



**DIAGNOSIS • TREATMENT  
EDUCATION & RESEARCH**

American Academy of Oral  
and Maxillofacial Pathology

**CLINICAL PATHOLOGIC  
CONFERENCE CASES**

Michael D. Rohrer, DDS, MS, Moderator

59<sup>TH</sup> Annual Meeting  
&  
Continuing Education Program

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Destin, Florida

# CLINICAL PATHOLOGIC CONFERENCE

Michael D. Rohrer – Moderator

## Case 1

**Contributor:** John Hicks  
**Discussant:** Gretchen Folk

## Case 2

**Contributor:** Nasser Said-Al-Naief  
**Discussant:** Brad Seyer

## Case 3

**Contributor:** Alan Gould  
**Discussant:** Nagamani Narayana

## Case 4

**Contributor:** Raj Gopalakrishnan  
**Discussant:** Tanya Gibson

## Case 5

**Contributor:** Angela Chi  
**Discussant:** Paul Edwards

## Case 6

**Contributor:** John Hellstein  
**Discussant:** Dave Wells

## ***CPC 2005 — Case 1 History***

This previously healthy 10 week-old Caucasian male presented to a children's hospital with numerous bullous skin lesions that initially developed in the head and neck region and became more generalized. His medical history was significant for an irregular heartbeat in utero and an elevated maternal serum alpha-fetoprotein. A fetal ultrasound was reassuring. An amniocentesis showed a 46XY karyotype. He was born at 37 weeks gestation to a G2P2 mother. His 15 month old sibling is healthy. A discrepancy in eye size was noted, with the right eye being smaller than the left eye. He had a single episode of dusky discoloration after being born and remained hospitalized for 5 days for observation. No further episodes occurred and his cardiac function and rhythm were normal at discharge from the newborn nursery.

Three weeks previously (7 weeks of age), he was hospitalized with a skin rash that was eczematous in nature. He was afebrile without altered mental status and was feeding without difficulty. A complete blood cell count was unremarkable (12.5 g/dL hemoglobin, 37.5% hematocrit, leukocyte count 12,500, platelets 425,000). Differential leukocyte cell count showed 53% lymphocytes, 28% neutrophils, 14% eosinophils and 5% monocytes. He was also noted to have a hoarse cry.

A skin biopsy of a non-ulcerated head and neck lesion was performed.



## CPC 2005 — Case 2 History

A 32 year old Caucasian male presented to the oral and Maxillofacial Surgeon's office in October, 2004, by referral from his primary care physician, with complaint of right jaw pain and sensitive teeth.

### Medical History:

3 years duration of complaint of shortness of breath, chest pain and difficulty breathing on exertion. He also reported severe sinus problems, and headaches. He is a previous smoker who just quit. The patient is overweight.



## CPC 2005 — Case 3 History

The patient is a 73 year old male who presented with a one month history of an asymptomatic, 0.7 cm, pedunculated red raised lesion of the right mandibular labial gingiva. Local hemorrhage is provoked on mild mechanical manipulation, and the patient reported pus arising from this area several weeks ago. An apparent sinus tract is visible on the medial aspect of the base of the nodule.



**Case 3 — Continued**

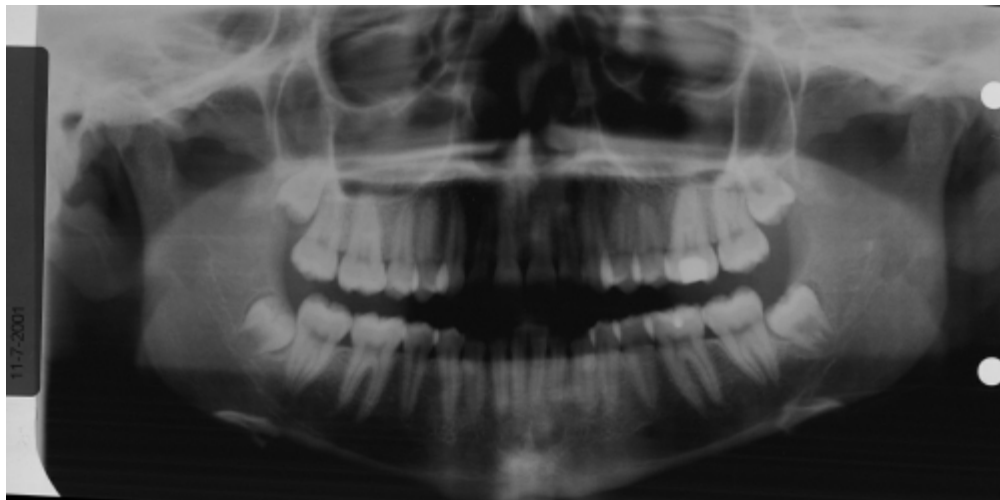


## CPC 2005 — Case 4 History

This 20-year-old female complained to her primary physician “My face has been swollen for a month.” She was referred to an oral and maxillofacial surgeon. Examination showed mild right facial swelling as well as stable and reproducible occlusion. Cold and electric pulp testing showed all teeth responding normally. The patient denied pain, paresthesia or drainage. Temperature was normal. There was moderate mobility of the maxillary right molars. The first panoramic radiograph is from 2001. The second panoramic radiograph and CT images are from the appointment in 2004 with the oral and maxillofacial surgeon.



## Case 4 — Continued





## CPC 2005 — Case 5 History

A 39 year old female was referred to a periodontist for the evaluation of diffuse areas of gingival swelling. These lesions had been present for several years and were not responsive to improved oral hygiene measures. The patient's medical history includes a bilateral salpingo-oophorectomy and hysterectomy. The OB/GYN stated that the ovaries and associated vessels exhibited unusually prominent areas of calcification and a "slimy" coating. The patient was referred for further evaluation by an internist and a rheumatologist. However, no definitive diagnosis was made.



**Case 5 — Continued**



## CPC 2005 — Case 6 History

A 7-month-old male presented with a mass of the hard palate. Mom first noticed it the previous evening while nursing. She became very excited called the emergency room who when hearing that the infant seemed to be in no distress, recommended a pediatrician for the next morning. Mom was unsure on how long the mass had been present but was also unsure of the last time she had looked at the roof of her son's mouth. The mother was able to get into the pediatrician first thing the next morning. The pediatrician did a "peek and shriek" and immediately referred the infant to an Oral Surgeon in the building for a biopsy. This photo is from that appointment.

