Diseases of Oral Cavity and Salivary Glands

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Last edited: 15 July 2016

Oral Soft tissue Lesions:

Inflammation

- Herpes simplex virus infection
- Aphthous ulcer
- Oral candiasis (Thrus)
- Glossitis
- Xerostomia

- Oral manifestation of systemic diseases such as
  - Diphtheria, AIDS, lichenplanus, pemphigus, pancytopenia, monocytic leukaemia etc.

- Reactive proliferation
  - Giant cell granuloma
  - Irritation fibroma
- Tumour and precancerous lesions:
  - Leukoplakia
  - Erythroplakia
  - Squamous papilloma
  - Condyloma accuminatum
  - Squamous cell carcinoma

Leukoplakia:

- Leukoplakia means simply white plaque.
- Produced by several conditions such as benign and malignant proliferation of epithelium, tobacco or snuff-pouch keratosis, chronic cheek bite, lichen planus, palatitis nicotina and candiasis.

- **Definition**: Leukoplakia is a white plaque on the oral mucous membranes that can not be removed by scraping and can not be classified clinically or microscopically as another disease entity.

- Thus defined, leukoplakic plaques ranged from completely benign epitheial thickening to highly atypical lesion with dysplastic changes that merge with carcinoma in situ.
- Leukoplakia is a clinical term. Until proved otherwise it must be considered precancerous.

Erythroplakia:

- It represents a red, velvety area within oral cavity. The epithelial cells are markedly atypical and have higher risk of malignant transformation than that with leukoplakia.

Squamous cell carcinoma:

- About 95% of cancer of oral cavity are squamous cell carcinoma.
- Others are adenocarcinoma and melanoma.
- Most frequently diagnosed between the age of 50 and 70 yrs.
- Closely associated with tobacco and alcohol.
- Chewing of betel nuts and Pan has predisposing influence.

Gross Appearance:

- In the early stages cancer of oral cavity appears either as raised, firm, pearly plaques or as irregular, roughened or verrucose areas of mucosal thickening.
- As they enlarge, they create protruding masses or undergo central necrosis, forming an irregular, shaggy ulcer rimmed by elevated, firm, rolled borders.

Microscopic Appearance:

- The cancer begins as in situ lesion. They range from well-differentiated keratinizing neoplasms to anaplastic, sometimes sarcomatoid tumours. They tend, in time, to infiltrate locally before they metastasise to other sites.

Diseases of Salivary Glands

- Sialadenitis
- Sialolithiasis
- Neoplasms

Neoplasms:

Benign tumours:	Malignant tumours:
• Pleomorphic adenoma • Warthin's tumour • Lymphoepithelial lesion • Oncocytoma • Monomorphic adenoma • Benign cysts	• Mucoepidermoid carcinoma • Adenoid cystic carcinoma • Adenocarcinoma • Acinic cell carcinoma • Malignant mixed tumour • Epidermoid carcinoma • Other anaplastic carcinoma.

Pleomorphic Adenoma:

- They represent about 60% of tumour in the parotid glands and are less common in submandibular gland and rare in minor salivary glands.

Gross Appearances:

- Most pleomorphic adenoma present as basically rounded, well demarcated masses rarely exceeding 6 cm in greatest dimension.
- They are encapsulated. In some cases capsule is not fully developed and expansile growth produces tongue like protrusions into the surrounding gland.
- The cut surface is grey-white with variegated myxoid and blue translucent areas of chondroid.

Microscopic Appearance:

- The dominant histologic feature is the great heterogeneity. They are composed of epithelial elements dispersed throughout a matrix of mucoid, myxoid and chondroid tissue.

Warthin's Tumour:

Gross appearance:

- Most Warthin's tumours are round to oval, encapsulated masses, 2 to 5 cm in diameter.
- Cut surfaces are pale grey punctuated by narrow cystic or cleft like spaces filled with a mucinous or serous secretion.

Microscopic Appearances:

- A double layer of epithelial cells resting on a dense lymphoid stroma sometime bearing germinal centres lines the spaces.
- Frequently the spaces are narrowed by polypoid projections of the lymphoepithelial elements.

Thanks