The University of Jordan

Oral Pathology-II

4th Year
2016/2017

Prof Faleh Sawair: BDS, FDS RCS (England), PhD
Professor of Oral Pathology
Miscellaneous Disorders of Oral Mucosa
Orofacial granulomatosis:

- **Definition:**

- **Age**

Granulomas < 50% of cases

Dilated lymphatics and blood vessels, oedema and nonspecific inflammation
• **Aetiology:**
  - Idiopathic
  - Crohn’s disease
  - Sarcoidosis
  - Melkersson-Rosenthal syndrome
  - Allergy
  - Foreign bodies
  - Infective granulomas

Cosmetics, foods, food additives, flavorings, oral hygiene products (e.g., toothpaste, mouth rinses), and dental restorative metals have been implicated. Patch testing
Crohn’s disease: حبیطه شکری

- Chronic granulomatous disease
- Unknown aetiology
- Thickening & ulceration
• **Clinic:**
  - Abdominal pain
  - Constipation or diarrhea
  - Obstruction
  - Malabsorption
- Orofacial involvement:
  - May precede
  - Diffuse soft or tense swelling of the lips & cheeks
  - ± Erythematous & swollen gingiva
  - Mucosal tags in sulci
  - Glossitis
- Cobble-stone thickening of BM w fissuring

- ± Painful mucosal ulcers, linear or = RAS
• Hist:
  ➢ Focal dense CICI
  ➢ Fibrosis
  ➢ Lymphoedema
  ➢ Non-caseating granulomas
Sarcoidosis:

- Multiple granulomas of skin, lungs, LNs, SGs, MMs, ± major organs
- Unknown etiology
- Young adults esp. blacks
Clinically:

- Lethargy, difficulty in breathing
- Multiple erythematous skin nodules
- ↑ Cervical LNs

“Heerfordt syndrome”: uveitis; parotid swelling w xerostomia & facial palsy.
Oral:

- Localized, asymptomatic, firm nodules
- Erythematous, hyperplastic gingiva
- OFG
- **Hist:** non-caseating granulomas w giant Cs

- **Blood examination:**
  - ↑ESR
  - Leucopenia
  - Hyperproteinaemia
  - ACE
  - ↑Ca++
Scleroderma: تصلب الجلد

- Progressive fibrosis
- Skin, GIT, lung, heart & kidney
- *F, 20-50*
- ? Autoimmune
- Dysphagia
- Dyspnoea, pulm. hypertension, RF, HF
- Mask face
- Trismus
- Tongue movement
- PL space
Oral submucous fibrosis:

- Limited to oral cavity
- Indians
- ? Aetiology
- BM, lips, soft palate, occasionally pharynx
Clinic:

- Mucosa: firm & pale
- Restricted mouth opening & tongue movement
- Difficult eating & dental treatment
• Hist:

- Hyalinization of CT: avascular & acellular
- Scattered CICI
- K or parak atrophic ssqe
- 13% epithelial dysplasia