Candidiasis assoc. w/ denture area redness from continuous wearing of denture ?
Chronic atrophic candidiasis

Which are multiple supernumerary + impacted teeth assoc.
A - Cleidocranial dysplasia
C - Gardner
answer = a + c.

Talon Cusp = Max central incisor

Picture w/ Ghost teeth = Regional Odontodysplasia

dentin dysplasia, Type I: picture of teet w/ no pulp chambers and fat roots

diagnosis of condensing osteitis? = localized uniform zone of radiopacity

Ludwig angina tx = all of the above drain, Antibiotics, Maintain airway

ectodermal dysplasia → Oligodontia

Enlarged pulp chambers in all except ? - Dentinogenesis imperfecta type II

Mand. salivary gland depression seen in? Molar region ant. to mand. angle, below mand. canal

Oral lesions similar to SCC = Chancre of 1° syphilis

Sulfur granules → actinomycosis

immunofluorescent testing useful in? Chronic desquamative gingivitis

Ulceration + apical proliferation of circular epith., attachment elongated Found in? - Chronic periodontitis

APR 21 FRI 10:00	Clinicopathologic Conference	50		Rose
APR 24 MON 9:00	Diseases of Bone V	51	14	Hirsch
APR 26 WED 8:00	Facial Pain & Neuromuscular Diseases I	52	18	Hirsch
APR 26 WED 9:00	Facial Pain & Neuromuscular Diseases II	53	18	Hirsch
APR 28 FRI 10:00	Open			
MAY TBA	**Final Examination (Units 43-53 plus Cumulative Component)**		14,16,18	Hirsch/Sawyer

LEAST LIKELY TOOTH TO BE MISSING? MAND 1st M

LINGUAL THYROID - I_2 RESORPTION

TUGSE - TONGUE

~~ODONTOGENIC~~ FLUOROASSAY - ~~PARAMYX.~~ DESQUAMATIVE

PEMPHIGOID - PICTURE

HERPES STAYS IN NERVES.

SCC - CHANCRE

2° TUBERCULOSIS - TONGUE

ANTRAL CYST - DOME SHAPE.

TORUS VS. EXOSTOSIS - LOCATION

CHRONIC ATROPHIC - DENTURES

CONGENITAL - PRESENT AT BIRTH

RESIDUAL CYST

PARULIS - BOIL & SOMETHING A&C

CRYPTOCOCCUS - AIDS (HIV).

ZYGOMYCOSIS - DM I & IMMUNOCOMP.

HISTO - LINED W/ EPIT. CYST.

CYST THAT WHEN SMALL LOOKS LIKE PART OF ANAT.? INCISIVE CANAL CYST

REGIONAL ODONTODYSPLASIA - GHOST TOOTH XRAY.

CLEFT LIP M>F

LOCATION OF SUBMAND. GLAND DEPRESSION. - MOLAR REGION

Chemical burns what color — superficial white wrinkled

Herpes affects where in mouth (not Labial)

Teeth that don't have pulp (Picture)

Cat Scratch what bacteria = bartonella

Tuberculosis affects where in mouth — tongue.

Radiation therapy — all of above
causes

Know dentinogenesis Type I vs II etc
Amelogenesis

Amalgam tattoo biopsied b/c of — might be melanoma

Antral Pseudocysts — Dome-shaped lesion - Floor of Max. Sinus

CL more common in Males

Commissural lip pits — picture

Double lip = Asher

leukedema on 2X

sublingual gland — radiolucency below Mandibular canal between molar teeth

Papillon Lefevre — Hyperkeratotic /

Which periapical disease = Nonvital teeth.

Dermoid cyst found? — floor of mouth

Periapical disease of 1° tooth — Turners

Oral candidiasis causation — all except →

Picture - Cyst vs granuloma (Periapical)

Pink tooth of mummery — internal resorption

Eagle Syndrome — symptoms (answer is eagle question is symptoms)

Nasopalatine duct cyst picture

Supernumerary teeth — caused by

Epstein's Pearls — newborns

Tooth most likely to be present? 19

Picture — Erosion on molars

erythropoietic porphyria → internal staining

Talon cusp most likely on? → central incisor.

A disease that affects # of teeth? options are oligodontia, hypodontia etc.
= ECTODERMAL DYSPLASIA

proliferative periostitis — layering on mandible

Radiopaque abcess — condensing osteitis NO RADIOLUCENT BORDER

Ludwig's Angina — maintain airway

Parulis — where located -

Palate vessicles picture — Herpes (+ thinle's -

cyst / granuloma are indistinguishable

NUG — bad smell giveaway

Sulfur granules - actinomycosis

Drug gingivitis — Nifedipine and ____ - cyclosporin + CCB's

aggressive juvenile + generalized agressive - bacteria = a.a.

Immunofluorescent staining diagnoses ____ = plasma cell gingivitis?

Radiolucent labelling — lingual thyroid.

Paramenopausal

Tuberculosis — on tongue

Scarlet fever is β-hemolytic bacteria

Cicatrical pemphigoid — desquamative.

Kaposi's Sarcoma diagnostic of AIDS

Staphne defect — says a bunch of symptoms but it is asymptomatic (one of the above)

SCC resembles? — limited to incisors + 1st molars — localized JPR

dermoid Cyst — floor of mouth

NOMA - Primary problem (underlying)? anemia

ODONTOGENIC CYSTS → Developmental → all others + – from unknown etiology
→ Inflammatory → Radicular cyst, Residual cyst, paradental cyst
From inflammation

~~RADICULAR~~ CYST (~~Peri~~apical cyst, a cyst = cavity lined by epithelium. Odontogenic cyst – the epith. is odontogenic in origin

DENTIGEROUS CYST → Separation of the follicle from around the crown of an unerupted tooth.
- MOST COMMON DEVELOPMENTAL O. CYST.

PINK HIGHLIGHTS WERE ON EXAM!!

LOCATION: MAND 3rd M then MAX canines
- Has PeriCoronal Radiolucency – unilocular w/ well defined sclerotic border, Must be > 3-4mm.

Treatment: enucleation, removal of unerupted tooth
Complications: can develop into ameloblastoma, SCC, Muco-Ep. (3)

PRIMORDIAL CYST → A Radiolucent cyst found in place of a tooth → Now we know all are OKC's (1)

Odontogenic Keratocyst → arises from Cell rests of Dental LAMINA
Location: Mandible MOLAR/RAMUS Area
- Well defined RL area w/ corticated margins, Uni or Multilocular – looks like dentigerous, radicular, residual, Lateral periodontal or Globulomaxillary cyst → ON radiograph.

Histo: *Need histo to diagnose OKC. 6-8 cell thick strat-squamous epithel. FLAT Epith-CT interface. Flattened parakeratotic Epith. cells w/ corrugated appearance.
Palisaded basal layer which are hyperchromatic
- Multiple OKC's – might be Gorlin Syndrome (Nevoid Basal cell Ca.).
- tx = enucleation / curretage. Can Recurr. (3)

NEVOID BASAL CELL CARCINOMA SYNDROME
- Multiple Basal cell carcinomas of Skin, jaw cysts, Rib + Vertebral anomalies, Intracranial calcifications.
- Frontal Bossing, Prognathism
- Bifid rib most common skeletal anomaly, 50% have kyphoscoliosis, some have Spina bifida
  - most have Falx cerebri calcification
- 75% have OKC jaw cysts. frequently Multiple (4)

GINGIVAL CYST OF NEWBORN
Alveolar process (maxilla more common). Can't see in Radiograph (soft tissue). Smaller than 2mm, multiple. (1)
- No Tx

Gingival Cyst of ADULT – Soft tissue counterpart of Lateral Perio. cyst (derived from rests of dental lamina).
- Mand. Canine/PM area
- Painless Dome-like swelling. Blue-Blue/gray. May cause superficial "cupping out" of bone.
- Tx = excision

LATERAL Periodontal Cyst: Asymptomatic. Tooth is VITAL. Origin = Dental lamina Rests. (can't diagnose on x-ray. (2)
(lateral radicular cyst – tooth is non-vital)
- Cyst occurring in the lateral perio. region in which Inflammatory cyst or OKC has been excluded
- 65% in Canine/PM region (mand.), usually Unilocular RL lateral to tooth root.

CALCIFYING ODONTOGENIC CYST (GORLIN cyst) – Classified as a Neoplasm but most are true cysts.
- Incisor-canine region. Well defined U.L. R.L., may have opaque foci, some assoc. w/ unerupted tooth
- Most have fibrous capsule w/ 4-10 cell thick lining epith. Stellate reticulum appearance of overlying epith. GHOST cells (no nucleus), sometimes the ghost cells have calcifications. 20% have an associated odontoma (2)

ODONTOGENIC TUMORS

AMELOBLASTOMA → Most common Clinically significant odontogenic tumor.

① Solid/multicystic (86%) ② UNICYSTIC (13%) ③ Peripheral or extraosseus (1%)

SOLID or MULTICYSTIC AMELOBLASTOMA : POSTERIOR MANDIBLE

Radiolucent, well circumscribed U.L. or M.L. (soap bubble/honeycomb)

HISTO: Microscopic subtypes — Granular Cell - aggressive, more Radiopaque. Desmoplastic - islands/cords in collagen stroma, anterior MAXILLA.

- May cause paresthesia if nerve is involved, can erode cortical plates.
- Should resect at least 1 cm of margin past clinical margin for less recurrence. If only curretage = big time recurrence. So should do MARGINAL RESECTION.

UNICYSTIC AMELOBLASTOMA - Younger pt's, POSTERIOR MANDIBLE

- Radiolucency around crown of unerupted tooth (looks like dentigerous cyst)

Histo: ① Luminal - tumor is confined to luminal surface of cyst
② Intraluminal - projects from cystic lining
③ MURAL - infiltrates fibrous cystic wall.

Treatment - cyst enucleation or local resection for mural

PERIPHERAL AMELOBLASTOMA → Extraosseous - ~~look like~~ but have same features as the others.

Posterior gingival/alveolar mucosa, a few have erosion of superficial alveolar bone

Tx - Innocuous clinical behavior, rare malignant change, excision w/ low recurrence.

9

MALIGNANT AMELOBLASTOMA: < 1% Ameloblastomas become malignant.

↳ look like typical ameloblastoma but metastasizes. Ameloblastic Carcinoma - looks malignant in histo

*T know difference btw Malignant A. and Ameloblastic Ca.

Mets most often in Lungs or cervical lymph nodes.

Radiograph: ~~Ma~~ Malignant A. looks just like typical Ameloblastoma, Ameloblastic Ca. ~~Ca~~ has ill defined margins and is more aggressive w/ cortical destruction

1

MIXED

AMELOBLASTIC FIBROMA - True neoplasm. 70% post. mandible. U.L. or M.L. RL, well defined and tend to be sclerotic. 50% ~~Ma~~ assoc. w/ unerupted tooth (looks like dentigerous)

Histo: tumor has cell-rich mesenchymal tissue that looks like dental papilla

- often encapsulated, can get quite large + expand cortex.

2

ADENOMATOID ODONTOGENIC TUMOR - an epith. tumor that induces odontogenic ectomesenchyme — dentinoid produced.

ANTERIOR Jaw (canine) 65% maxilla. 75% assoc. w/ crown of unerupted tooth

- Pericoronal RL, with opaque material (snowflake calcifications)
- Histo - Thick fibrous capsule, spindle shaped epith. cells that form sheets, strands or whorled masses with little connective tissue. Epith. cells may form rosette-like structures

2

ODONTOMA - Most common odontogenic tumor. NOT A TRUE NEOPLASM (just a developmental anomaly - hamartoma).

* Compound - Multiple small tooth-like structures
* Complex - Conglomerate mass of enamel + dentin - no resemblance to a tooth.

- age: 1st mean age. location: Compound - anterior max. Complex - posterior mand or max.

go from RL w/ smooth contours to R.O. well defined.

- most are small - not bigger than normal tooth size, some can be big + cause jaw expansion.

4

Myxoma - RL multilocular (soap bubble) (Tennis racket), indistinct borders. Has loosely arranged cells in abundant/loose myxoid stroma

1

Cementoblastoma - Roots of post. teeth mand > max. R.O. lesion attached to + replacing Roots, opaque radiating spicules

- local expansion, slow growth, usually asymptomatic. TX - surgically extract tooth w/ mass.
- = Sheets of thick trabeculae of mineralized material, basophilic reversal lines, Giant cells, resembles ~~ost~~ osteoblastoma.

3