

Oral Inflammatory lesions:-

1) Aphthous Ulcer (Canker Sores):-

- affect up to 40% of the population.
- might be associated w/ IBD, Behcet Disease



shallow, hyperemic ulcerations covered by thin exudate rimmed by a narrow zone of erythema.

2) Herpes simplex virus infections: → type (1), which affects the mouth, and causes

3) Candidiasis:- (Thrush)

⇒ Most common fungal infection. ⊕ Normal component of the oral flora

⇒ 3 major clinical forms: ⊕ Pseudomembranous ⊕ Erythematous ⊕ Hyperplastic

⇒ It depends on the immunity of the human, so:-
 → Mild immunosuppressed or debilitated individuals, ex-diabetics → the infection remains superficial!
 → Severe immunosuppressed, ex chemotherapy or AIDS → deep sites

Proliferative lesions of the Oral Cavity

- ⊕ Found on gingiva of:
- ⊕ children ⊕ young adults ⊕ pregnant women.

- The lesions are rich vascular typically ulcerated dense proliferation of immature vessels in granulation tissue.

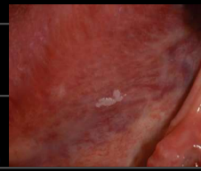
Treatment? Complete Surgical Excision.

- Pyogenic granulomas → mature into dense fibrous masses
 → develop into peripheral ossifying fibroma.

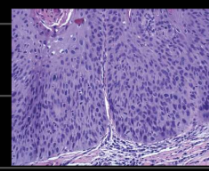
Neoplastic lesions:-

→ 4-40% malignancy.
1) Leukoplakia: → white patches cannot be scraped off and cannot be characterized as any other disease

Histologic Features → Hyperkeratosis overlying thickened, acanthotic. Orderly mucosal lesions w/ marked dysplasia → merges to be carcinoma in situ. (Severe dysplasia)



Dysplasia
 smooth w/ well demarcated borders w/ minimal elevations



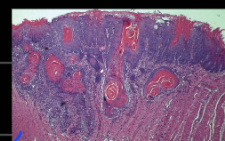
characterized by nuclear and cellular pleomorphism and loss of normal maturation.

2) Erythroplakia: → 50% goes malignant transformation. more severe dysplastic changes

- Majority of oral cavity cancers are squamous cell carcinomas. Normal histology
 - Oral squamous cell carcinomas are linked to tobacco and alcohol also HPV



Ulceration and induration at oral mucosa.



numerous nests and islands of malignant keratinocytes invading the CT. Invasive SCC



Diseases of Salivary glands:-

1) Xerostomia

- defined as a dry mouth ⇒ production of saliva
- major feature of an autoimmune disorder, Sjogren Syndrome, accompanies w/ dry eyes
- Complications: ⊕ dental caries (r=) ⊕ candidiasis ⊕ difficulty in swallowing and speaking.

2) Sialadenitis

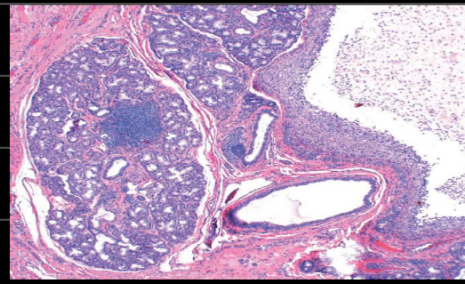
- inflammation of salivary glands involves parotid gland in viral autoimmune
- might be induced by: trauma, viral, bacterial infection or
- most common viral? Mumps
- Mumps → children's self-limited benign condition. Adults → causes pancreatitis or orchitis.

3) Sialolithiasis

- Duct obstruction by stones
- common antecedent to infection.

4) Mucocele

- Most common inflammatory lesion of the salivary glands
- may result either blockage or rupture of salivary gland duct.



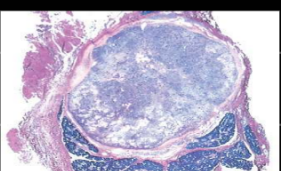
⊕ cyst-like appearance lined by inflammatory granulation tissue or fibrous CT that is filled w/ mucin and macrophages.

Salivary Gland tumors

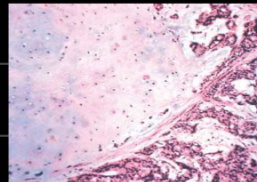
- Most commonly arise in the Parotid. - Salivary gland tumor (Malignant) is inversely proportional to the size of gland.

- Pleomorphic Adenoma: "Mixed tumor"

- Most common benign, they represent about 10% of tumors in parotid. Treatment: → Recurrence rate of 25% in not completely excised, simple enucleation. → 4% Recurrence rate after wide Resection.



⇒ Well demarcated borders. Epithelial elements resembling ductal, myoepithelial cells arranged in ducts, acini, irregular tubules, strands or even sheets. Normally Salivary.



⇒ dispersed w/ in mesenchymal-like background of loose myxoid tissue. - might be strands or sheets of myoepithelial cells.

Mucoid Carcinoma 60%-70% in parotids.

- most common form of primary malignant tumor of salivary glands. - On histologic examination, it contains cords, sheets, or cysts lined by squamous, mucous or intermediate cells.

- odontogenic keratocyst: locally aggressive, high recurrence rate - Periapical cyst: reactive inflammatory, w/ carries or dental trauma. - ameloblastoma + odontoma most common odontogenic tumors.

Esophagus: All lined w/ stratified squamous epithelium.

- Obstructive diseases: ① Mechanical.

① Stenosis:

- due to inflammation or scarring.
- Acquired More than Congenital.

- Causes:**
- ① Chronic GERD
 - ② Irradiation
 - ③ Ingestion of caustic agents.

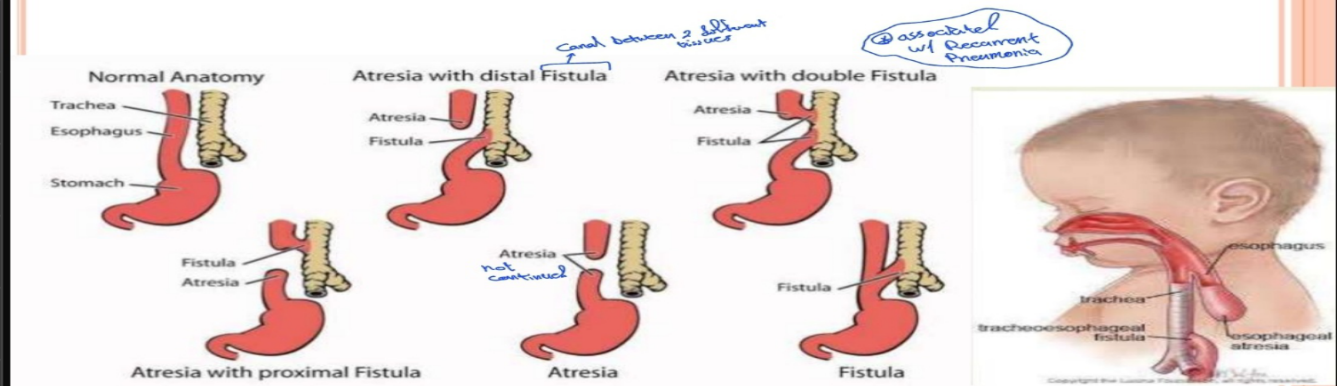
clinical presentations:
① Progressive dysphagia
② difficulty in eating solid foods then progressively → liquids.

② Agenesis

- Absence of the esophagus
- Extremely rare

③ Atresia

- thin, non colonized cord. replaces a segment of esophagus
- Regurgitation.

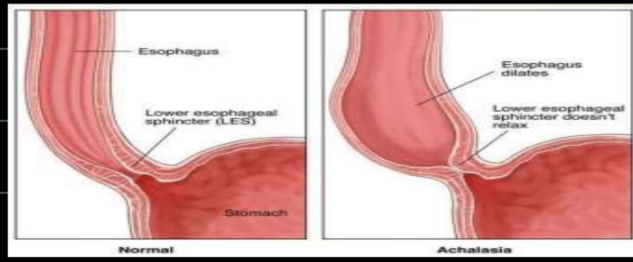


Functional Obstructions:

- Esophageal dysmotility: disordinated peristalsis or spasm

① Achalasia: most important cause, characterized by the triad

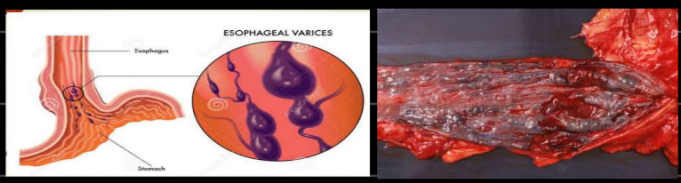
- incomplete LES relaxation
 - increased LES tone
 - esophageal aperistalsis.
- caused by degenerative changes in neural innervation "AUS"



Confirmed by X-Ray. "Radiology"

Esophageal Varices

- Portal Hypertension, enlargement of the Subepithelial and Submucosal venous plexi w/in distal esophagus.
- most commonly in association w/ Alcoholic Liver disease.
- manifestation of Right Sided HF.



Lacerations:

- The most common esophageal laceration are Mallory-Weiss tears. Often associated w/ severe retching or vomiting.
- Boerhaave syndrome, characterized by transmural esophageal tears and mediastinitis.

Esophagitis: Chemical induced:

① Medicinal pills

- Pills that lodge and dissolve in the esophagus resulting in: Pill-induced esophagitis

② Chemical injury

- Causes only self-limited pain
- Particular odynophagia "pain in swallowing"
- Hemorrhage + stricture
- Perforations in severe cases.

③ Iatrogenic

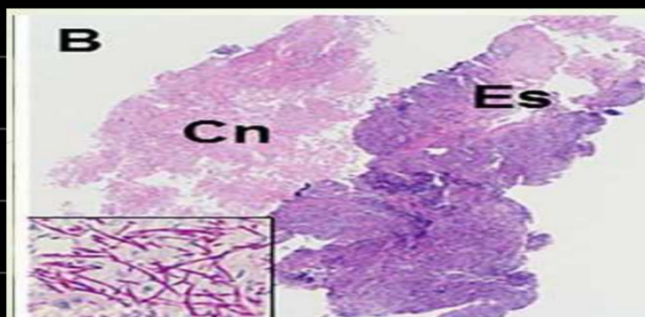
- By cytotoxic chemotherapy, radiation therapy, graft vs. host disease.

④ Candidiasis

- adherent, gray white, pseudo membranes composed of densely matted fungal hyphae and inflammatory cells covering the esophageal mucosa.



candidiasis

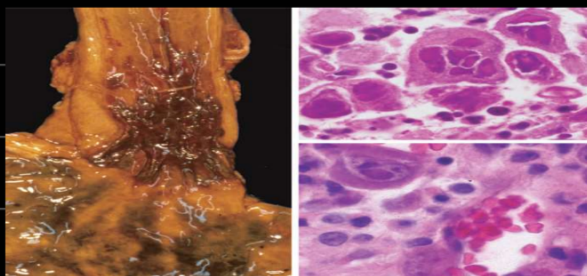


Viral induced Esophagitis

① Herpesviruses ⇒ Punched out ulcers. Histopathologic ⇒ nuclear viral inclusions w/in a rim of degenerating epithelial cells.

② Cytomegalovirus (CMV)

⇒ shallower ulcerations.



⊕ Nuclear + cytoplasmic inclusions w/in capillary endothelium and stromal cells.