

# Case History #1

## Patient Information:

Age: 55

Blood Pressure: 120/80 mmHg

Gender: male

Temperature: 37°C (98.6°F)

**Chief Complaint:** painful ulcer on the right side of my tongue

**History of Chief Complaint:** unknown duration

**Dental History:** No significant findings

## Medical History:

Significant Findings: Smokes two packs of cigarettes/day for past 35 years

Current Medication: losartan, simvastatin, toprol, HCTZ

Allergies: ragweed pollen

**Social/Family History:** No significant findings

## Clinical Examination:

Significant findings:

Extraoral Findings:

There were no palpable lymph nodes

Intraoral Findings:

Upon physical examination a large round ulceration with indurated, keratotic borders measuring 5mm x 5mm was evident at the right lateral border of the tongue.

No pain or bleeding was observed upon palpation of the lesion

There were no other lesions present.

Examination of the occlusion revealed that the right lateral border of the tongue was wedged between the maxillary and mandibular 2<sup>nd</sup> premolar teeth in centric occlusion.

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# Diagnosis Being Tested: Differential diagnosis of lateral tongue lesion and management



Provide a differential diagnosis for this patient.  
Short answer:

- Major aphthous ulcer
- Traumatic ulcer
- Chancre
- Squamous cell carcinoma
- Eosinophilic ulcer
- Deep fungal ulcer
- Tuberculous ulcer
- Bacterial ulcer

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<https://www.researchgate.net/publication/264084481>

# Diagnosis being Tested: Differential diagnosis of lateral tongue lesion and management



How would you manage this lesion?

Short answer:

- Extraction of non-restorable root remnants: #'s 4 and 29 with follow-up x 2 weeks
- Chlorohexidine mouth rinses 3-4 x day
- If no resolution, referral to OMFS/ENT for incisional biopsy and definitive diagnosis

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# Case History #2

## Patient Information:

Age: 27

Blood Pressure: 120/80 mmHg

Gender: Female

Pulse Rate: 72 bpm

Height: 1.7m (5'6")

Respiration Rate: 15/min

Weight: 85kg (187lb)

Temperature: 37<sup>0</sup> C (98.6<sup>0</sup> F)

**Chief Complaint:** white spots in my mouth

**History of Chief Complaint:** Observed on routine examination

**Dental History:** No significant findings

**Medical History:**

Significant Findings: +asthma

Current Medication: albuterol, symbicort, spiriva

Allergies: pet dander

**Social/Family History:** No significant findings

**Clinical Examination:**

Significant findings:

Extraoral Findings: None

Intraoral Findings: See photographs. Lesions rub off.

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# Diagnosis being tested: Medication-induced oral condition



1. How will you manage these lesions?

Short answer: AntiFungal Medications, (Mycelex Troche®, Nystatin® Swish and Swallow or Diflucan®)

<https://www.dentalnotebook.com/oral-candida-infections/>



2. What is their etiology?

Short Answer: Corticosteroid-induced candidiasis

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<https://medcraveonline.com/JOENTR/images/JOENTR-08-00249-g002.png>

# Case History #3

## Patient Information:

Age: 28

Blood Pressure: 120/80 mmHg

Gender: male

Pulse Rate: 72 bpm

Height: 1.7m (5'6")

Respiration Rate: 15/min

Weight: 85kg (187lb)

Temperature: 37<sup>o</sup>C (98.6<sup>o</sup>F)

**Chief Complaint:** swelling/fullness right lower jaw

**History of Chief Complaint:** Observed on routine examination

**Dental History:** No significant findings

**Medical History:**

Significant Findings: none

Current Medication: none

Allergies: None

**Social/Family History:** No significant findings

**Clinical Examination:**

Significant findings:

Extraoral Findings: right mandibular swelling, not tender to palpation

Intraoral Findings: See radiographs.

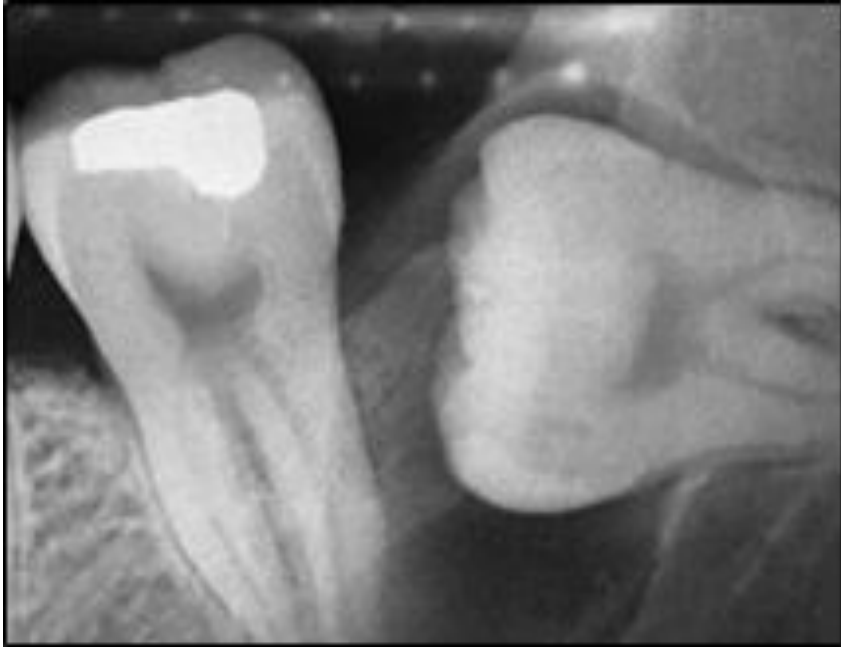
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## Important Error or Diagnosis: Differential diagnosis of mandibular osseous lesion



<https://radiopaedia.org/cases/dentigenous-cyst>

1. After viewing the periapical radiograph, what additional imaging will you prescribe? Please provide the rationale for your answer.

Short Answer: Panoramic radiograph to visualize the extent/borders of the lesion.

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## Important Error or Diagnosis: Differential diagnosis of mandibular osseous lesion



1. Kindly provide a differential diagnosis for this lesion x 3?  
Possible answers:
  - Dentigerous cyst
  - Ameloblastoma
  - Odontogenic keratocyst
  - Odontogenic myxoma
  - Giant cell lesion
2. Name 2 radiographic features that would suggest that this is a malignant lesion?
  - Ill-defined margins with loss of cortication
  - Radiolucent internal structure with or without the presence of a few radiopaque flecks
  - Resorption of the roots of teeth # 30 and 31.
  - Large size of the lesion.
  - Invasion and destruction of the neuro-vascular bundle leading to paresthesia

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