



American Academy of Oral & Maxillofacial Pathology
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CLINICAL PATHOLOGIC CONFERENCE

Paul D. Freedman, DDS

Moderator

65th Annual Meeting and Continuing Education Program

May 3, 2011

San Juan, Puerto Rico

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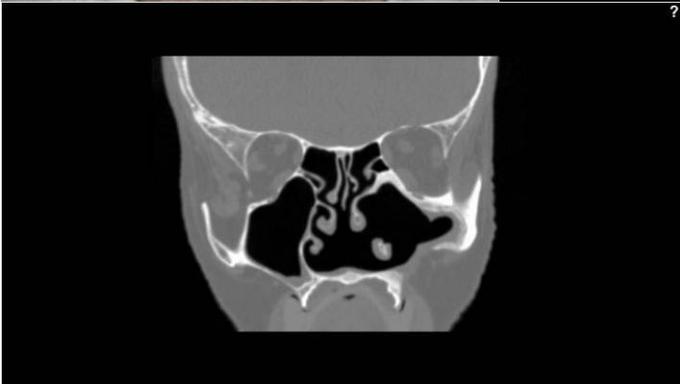
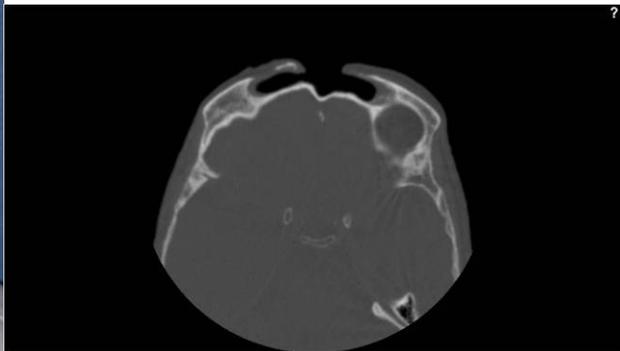
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	Discussant	Contributor
Case 1	Siema Eljack Dental Department Hackensack University Medical Center Hackensack, New Jersey	Susan Muller Department of Otolaryngology Head & Neck Surgery Emory University Atlanta, Georgia
Case 2	Elizabeth Phillipone Columbia University College of Dental Medicine New York, NY	John E. Kacher JKJ Pathology: Oral Medicine and Oral Pathology The Woodlands, Texas
Case 3	Mark Lerman Harvard School Of Dental Medicine Brigham and Women's Hospital Boston, Massachusetts	Aparna Naidu Texas A & M Health Science Center Baylor College of Dentistry Dallas, Texas
Case 4	Christel M Haberland Dental Department Yale-New Haven Hospital New Haven, Connecticut	Darren P. Cox University of California San Francisco San Francisco, California
Case 5	Nagamani Narayana Department of Oral Biology College of Dentistry University of Nebraska Medical Center Lincoln, Nebraska	Zoya Kurago Oral and Maxillofacial Pathology NYU College of Dentistry New York, NY
Case 6	James Rokos UMKC School of Dentistry Kansas City, Missouri	Roman Carlos Centro Clinico de Cabeza y Cuello Hospital Herrera-Llerandi Guatemala City, Guatemala

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Case 1**

A 75 year old female, with a 2 year history of Stage 3B infiltrating ductal carcinoma of the breast status post mastectomy and chemotherapy, presented with complaints of recurrent sinus congestion with associated crusting. Over a 3 month period she developed a 2.5 cm. defect of her forehead exposing her frontal sinus along with collapsing nasal cartilage. Otherwise the patient has no complaints of headaches, visual changes or mental status. A sinus CT revealed evidence of “postsurgical changes from endoscopic sinus surgery”.



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Case 2**

This is a 74 year old female who complains of mouth soreness of greater than 4 months duration. The patient reports being ill 2 months prior and developed lesions under her breast and in the groin that were subsequently diagnosed by a dermatologist as a yeast infection. She was diagnosed with multiple sclerosis 25 years ago but is not significantly impaired. She takes lanaflex, zactara, borage oil, dantrolene sodium and multivitamins.

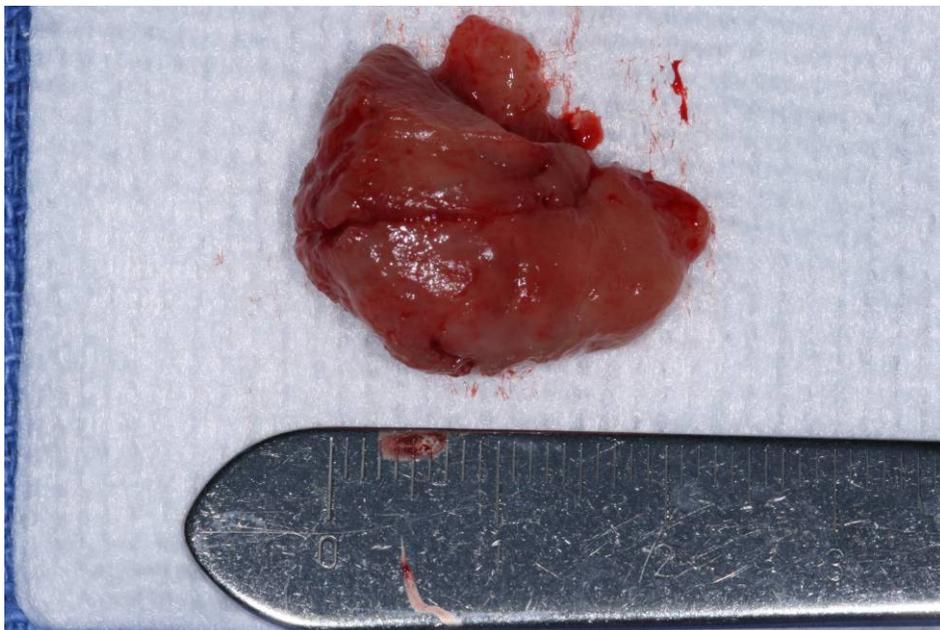


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Case 2 (continued)



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Case 3**

An asymptomatic 28 year old male complained of a rapidly enlarging swelling of the left mandibular vestibule and buccal mucosa, which he first noticed 2-3 weeks ago. He reported no bleeding and denied any history of trauma. The oral surgeon who excised the lesion submitted the specimen with a clinical diagnosis of a “Texas-sized” pyogenic granuloma.



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Case 4**

A 40 year old female, in relatively good health, presented to her primary care physician for a cold. During examination of her oropharynx, the physician inquired about this 1.5 x 1.5 cm. lump on the back of her tongue. She reported not knowing of its presence. She inquired of her dentist if he had ever notice this lesion, but he had not. He referred the patient to UCSF department of oral and maxillofacial surgery for evaluation. Upon examination by OMFS, the patient had no submandibular or cervical lymphadenopathy. This exophytic, circumscribed, smooth-surfaced somewhat reddened mass was noted posterior to the left circumvallate papillae. The patient was completely asymptomatic.



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Case 5**

A 28 year old male presented with a complaint of a painful “blister” on the left side of his tongue causing difficulty with speaking and eating. According to the patient, the lesion developed approximately 8 days ago, preceded by a fever. He did not recall any trauma to his tongue. The patient was seen by a clinician who prescribed Levaquin, Famvir, Florastor and Carafate for the tongue lesion. The medical history revealed intermittent diarrhea for which he was being evaluated. He also has had sinus problems. Additional questioning at a later date revealed that the patient had been taking Clindamycin for a sinus infection a week or two preceding the tongue lesion. Extraoral examination of the head and neck area revealed no abnormalities. Intraoral exam revealed a 2 cm. raised ulcer with induration and surrounding erythema on the left anterior dorsal surface of the tongue.



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Case 6**

A 5 year old female presented with facial asymmetry which was first noted by her parents 1 month prior to consultation. The lesion was painful and interfered with speech and swallowing. The girl was otherwise in good health with normal physical and mental development. Medical history was non-contributory.

