



DIAGNOSIS • TREATMENT  
EDUCATION & RESEARCH

American Academy of Oral  
and Maxillofacial Pathology

# CLINICAL PATHOLOGIC CONFERENCE CASES

Wednesday, April 24, 2002  
9:00 a.m. – 11:00 a.m.  
Carl Allen, Moderator

56<sup>th</sup> Annual Meeting  
&  
Continuing Education Program

April 20 – April 24, 2002  
Hotel Inter-Continental  
New Orleans, LA  
USA

# CLINICAL PATHOLOGIC CONFERENCE

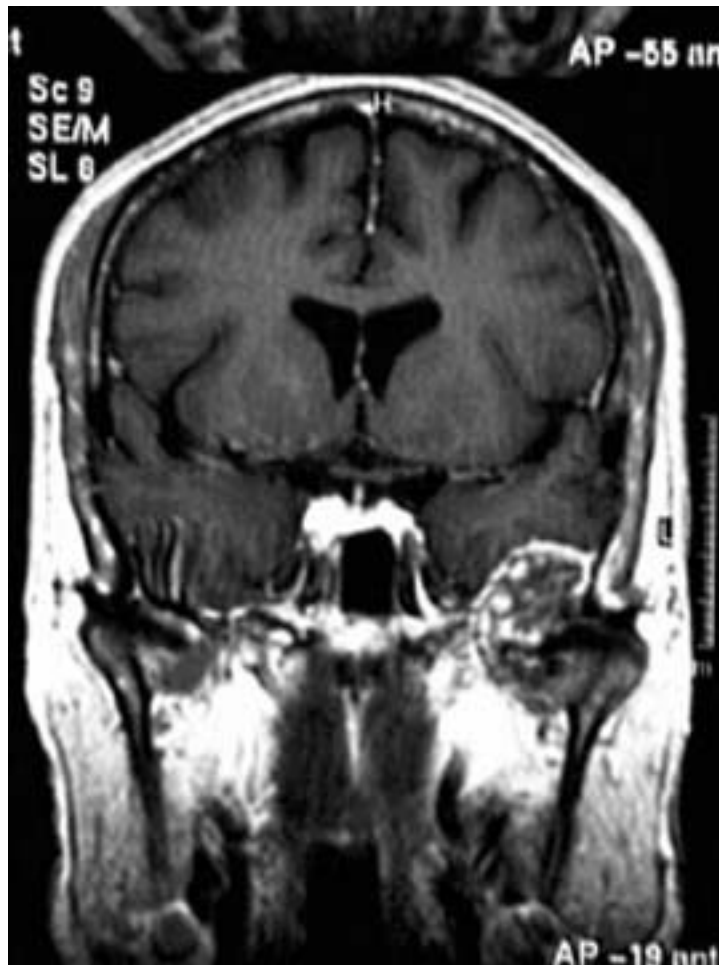
**Carl M. Allen – Moderator**

	<b><u>Discussant</u></b>	<b><u>Contributor</u></b>
Case 1	Dr. Susan Muller Emory University Hospital Atlanta, GA	Dr. Stan McGuff UTHSC – San Antonio San Antonio, TX
Case 2	Dr. Jeffery Stewart Oregon Health Sciences University Portland, OR	Dr. Ioannis Koutlas University of Minnesota Minneapolis, MN
Case 3	Dr. Joseph Rinaggio New Jersey Dental School Newark, NJ	Dr. Valerie Murrah University of North Carolina Chapel Hill, NC
Case 4	Dr. Indraneel Bhattacharyya UNMC, College of Dentistry Lincoln, NE	Dr. William Carpenter University of the Pacific San Francisco, CA
Case 5	Dr. John Wright Baylor College of Dentistry Dallas, TX	Dr. John Kalmar The Ohio State University Columbus, OH

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## CASE HISTORIES – 2002

**Case 1** This 42 year-old male presented with a one-month history of left otalgia, ear fullness and mild hearing loss. There was no vertigo, tinnitus or otorrhea. His symptoms did not completely respond to antibiotics. Imaging studies revealed a skull base mass.



**CASE 2** This 25-year-old male was noted to have an abnormal facial appearance at 2 years of age. His hearing was normal until 8 years of age, when a conductive hearing loss was noted bilaterally. Plain radiographs of the legs and pelvis (taken at 6 years of age) and the skull (taken at 11 years of age) are provided. The patient's mother, his sister, and his sister's child have similar manifestations.



**Case 2** continued



**CASE 3** This 32-year-old male presented with a progressively enlarging maxillary mass that was first biopsied in 1994. The patient now wants to have the lesion removed.



**CASE 4** This 35-year-old male had a chief complaint of a mass of his left posterior hard palate of unknown duration. The history was relatively vague, probably due to the patient's polysubstance abuse. A suboptimal panoramic radiograph revealed a number of carious teeth with apical rarefactions, but no evidence of maxillary sinus involvement.



**CASE 5** This 20-year-old female was referred for extraction of her asymptomatic third molars prior to orthodontic treatment. Within a few days after the extractions, tissue appeared to be growing from the extraction site of the mandibular right second molar. Initially this was curetted without submission of tissue for microscopic examination. The mass recurred with rapid enlargement, and an incisional biopsy was performed.

