CLINICAL PATHOLOGIC CONFERENCE

Moderators:
John Wright, DDS, MS and Susan Zunt, DDS, MS

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## CLINICAL PATHOLOGIC CONFERENCE - 2008

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<th>Case</th>
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| **Case 1** | Dr. Nasser Said-Al-Naief  
Associate Professor of Pathology and Surgery  
The University of Alabama at Birmingham  
Birmingham, Alabama  
United States | Dr. Junu Ojha  
University of Detroit Mercy  
School of Dentistry  
Detroit, Michigan, USA |
| **Case 2** | Dr. Shabnum Meer  
Division of Oral Pathology  
University of the Witwatersrand  
South Africa | Prof. Willie van Heerden  
Head: Dept of Oral Pathology & Oral Biology  
School of Dentistry  
University of Pretoria  
South Africa |
| **Case 3** | Dr. Marilena Vered  
Dept. of Oral Pathology and Oral Medicine  
School of Dental Medicine  
Tel Aviv University  
Tel Aviv, Israel | Dr. Ibrahim Bello  
Institute of Dentistry  
University of Oulu  
Finland |
| **Case 4** | Professor Yoichi Tanaka  
Dept of Pathology and Laboratory Medicine,  
 Tokyo Dental College  
Ichikawa General Hospital  
Tokyo, Japan | Dr. Julia Yu Fong Chang  
School of Dentistry, College of Medicine,  
National Taiwan University  
Taipei, Taiwan |
| **Case 5** | Dr. Michael Aldred  
Dorevitch Pathology  
Heidelberg, Melbourne  
Australia | Dr. Sue-Ching Yeoh  
Staff Specialist (Oral Medicine) - Sydney  
South West Area Health Service  
Sydney, Australia |
| **Case 6** | Dr. Wilson A Delgado  
Department of Oral and Maxillofacial Pathology and Medicine  
Universidad Peruana Cayetano Heredia  
Lima, Peru | Dr. Elias Romero de Leon  
Universidad Autonoma De Nuevo Leon  
Monterrey, N.L.  
Mexico |
Case 1

The patient is a 53 year old male who was seen in consultation at UAB, Otolaryngology Head and neck Surgery for further evaluation & management of nasal airway obstruction which was slow in onset over about a 2-year period and intermittent epistaxis. His past medical history includes mild hypertension, rhinoplasty, and a nasal tumor biopsy performed during teenage years.

He is allergic to penicillin and past social history also includes tobacco and drug use 20 years ago.

Three images provided: Sagital CT Neck Soft Tissue with Contrast (Figure 1), Sagital MRI Face Neck Orbits without contrast (Figure 2) and Axial CT Soft Tissue Neck with Contrast (Figure 3).
Case 2

A 31 year old female patient presented with a swollen eye. Intraoral examination showed a necrotic ulcerated lesion extending from midline of the maxilla involving buccal sulcus from tooth 21 to 12. The CT scan showed an erosive mass anterior to the ethmoid cells and an opacified maxillary sinus. The patient is HIV negative.
Case 3

April 2003: A 1.5 year old boy, otherwise healthy, was referred by a pedodontist to the Dept. of Oral & Maxillofacial Surgery due to an exophytic mass in the area of the lower deciduous incisors, which has been clinically diagnosed as an “eruption cyst”. The mother reported that the child had fallen against a glass top table about 3 weeks previously.

Clinically, a 2x2 cm, bluish-brownish swelling of soft to moderately solid consistency covered by smooth mucosa was found in the vestibular area, extending between the right and left deciduous canines. The lower deciduous central incisors were lingually positioned. Both teeth were mobile. Antero-posterior and lateral x-rays of the mandible demonstrated a lytic lesion in the midline area with periosteal elevation.

May 2003: Lesion was curetted and right deciduous central incisor extracted.

May 2004: Present x-rays are from the third recurrence - Secreting fistula and soft tissue swelling adjacent to right first deciduous molar, non-responding to antibiotic treatment.

Figure 1  Figure 2

Figure 3  Figure 4
Case 4

The patient is a 53 year old woman who noticed a lesion on the left buccal mucosa associated with mild pain for approximately 18 months. It appeared as a flat lesion with punctated black pigmentation. Her own dentist treated it with an ointment and her symptoms improved but the pigmentation did not change.

She recently visited another dental clinic for further evaluation. The clinical illustration shows a few black spots on her left buccal mucosa taken during her first dental clinic visit. There is some redness but swelling or ulceration was not observed. An oral surgeon excised the lesion.
Case 5

This 11 year old girl had a two year history of gingival swelling.
Case 6
A 36 year old male patient with AIDS suffered with headaches for several months and was sent for consultation because he presented with mass lesions located in the gingivae of the anterior part of the maxilla, mandible and left tuberosity. He was asymptomatic and mentioned that he had noticed the gingival enlargements for approximately three or four months. The upper and lower incisors presented with moderate mobility. The patient had not received HAART treatment.