

Swellings of the Lips and Buccal Mucosa

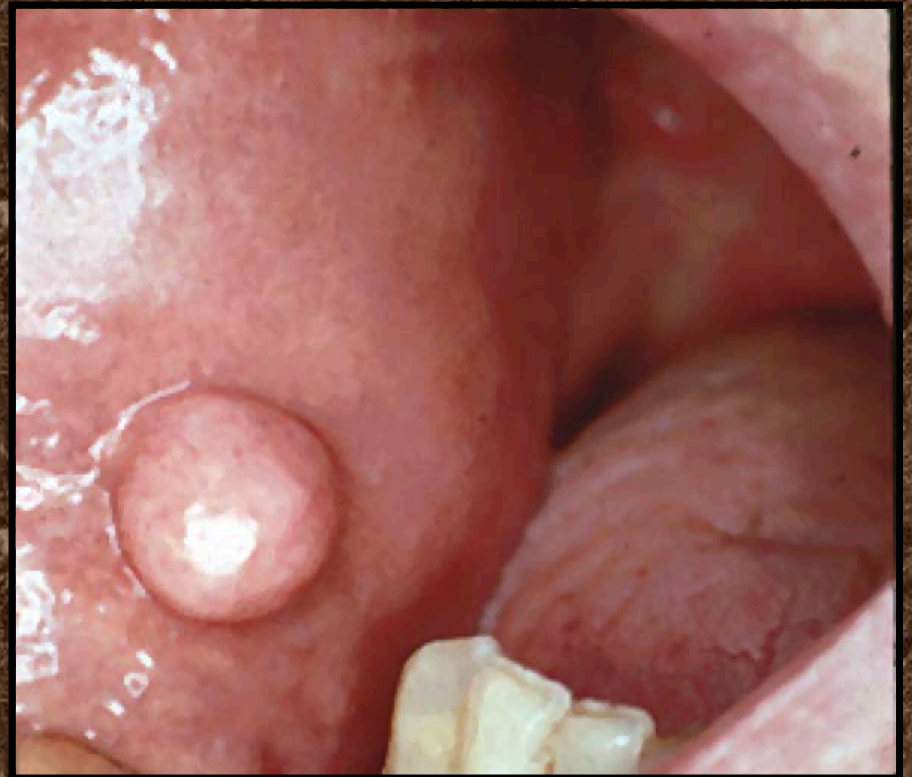
Lip/Buccal Masses

- Traumatic Fibroma
- Mucocele
- Sialocyst (Mucous retention cyst)
- Sialolithiasis of Minor Glands
- Mesenchymal Tumors
- Salivary Tumors
- Squamous Cell Carcinoma
- Reactive Lymph Node
- Cysticercosis

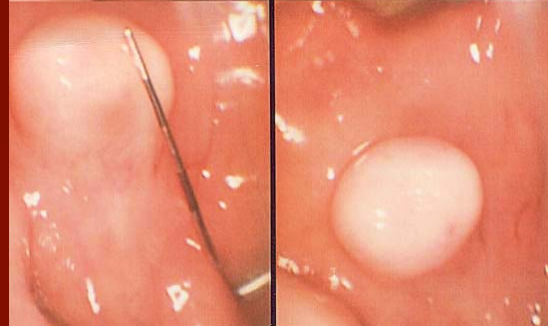
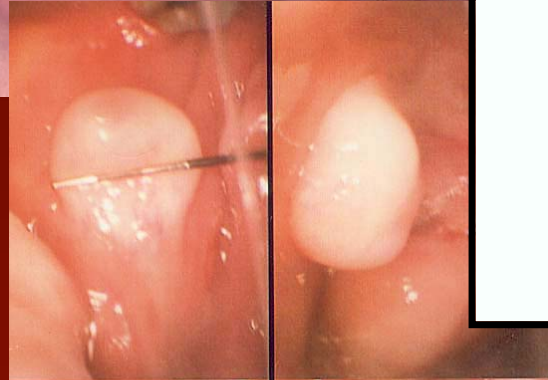
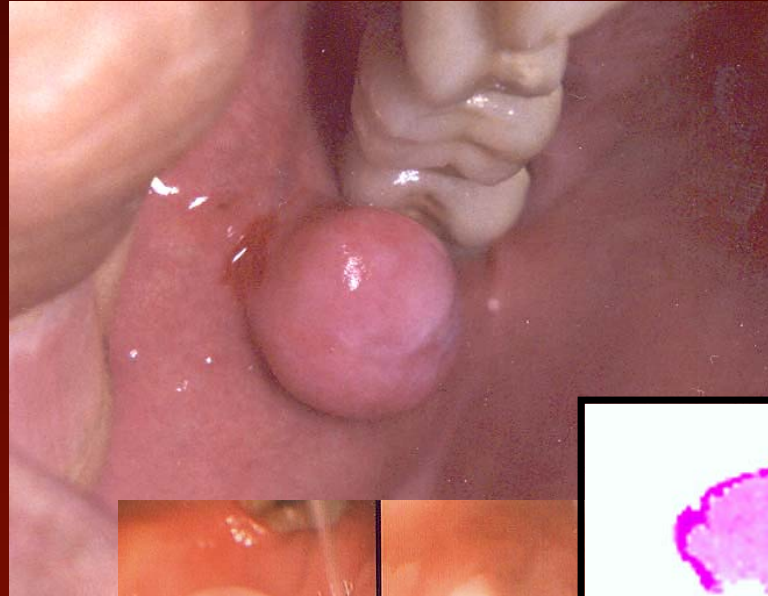
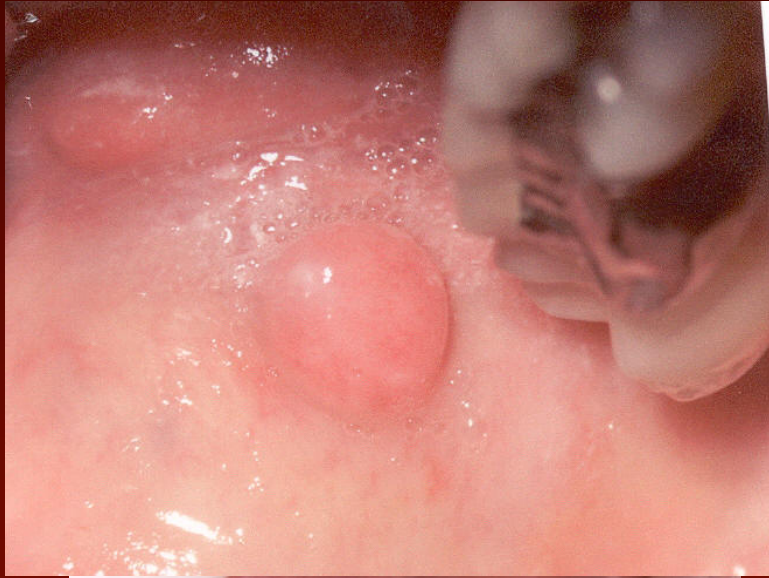
Traumatic Fibroma

- Dome shaped nodule
- Nonneoplastic, fibrous hyperplasia
- Trauma History is common
- Normal collagen, vasculature
- May be ulcerated

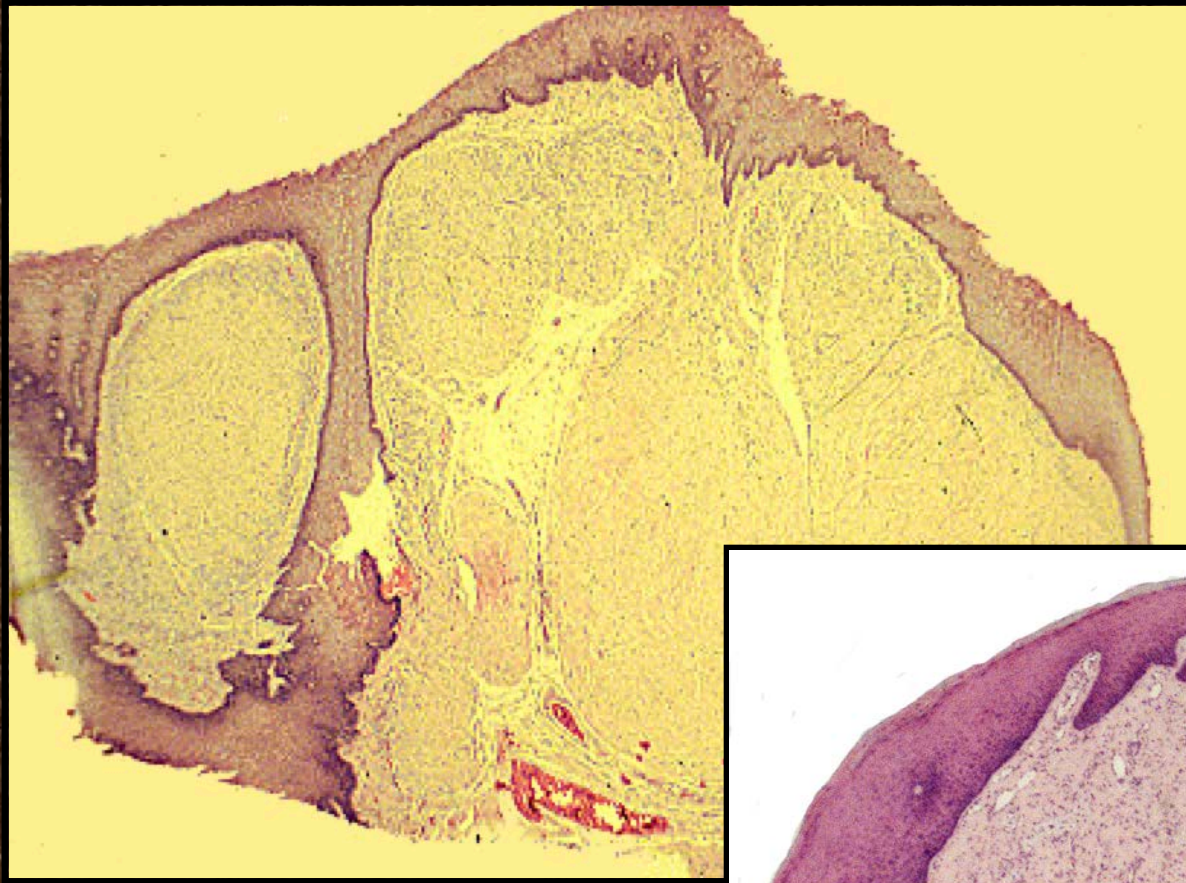
Traumatic Fibroma



Traumatic Fibromas



Fibroma



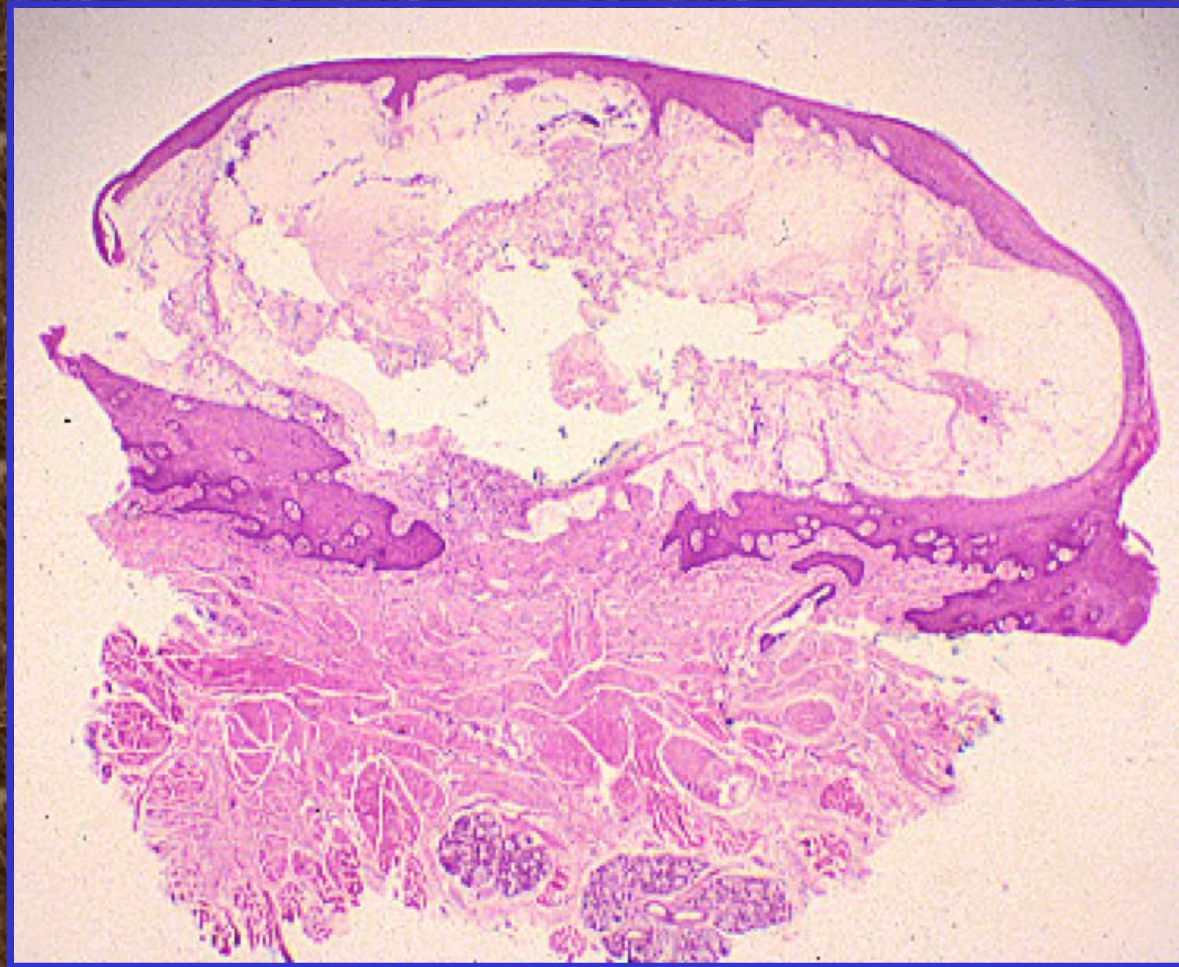
Mucocele

- Lower lip > Buccal Mucosa > Upper lip
- Soft and fluctuant
- May fluctuate in size
- Trauma history
- Ductal severage with mucous escape
- Pseudocyst, lined by granulation tissue
- Excise, extirpate minor glands

Mucous Escape Phenomenon



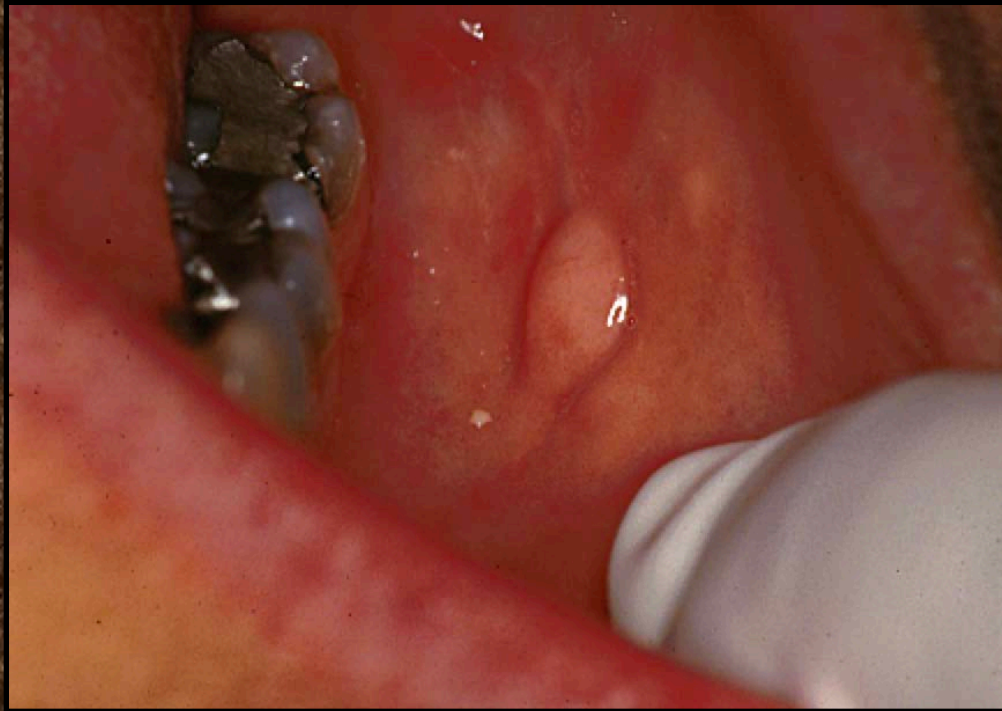
Mucous Escape Phenomenon



Sialocyst, Mucous Retention Cyst

- Duct blockage phenomenon vrs true cyst
- Mucous plug
- Fluctuant, nontender
- Microscopic variations
 - Simple sialocyst
 - Mucopapillary (cystadenoma)
 - Oncocytic Metaplasia

Mucous Retention Cyst (Sialocyst)

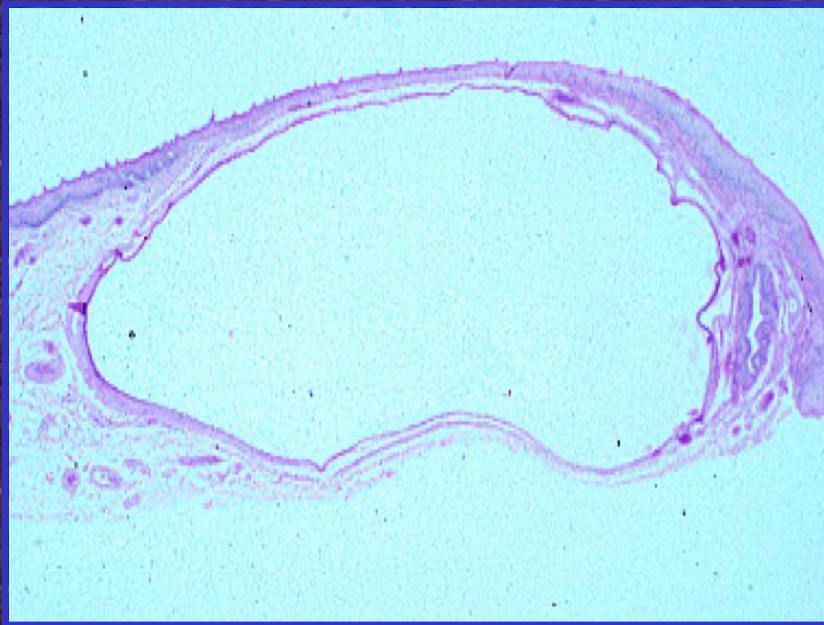


Sialocyst

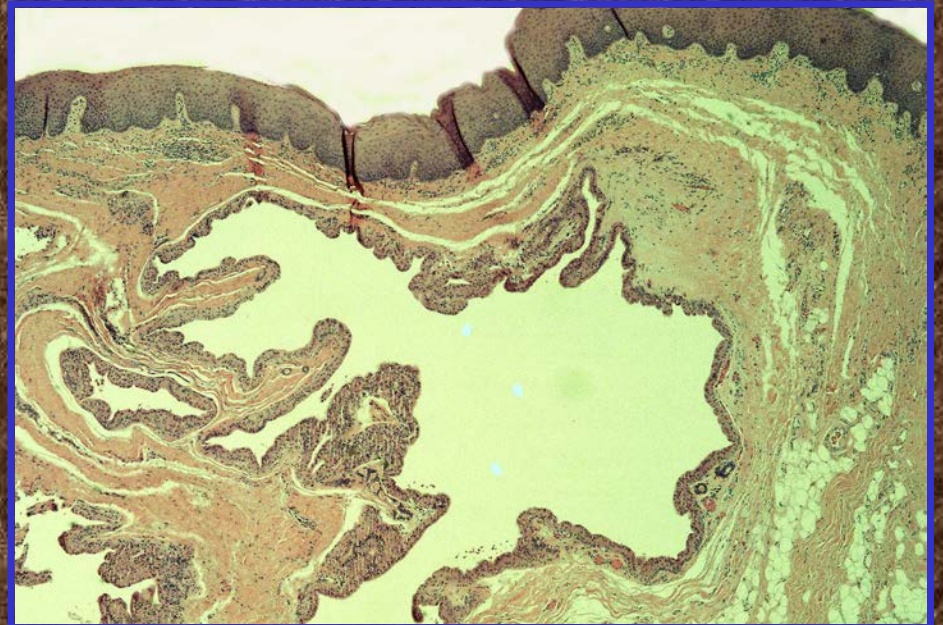


Sialocyst

- Simple sialocyst



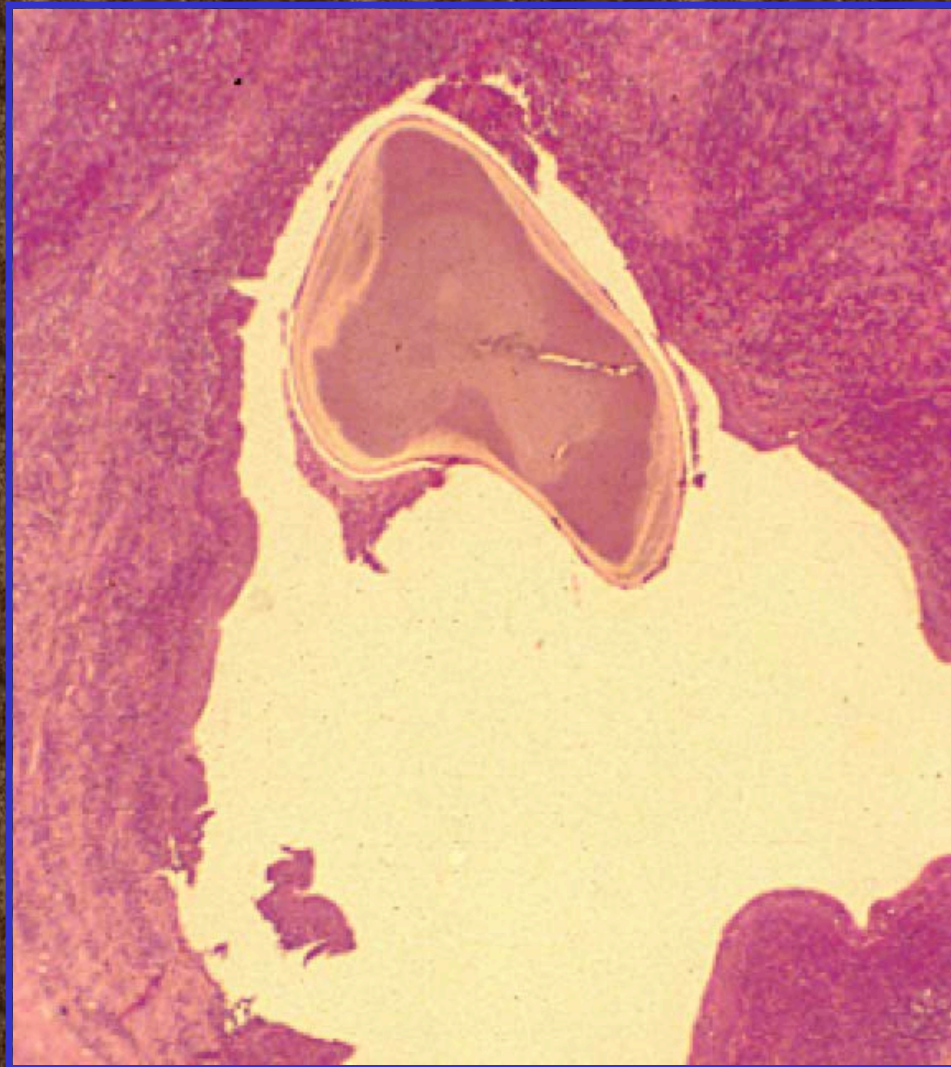
- Mucopapillary type



Minor Gland Sialolithiasis

- Upper Lip > Lower Lip
- Indurated submucosal mass
- Movable
- Painful on palpation
- Lip radiograph will show round opacity
- Excision

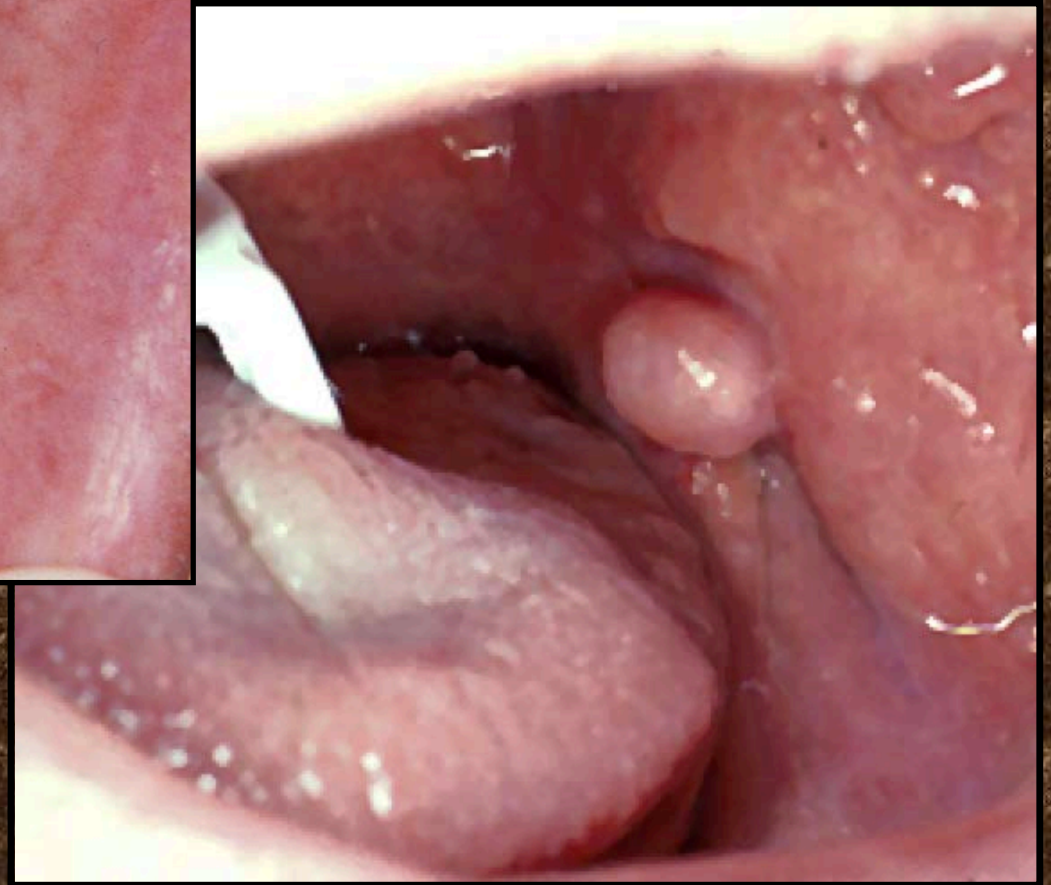
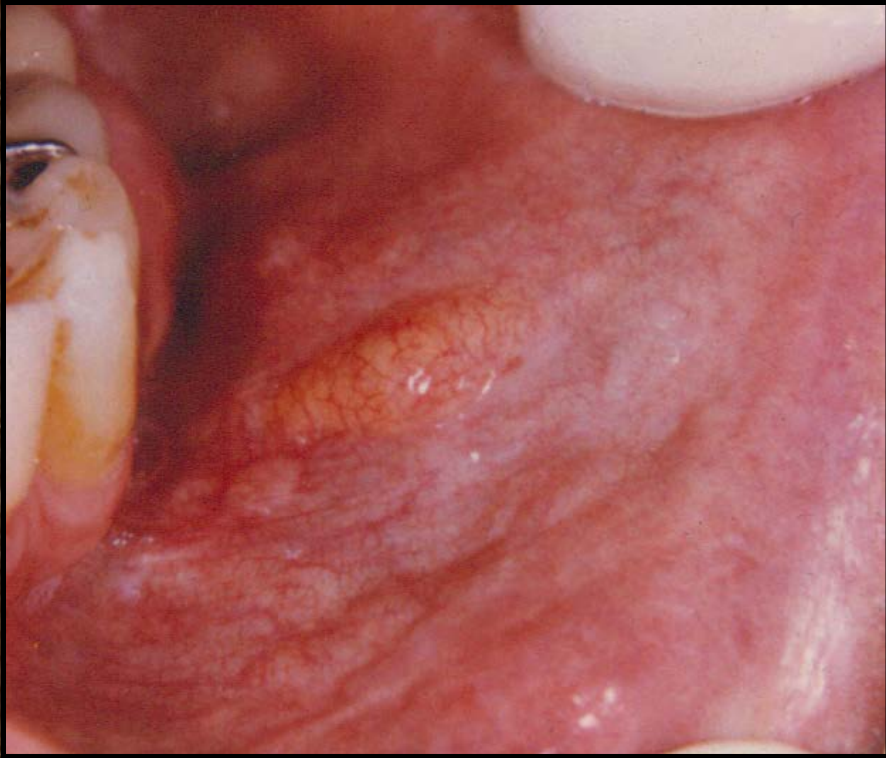
Minor Gland Stone in Duct



Mesenchymal Tumors

- Soft to Firm, Movable
- Submucosal Nodules
- Some are multinodular
- Common Subtypes
 - Lipoma r/o herniated buccal fat pad
 - Nerve sheath tumors
 - Vascular tumors
 - Solitary Fibrous Tumor
 - Myofibroma
 - Leiomyoma
 - Rare sarcomas

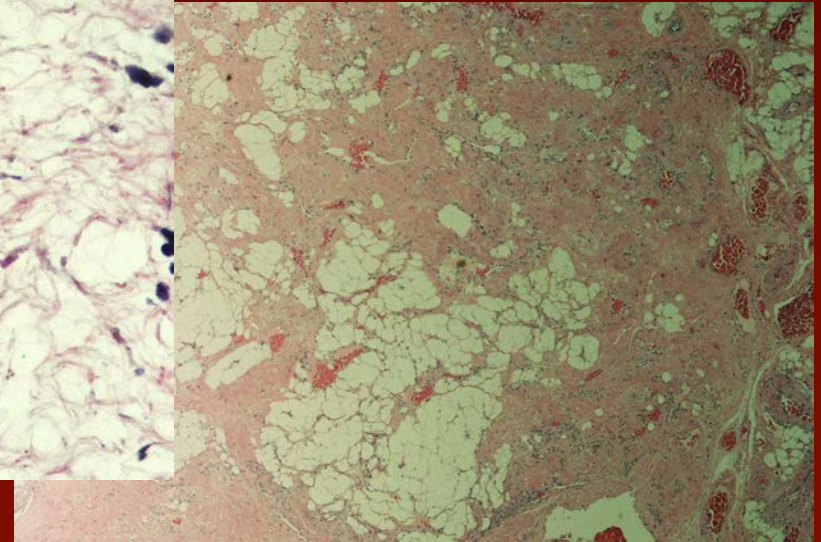
Lipoma



Lipoma Variants

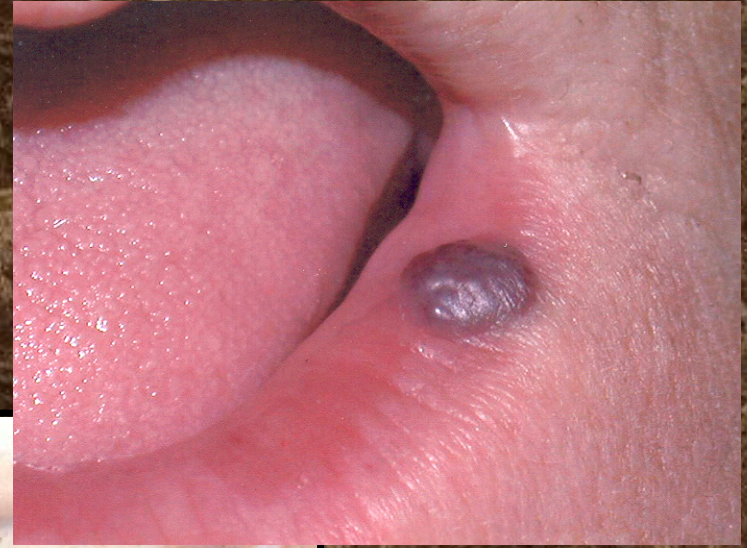
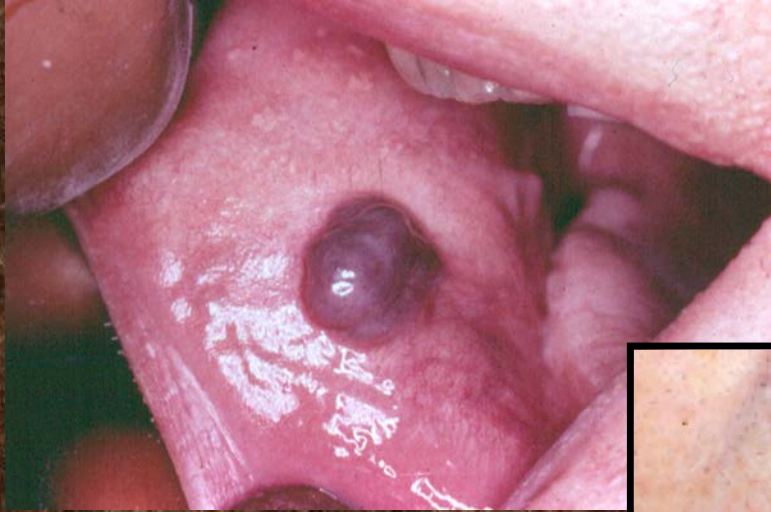


Pleomorphic Lipoma

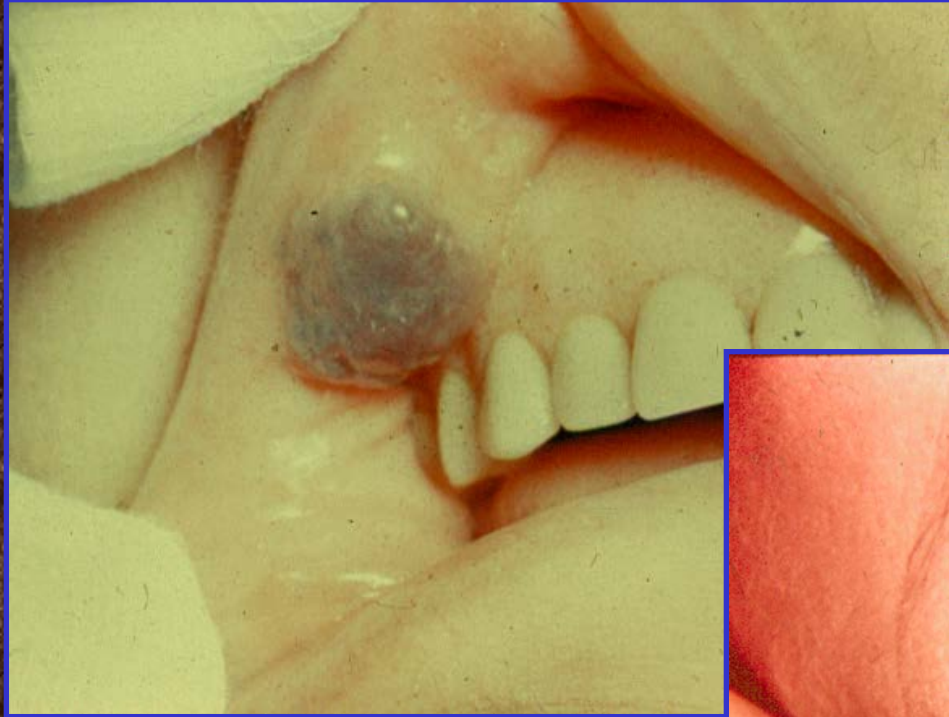


Angiomyolipoma

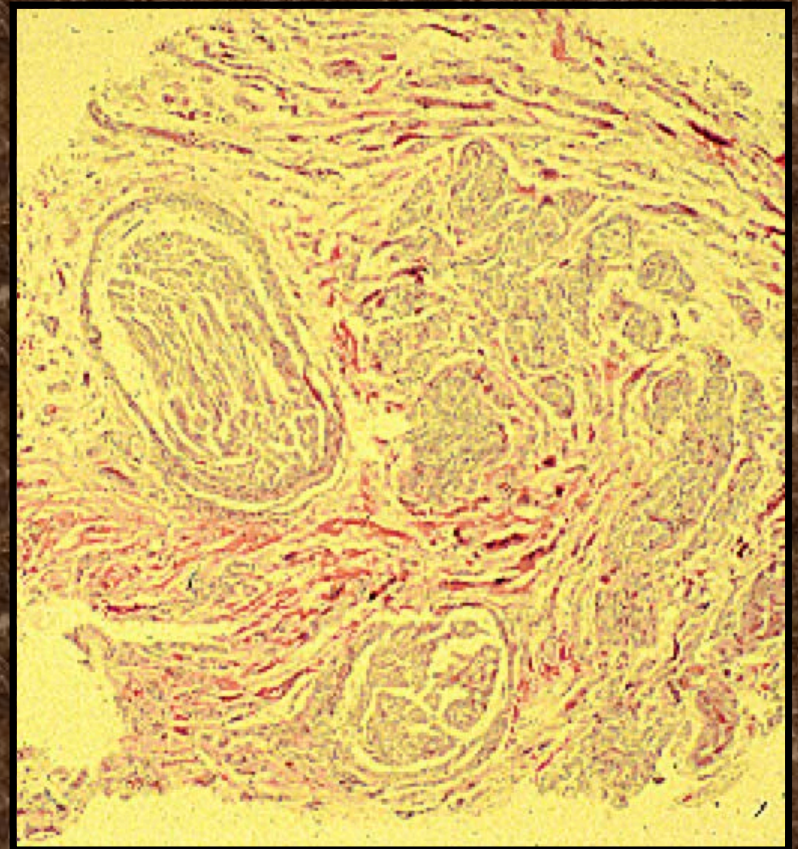
Varix



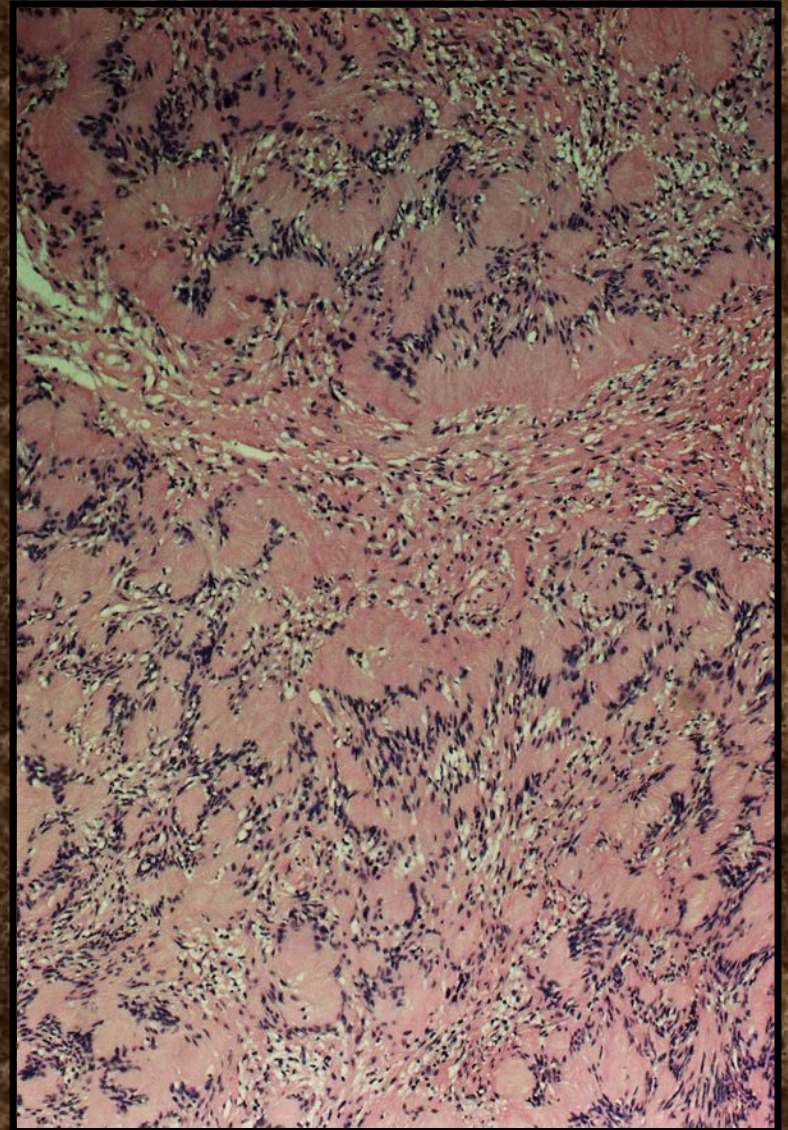
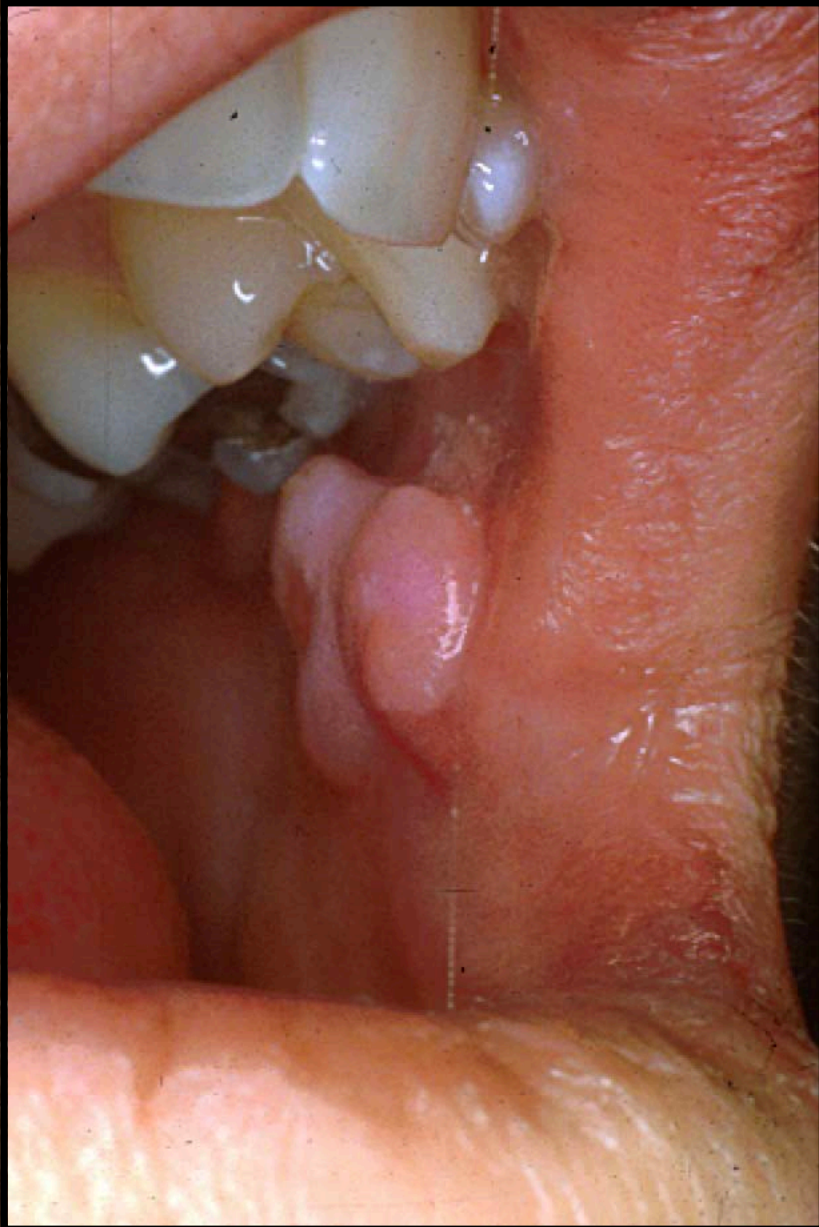
Hemangioma



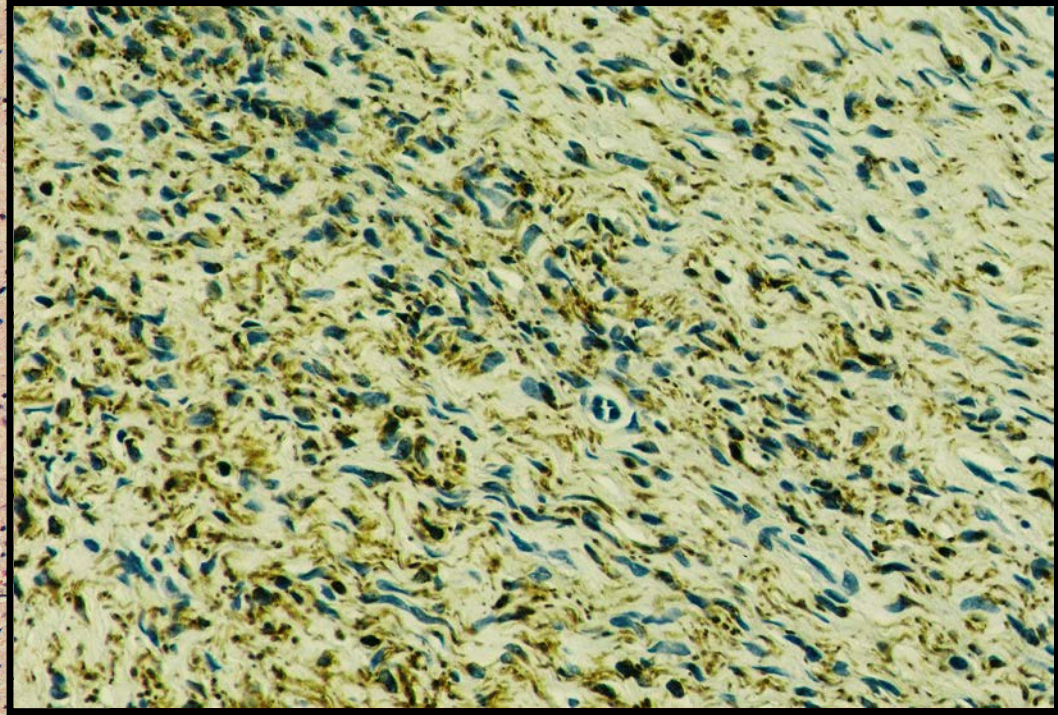
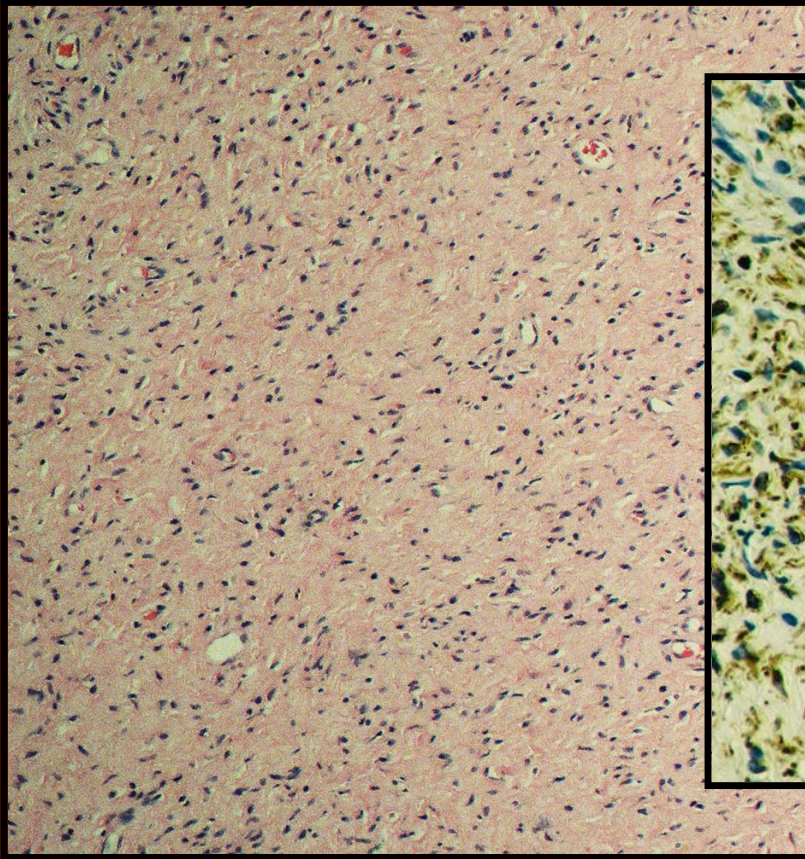
Traumatic Neuroma



Neurilemmoma



Neurofibroma

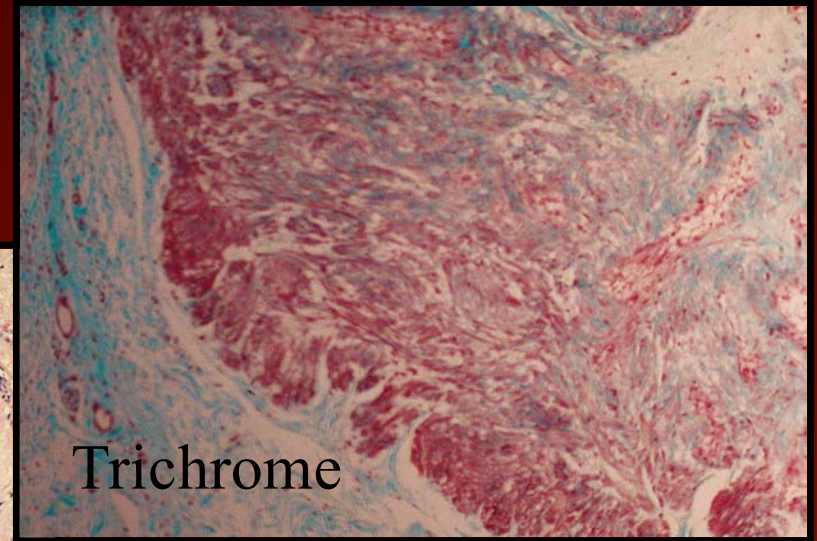
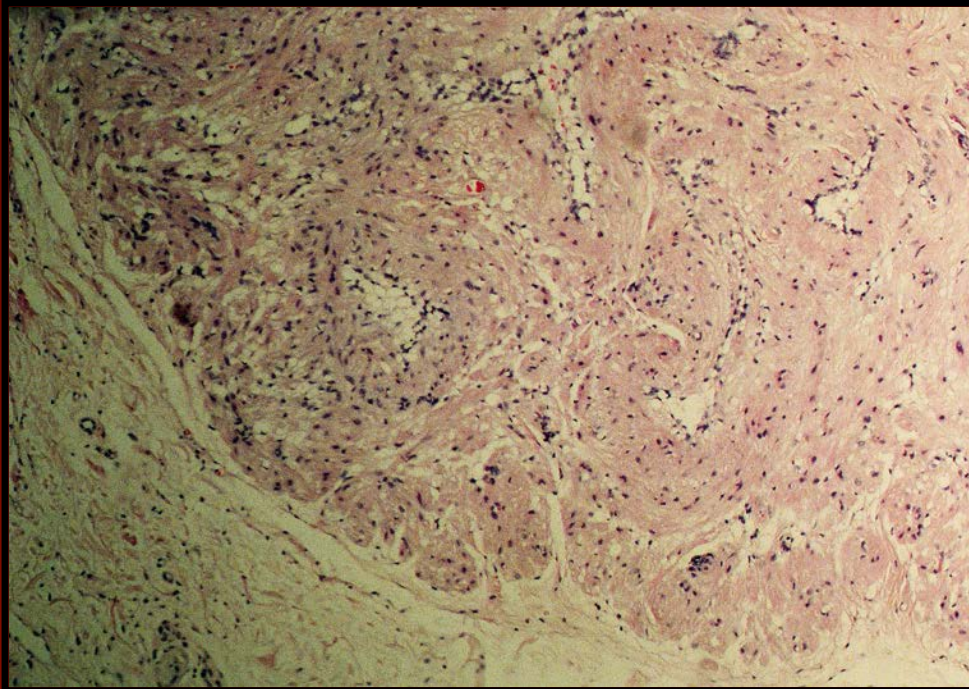


S-100 protein

Vascular Leiomyoma



Vascular Leiomyoma

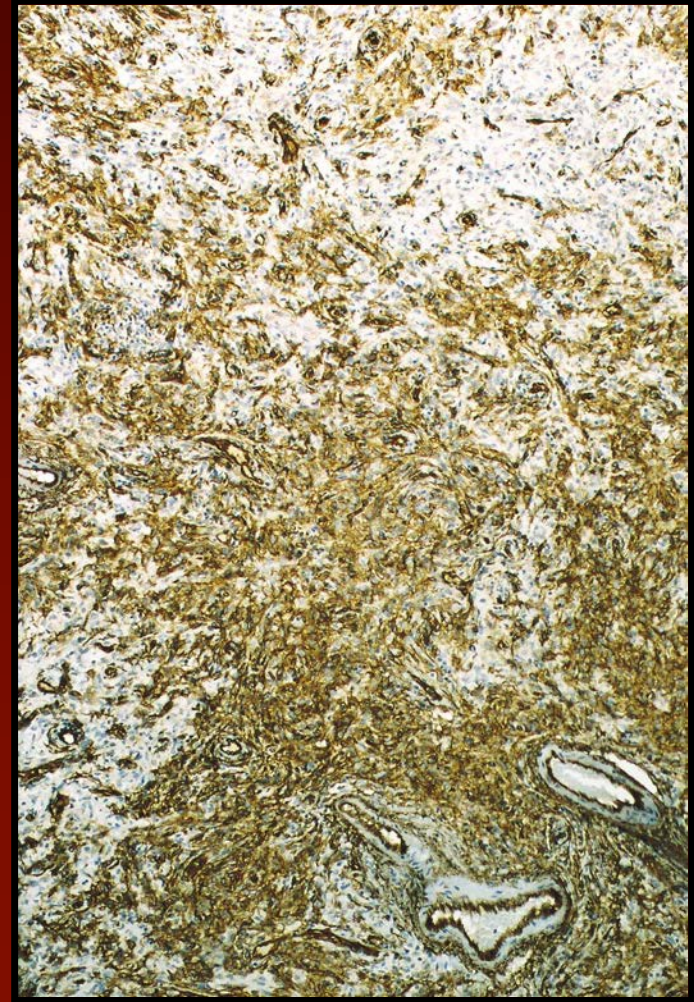
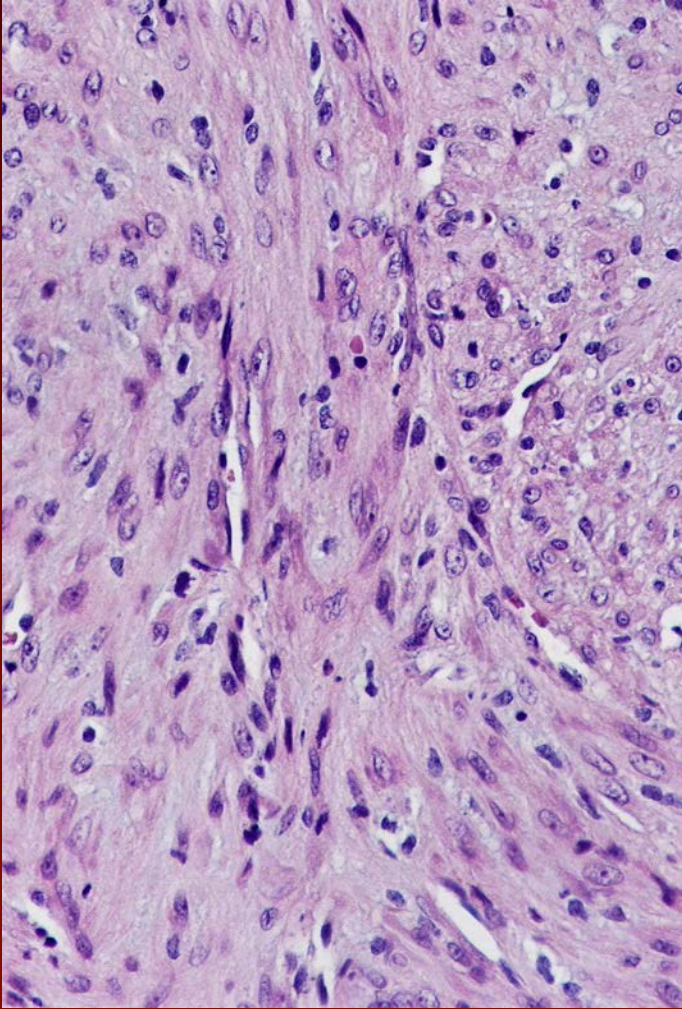


Trichrome



Smooth muscle actin

Myofibroma

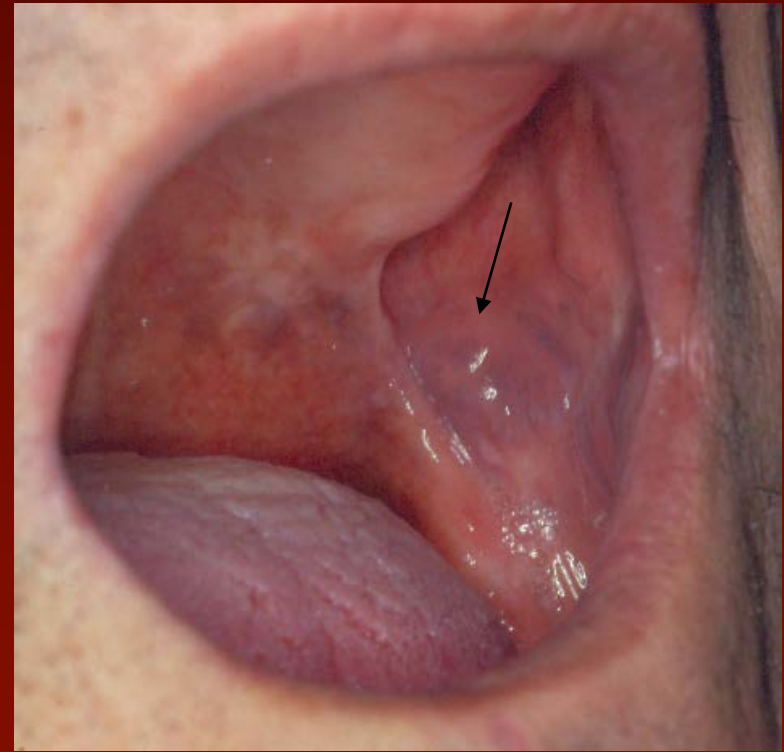


Smooth muscle actin

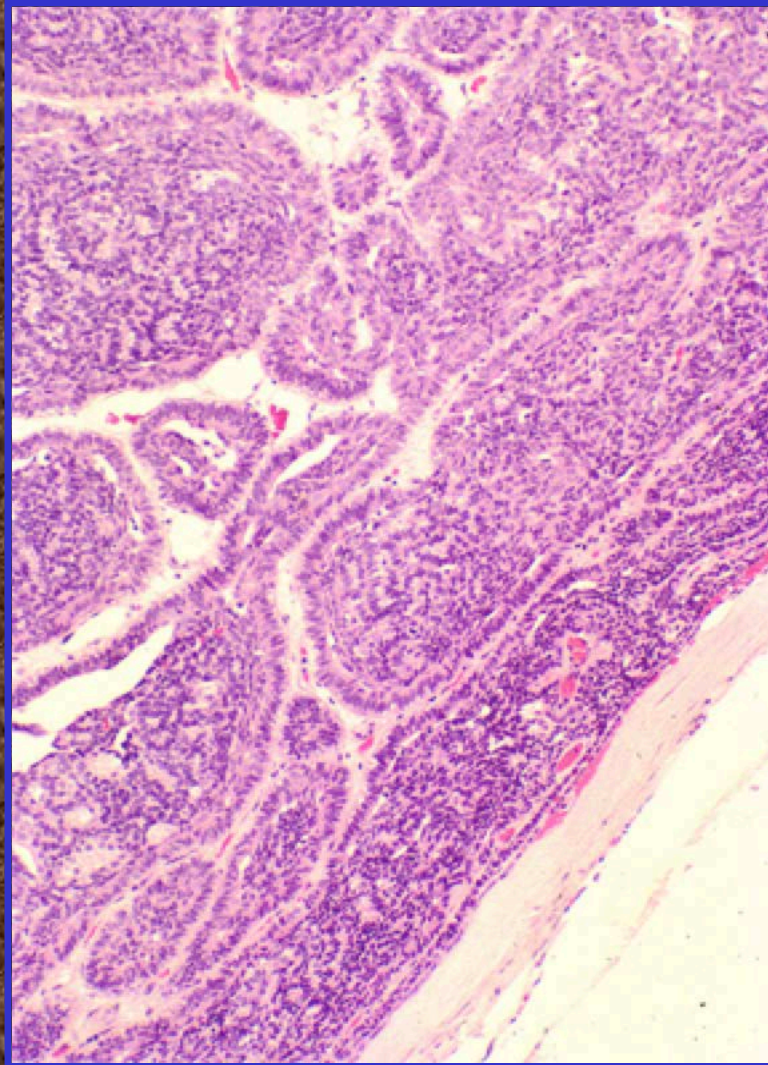
Salivary Gland Tumors

- Benign
 - Pleomorphic Adenoma
 - Canalicular Adenoma (upper lip)
 - Basal Cell Adenoma
- Malignant
 - Mucoepidermoid CA
 - Polymorphous Low Grade AdenoCA
 - Adenoid Cystic CA
 - AdenoCA NOS

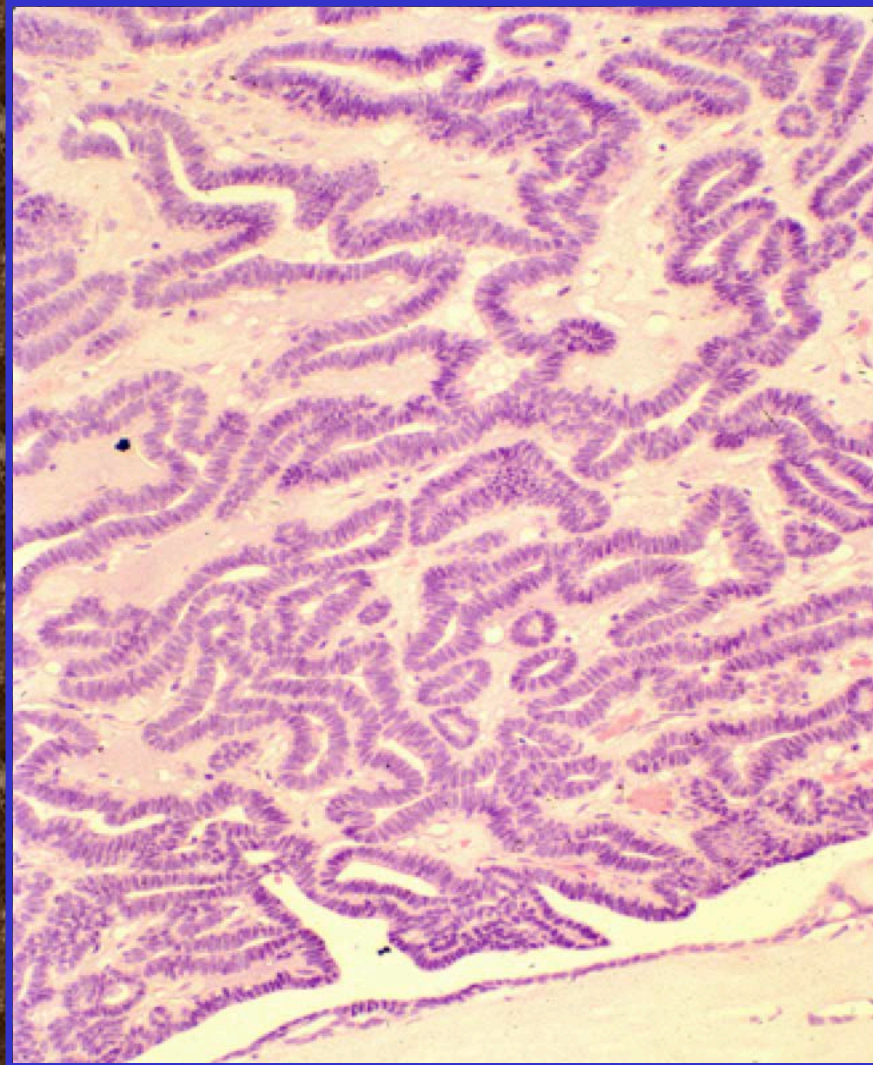
Lip and Buccal Salivary Tumors



Basal Cell Adenoma



Canalicular Adenoma



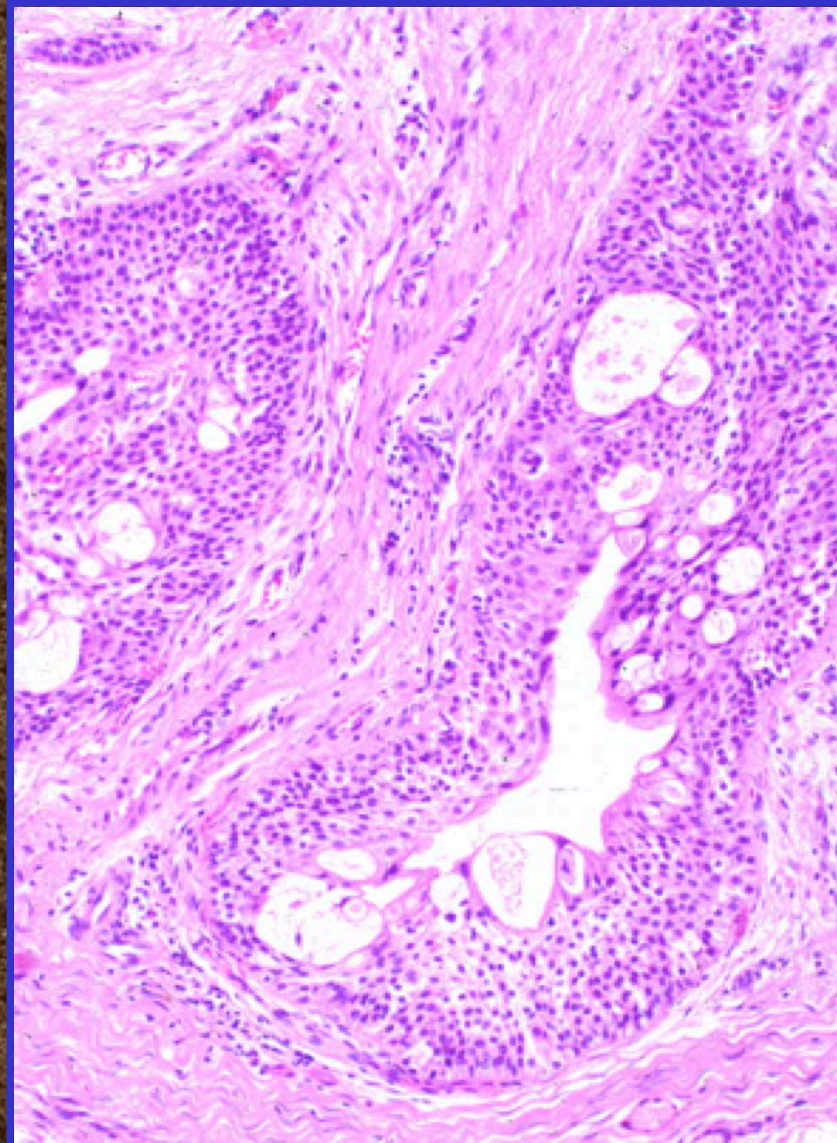
Pleomorphic Adenoma



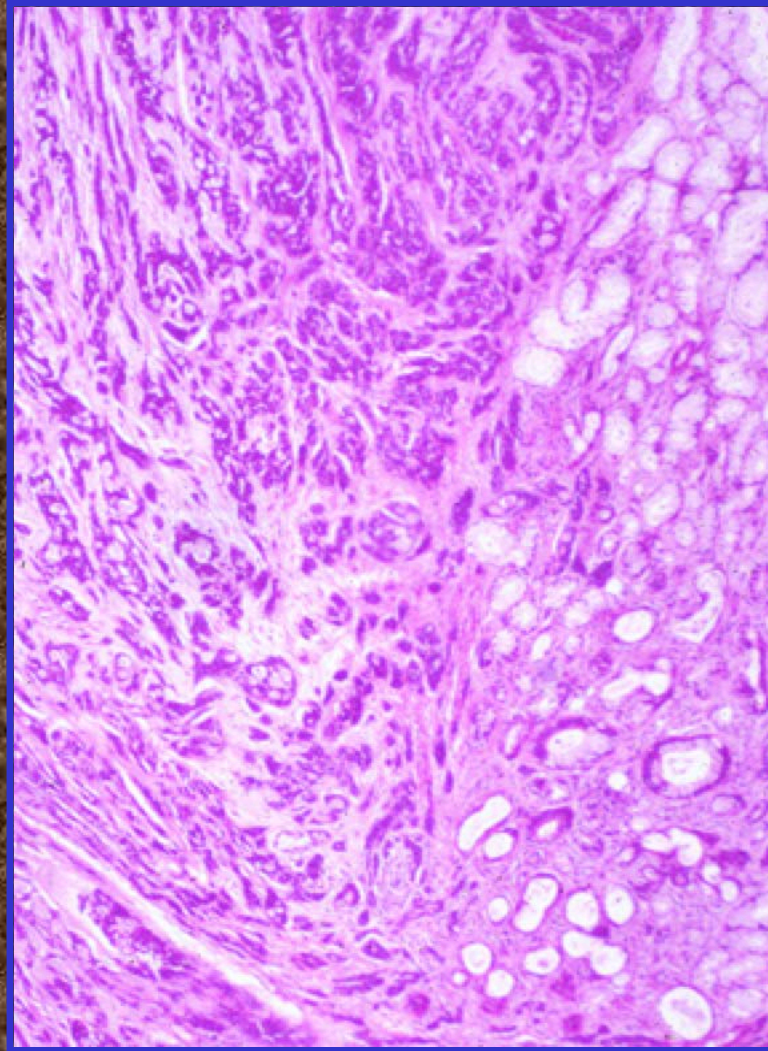
Mucoepidermoid CA



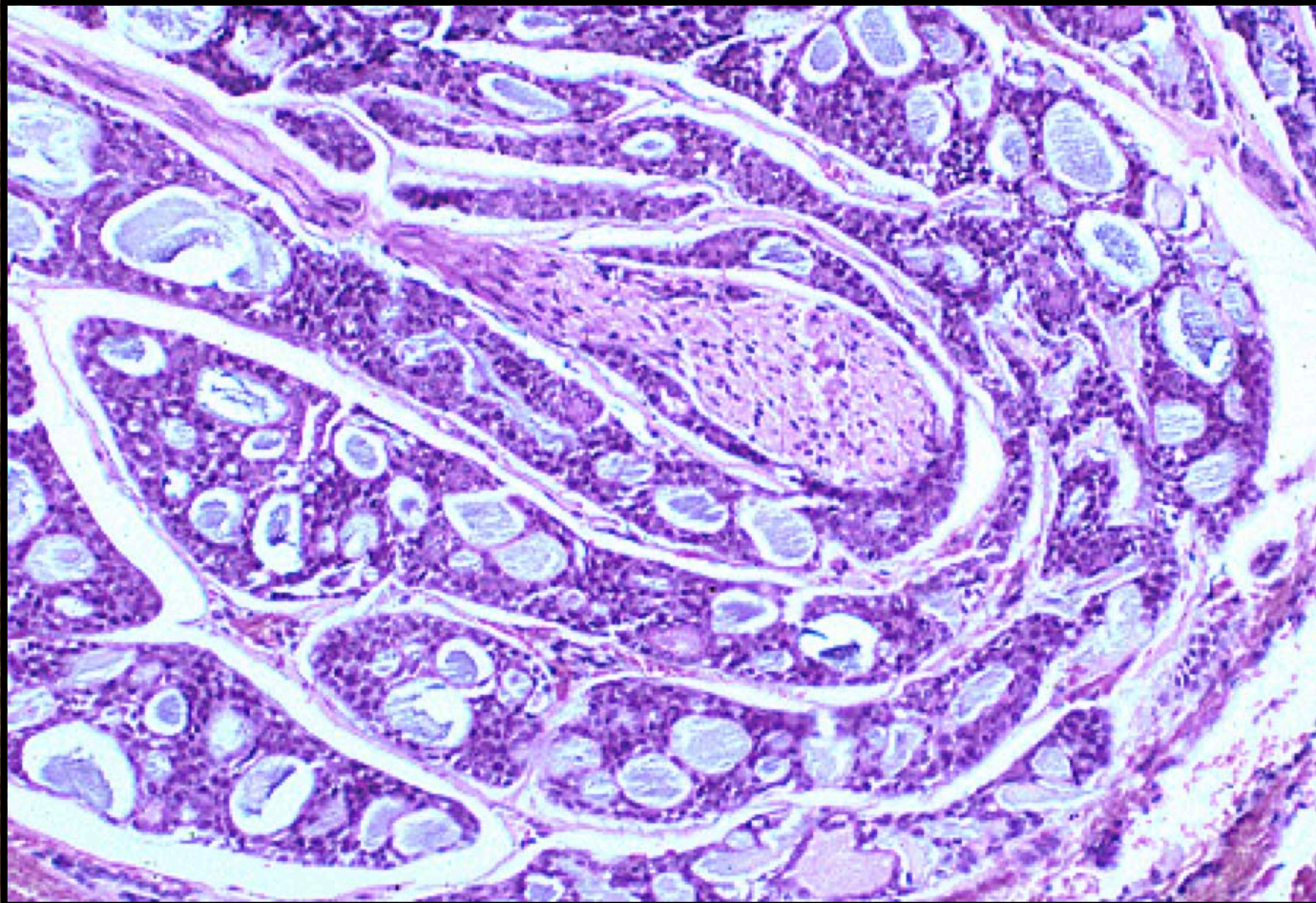
Mucoepidermoid Carcinoma



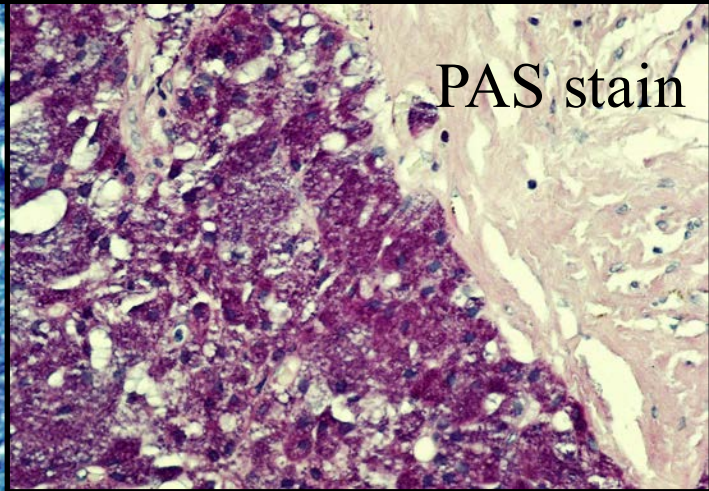
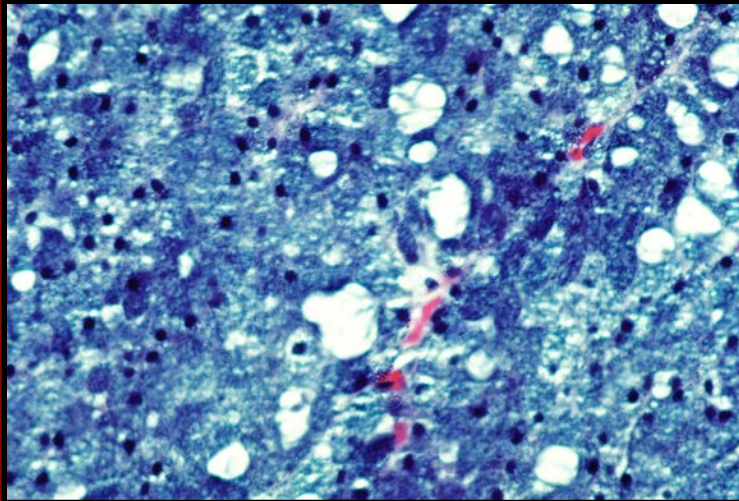
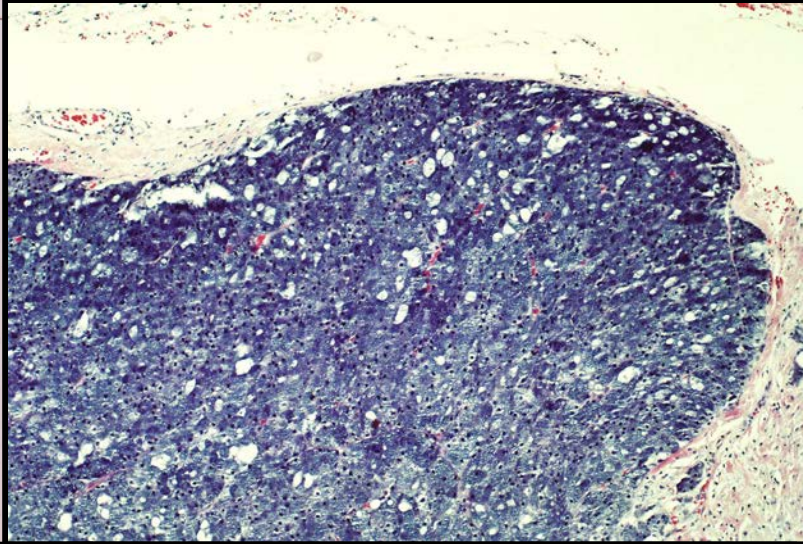
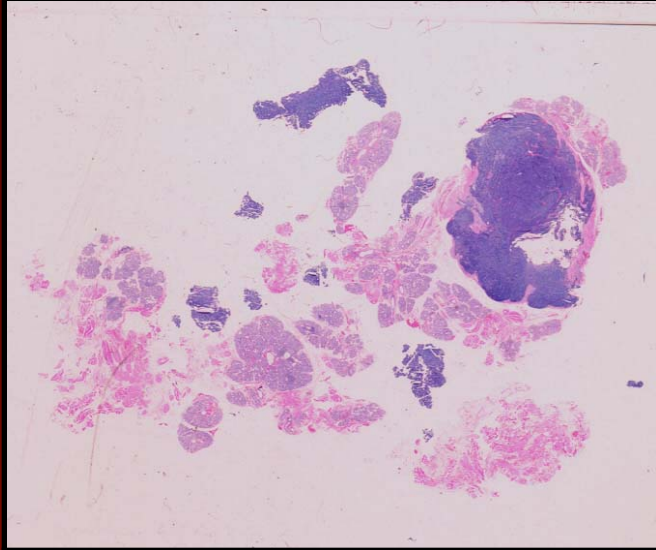
Polymorphous Low Grade AdenoCA



Adenoid Cystic Carcinoma



Acinic Cell Carcinoma



Squamous Cell Carcinoma, Lip

- Lower Lip > Upper Lip
- Ulcerative Nodule
- Preexisting Actinic Cheilitis
- Well Differentiated, Keratinizing
- Good Prognosis
- Wedge Resection

Lip Squamous Cancer



Buccal Mucosa, Vestibule Squamous Cell Carcinoma

- Indurated, Ulcerated
- Tobacco, Alcohol Risk Factors
- Elderly
- Males>Females
- Histology
 - Moderately Differentiated
 - Verrucous Carcinoma
- Therapy
 - Excision, Radiation

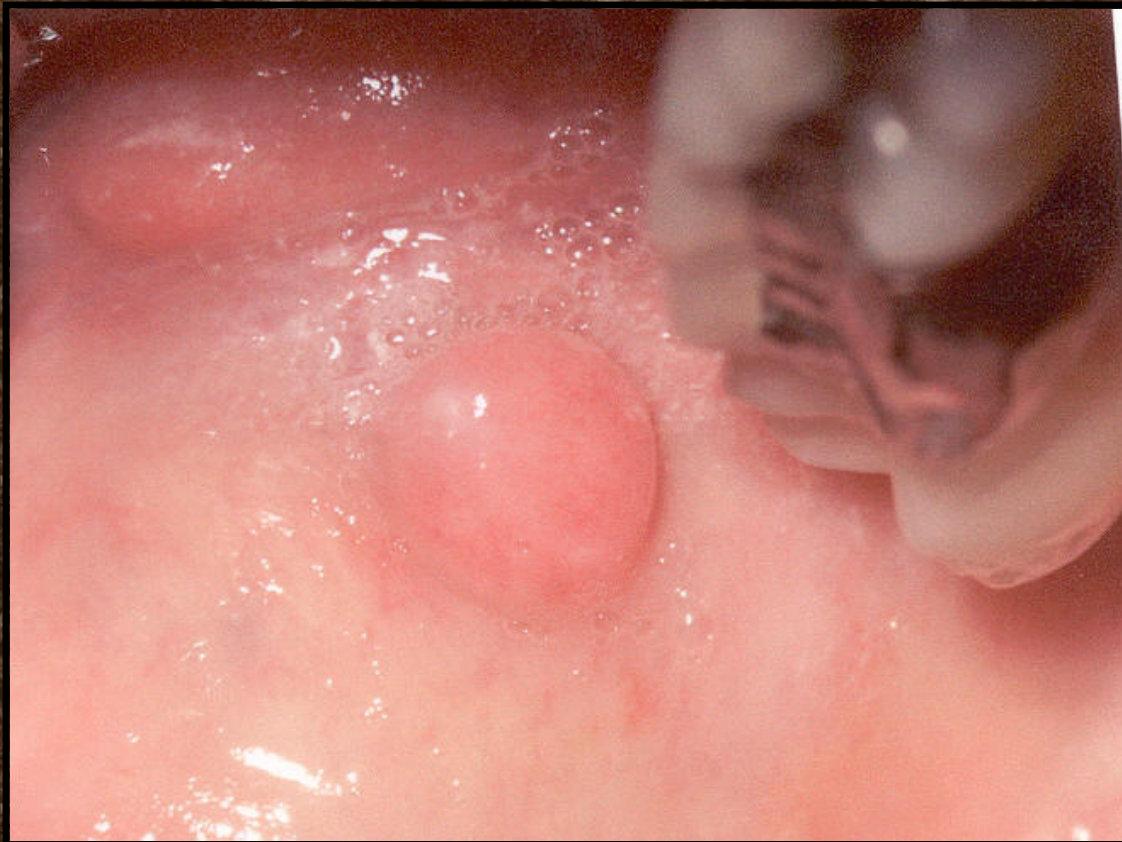
Squamous Cell Carcinoma



Reactive Lymphoid Hyperplasia

- Buccal Lymph node enlargement
- Postinfectious (viral, odontogenic)
- Soft and movable
- Excision with biopsy to verify

Reactive Lymphadenitis



Cysticercosis

- Intestinal Tape Worm Larve
 - Pork tape worm
 - Human host
- Resemble Mucocele
- Gross sectioning reveals internal larva
- Microscopic
 - Larval parasite
 - May calcify

Cysticercosis in Lower Lip

