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|  | **Features** | **Treatment** |
| Oral Dysplasia |  | * Mild Dysplasia: Follow up * Moderate/Severe Dysplasia: Excision including safe margins + Follow up * Carcinoma in situ: should be dealt as Invasive carcinoma with proper staging |
| Fibroepithelial Polyp | * Benign * Excessive response to low-grade recurrent trauma * Sessile or Pedunculated * Range from small lumps (polyp) to lesions that cover the entire palate **(leaf fibroma**) | * Excisional biopsy   + Local hemostasis control (diathermy/sutures) is required because the pedunculated lesion has a very vascular stalk. |
| Pyogenic Granuloma | * Inflammatory response to chronic irritation   + Hormonally sensitive: Puberty & Pregnancy epulides. * Variety of intraoral sites | * Removal of irritation * Pregnancy epulides: After parturition * Local granulomata: Simple excision (Bleeding) * Orofacial Granulomatosis/Sarcoidosis: Intralesional Steroids |
| Gingival Fibromatosis | * Hereditary, or drug induced (Phenytoin, Cyclosporin A, Calcium Channel Blockers) | * Drug induced: Change drugs -or- * Excision by gingivectomy |
| Hyperplasia | * Irritational hyperplasia (Hyperplastic response to repeated trauma following **denture-induced ulceration**) * Rolls of hyperplastic tissue (may be erythematous) particularly in buccal sulci | * Denture replacement of modification -or- * Surgical excision without safe margins. |
| Haemangioma | * Identified by blanching under pressure (using glass slide) | * Small lesion (<1cm): Cryotherapy / Laser therapy * Larger Haemangiomata: Steroids / Sclerosing Agent |
| Lipoma | * Benign tumors of fat cells * Anywhere in body including mouth | * Excision without safe margins + Primary Repair |
| Lymphangioma | * Rare developmental abnormality of lymphatics * Most are simple, thin-walled, capillary-sized lymphatic channels * Rare variants (**Cystic Hygroma**) creates a cystic malformation containing multiple cysts of various sizes. | * Excision * Picibanil (streptococcal antigen) injections |
| Papilloma | * Squamous cell papilloma – multiple papillated pink and white asymptomatic lumps; like warts in skin. * Common intraoral benign epithelial neoplasm * 50% Associated with HPV * Most oral papilloma are not related to infection with HPV16 or HPV18. However, HPV16 & HPV18 are associated with Oropharyngeal squamous cell carcinoma | * Excision – 4% Recurrence Rate |
| Mucocele | * Mucous extravasation cysts; saliva leaks from traumatized minor salivary gland and pools of mucinous saliva create a connective tissue capsule. * Mostly affect lower lip * Differential Diagnosis (Haemangioma, Fibroma, Lipoma, SCC, Salivary Gland Tumor) | * Excision including the traumatized minor salivary gland |