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How do I diagnose Cystic Ameloblastoma

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Differential diagnoses: Odontogenic cyst, salivatory gland cyst, paradontitis.

Side findings: None.

Abstract

This 59 year old woman presented with teeth pain. Brown red material measuring 6x4 x3 mm of soft consistence was excised from the region 16.

Virtual Slides: www.diagnosticpathology.eu/vs/2015_1_91/

Anamnesis / History

Unsuspicious.

Gross - microscopic findings

Brown to grayish red soft tissue, measuring 6 x 4 x 3 mm.

Microscopy

A small cyst built by ciliated cells, several small clusters of pale solid cells with abundant cytoplasm, small nuclei and mucoid alteration were surrounded by lymphocytes and plasma cells were noted. No mitotic figures, no necrosis.

Expression of markers

Not applied.

Discussion

Ameloblastoma accounts for about one percent of all oral tumors with an incidence rate of approximately 1.5 - 2.0 per one million inhabitants and equal gender affection. Most of them are side findings when apical granulomas, radicular or follicular cysts are



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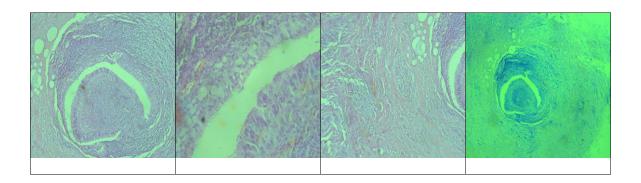
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excised in order to treat chronic paradontosis or infected cysts. Ameloblastoma tumor cells might be mistaken for histocytes and vice versa. Characteristic features such as "fish net pattern" or "cord like fashion" might not be seen in small biopsies. Characteristic features are separated clusters of solid tumor cells with surrounding collagen fibres / connective tissue, only scattered chronic inflammatory cells and, like in our case, compartments of a cyst with ciliated cells and "depolarized" nuclei. Only a few number of malignant cases has been reported, commonly associated with large tumor masses.

Hallmarks of Diagnosis

Cystic formation with depolarized nuclei, cord like growth pattern, solid separated tumor cell nests.

Images (for full size images see supplements)



Keyword - Diagnosis: Cystic ameloblastoma

Keyword - differential diagnosis: Dental cyst

Keyword - side findings: Inflammation

Keyword - organ: Maxilla

Keyword - methods: Excision

Keyword - others:



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