

Lesions commonly misdiagnosed as carcinoma

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Abstract : In modern days of Practice, many oral lesions are misdiagnosed as carcinoma.This article gives a brief description of common oral lesions that can be misdiagnosed as carcinoma by the Patient seeking dental treatment.

Keywords : Pyogenic Granuloma,Varicosities,Fibrous nodular Hyperplasia

Fibroma

True fibromas in the oral cavity are exceedingly rare and in any case cannot necessarily be distinguished from non-neoplastic fibrous hyperplastic lesions like fibroepithelial polyp, fibroepulides, epulis fissuratum.

A reactive hyperplastic mass or Growth that occurs more commonly on the buccal mucosa along the occlusal plane due to trauma (Traumatic fibroma) during mastication of food or near the tip or lateral border of the tongue is referred to as (Fibroepithelial Polyp) in relation to a sharp broken carious (decayed) tooth. Clinically appear as pinkish sessile growth unless the surface has been injured and ulcerated. Fibroepulides occur mostly on the gingival margin in relation to anterior teeth.fibrous hyperplastic growth under the flanges of dentures is referred to as Epulis Fissuratum.¹

FIBROEPITHELIAL POLYP NEAR THE TIP OF THE TONGUE**TRAUMATIC FIBROMA ON THE LEFT BUCCAL MUCOSA ALONG THE OCCLUSAL PLANE****Pyogenic Granuloma**

The term “ Pyogenic Granuloma “ is a misnomer. It is neither pyogenic-Pus producing nor Granulomatous.²

Pyogenic granuloma clinically appears as a growth usually on the gingiva , initiated by trauma or irritation by calculus(supragingival or Sub-Gingival).Enzinger and Weiss categorize pyogenic granuloma as polypoid capillary haemangiomas.They consist of a loose edematous and mucinous stroma containing large thin-walled blood vessels and are typically infiltrated throughout by leukocytes.The surface of the growth appears more reddish in colour and has a tendency to bleed profusely even on slight provocation with a probe or during mastication of food that makes the patient to come to a dentist for treatment.Pyogenic granuloma has no malignant potential.The main treatment is Surgical excision.Recurrence is rare.²

PYOGENIC GRANULOMA



Benign labial fibrous nodular hyperplasia

This lesion clinically appears as asymptomatic multiple discrete solitary bony sessile nodular growths on the Attached gingiva. The gingiva over the nodular growths appears smooth, non-ulcerated and does not bleed on palpation. This lesion can be misdiagnosed as carcinoma by the patient that makes them to seek the dentist for treatment.³

BENIGN LABIAL FIBROUS NODULAR HYPERPLASIA



Foliate Papillitis

Inflammation of the foliate papilla (foliate Papillitis) seen clinically as reddish enlarged foliate papilla on the right or left posteriormost border on the lateral border of the tongue. Patient may complain of burning sensation while taking hot spicy foods seeking Dentist for Treatment⁴

FOLIATE PAPILLITIS



Fordyce Spots (Fordyce Granules)

These are ectopic sebaceous glands occurring in the oral cavity appears as multiple tiny yellowish granules on the buccal mucosa and on the vermilion border of lip. If present abundant, makes the patient unaesthetic and seeks a dentist for treatment.⁵

FORDYCE SPOTS



Sublingual varicosities

Localised dilatation of veins is referred to as Varix. Dilated tortuous veins are common in people over the age of 50 years or in some hypertensive patients and tend to become more conspicuous with advancing age. They are seen mostly on the ventral surface of the tongue and the floor of the mouth where they form small round purplish nodules lateral to the sublingual vein, which is usually also dilated, that is commonly mistaken as carcinoma or any vascular tumor.⁶

SUBLINGUAL VARICOSITIES



Apthous ulcer

The secondmost common ulcer mostly occurs in mobile non-keratinized mucosa such as the lip, Buccalmucosa. Clinically appears as an ulcer bordered by an erythematous halo with an yellowish slough and non-indurated base, tender on palpation. commonly occurs in Patients with underlying Stress and even after routine analgesics and antibiotic therapy or Vitamin B12 or Iron deficiency. The painful nature of aphthous ulcer makes the patient seeking dentist fearing of carcinoma.⁷

APTHOUS ULCER



Eosinophilic ulcer

Eosinophilic ulcer is tumor like and appears at any age, clinically as ulcerated lesions particularly on the tongue and also the gingiva and other sites. Crush injury to the tongue muscle can induce a proliferative response with tissue eosinophilia. Usually spontaneous resolution within 3 to 8 weeks is common.⁸

EOSINOPHILIC ULCER



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