

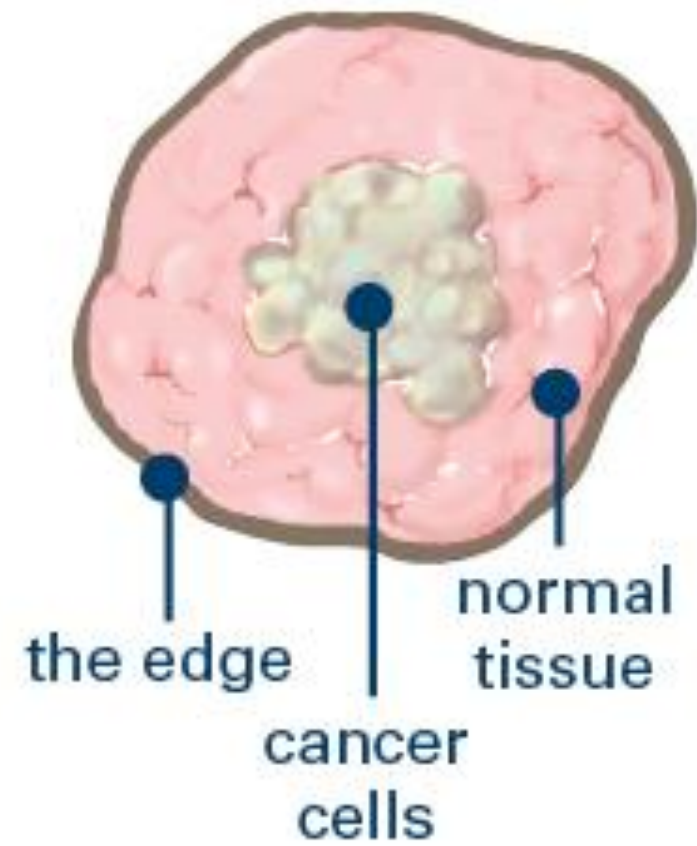
Surgical management of benign soft tissue lesions

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Benign vs. Malignant

Predicting Tumor Behavior

Feature	Benign	Malignant
Metastases	No	Yes
Invasion Capsule Margin	Seldom Often Pushing / <u>Expansile</u>	Common Seldom Infiltrative
Differentiation	Well	Well to anaplastic
Rate of Growth	Slow	Rapid
Fatal	Rare – except CNS	Common if untreated



Malignant tumor excision with safe normal margin

It is important to recognize that many of the swellings detected on examination of the head and neck are entirely innocent and can be identified as being so by clinical examination, distinct history and some fairly simple diagnostic tests.

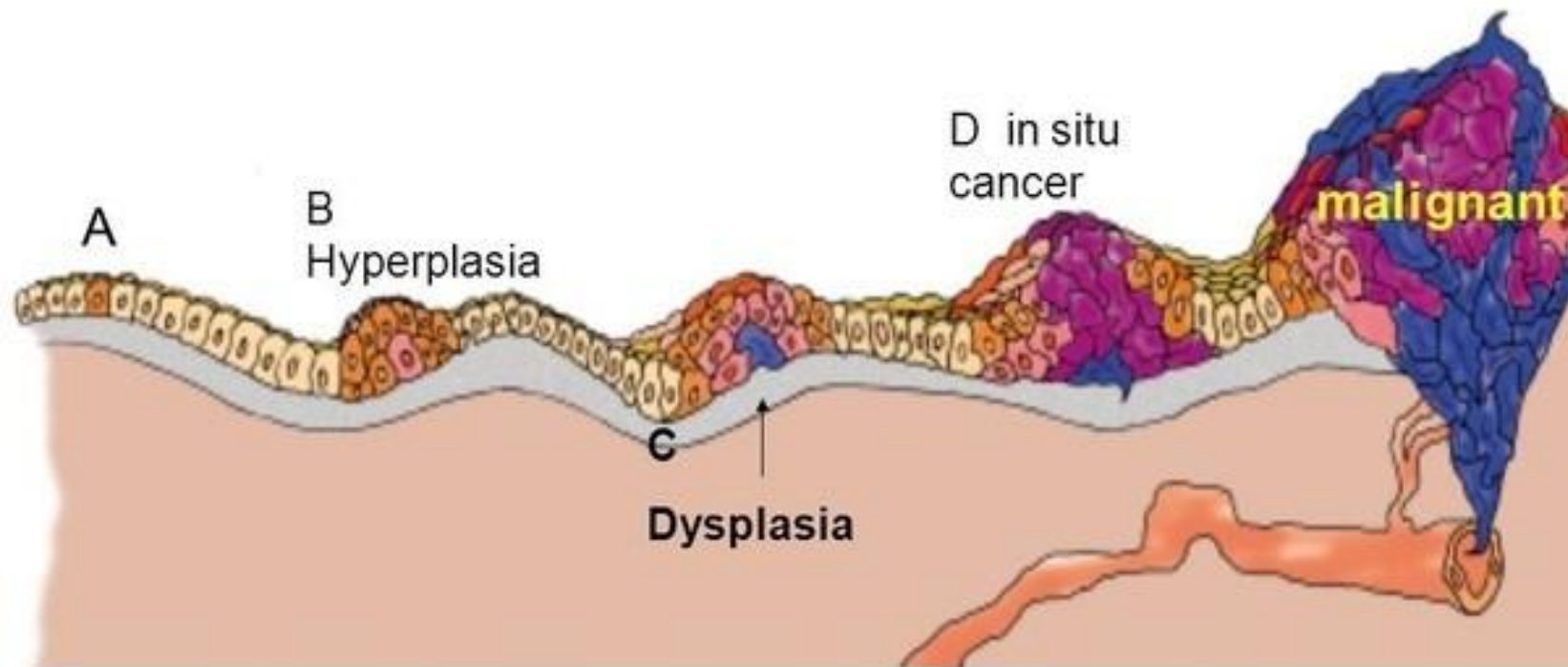
Management of oral dysplasia

Mild dysplasia usually needs non treatment
(only follow up and observation)

Moderate and sever dysplasia should be
removed surgical with safe margins included and regular follow up

carcinoma in situ should be dealt as invasive carcinoma
with proper staging

Cancer develops
due to the loss of growth control in cells
during cell division.



Stages of tumor development

Fibroepithelial polyp

This is a benign but excessive response to low-grade recurrent trauma. These lesions may be sessile or pedunculated and can range from very small lumps looking like a genuine polyp in the cheek to lesions that can cover the entire palate ('leaf fibroma')



Fibroepithelial polyp

Treatment

These lesions, once diagnosed either on a clinical basis or by **excisional biopsy**, should be excised, including their base. The pedunculated lesion often has a very vascular stalk that requires local control with diathermy or sutures.

Pyogenic granuloma

Pyogenic granuloma is an inflammatory response to chronic irritation. Lesions are found in a variety of intraoral sites, depending on aetiology. Puberty and pregnancy 'epulides' are hormonally sensitive examples.

First line of the treatment of Pyogenic granuloma is the removal of the irritation.

Pregnancy epulides.....?? After parturition



Pyogenic Granuloma
can mimic malignant
disease

Definitive Treatment

Local granulomata are usually treated by simple local excision (Sever bleeding).

Orofacial granulomatosis and sarcoidosis, intralesional steroids may help.



Orofacial granulomatosis

Gingival fibromatosis

This condition can be hereditary or, more often, drug induced. Phenytoin, Cyclosporin A and calcium channel blockers are the main.

Treatment

Treatment consists of excision by gingivectomy unless drugs can be changed and this change induces an involution of the swelling



Hyperplasia

Particularly notable is irritation hyperplasia, which is a hyperplastic response to repeated trauma following **denture-induced ulceration**. Rolls of hyperplastic tissue that may be quite erythematous and resemble malignant disease are seen, particularly in the buccal sulci



Irritation hyperplasia caused
by an illfitting full lower
denture

Treatment of denture-induced hyperplasia

Denture replacement or modification

If persist then surgical excision without safe margins

Haemangioma

Haemangiomata are developmental lesions of blood vessels. They are usually congenital (i.e. present at birth) and tend to grow with the child. Most (up to 80%) of these lesions regress spontaneously.

Treatment

Haemangioma can be identified by blanching under pressure (classically by using a glass slide).

Small lesion ,(within smaller than 1 cm), can
Localized by cryotherapy or laser therapy

Large haemangiomata respond to the use of steroids or sclerosing agent.



Low-flow venous vascular
malformation of the buccal
mucosa

Lipoma

Lipomata are benign tumours of fat cells found anywhere in the body including the mouth

Treatment consists of excision with primary repair (No safe margins included) .



Intraoral lipoma

Lymphangioma

Lymphangiomata are rare developmental abnormalities of lymphatics. Most are simple, thinwalled, capillary-sized lymphatic channels. The rarest variant is called cystic hygroma, which creates a cystic malformation containing multiple cysts of various sizes.

Treatment

Treatment of cystic hygroma and lymphangioma is usually by excision, although Picibanil a (a streptococcal antigen) injections have demonstrated value in some of the variants of cystic hygroma.



Lymphangioma of the tongue

Papilloma

- Squamous cell papillomas are multiple papillated pink and white asymptomatic lumps; they look like and are very similar to warts in skin.
- Common intraoral benign epithelial neoplasm
- Mean age 38 years
- 50% associated with human papillomavirus
- Excision; 4% recur

Papilloma

Most oral papillomata are of no real significance and are not related to oral infection with HPV-16 or HPV-18, which is a transient infection affecting up to 10% of the population (occurring more in male than in female patients) and is cleared within a year. This virus type (HPV-16 and HPV-18) is, however, clearly associated with HPV driven oropharyngeal squamous cell carcinoma



Mucocele

Mucoceleles are mucous extravasation cysts in which saliva leaks from traumatized minor salivary ducts and pools of usually mucinous saliva create a connective tissue capsule. They almost always affect the lower lip, and treatment is by **excision with the minor salivary gland only**



Diagnosis by history and clinical examination

Mucocele

Differential diagnosis:

1- Mucocele

2-Hemangioma

3-Fibroma

4-Lipoma

5-SCC

6-Salivary gland tumour