B.L.&T.
BUMPS, LUMPS, AND TATTOOS

LUMPS AND BUMPS

Differential Diagnosis for Lumps and Bumps
- Traumatic Fibroma
- Papilloma
- Epulis Fissuratum
- Inflammatory Papillary Hyperplasia
- Lesions of Attached Gingiva
- Mucocoele
- Neurofibromatosis
- Vascular Lesions
- Salivary Gland Tumors

Most Common “BUMP” in the oral cavity
- Fibroma

Interdental Papillae Lesions
4Ps
INTERDENTAL PAPILLAE LESIONS
- Pyogenic Granuloma
- Peripheral Giant Cell Granuloma
- Peripheral Ossifying Fibroma
- Peripheral Fibroma

EPULIS FISSURATUM
- MATURE SCAR TISSUE
- MUST EXCISE
- DON’T WASTE TIME WITH TISSUE CONDITIONER

Inflammatory Papillary Hyperplasia
Usually in the palate - ill fitting dentures
Often can get significant reduction by eliminating inflammation

DON’T THROW ANY TISSUE AWAY!
- TISSUE SURGEON “KNEW” WAS ONLY AN EPULIS
- SURGEON ALMOST THREW THE TISSUE AWAY, BUT SUBMITTED FOR BIOPSY EXAMINATION

PSEUDO-CARCINOMATOUS HYPERPLASIA
- Very frequent with IPH
- Don’t believe a pathologist if you really have reasons to disagree
- May get a diagnosis of squamous cell carcinoma when it is hyperplasia

MUCUS EXTRAVASATION PHENOMENON
MUCOCELE
RANULA = FROG’S BELLY

ANTRAL PSEUDOCYST
No treatment necessary if:
1. No x-ray evidence of bone destruction
2. No x-ray evidence of marked progression
3. Inferiorly based
4. Smoothly domed
5. Asymptomatic

SINUS MUCOCOELE

RETENTION CYST OF THE SINUS

LESIONS ON STALKS

LESIONS ASSOCIATED WITH HPV

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Subtype</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral squamous papilloma</td>
<td>6, 11</td>
</tr>
<tr>
<td>Squamous dysplasia, neoplasia</td>
<td>16, 18</td>
</tr>
<tr>
<td>Oral verrucous vulgaris</td>
<td>2</td>
</tr>
<tr>
<td>Oral condyloma acuminateum</td>
<td>6, 11</td>
</tr>
<tr>
<td>Focal epithelial hyperplasia</td>
<td>13</td>
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</tbody>
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Varix or Hemangioma?
Sometimes a difficult clinical differentiation
• Hemangioma - benign tumor of blood vessels
  • Arteriovenous malformation
**BENIGN SALIVARY GLAND TUMORS**

- Pleomorphic Adenoma “MIXED”
- Monomorphic Adenoma
- Papillary Cystadenoma Lymphomatous “WARTHIN’S”

**A BUMP IN THE PAROTID GLAND IS A MIXED TUMOR UNTIL PROVEN OTHERWISE**

**MINOR SALIVARY GLAND TUMORS**

- 50% MALIGNANT

**MINOR SALIVARY GLAND TUMORS**

- Mucoepidermoid Carcinoma
- Adenoid Cystic Carcinoma
- Polymorphous low-grade adenocarcinoma

**Mucoepidermoid carcinoma**

- Most common minor salivary gland malignant tumor
- Most common in youngsters
- Most common intra-osseous

**Adenoid cystic carcinoma**

- Perineural invasion is a hallmark
- Very difficult to cure
- Local control will not prevent metastases
Polymorphous low-grade adenocarcinom

• Only recently separated from other tumors
• Almost exclusively in minor salivary glands
• Usually an indolent tumor

A BUMP IN THE UPPER LIP IS NOT A MUCOCELE

PIGMENTED ORAL LESIONS

WHICH ARE DANGEROUS AND WHICH ARE NOT?

WHY EXCISE A “PIGMENTED SPOT”?

• Difficult Clinical Diagnosis
• Significant Number of Malignant Melanomas That Appear Innocent
• Significant Number of Malignant Melanomas Preceded By Asymptomatic Pigmentation

ORAL MELANOTIC MACULE

• Idiopathic Pigmented Spot
• An Intraoral “Freckel” or Lentigo
• Post-inflammatory Pigmentation

AMALGAM TATTOO

Amalgam tattoos do not require treatment, however, failure to demonstrate radiopaque particles on radiographs, especially in the case of a suspicious lesion, requires a biopsy to rule out melanoma.

Buchner and Hansen
AMALGAM TATTOO?

BIOPSY?

- VISIBLE BY X-RAY
- IN AREA OF RESTORATION
- SMALL SURFACE LESION WITH TYPICAL GRAY COLOR
- IF IN DOUBT, BIOPSY!

AMALGAM TATTOO?

BIOPSY!

- BROWN OR A VARIETY OF COLORS
- ULCERATED OR INDURATED
- LARGE
- NOT IN AN AREA OF RESTORATION
- IF IN DOUBT, BIOPSY!

AMALGAM TATTOOS OCCUR WHEN AMALGAMS ARE REMOVED, NOT PLACED

ORAL MUCOSAL MELANOMAS

Site Predilection:
Palatal Mucosa & Gingiva


PIGMENTED LESIONS

The possible existence or development of malignant melanoma is virtually the sole reason for our concern with any pigmented focal lesion.

Trodahl and Sprague
CANCER 25:812-823, 1970

A B C Ds of Malignant Melanoma (skin)

A. Asymetrical Lesion
B. Border Irregularity
C. Color Variation
D. Diameter Over 6mm Or Enlarging
ORAL MUCOSAL MELANOMAS

Danger Signals!

- LOCATION
  - PALATE, GINGIVA
- IRREGULAR
- HETEROGENEOUS COLOR
- ULCERATED, NODULAR


ORAL MUCOSAL MELANOMAS

- RARE - 0.01% of all biopsies
- AVERAGE AGE 56
- RANGE 22-83
- MALE:FEMALE 2.7:1


ORAL MUCOSAL MELANOMAS

Prognosis - Uniformly Poor

- Probably Due To Advanced Nature At Time Of Diagnosis And Definitive Treatment
- Late Discovery
- Poor Appreciation Or Lack Of Recognition Of In Situ Phase


ORAL MUCOSAL MELANOMAS

- In Situ Phase May Be Microscopically Subtle and Deceptive
- Intraepithelial Spread May Be As Long As 10 Years
- Some Mucosal Melanomas Present As Multiple Or Synchronous Lesions


ORAL MUCOSAL MELANOMAS

Comparison With Cutaneous Melanomas

- Particularly Poor Prognosis
- Should Be Classified Separately