CLINICAL PATHOLOGIC CONFERENCE

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Moderator

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<table>
<thead>
<tr>
<th>Case</th>
<th>Discussant</th>
<th>Contributor</th>
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| 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, Connecticutt | 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 |
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”.
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.
AAOMP 2011 Clinical Pathologic Conference
Case 2 (continued)
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.
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.
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.
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.