

	Features	Treatment
Oral Dysplasia		<ul style="list-style-type: none"> <li>- <u>Mild Dysplasia</u>: Follow up</li> <li>- <u>Moderate/Severe Dysplasia</u>: Excision including safe margins + Follow up</li> <li>- <u>Carcinoma in situ</u>: should be dealt as Invasive carcinoma with proper staging</li> </ul>
Fibroepithelial Polyp	<ul style="list-style-type: none"> <li>- Benign</li> <li>- Excessive response to low-grade recurrent trauma</li> <li>- Sessile or Pedunculated</li> <li>- Range from small lumps (polyp) to lesions that cover the entire palate (<b>leaf fibroma</b>)</li> </ul>	<ul style="list-style-type: none"> <li>- Excisional biopsy <ul style="list-style-type: none"> <li>o Local hemostasis control (diathermy/sutures) is required because the pedunculated lesion has a very vascular stalk.</li> </ul> </li> </ul>
Pyogenic Granuloma	<ul style="list-style-type: none"> <li>- Inflammatory response to chronic irritation <ul style="list-style-type: none"> <li>o <u>Hormonally sensitive</u>: Puberty &amp; Pregnancy epulides.</li> </ul> </li> <li>- Variety of intraoral sites</li> </ul>	<ul style="list-style-type: none"> <li>- Removal of irritation</li> <li>- <u>Pregnancy epulides</u>: After parturition</li> <li>- <u>Local granulomata</u>: Simple excision (Bleeding)</li> <li>- <u>Orofacial Granulomatosis/Sarcoidosis</u>: Intralesional Steroids</li> </ul>
Gingival Fibromatosis	<ul style="list-style-type: none"> <li>- Hereditary, or drug induced (Phenytoin, Cyclosporin A, Calcium Channel Blockers)</li> </ul>	<ul style="list-style-type: none"> <li>- <u>Drug induced</u>: Change drugs -or-</li> <li>- Excision by gingivectomy</li> </ul>
Hyperplasia	<ul style="list-style-type: none"> <li>- Irritational hyperplasia (Hyperplastic response to repeated trauma following <b>denture-induced ulceration</b>)</li> <li>- Rolls of hyperplastic tissue (may be erythematous) particularly in buccal sulci</li> </ul>	<ul style="list-style-type: none"> <li>- Denture replacement of modification -or-</li> <li>- Surgical excision without safe margins.</li> </ul>
Haemangioma	<ul style="list-style-type: none"> <li>- Identified by blanching under pressure (using glass slide)</li> </ul>	<ul style="list-style-type: none"> <li>- <u>Small lesion (&lt;1cm)</u>: Cryotherapy / Laser therapy</li> <li>- <u>Larger Haemangiomata</u>: Steroids / Sclerosing Agent</li> </ul>
Lipoma	<ul style="list-style-type: none"> <li>- Benign tumors of fat cells</li> <li>- Anywhere in body including mouth</li> </ul>	<ul style="list-style-type: none"> <li>- Excision without safe margins + Primary Repair</li> </ul>
Lymphangioma	<ul style="list-style-type: none"> <li>- Rare developmental abnormality of lymphatics</li> <li>- Most are simple, thin-walled, capillary-sized lymphatic channels</li> <li>- Rare variants (<b>Cystic Hygroma</b>) creates a cystic malformation containing multiple cysts of various sizes.</li> </ul>	<ul style="list-style-type: none"> <li>- Excision</li> <li>- Picibanil (streptococcal antigen) injections</li> </ul>
Papilloma	<ul style="list-style-type: none"> <li>- Squamous cell papilloma – multiple papillated pink and white asymptomatic lumps; like warts in skin.</li> <li>- Common intraoral benign epithelial neoplasm</li> <li>- 50% Associated with HPV</li> <li>- Most oral papilloma are not related to infection with HPV16 or HPV18. However, HPV16 &amp; HPV18 are associated with Oropharyngeal squamous cell carcinoma</li> </ul>	<ul style="list-style-type: none"> <li>- Excision – 4% Recurrence Rate</li> </ul>
Mucocele	<ul style="list-style-type: none"> <li>- Mucous extravasation cysts; saliva leaks from traumatized minor salivary gland and pools of mucinous saliva create a connective tissue capsule.</li> <li>- Mostly affect lower lip</li> <li>- Differential Diagnosis (Haemangioma, Fibroma, Lipoma, SCC, Salivary Gland Tumor)</li> </ul>	<ul style="list-style-type: none"> <li>- Excision including the traumatized minor salivary gland</li> </ul>