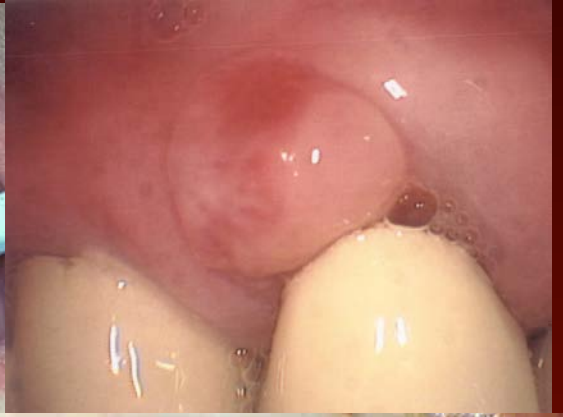
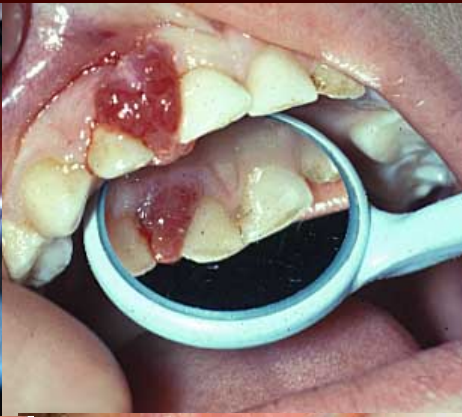
- RED – Pyogenic Granuloma
- PINK – Peripheral Ossifying Fibroma
– Peripheral Fibroma
- BLUE/PURPLE – Peripheral Giant Cell
Granuloma

Pyogenic Granuloma

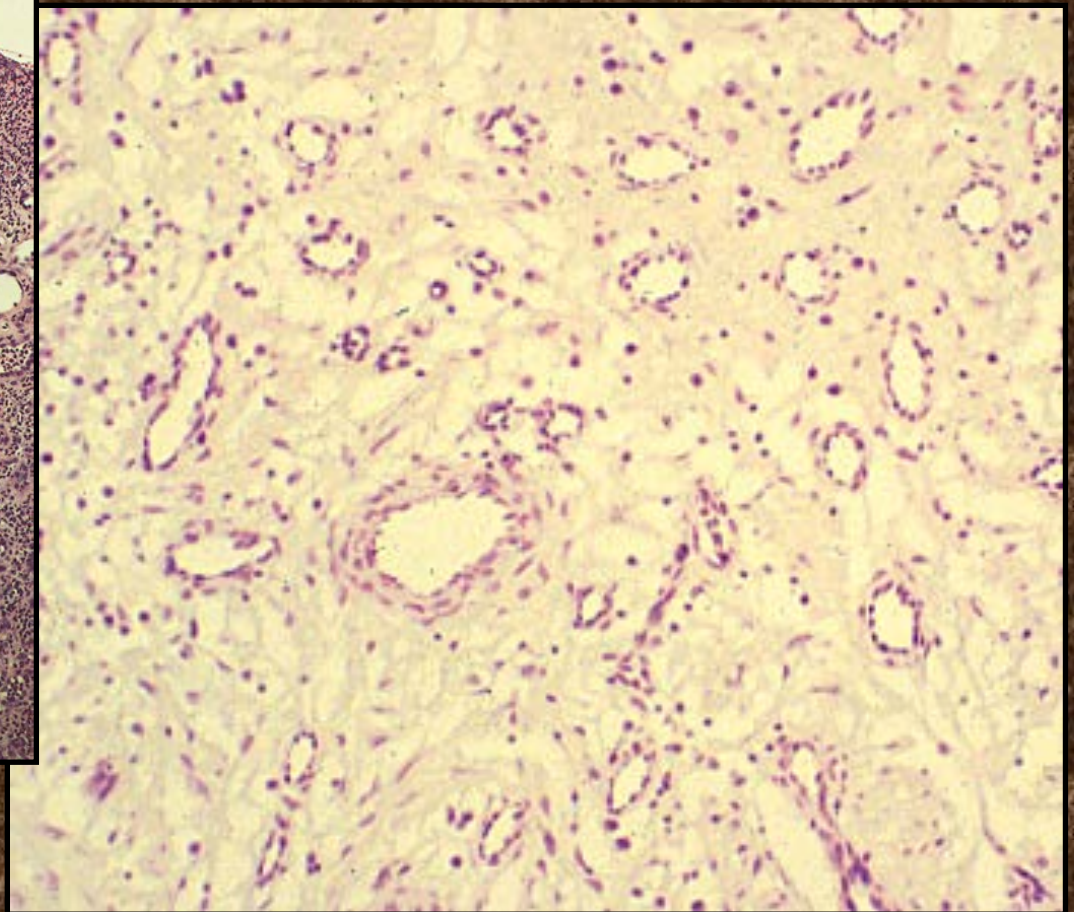
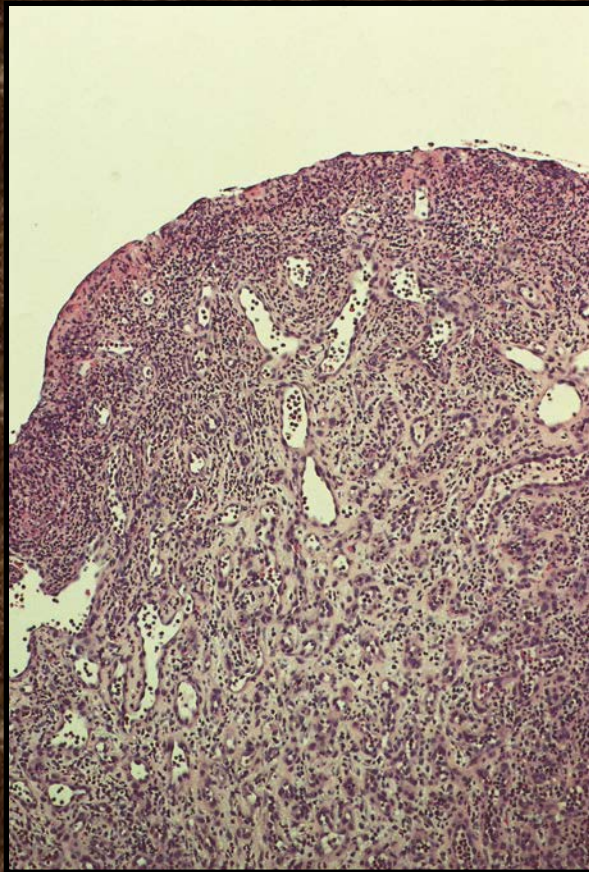
- Bright red, often ulcerated pseudomembrane
- Granulation tissue
- Pyogenic Bacteria are not etiologic
- Growth is superficial, rarely causing underlying bone loss
- Treatment: excision, thorough curettage

Pyogenic Granuloma





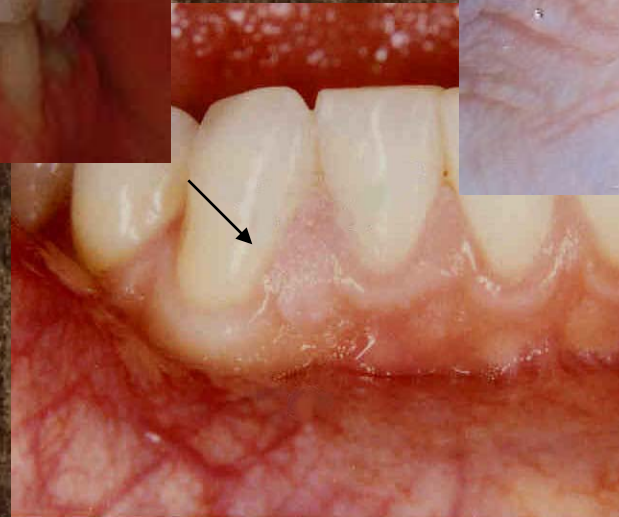
Pyogenic Granuloma



Peripheral Fibroma

- De Novo, or sclerosis of a Pyogenic Granuoma
- Interdental Papilla
- Coral Pink or White
- Noninvasive
- Histology
 - Reactive Fibrous Hyperplasia
 - Giant Cell Variant
 - Fasciculated Spindle Cell variant

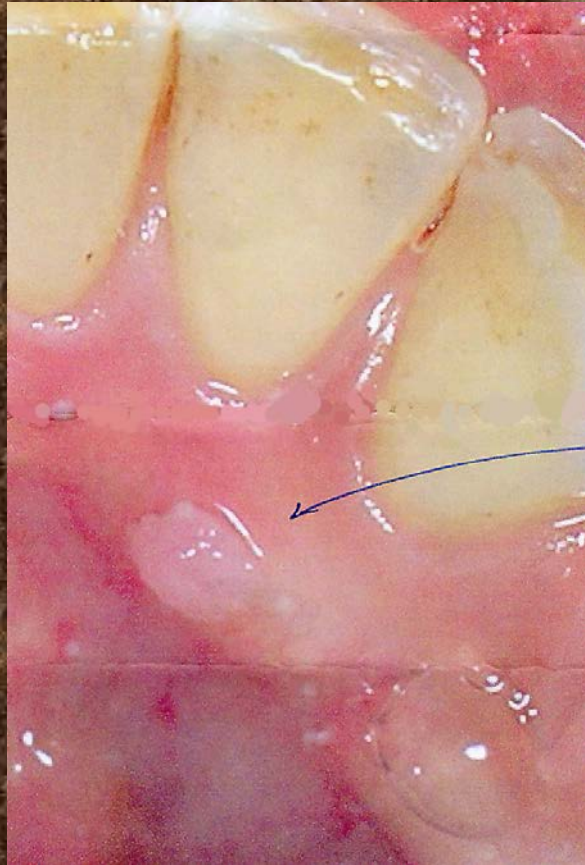
Peripheral Fibroma



Giant Cell Fibroma

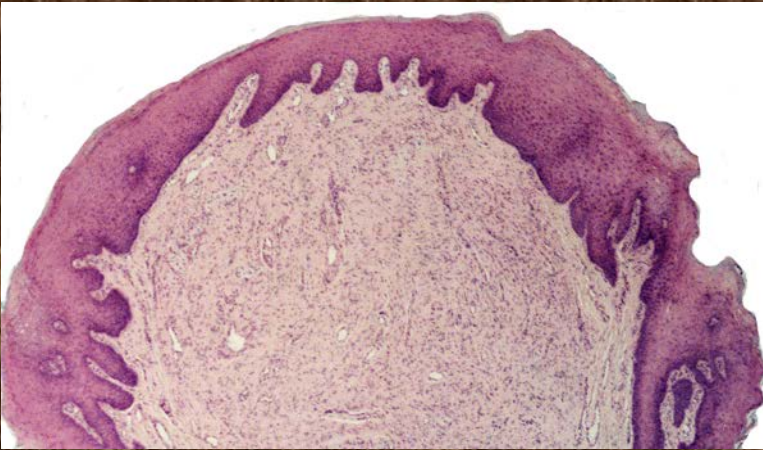
Retrocuspid Papilla

A fibrous papule, mandibular cuspid lingual gingiva

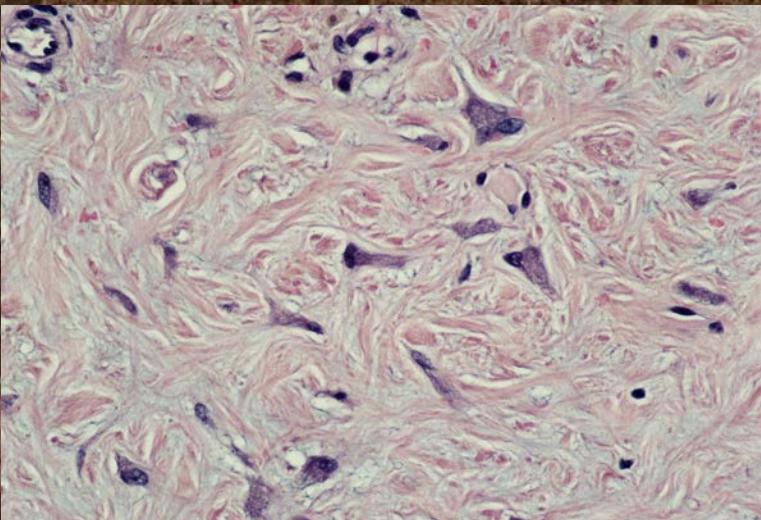


Peripheral Fibroma

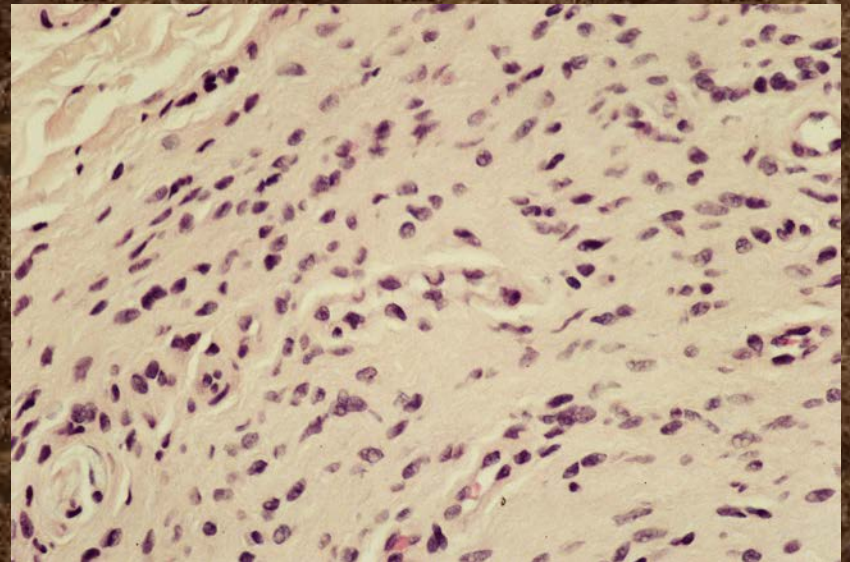
- Fibrous Hyperplasia



- Giant Cell Variant



- Fasciculated Variant



Peripheral Ossifying Fibroma

- Arises from PDL
- Not seen in edentulous regions
- Coral Pink or White
- Opacities may be seen on Xray
- Hypercellular Fibroblastic
 - Osseous, cemental, dystrophic calcifications
- Excise down to PDL

Peripheral Ossifying Fibroma



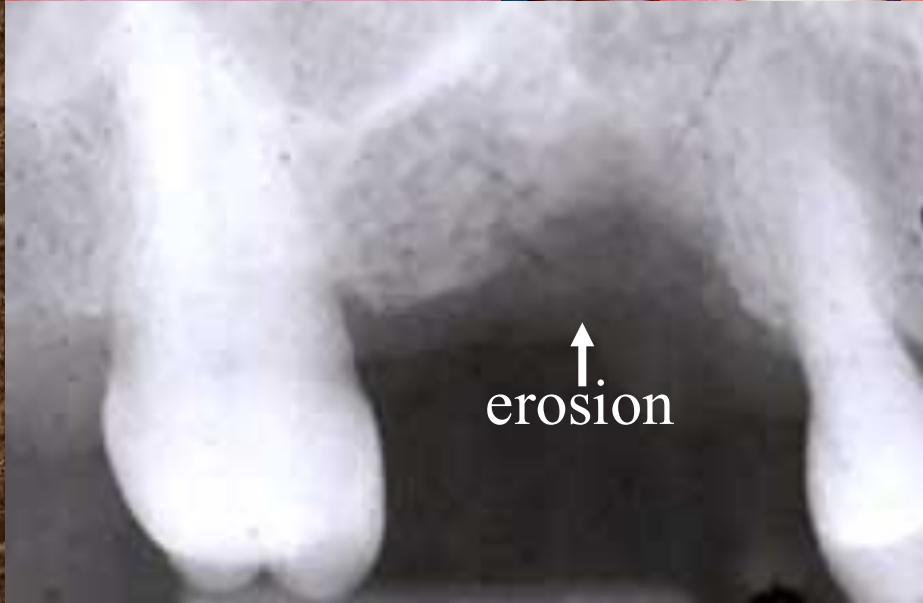
Peripheral Ossifying Fibroma



Peripheral Giant Cell Granuloma

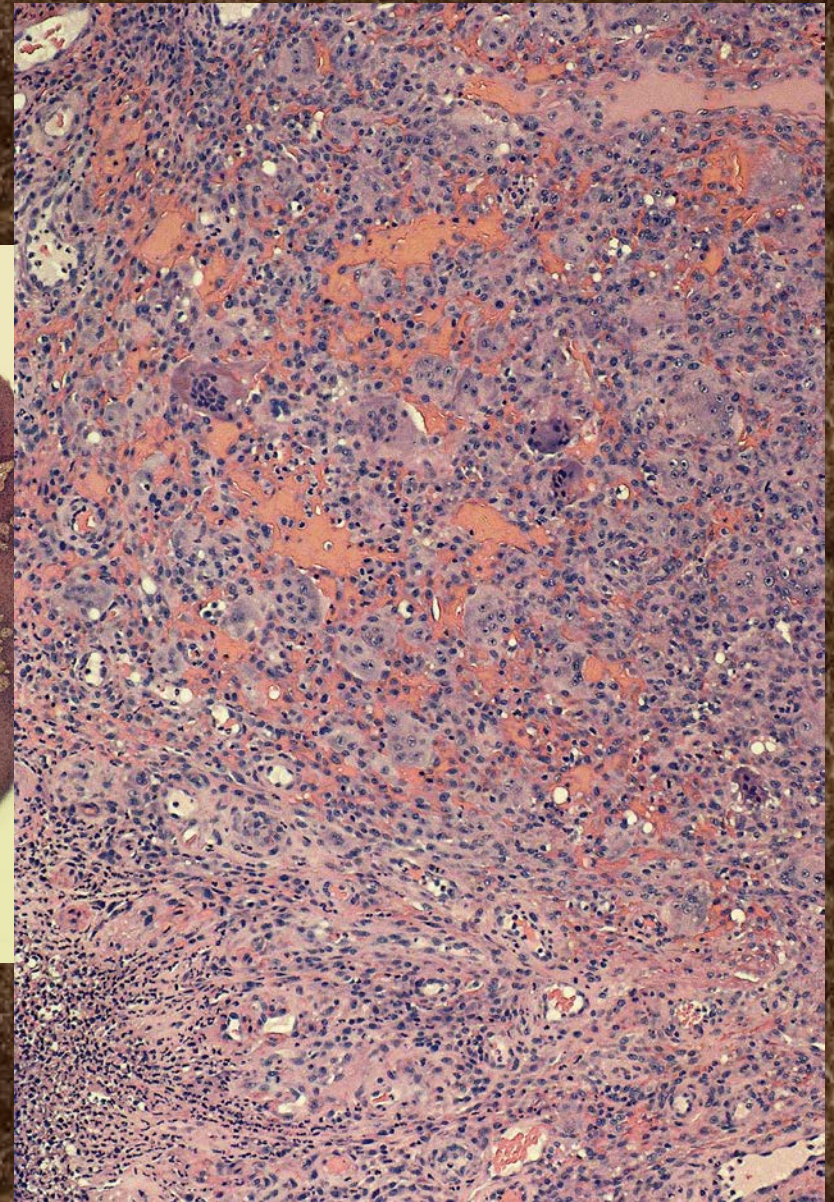
- Arises from Periostium
- Dentulous or Edentulous Regions
- Bluish Purple
- Invasive, erodes underlying bone
- Hypercellular Fibrovascular
 - Multinucleated Giant Cells
- Excise deeply, subperiosteal

Peripheral Giant Cell Granuloma



Early
recurrence

Peripheral Giant Cell Granuloma



Peripheral Odontogenic Cysts and Tumors

- **Cysts**

- Dental Lamina Cysts of the Newborn
- Adult Gingival Cyst
- Peripheral CEOC (Gorlin)

- **Tumors**

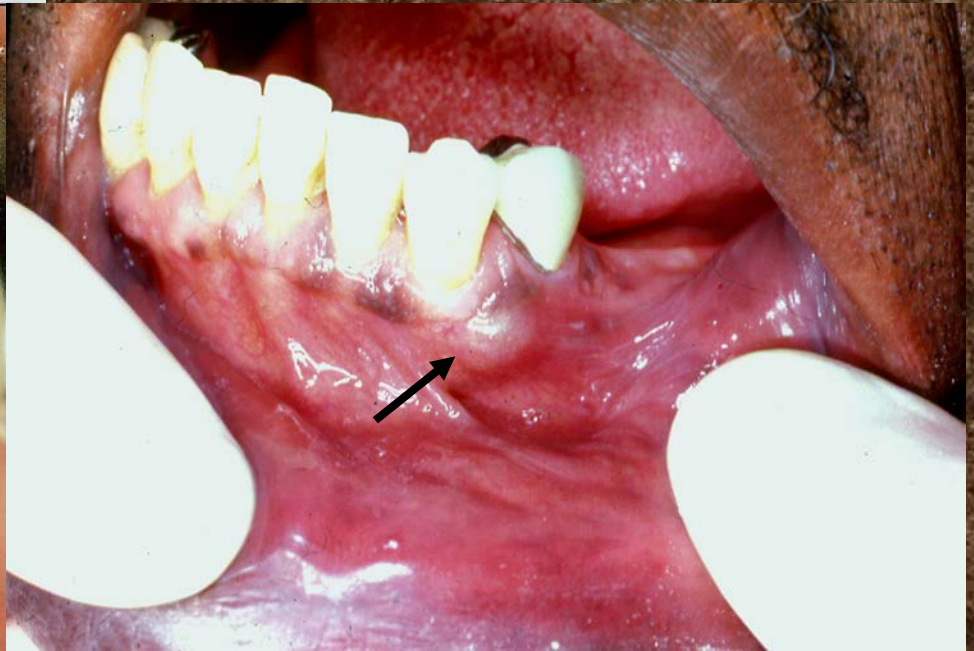
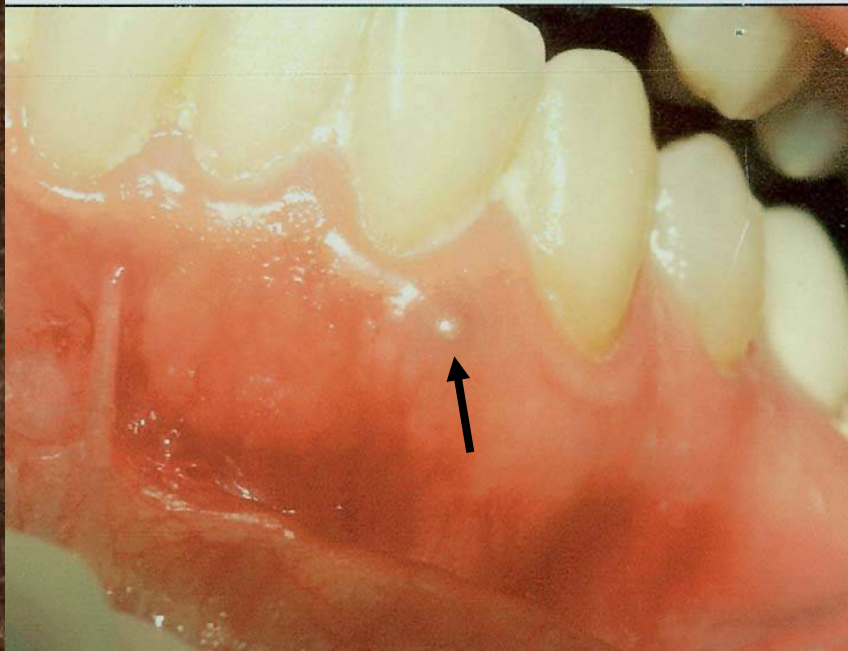
- Ameloblastoma
- Calcifying Epithelial Odontogenic Tumor
- Dentinogenic Ghost Cell Tumor
- Odontogenic fibroma

Gingival Cysts

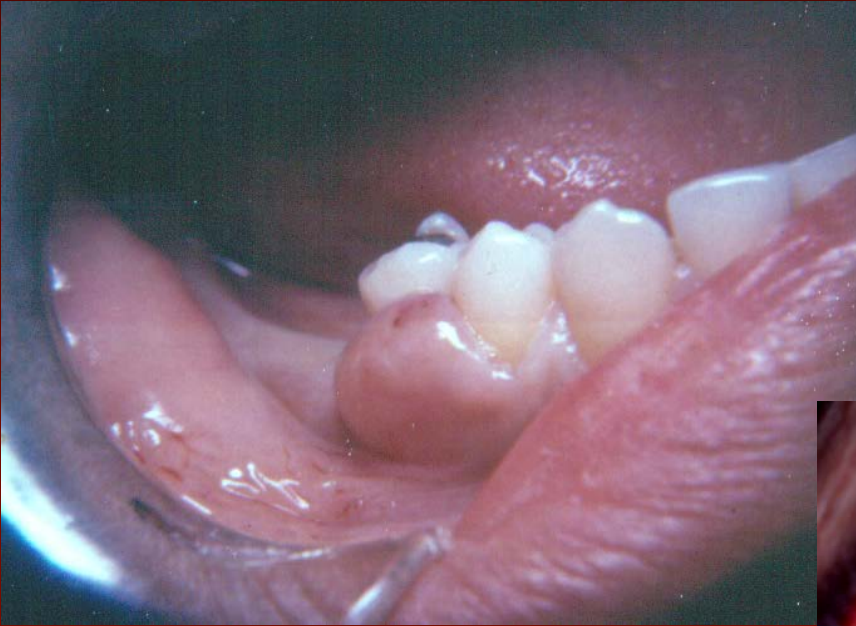
- **Dental Lamina Cyst**
 - Edentulous ridges of newborn
 - Keratinizing diminutive cysts
 - Spontaneous resolution
- **Adult Gingival Cyst**
 - Buccal Attached Gingiva
 - Peripheral Counterpart to Lateral Periodontal Cyst
 - Nonkeratinizing (squamous/cuboidal)

Dental Lamina Cyst of the Newborn

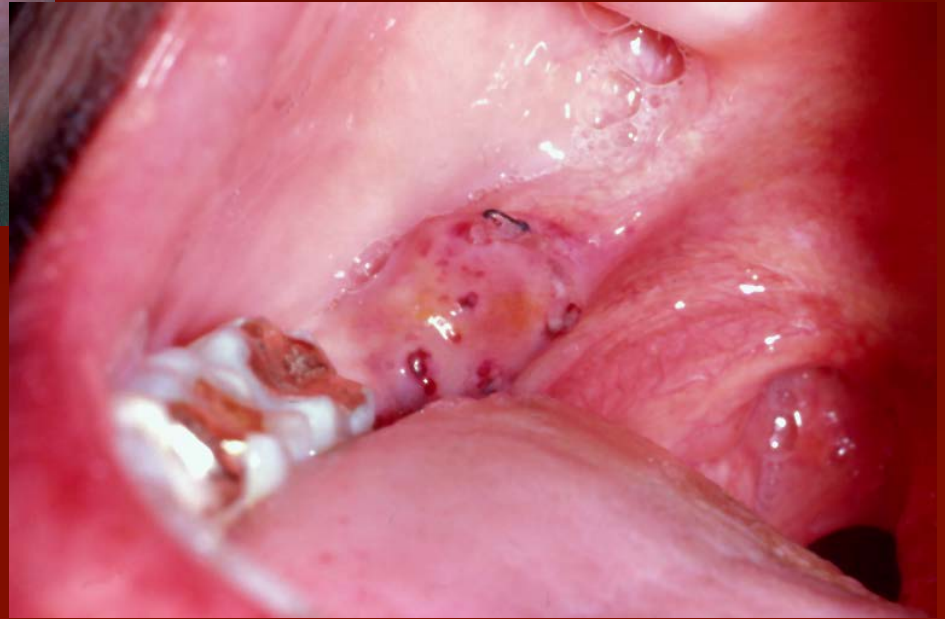
Adult Gingival Cyst



Mesenchymal tumors



neurofibroma



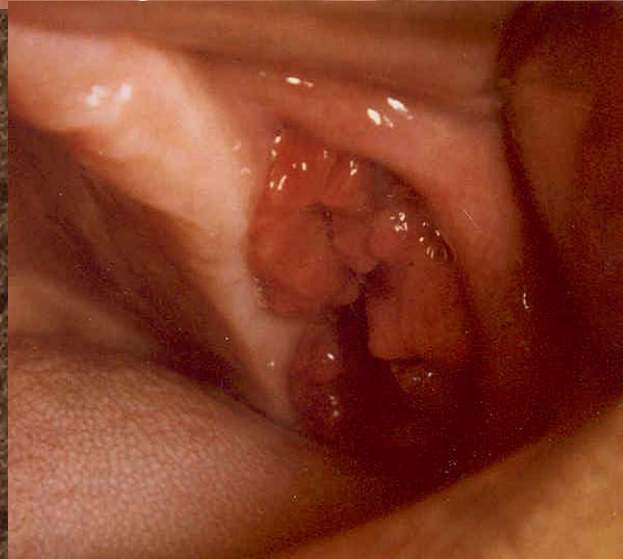
hemangioma

Peripheral Odontogenic Tumors are Not Aggressive

- Gingiva and Tooth Bearing Alveolar Ridge
- May erode underlying bone
- Simple excision
- Histologic Types:
 - Ameloblastoma
 - Calcifying Epithelial Odontogenic Tumor
 - Dentinogenic Ghost Cell Tumor
 - Odontogenic fibroma

Peripheral Odontogenic Tumors

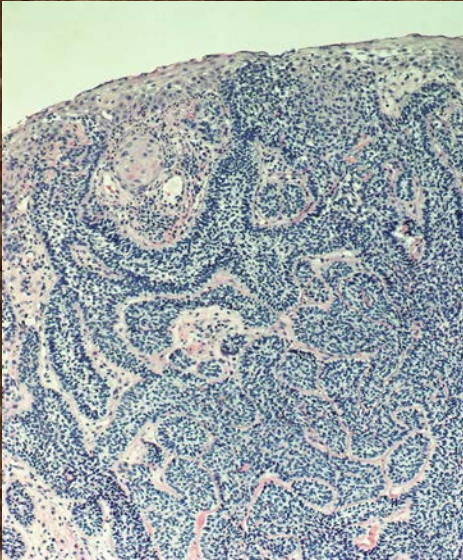
- Odontogenic Ghost Cell tumor
- Odontogenic Fibroma



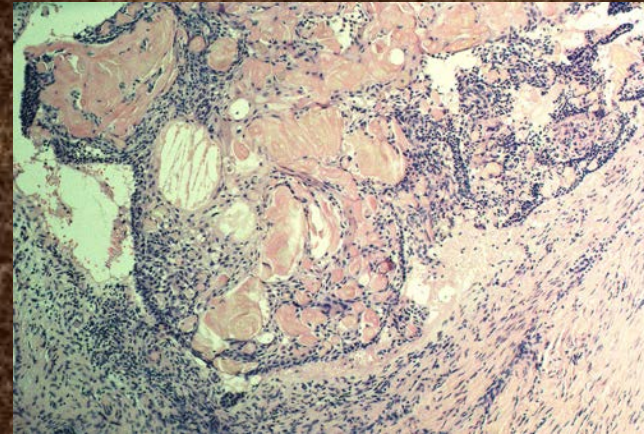
Peripheral Ameloblastoma

Peripheral Odontogenic Tumors

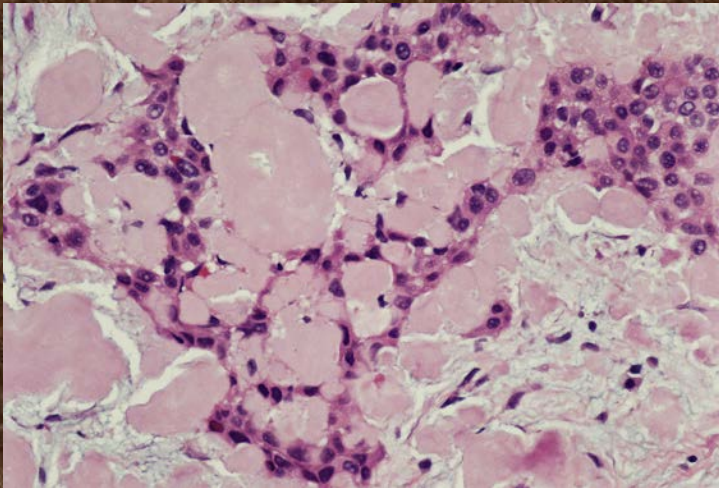
- Ameloblastoma



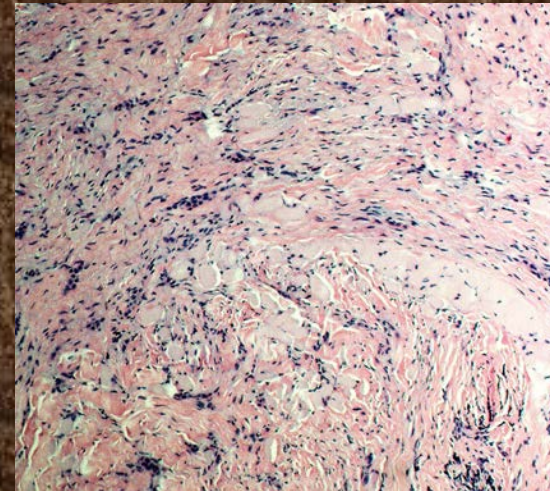
- Gorlin Cyst (OGCT)



- Pindborg (CEOT)



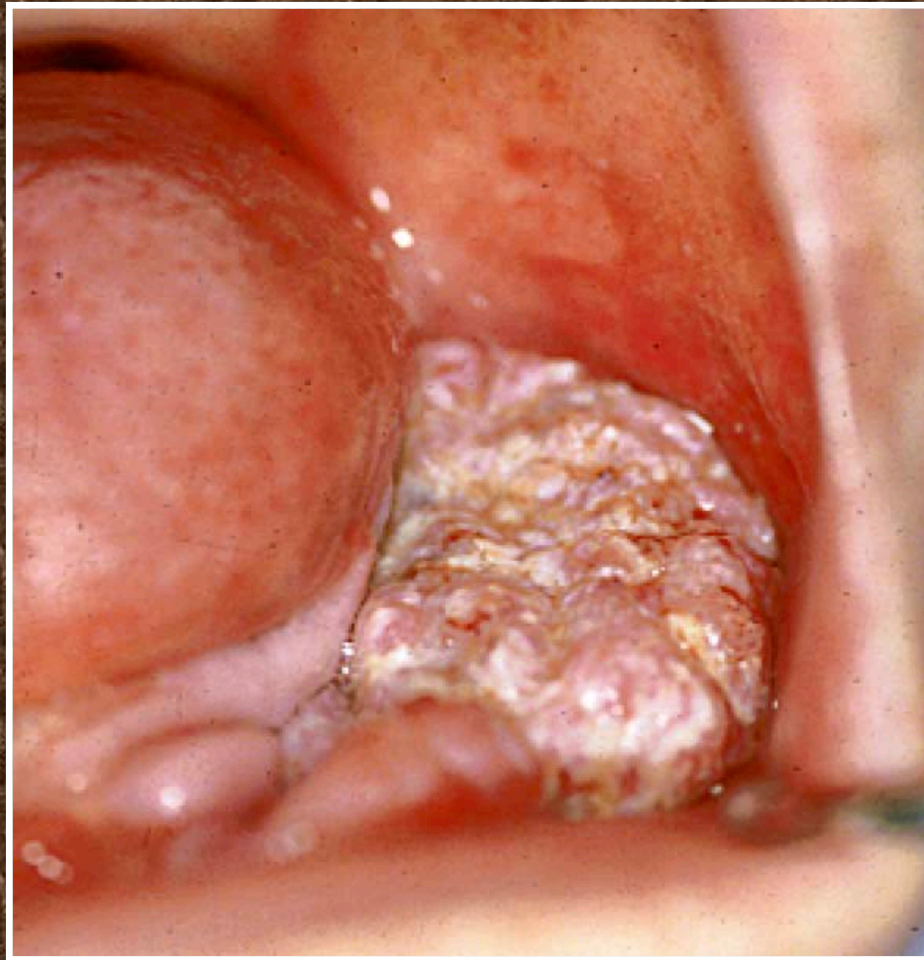
- Odontogenic Fibroma



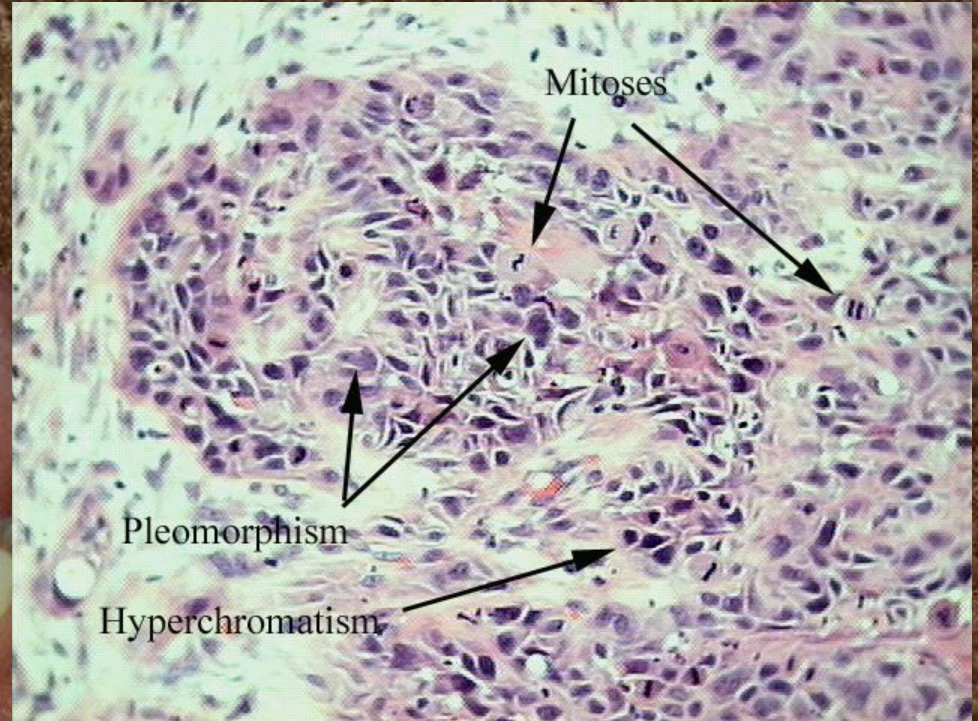
Squamous Cell Carcinoma

- Indurated and Ulcerated Mass
- Mandibular gingiva > Maxillary
- Associated Risk Factors
- Periosteal and Osseous Invasion
- Regional and Distant Mets
- Resection and XRT

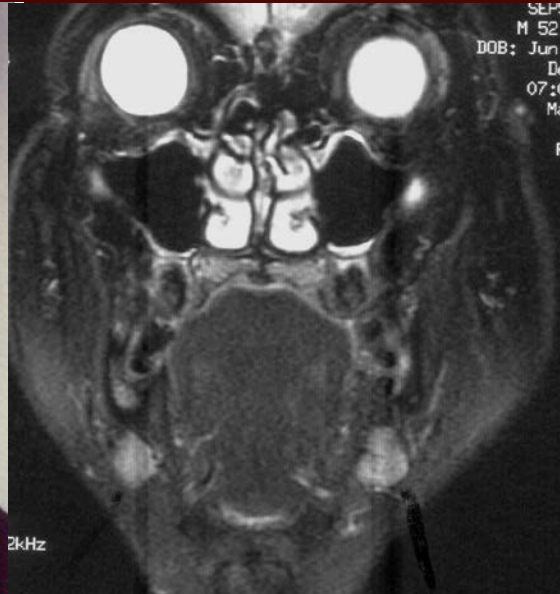
Squamous Cell Carcinoma



Squamous Cell Carcinoma



Metastatic Carcinoma



Primary in
kidney



Intraosseous Lesions

- Infections
- Cysts
- Odontogenic Tumors
- Nonodontogenic Tumors

Most are diffuse, fusiform enlargements of the alveolus

Radiographs will disclose a central lesion

Diffuse Gingival Enlargements



Diffuse Gingival Enlargement

- **Hormonal Gingivitis**
 - Pregnancy, Puberty
- **Drug Induced Hyperplasia**
 - Dilantin, Cyclosporin, Calcium Channel Blockers
- **Fibromatosis Gingivae**
- **Plasma Cell Gingivitis**
- **Wegener's Granulomatosis**
- **Leukemia**

Plasma Cell Gingivitis



Cyclosporin



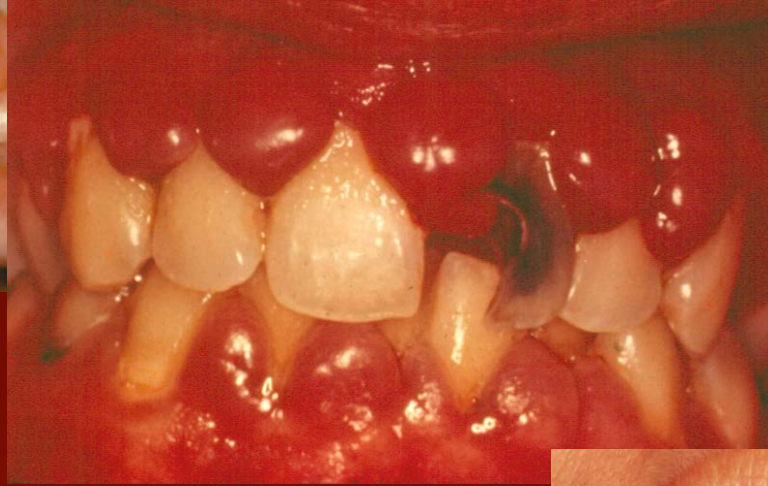
Dilantin



Pregnancy Gingivitis



Leukemia



Wegener's Granulomatosis



“strawberry gums”