ELLIS FISCHEL STATE CANCER HOSPITAL
AND
CANCER RESEARCH CENTER

ORAL PATHOLOGY SEMINAR
D.O.F. - 73 - 154

December 7, 1973 Columbia, Missouri

CASE #1 (Contributed by John Meyer, M.D., Department of Pathology, Jewish Hospital, St. Louis, Missouri.)

A 19-year old black veteran developed an enlarging mass in the right mandibular alveolar ridge adjacent to the second molar. The mass bled easily. Roentgenograms revealed a well delineated, osteolytic defect 1.5 cm. in diameter with erosion of the anterior root of the 2nd molar (photograph). At time of biopsy the mass was firm, bloody, and covered in part by benign-appearing mucosa. It was white, coarsely granular, nodular and gritty when cut (2 photographs 2 electromycrophotograph, and roentgram).

CASE #2 (73-1975 B) (Contributed by Richard K. Wesley, D.D.S., M.S.D., Department of Pathology, University of Detroit, Detroit, Michigan.)

The specimen represents a lesion from a 65-year old female who has been treated at a local hospital for Guillian Barre Syndrome. She presented to the dental clinic with parathesia of the lower lip. An exophytic mass was removed from the lower right second molar region. There was questionable bone loss on that side of the mandible.

CASE #3 (73-476) (Contributed by Bruce F. Barker, D.D.S.; Charles Dunlap, D.D.S., Department of Oral Pathology, University of Missouri School of Dentistry, Kansas City, Missouri.)

Is a 28-year old male who had a small papillary lesion of the anterior maxilla. The exophytic lesion was located immediately lingual to the left central and lateral incisors. It had been present for 2-3 months, and occasionally caused slight pain. In most of the sets there is a clinical photo.

CASE #4 (73-2635) (Contributed by Charles Dunlap, D.D.S.; Bruce F. Barker, D.D.S., Department of Oral Pathology, University of Mo. School of Dentistry, Kansas City, Missouri.)

Is a 34-year old Negro female who was seen about 1½ years ago at General Hospital, Kansas City. At that time she had a large swelling of the anterior mandible, which radiographically was a multioculated lucency. The lesion was biopsied and diagnosed; however, the patient refused definitive treatment. Months later she was admitted with a tubal pregnancy, but again she had no treatment of the mandible. Presently (November 1973) she presented with mandibular pain and several loose teeth. Slides are from recent surgery.

CASE #5 (Hospital #600a) (Contributed by Carlos Perez-Mesa, M.D., Ellis Fischel State Cancer Hospital, Columbia, Missouri.)

J.W.G., a 23-year old Caucasian male with multiple bone metastases from proven adenocarcinoma of the prostate, developed an enlargement on the left parotid gland. He also suffers nonsymptomatic chronic lymphocytic leukemia. The slide represents a biopsy from the parotid.

CASE #6 (4644-73) (Contributed by William H. Halliwell, D.V.M., Ph.D, University of Missouri, Columbia, Missouri.)

Tissue submitted from the left tonsilar region of a 4-year old male poodle. The tissue consisted of a grey-white globular, polypoid mass 1.8x1.2x0.8 cm. in size. The tissue was cut into three segments perpendicular to the long axis and sectioned.

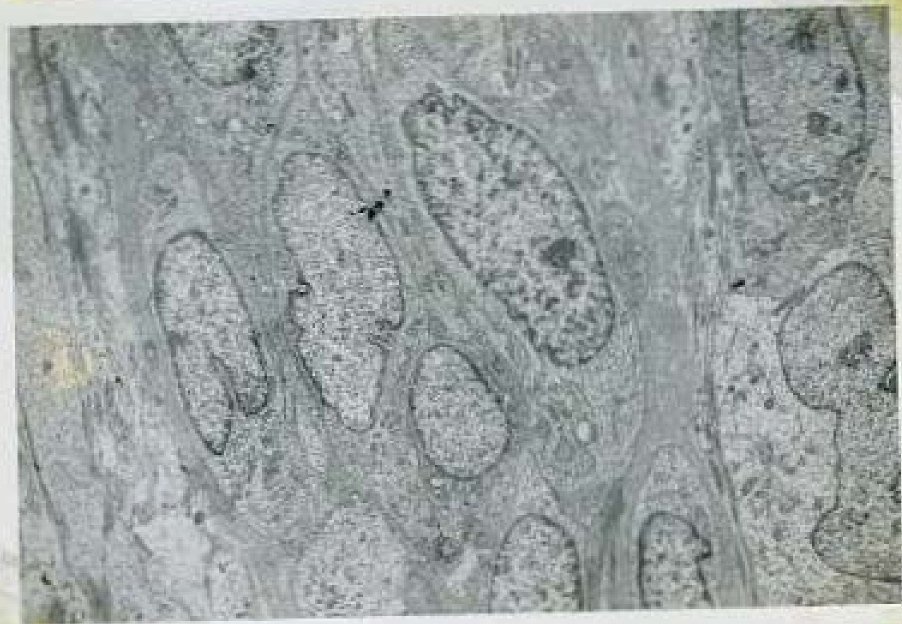
This is tissue from the 5th surgical excision in this area. The lesion has recurred 3-5 weeks following surgery in each instance.

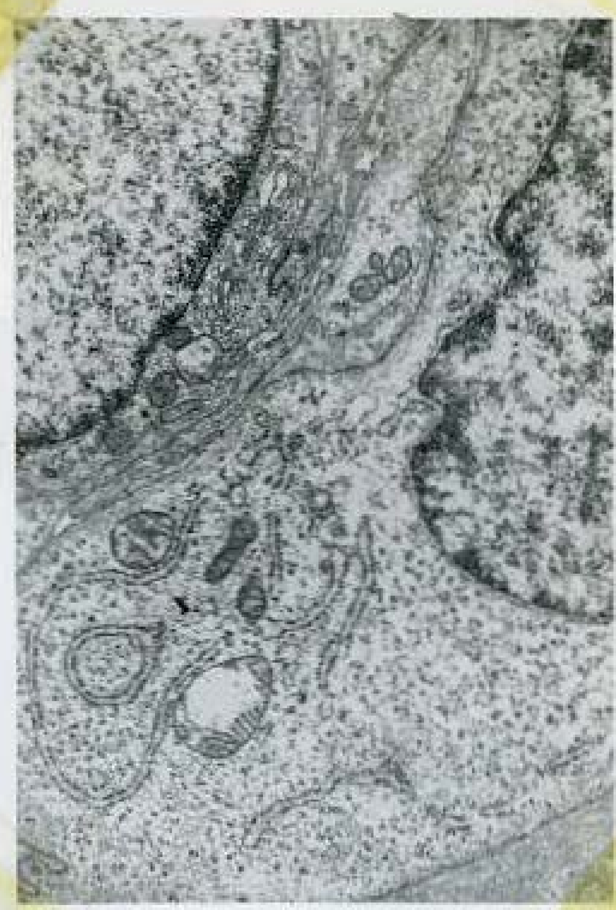
CASE #7 (D-2) (Contributed by J. B. Whitten, D.D.S., Department of Pathology, School of Dental Medicine, Southern Illinois University, Alton, Illinois.)

A 12-year old female with hard, slightly compressible lump, right anterior - lateral tongue. No previous treatment to area. No other history of neoplasia. Duration of at least two years.

CASE #8 (D-25) (Contributed by J. B. Whitten, D.D.S., Department of Pathology, School of Dental Medicine, Southern Illinois University, Alton, Illinois.)

A 47-year old female presented with an enlargement of the mandible of at least two years duration. The lesion was circumscribed and radiolucent upon radiographic examination. The lesion was removed in total.





ORAL PATHOLOGY SEMINAR
DEC 7 ~~SEPTEMBER 19~~, 1973
"OFFICIAL" DIAGNOSIS

CASE #1. EMBRYONAL RHABDOMYOSARCOMA

(Contributed by John S. Meyer, M.D. Department of Pathology, Jewish Hospital St. Louis)
This was also the diagnosis of Bruce Barker, Kansas City, Herb Taylor and residents from St. Louis University Medical School. It was suggested also by Dr. Thoma, University of Texas Dental Branch. Drs. Jim Goforth, John Tsai and Joe Fay from Fort Leonard Wood, Missouri, Shelby Rise from Wellington, Kansas, Mario Luna from M.D. Anderson, Texas, Ordie King Jr., West Virginia, Charles Dunlap from K.C., and Mario Martinez, Tariq Murad, Edmund Dowling and Howell Archard, Burmingham, Alabama, offered the diagnosis of a malignant tumor arising from vessels (hemangiopericytoma, hemangiosarcoma etc.) Dr. J. Whitten from S.I.U. Altom, Illinois call it malignant histiocytoma. Dr. Waterhouse from University of Illinois, Chicago commented, "Central carcinoma of the mandible: plasma membranes on electron microscopy are consistent with this." Dr. Yvon Legal from Strasbourg, France offered me diagnosis of "so called adamantinoma of bone." Richard Wesley from the University of Detroit called synovial carcoma which was also the differential diagnosis of Ordie King Jr. Comments from Albert Abrams from U.S.C. "... electro micrograph suggest immature connective tissue type cells... synovial sarcoma. I don't believe it is odontogenic.... similarity to the so-called adamantinoma of thetibia, whatever that is."

CASE #2. FIBROBLASTIC OSTEOSARCOMA

(Contributed by Richard K. Wesley, U. of Detroit, School of Dentistry, Detroit)
Osteosarcoma was the diagnosis of Whitten from S.I.U. which was also the diagnosis of the A.F.I.P. Drs. Meyer St. Louis, Dunlap, K.C., Fay from Fort Leonard Wood, Martinez and Archard, U. of Alabama and Luna, M.D. Anderson and Thoma, U. of Texas, were unable to rule out a spindle cell carcinoma. Sarcoma was the interpretation of Herb Taylor and residents of St. Louis University, and Tariq Murad from U. of Alabama. Fibrosarcoma was offered by Drs. King Jr. from West Virginia, Abrams from U.S.C., Rose from Wellington, Kansas and Tsai from Fort Leonard Wood. Neurosarcoma was the diagnosis of Schaeffer, Indiana, and Waterhouse, Chicago. Comments from Dr. Wesley, "The majority of consultants felt... fibroblastic osteosarcoma... others felt that the osteoid material represents metaplastic bone and the degree of fadciculation in addition spindly and pleomorphic nuclei are compatible with a malignant schwannoma."

CASE #3. VERRUCOUS CARCINOMA

(Contributed by Drs. Bruce Barker and Charles Dunlap, Dept. of Oral Pathology, U. of Missouri School of Dentistry K.C., Missouri)
This was the diagnosis of Dr. Wesley, U. of Detroit, Drs. Jim Goforth, Joe Fay and John Tsai from Fort Leonard Wood. The following comments from Drs. Martinez, Murad and Archard from the U. of Alabama, "Verrucous carcinoma: some might consider this a squamous papilloma or condyloma acuminatum: however, the cellular activity by perchromatism and moderate atypia warrant, in our opinion, a more serious consideration." Squamous

papilloma was the diagnosis of Drs. Rose, Kansas, Meyer, St. Louis, Herb Taylor, St. Louis, Residents from St. Louis University, Luna, M.D. Anderson, Waterhouse from Chicago, Yvon Le Gal, Strasbourg and Thoma from U. of Texas. Well differentiated papillary epidermoid carcinoma was the diagnosis of Whitten, S.I.U. and King Jr. from West Virginia, Dr. Abrams from S.C.U. preferred "verrucous dysplasia."

CASE #4. AMELOBLASTOMA

(Contributed by Charles Dunlap D.D.S. and Bruce Barker D.D.S. Department of Oral Pathology, U. of Missouri, School of Dentistry, K.C., Missouri)

Unanimous choice.

CASE #5. PROBABLE PRIMARY CARCINOMA OF PAROTID GLAND

(Contributed by Carlos Perez-Mesa, M.D., Ellis Fischel State Cancer Hospital, Columbia, Missouri)

Poor case selection. Material was insufficient to prepare adequate sections. Age of patient was wrong (real age: 73). However, original sections show tumor in the parotid, different in pattern from the prostatic cancer which was available for comparison; the clinical manifestation at that time also supported the possibility of two different tumors. The majority of the consultants interpreted the parotid lesion as metastatic.

CASE #6. MUCOCELE

(Contributed by William H. Halliwell, D.V.M., Ph.D. University of Missouri, school of Veterinary Medicine, Columbia, Missouri)

This was also the diagnosis of Bruce Barker and Charles Dunlap from K.C., Dr. Abrams from U.S.C. comments, "If this were human material, I would call it mucocele scape reaction..." Dr. Luna from M.D. Anderson shared the same view. There were other diagnosis ranging from chronic inflamation, lymphangioma, to liposarcoma.

CASE #7. GRANULAR CELL MYOBLASTOMA

(Contributed by J.B. Whitten D.D.S. Department of Pathology, School of Dental Medicine Southern Illinois University, Alton, Illinois)

This was the almost unanimous diagnosis.

CASE #8. CENTRAL CEMENTIFYING DIAGNOSIS

(Contributed by J.B. Whitten D.D.S. Department of Pathology, School of Dental Medicine Southern Illinois University, Alton, Illinois)

No basic disarguements: Two dissenting diagnosis of fibrous dysplasia.