Differential Diagnosis of Oral Masses

Palatal Lesions
Palatal Masses

- Periapical Abscess
- Torus Palatinus
- Mucocele
- Lymphoid Hyperplasia
- Adenomatous Hyperplasia
- Benign Salivary Neoplasms
- Malignant Salivary Neoplasms
- Mesenchymal Neoplasms
- MALT Lymphoma
- Carinoma (Verrucous, Antral)
Apical Palatal Abscess

• Carious, nonvital tooth
• Spread of infection from palatal root
• Fluctuant or compressible
• Off midline
• Purulent aspirate
• Pain
Palatal Abscess
Torus Palatinus

- Onset during adulthood
- Females > Males
- Quite variable in size
- Tendency for lobulation
- Midline localization
- Bone hard to palpation
- Other exostoses may be present
- Remove for Prosthetic reasons
Torus Palatinus

- Midline Hard Palate
Reactive Lesions of Palatal Gingiva

- Pyogenic Granuloma
- Peripheral Fibroma
- Peripheral Ossifying Fibroma
- Peripheral Giant Cell Granuloma
Pyogenic Granuloma
Mucocele
Soft Palate, Fauces
Hyperplastic Tonsillar Tissue
Adenomatous Hyperplasia

- Overgrowth of normal salivary tissue (acini and ducts)
- Soft to palpation
- Adults
- Mistaken for salivary tumor clinically
- Biopsy to confirm diagnosis
Adenomatous Hyperplasia
Benign Salivary Tumors

• Pleomorphic Adenoma
  – Myoepithelioma
• Monomorphic Adenoma
  – Basal Cell Adenoma
Pleomorphic Adenoma

- Encapsulated
- Capsule may fuse to periostium
- Extracapsular invasion is common
- Wide histologic variation
  - Ductal and myoepithelial component
  - Heterogeneous “Pleomorphic” stroma
    - Myxoid, Cartilage, bone, fat
- Enucleation, subperiosteal dissection
- Low Recurrence in Palate
Pleomorphic Adenoma
Mixed Tumor

capsule
Pleomorphic adenoma

- Plasmacytoid Myoepithelial Cells
- Tyrosine Crystals
Malignant Salivary Tumors

• Mucoepidermoid Carcinoma
• Polymorphous Low Grade Adenocarcinoma
• Adenoid Cystic Carcinoma
• Adenocarcinoma (NOS)
• Rare Adenocarcinomas
  – Epithelial-Myoepithelial Carcinoma
  – Carcinoma ex Mixed Tumor
  – Salivary Duct Carcinoma
  – Adenosquamous Carcinoma
Mucoepidermoid Carcinoma

• Midlife, yet may occur at young age
• Behavior varies with histologic grade
  – Low Grade: Nonmetastasizing
  – Intermediate Grade
  – High Grade: Behavior Similar to Squamous Cell CA
• Wide local excision including bone
• Evaluation of neck for metastasis
  – Clinical
  – MRI, nodes > 1.0 cm positive
Mucoepidermoid Carcinoma
Low Grade Polymorphous Adenocarcinoma

- Nonencapsulated
- Often misdiagnosed as Adenoid Cystic Carcinoma
- Histologic variations
  - Solid nests, cribriform, perineural, Indian file, papillary cystic, tubular
- Wide local excision
- Metastases
  - Nodal, more common with papillary patterns histologically (15%)
  - Distant (8%)
Polymorphous Low Grade Adenocarcinoma
Adenoid Cystic

- Similar histology to PLGA
- Recurrence and Metastasis
- Histology
  - Tubular, Solid, Cribriform
  - Stromal hyalinization
- Wide local excision
- Neck node assessment
  - Clinical
  - MRI, nodes > 1.0 cm positive
Adenoid Cystic Carcinoma
Adenocarcinoma, NOS

• Histologically not distinctive
  – Ductal differentiation
• Most are intermediate to high grade
• Local and Distant Metastases
• Wide local excision, Radiation
Various Adenocarcinomas

Polymorphous low grade adenocarcinoma

Myoepithelial Carcinoma
Mesenchymal Neoplasms

• Benign
  – Traumatic Fibroma (Fibrous Hyperplasia)
  – Nerve Sheath Tumors
  – Granular Cell Tumors (Soft Palate)

• Malignant
  – MALT Lymphoma
  – All sarcomas are very rare
Inflammatory Papillary Hyperplasia
Fibroma, Pyogenic Granuloma
Atypical Lymphoreticular Disease of the Palate (MALT Lymphomas)

- Low Grade Malignancies
- Diffuse soft swelling hard and soft palate junction
- Histology
  - Diffuse or Nodular
  - Plasmacytoid/Histiocytoid
  - May show benign lymphoepithelial lesion
- Radiation Therapy
Atypical Lymphoproliferative Lesion
Atypical Lymphoreticular Lesion

diffuse

follicular
IHC Markers Lymphoma

Bcl=2 oncogene
IHC Lymphoma

CD 20 – B Lymphocytes
MALT Lymphoma

Lymphoepithelial Lesion Pattern
Carcinoma

• Squamous Cell CA is rare in palate
  – Soft Palate > Hard Palate

• Verrucous Carcinoma
  – Palate, alveolar ridge
  – White or pink, verrucous or papillary

• Antral Carcinoma
  – Palatal perforation, oral mass
  – Often ulcerated
  – Most are Squamous Cell CAs or SNUC
Squamous Cell CA

Papillary Variant

Moderately Differentiated, SCCA

Spindle Cell Carcinoma
Antral Squamous Cell CA