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INTERNATIONAL ORAL DISEASES CASE PRESENTATION CONFERENCE

IODCPC 2026

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IODCPC
INTERNATIONAL ORAL DISEASES CASE PRESENTATION CONFERENCE

Official Abstract Collection of the International Oral Diseases Case Presentation Conference (IODCPC 2026)

This collection brings together the abstracts of accepted oral and poster presentations presented at IODCPC 2026. The contributions reflect a diverse range of clinical observations, diagnostic challenges, and management approaches in oral and maxillofacial diseases, contributed by participants from around the world.

8–10 May 2026 | Virtual Conference
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Suggested Citation:
Donoghue M, Prasad H (Editors). Official Abstract Collection of the International Oral Diseases Case Presentation Conference (IODCPC 2026). Oral Pathology 360; 2026.

Edited by:
Dr. Mandana Donoghue and Dr. H Prasad
Published: 2026

Editor's Note

Welcome to the Official Abstract Collection of the International Oral Diseases Case Presentation Conference (IODCPC 2026).

This volume brings together the accepted oral and poster presentation abstracts showcased during IODCPC 2026. The contributions reflect a diverse range of clinical observations, diagnostic challenges, management approaches, and research insights in oral and maxillofacial diseases.

IODCPC continues to serve as a global platform for sharing real-world clinical observations and experiences, encouraging discussion, and promoting collaborative learning across disciplines including oral pathology, oral medicine, oral radiology, and oral and maxillofacial surgery.

We extend our sincere appreciation to all authors, presenters, judges, moderators, speakers, volunteers, institutional partners, and participants whose contributions made IODCPC 2026 possible.

We hope this collection serves as both a useful educational resource and a lasting record of the scientific contributions presented at IODCPC 2026.

Dr. Mandana Donoghue
Convener, IODCPC 2026
Dr. H. Prasad
Scientific Convener, IODCPC 2026

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Beyond Clinical Appearance: Histopathologic Insights Into A Fibroma-like Lesion.

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Conference: IODCPC26
Discipline / Track: Case – Diagnostic (Pathology)
Presenting Author Name: Dr Aiswarya A.M.
Keywords: challenging, fibroma-like, fibrosarcoma, mitotic, soft tissue lesion

Background: Fibroma-like lesions are the most commonly encountered lesions in the oral cavity and are considered innocuous based on their clinical appearance. However, certain malignant lesions, such as fibromatosis, fibrosarcoma, leiomyosarcoma, MPNT etc, can closely mimic these benign entities, making an accurate diagnosis challenging. This highlights the need for careful histopathological and immunohistochemical evaluation of even routine-appearing lesions. **Case description:** A patient presented with a localized gingival growth in the posterior mandibular region for over a period of two months. The lesion appeared smooth, well-circumscribed, and non-ulcerated. The radiographic evaluation did not reveal any significant findings. Given its persistence, an excisional biopsy was done. The histopathological examination revealed a highly cellular connective tissue stroma with cells demonstrating cellular pleomorphism and increased mitotic activity, raising suspicion of a malignant spindle cell lesion rather than a benign fibrous proliferation. **Management / Outcome:** Following histopathological suspicion, the case is now under IHC analysis to arrive at a definitive diagnosis. **Discussion:** Clinical appearances alone cannot reliably distinguish benign and malignant lesions. Spindle cell lesions require careful histopathological assessment and adjunctive investigations, such as IHC. This case highlights that the absence of radiographic findings and benign clinical appearance does not preclude an underlying malignancy.

Understanding Diagnostic Enigma Of Adenoid Ameloblastoma.

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Conference: IODCPC26
Discipline / Track: Case – Diagnostic (Pathology)
Presenting Author Name: Dr. Krishna Sireesha Sundaragiri Keywords: Adenoameloblastoma, Ameloblastoma, biopsy.

Adenoid ameloblastoma is an odontogenic tumour described first by Waldron and El-Mofty in 1987. They reported it as an unusual variant of ameloblastoma exhibiting adenoid (gland- like) features, highlighting its potential to mimic other odontogenic tumors. The case presented here in a 24-year-old female patient with pain and swelling on left side causing mild facial asymmetry. Intraorally there was obliteration of vestibule but no signs of paraesthesia and pus discharge. On radiological examination, the orthopantomograph revealed a single large radiolucent lesion involving the left mandibular ramus with impacted 38 tooth displaced to the lower mandibular border. The patient underwent surgical enucleation with curettage. The excisional biopsy received was thoroughly grossed and H & E-stained sections showed a combination of conventional ameloblastomatous areas with adenoid (gland-like) patterns, which may mimic other odontogenic tumors. Due to its unusual histopathological presentation of ameloblastoma that exhibits features resembling glandular or duct-like structure accurate diagnosis is essential to differentiate it from lesions like adenomatoid odontogenic tumor and to guide appropriate management. Essentially, the case report aims to highlight the importance of understanding potential risks, evaluating their impact, and then applying appropriate controls to mitigate them while diagnosing rare odontogenic tumors.

CD30-Positive Ulcerative Lymphoproliferative Lesion Of The Oral Mucosa: A Case Report With Spontaneous Clinical Improvement

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Keywords: Atypical lymphoid infiltrate, CD30-positive lymphoproliferative disorder, Gingival ulcer

Rare lesions known as CD30-positive T-cell lymphoproliferative disorders of the oral mucosa can resemble aggressive lymphoma both histologically and clinically. We describe a 49-year- old man who had an ulcerative lesion on his maxillary gingiva that was not painful. Medical history was unremarkable, except for an allergic skin reaction two years ago. Over the previous two years, the patient had developed cutaneous lesions that were histopathologically diagnosed as inflammatory dermatoses, including vesiculobullous dermatitis consistent with dyshidrotic eczema and non-specific chronic inflammatory changes, with no signs of dermal lymphoma.
Alocalised ulcer with a fibrinous surface was discovered during a clinical examination. The histopathological examination of the oral lesion demonstrated extensive ulceration and a dense atypical lymphoid infiltrate comprising medium-to-large-sized cells interspersed with eosinophils. EBV and CMV were negative, but immunohistochemistry revealed positivity for CD3, CD2, CD5, and CD4, strong CD30 expression (>75%), loss of CD7, and a very high proliferative index (Ki-67 >98%). Aspontaneous clinical improvement was noted. A haematologist evaluated the patient and recommended no further treatment. He was then scheduled for haematological follow-up. Nonew oral lesions or hemotological abnormalities have been reported in the past three years. In addition to highlighting the difficulty in diagnosing oral CD30-positive lymphoproliferative lesions, this case illustrates the importance of clinicopathological correlation and conservative treatment in atypical, indolent presentations.

Unmasking Fungi in an Unhealed Extraction Socket: Actinomycotic Osteomyelitis with Case

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Conference: IODCPC26
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Presenting Author Name: Sakshi Janbade
Keywords: Actinomycosis, Actinomycotic osteomyelitis, Differential diagnosis, Histopathology, Non-healing socket

Background / Introduction: Non-healing extraction sockets often pose a diagnostic dilemma, mimicking malignancy or chronic osteomyelitis, particularly in elderly patients, where rare infections like actinomycosis may be overlooked. **Case Description:** A 62-year- old female presented with pain and swelling in the upper right posterior region and a non- healing extraction socket of three months' duration. Clinical examination revealed a sinus tract with purulent, foul-smelling discharge in relation to 15, along with chronic periodontitis. Radiographic evaluation showed an ill-defined moth-eaten radiolucency extending from 14 to 16 region, raising suspicion of chronic osteomyelitis or malignancy. Surgical exploration and excisional biopsy revealed necrotic bone and characteristic sulphur granules. Histopathological examination demonstrated dense inflammatory infiltrate with filamentous gram-positive bacterial colonies exhibiting Splendore-Hoeppli phenomenon, confirmed by Gram, PAS, and Gomori methenamine silver staining, establishing a Final diagnosis of actinomycotic osteomyelitis. **Management and Outcome:** The patient underwent complete surgical debridement with removal of necrotic bone, peripheral ostectomy, and extraction of involved teeth, followed by antibiotic therapy and periodontal management. Postoperative healing was satisfactory, with planned prosthetic and periodontal rehabilitation. **Discussion / Learning Points:** This case highlights the importance of considering actinomycosis in non-healing extraction sites mimicking malignancy. Definitive diagnosis relies on histopathological and special staining techniques. Early recognition and combined surgical-antibiotic therapy are crucial for favorable outcomes and prevention of extensive tissue destruction.

Spindle Cell Puzzle: A Case Of Mandibular Myofibroma

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Discipline / Track: Case – Diagnostic (Pathology)
Presenting Author Name: Chitra S
Keywords: Benign, Myofibroblasts, Myofibroma

Myofibromas are benign neoplasms of myofibroblastic origin rarely encountered in oral cavity. Myofibroblasts are unique cells having contractile property, playing a role in inflammation, fibrosis and tumour progression. Hence, myofibroblastic differentiation can occur in a wide range of events from repair to neoplasms. 67-year-old male patient reported with a swelling in the lower right posterior region of 1 month duration. On oral examination a huge, non-tender, soft pedunculated mass on the mandibular alveolus, extending anteroposteriorly from the mesial aspect of 43 to retromolar area and mesiolaterally from the buccal vestibule to lingual vestibule. No radiographic changes were observed in the mandible. Incisional biopsy of the lesion suggested a benign reactive growth and hence the mass was excised completely. Gross examination mass was irregular, having two nodules attached together resembling a butterfly. Histopathology revealed spindle cell lesion composed of cells arranged in intersecting long fascicles with bland nuclei. Spindle cells showed cytoplasmic positivity for smooth muscle actin in IHC. Based on morphological and immunohistochemical profile final diagnosis of Myofibroma was made. Myofibroma is a distinctive neoplasm of myofibroblasts with low incidence rate in the oral cavity, varied clinical presentation, uncommon site along with overlapping morphological features can pose diagnostic dilemmas. A case of myofibroma in mandibular alveolus in an adult patient is reported here for its rarity and diagnostic dilemma.

Close Call: Managing a High-Risk 48 Impaction Adjacent to the IAN

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Conference: IODCPC26
Discipline / Track: Case – Diagnostic (Clinical & Imaging)
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Keywords: Cone Beam Computed Tomography (CBCT), High-risk extraction, Inferior alveolar nerve, Mesioangular impaction, Nerve injury prevention.

Introduction- Impaction is defined as the failure of a tooth to erupt into the dental arch within the expected time due to obstruction or an abnormal eruption pathway. Common etiological factors include lack of arch space, abnormal angulation, dense overlying bone, and soft tissue obstruction. Mandibular third molar impactions are common and may pose significant risk when in close proximity to the inferior alveolar nerve (IAN). Accurate assessment using clinical and radiographic parameters is essential for safe surgical management. **Case Description** A 22-year-old female patient presented with pain in the lower right posterior region. Clinical examination revealed a partially erupted mandibular third molar (48) with signs of pericoronitis. Orthopantomogram demonstrated a mesioangular impaction with radiographic indicators of close IAN relation, including interruption of the canal's cortical outline . Cone Beam Computed Tomography confirmed intimate proximity between the roots and the IAN canal. **Management & Outcome**Surgical extraction was performed under local anesthesia using a conservative approach with controlled bone removal and tooth sectioning. Intraoperative precautions were taken to minimize nerve injury. The patient was informed of possible complications, including paresthesia. Postoperative healing was uneventful, with no neurosensory deficits on follow- up. **Discussion / Learning Points** Preoperative identification of high-risk radiographic signs is crucial for planning. CBCT provides superior assessment of nerve relationship. Atraumatic technique, careful surgical execution, and thorough patient counseling significantly reduce the risk of IAN injury.

The HESIAN Technique: A Revolutionary Breakthrough in Full Mouth Rehabilitation

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Discipline / Track: Case – Management (Surgical)
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Keywords: HESIAn technique zygomatic implant pterygoid Implant Infratemporal arch

INTRODUCTION: Severe posterior maxillary atrophy limits conventional implants due to sinus pneumatization, poor bone quality. While tilted and pterygoid implants are used in moderate cases advanced atrophy requires zygomatic implants. The HESIAn technique offers a distinctive advantage as conventionally implants are placed in malar process but in HESIAn technique the implant was placed dorsal to the zygomatic buttress traversing the anterior third of the infra-temporal fossa,positioned in the second and third molar region using an oblique osteotomy preparation. **CASE DESCRIPTION:** A 36-year-old male with generalised advanced periodontal disease underwent extraction resulting in complete edentulism. Clinical evaluation included medical,dental history, systemic health assessment,periodontal evaluation. CBCT analysis revealed reduced maxillary alveolar bone height, width, density, sinus pneumatization, Bedrosian zones 2, 3 deficiency, and absence of pterygoid plates.Occlusal analysis, prosthetic planning, and primary stability supported a graft less tilted approach compensating absence of pterygoid plates. **MANAGEMENT AND OUTCOMES:** The patient was managed using HESIAn approach following CBCT based prosthetically driven planning. Articaine hydrochloride was administered via infiltration. Midcrestal incision with vertical releases allowed flap elevation. Osteotomy using zygoarch ,zygomatic twist drills achieved cortical perforation. Implants and multi-unit abutments (50–60°) were placed enabling bicortical anchorage, AP spread, immediate loading. Postoperatively antibiotics ,analgesics were given subsequently rehabilitated with screw-retained prosthesis achieving satisfactory functional, aesthetic outcomes at 2-year follow-up. DISCUSSION / **LEARNING POINTS:** HESIAn approach extends treatment of failed zygomatic and complex atrophic cases, providing graft less rehabilitation with high primary stability, optimal AP spread, elimination of cantilevers, and improved prosthetic longevity and patient outcomes.

Conservative Smile Rehabilitation in Severe Generalized Dental Erosive Wear Using Injection Moulded Direct Composite Restorations: A Case Report

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Keywords: Conservative Approach, Cost Effective, Dental Erosion, Direct Composite Veneers, Esthetic Restoration, Tooth wear

Background: Tooth wear is the progressive loss of dental hard tissues from factors other than caries, trauma, or developmental disorders. Severe erosive wear compromises esthetics and function, often requiring conservative restorative approaches. Direct composite veneers provide a minimally invasive, single-visit, and cost-effective alternative to indirect restorations. **Case Presentation:** A 57-year-old female presented with poor esthetics due to short teeth, spacing, and fractured anterior composite restorations. Her history revealed consumption prolonged acidic beverage intake. Clinical examination showed exposed dentine and structural loss in anterior and posterior teeth, with a diagnosis of generalized erosive wear compounded by attrition and abrasion. Faulty restorations were removed under rubber dam isolation, followed by indirect pulp capping for selected teeth. Definitive treatment involved direct composite restorations using a stent-guided prototype technique, enhancing esthetics and facial profile. **Conclusion:** Direct composite restorations offered a conservative, esthetic, and cost-effective solution. Patient reported with stable and pleasing results at one-year follow-up. **Discussion and Learning Point:** Direct composite veneers are a viable option for severe erosive wear. In This Case, The Patient Was Delighted With The Improved Aesthetics And Function And Appreciated The Relatively Low Financial Cost Of Treatment. **Key takeaways:** Preserve tooth structure, Achieve esthetic harmony, Provide functional rehabilitation

The Pink Deception: Simple Gingival Enlargement Masquerading as a Peripheral Lesion

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Keywords: Asymptomatic, clinically ovoid firm and pink, duct like spaces and solid nodules managed by complete surgical excision, histopathologically -presence of capsule, rosette pattern, soft tissue mass on gingiva, tumor droplets

Introduction: Peripheral odontogenic tumours are rare soft tissue lesions that clinically resemble common gingival overgrowths. In such cases histopathological examination is essential to establish a definitive diagnosis. **Case Presentation:** A six year old girl presented with an asymptomatic soft tissue mass on attached gingiva in relation to maxillary right incisor and canine. Clinical examination revealed a well circumscribed ovoid mass measuring 1x 0.5 cms. It was pink in colour and firm in consistency. Radiographic evaluation showed no detectable bony changes. The lesion was surgically excised and submitted for histopathological examination, which revealed the presence of a capsule. Odontogenic cells were seen arranged in a rosette pattern along with duct like spaces and solid nodules. It also showed complex interconnected cords or bands of cuboidal or columnar epithelial cells forming a convoluted pattern. Distinct non calcified eosinophilic structures were observed within the rosettes often appearing as droplets. **Management and Outcome:** Complete surgical excision was performed resulting in satisfactory healing with no recurrence observed during follow up of 3 years. **Discussion and Learning Points:** A simple gingival enlargement may obscure the underlying odontogenic lesion and pose diagnostic challenges in a young child. However AOT remains controversial with debate over whether it represents a neoplasm or a hamartoma. Hence thorough diagnostic workup with histopathological evaluation is essential for accurate diagnosis.

Unmasking an Unusual Papilliferous Keratoameloblastoma Mimicking Odontogenic Keratocyst: A Diagnostic Challenge

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Conference: IODCPC26
Discipline / Track: Case – Diagnostic (Pathology) Presenting Author Name: Sanjana Raga Keywords: none

Introduction: Papilliferous keratoameloblastoma is a rare histopathological variant of ameloblastoma characterized by papillary epithelial projections & keratin formation. It often mimics other odontogenic lesions clinically & radiographically, posing a diagnostic challenge. **Case Description:** A 27-year-old male presented with a history of a slowly enlarging swelling in the left posterior mandibular region for 7 years, with rapid progression accelerated over 3 months. Clinical examination revealed a diffuse swelling involving left lower third of the face & an ulceroproliferative intraoral lesion extending from retro molar trigone to the buccal vestibule. Radiographic findings showed a well-defined radiolucency involving ramus, body, from 36 region involving coronoid, & condyle. Histopathological examination of incisional biopsy revealed, tumor islands with cystic spaces lined by parakeratinized stratified squamous epithelium, papillary projections, stellate reticulum-like cells, & areas of keratin pearl formation suggestive of papilliferous keratoameloblastoma. **Management and Outcome:** Left hemimandibulectomy was carried out consisting of submandibular salivary gland & lymph nodes till level II. Further immunohistochemical shows positivity for CK19, Ki-67. Lymphnodes & submandibular salivary gland were free from tumor invasion. **Discussion:** Papilliferous keratoameloblastoma is an uncommon variant with overlapping features of keratocystic lesions & conventional ameloblastoma, with very few cases documented in the literature, presence of papillary architecture, keratinization, & reverse polarity aids in diagnosis. Due to its aggressive nature & recurrence potential, accurate diagnosis & complete surgical excision with long-term follow-up are crucial. Early identification is essential due to its locally aggressive behavior.

Deciphering Clear Cell Morphology in Mucoepidermoid Carcinoma: A Case Series Perspective

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Keywords: Mucoepidermoid carcinoma; Clear cell variant; Salivary gland tumors; Immunohistochemistry; Histopathology

Background: Clear cell variant of mucoepidermoid carcinoma (MEC) is an uncommon histopathological subtype that poses significant diagnostic challenges due to its overlap with other clear cell salivary gland neoplasms and metastatic lesions. **Case Description:**This retrospective case series presents an updated analysis of archival cases from the Department of Oral and Maxillofacial Pathology and Oral Microbiology. A total of 3 cases were evaluated, with lesions predominantly involving minor salivary glands and occasional intraosseous sites. **Management / Outcome:** Histopathological examination revealed tumors composed of variable proportions of clear cells admixed with mucous, intermediate, and epidermoid cells arranged in sheets, nests, and cystic configurations. The clear cells demonstrated glycogen- rich cytoplasm, confirmed by special stains. Immunohistochemical analysis was instrumental in excluding histological mimickers such as clear cell carcinoma, acinic cell carcinoma, and metastatic renal cell carcinoma, thereby ensuring diagnostic accuracy and guiding appropriate management. **Discussion / Learning Points:** Clear cell change in MEC represents a diagnostic pitfall with significant clinical implications. This series underscores the importance of integrating histopathology with adjunctive techniques, including special stains and immunohistochemistry, for precise diagnosis. Recognition of this rare variant is essential to avoid misinterpretation and to facilitate optimal therapeutic decision-making.

Histological Diversity in Ameloblastoma: A Case Series of Desmoplastic and Granular Cell Variants from an Institutional Archive

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Keywords: Ameloblastoma, Desmoplastic, Granular cell, Recurrence and Odontogenic tumors

Background: Ameloblastoma demonstrates significant histopathological diversity, with rare variants such as desmoplastic and granular cell types posing diagnostic and therapeutic challenges due to their distinct biological behavior and overlapping features with other lesions. **Case Description:**This case series presents an updated retrospective analysis of desmoplastic and granular cell variants retrieved from the archives of the Department of Oral and Maxillofacial Pathology and Oral Microbiology, SDM College of Dental Sciences and Hospital. The desmoplastic variant exhibited marked stromal collagenization with compressed odontogenic epithelial islands and mixed radiographic features, frequently mimicking fibro-osseous lesions, while the granular cell variant showed sheets and follicles of tumor cells with abundant eosinophilic granular cytoplasm suggestive of lysosomal accumulation. **Management:** All cases were evaluated using detailed clinicoradiographic and histopathological correlation to reassess diagnostic criteria, facilitating accurate diagnosis and guiding appropriate surgical management strategies, with granular cell variants demonstrating features suggestive of a more aggressive clinical course necessitating careful follow-up. **Discussion:** Recognition of these uncommon variants is critical to avoid diagnostic pitfalls, particularly in lesions mimicking fibro-osseous conditions, highlighting the importance of comprehensive evaluation and long-term follow- up due to their variable biological behavior and clinical implications.

Calcifying Odontogenic Cyst and its Variants: A Retrospective Case Series with Clinicopathologic Insights and WHO Update from OMFPOM Archives

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Keywords: Calcifying odontogenic cyst; Ghost cells; Dentinogenic ghost cell tumor; Odontogenic lesions; WHO classification; Histopathology

Background: Calcifying odontogenic cyst (COC) is a unique odontogenic lesion exhibiting a wide clinicopathological spectrum ranging from cystic forms to neoplastic variants. Its diverse presentation often poses diagnostic challenges, particularly in differentiating cystic lesions from tumor counterparts. **Case Description:** This retrospective case series analyzes 10 cases of COC and its variants diagnosed over a 30 year period (1996–2026) from the archives of the Department of Oral & Maxillofacial Pathology and Oral Microbiology, SDM College of Dental Sciences & Hospital. Patients predominantly presented in the fourth to sixth decades, with a slight male predilection and near-equal distribution between maxilla and mandible. Radiographically, most lesions appeared as well-defined unilocular radiolucencies, with focal radiopacities observed in 30% of cases. **Management/Outcome:** Histopathological evaluation revealed ghost cells in all cases, with calcifications in 80%. Variant analysis identified dentinogenic ghost cell tumor (30%) and ameloblastomatous proliferation (20%). As this was a retrospective study, treatment strategies were not modified; however, reclassification according to the latest WHO criteria enabled stratification into cystic and neoplastic categories. This facilitated assessment of concordance between prior management approaches and current classification-based recommendations. **Discussion:** COC demonstrates significant histopathological variability with potential for diagnostic misinterpretation. WHO-based reclassification serves as an important audit tool to evaluate past management adequacy and refine future treatment planning and follow-up strategies.

A Wolf in Sheep’s Clothing: Aggressive Desmoplastic Fibroma of the Maxilla

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Discipline / Track: Case – Diagnostic (Pathology)
Presenting Author Name: Dr Shweta
Keywords: Desmoplastic, Fibroblastic tumor, Immunohistochemistry, Maxilla

Background: Desmoplastic fibroma (DF) is a rare, benign yet locally aggressive intraosseous fibroblastic tumor, considered the osseous counterpart of desmoid-type fibromatosis. Its clinical and radiographic resemblance to malignant lesions often creates diagnostic dilemmas, particularly in maxillary involvement, which is uncommon.Case **Description:**A 54-year-old male presented with a painless, progressively enlarging swelling in the left midfacial region of three months’ duration. Intraoral examination revealed a 7 × 3 cm ill-defined, firm swelling extending from the 23–28 region to the palatal midline, associated with cortical expansion and Grade III mobility of adjacent teeth. Radiographic evaluation showed an ill-defined radiolucency with root resorption and CBCT demonstrated an expansile osteolytic lesion with cortical destruction and extension into the maxillary sinus. Histopathological examination revealed spindle-shaped fibroblasts arranged in fascicles without significant atypia or mitotic activity. Immunohistochemistry showed β- catenin nuclear positivity, supporting the diagnosis.**Management / Outcome:**The patient underwent wide surgical excision with clear margins. Given the locally aggressive nature of DF, long-term follow-up was advised to monitor for recurrence.**Discussion / Learning Points:**Desmoplastic fibroma of the maxilla is rare and can mimic malignancy both clinically and radiographically. Accurate diagnosis relies on careful histopathological and immunohistochemical evaluation. Despite its benign nature, its aggressive behavior necessitates radical management. This case highlights the importance of distinguishing DF from sarcomas to avoid overtreatment while ensuring adequate surgical intervention.

Breaking the Blueprint: The Calcification Conundrum of Odontogenic Keratocyst.

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Discipline / Track: Case – Diagnostic (Clinical & Imaging)
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Keywords: clinicoradiologic-histopathological correlation, diagnostic dilemma, dystrophic calcifications, impacted teeth, multilocular radiolucency, odontogenic keratocyst, supernumerary teeth

INTRODUCTION: Odontogenic keratocyst, currently classified under developmental odontogenic cysts, is a histopathologically and behaviourally distinct lesion., It is clinically significant due to its aggressive behaviour, infiltrative growth and high recurrence rate. However, occurrence of calcifications within OKC is exceedingly rare and not considered a classical feature. The presence of such calcified deposits can complicate the diagnostic process leading to overlap with other odontogenic lesions. **CASE DESCRIPTION:** 20/ Male presented with swelling in right mandibular region of 6 months duration. Intra oral examination revealed no obvious swelling. OPG revealed multilocular radiolucency along with impacted 43,44 and supernumerary teeth. FNAC demonstrated presence of calcifications. Incisional biopsy confirmed the diagnosis of OKC. **DISCUSSION/ LEARNING** POINTS:Dystrophic calcifications reported rarely in literature. This case presents unusual variant of OKC exhibiting calcifications, highlighting the associated diagnostic challenges and emphasizing the importance of thorough clinicoradiologic and histopathological correlation for accurate diagnosis and management.

A Deceptive Recurrence: Unveiling Malignancy in the Anterior Maxilla

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Background: Chondroid osteosarcoma of the maxillofacial region is a rare malignant mesenchymal neoplasm that often presents a diagnostic challenge due to its significant overlap with benign fibro-osseous lesions. Early lesions may be misinterpreted clinically and histopathologically, particularly in cases presenting as recurrent swellings. **Case Description:** A 55-year-old male presented with a recurrent anterior labial swelling in relation to the 13–22 region, previously diagnosed and treated as cemento-ossifying fibroma four months prior. Contrast-enhanced CT revealed a 17 × 14 mm lytic lesion arising from the midline maxillary alveolus with minimal soft tissue enhancement and no adjacent infiltration. Clinically, the lesion appeared as a well-defined, lobulated, firm swelling with Grade I mobility of the associated teeth. Management and Outcome: An excisional biopsy was performed. Histopathological examination revealed a well-encapsulated but highly cellular malignant mesenchymal neoplasm composed of pleomorphic spindle to stellate cells with vesicular nuclei, prominent nucleoli, and abnormal mitoses. Multinucleated giant cells and areas of tumor osteoid and chondroid differentiation with characteristic lace-like bone formation were noted. Immunohistochemistry showed negativity for p63 and S100, excluding odontogenic and primary cartilaginous neoplasms. **Discussion** A final diagnosis of chondroid variant osteosarcoma was established. This case highlights the importance of comprehensive clinicoradiographic, histopathological, and immunohistochemical correlation in recurrent lesions. Recognition of tumor osteoid is critical to differentiate osteosarcoma from its mimics, ensuring timely and appropriate management.

Taming the Flow: Corset Suturing in Diffuse Head and Neck Vascular Malformations

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Discipline / Track: Case Series – Management (Surgical)
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Keywords: Vascular malformations, corset suturing, head and neck, venous malformation

Background: Diffuse low-flow vascular malformations of the head and neck present significant surgical challenges due to their infiltrative nature and risk of profuse intraoperative bleeding, often limiting complete excision and optimal outcomes.**Case Description:** This case series includes 15 patients diagnosed with non-cutaneous low- flow vascular malformations involving regions such as the cheek, lips, tongue, and parotid. Diagnosis was established through clinical evaluation and imaging modalities including CT and MRI. **Management and Outcome:** All patients were managed using a standardized corset suturing technique, wherein polydioxanone sutures were strategically placed in a crisscross fashion to compress vascular channels and reduce lesion bulk. The technique enabled effective intraoperative hemostasis and preservation of surrounding structures. Significant reduction in lesion size and improvement in facial contour were observed in all cases, with most demonstrating over 50% regression within weeks. A small subset required secondary surgical intervention. Postoperative morbidity was minimal and primarily limited to transient edema, with high patient satisfaction reported. **Discussion:** Corset suturing offers a simple, cost-effective, and minimally invasive approach for managing diffuse low-flow vascular malformations, particularly in surgically challenging cases. It serves as a valuable alternative or adjunct to conventional modalities by improving operative control and reducing morbidity while achieving favorable functional and esthetic outcomes.

When Dentin Mimics Lava: Histopathological Insights of Rootless Teeth.

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Keywords: Dentin Dysplasia, anomaly

Introduction: Dentin dysplasia is a rare hereditary disturbance of dentin formation characterized by normal enamel with defective dentin and abnormal root development. The radicular form, dentin dysplasia type I, typically presents with short or absent roots, pulp chamber obliteration, and increased tooth mobility despite clinically normal crowns. Radiographic and histopathologic findings play a crucial role in establishing the diagnosis. Early identification is essential for appropriate management. **Case report and description:** A 14 -year-old male patient reported with the chief complaint of generalised mobility of teeth and irregularly placed teeth. Since the time of tooth eruption of permanent teeth, all the teeth showed mobility. Clinical examination revealed generalized tooth mobility with clinically normal appearing crowns. Radiographic evaluation demonstrated short, rudimentary roots with pulpal obliteration and periapical radiolucencies, suggestive of a developmental dentin disorder. Provisional diagnosis of radicular dentin dysplasia was given. Tooth 14 was extracted due to increased mobility and subjected to ground section. Microscopic examination of ground section of the extracted tooth 14 showed characteristic features in dentin resembling lava flowing around boulders. The overall histopathological features are consistent with the clinical and radiological diagnosis of radicular dentin dysplasia – Type I. **Management:** Oral hygiene reinforcement along with splinting of mobile teeth was initiated. **Discussion/learning points:**Dentin dysplasia is rarely reported in the Indian population. This case highlights the importance of histopathological examination, which provides crucial diagnostic clues and helps confirm the clinical and radiographic provisional diagnosis.

Odontogenic Keratocyst: A Case Report

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Keywords: Daughter/Satellite cysts, Giant cells, Lymphocytes, Odontogenic keratocyst

I**ntroduction:** Odontogenic Keratocyst (OKC) is a developmental cyst of odontogenic origin characterized by aggressive behaviour, and a high recurrence rate. **Case Description:** A 20-year-old male who presented with a chief complaint of swelling on the right side of the face for approximately 8 years, with a history of intermittent increase in size and occasional pain. There was no significant medical history. Clinical examination revealed a diffuse extraoral swelling over the right lower third of the face involving the angle and body of the mandible. Intraorally, a swelling was noted in the right posterior mandibular region. Radiographic evaluation using orthopantomogram and computed tomography revealed a well-defined multilocular radiolucent lesion involving the right ramus, angle, and body of the mandible. Based on clinical and radiographic findings, a provisional diagnosis of Ameloblastoma was considered, with Dentigerous Cyst and Odontogenic Keratocyst as differential diagnoses. **Management and Outcome:** An incisional biopsy was performed, and histopathological examination confirmed the diagnosis of an Odontogenic Keratocyst. The patient underwent cyst enucleation under general anaesthesia. Postoperative healing was satisfactory, and the patient is under regular follow-up. **Discussion:** This case emphasizes the importance of early diagnosis to rule out sporadic cases.

Paediatric Oral Submucous Fibrosis: Nature or Nurture

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Keywords: Habit-related oral disorders, Malignant transformation risk., Oral Submucous Fibrosis (OSMF), Oral potentially malignant disorders (OPMD), Pediatric oral lesions

Background: Burning mouth syndrome is characterized by a persistent burning sensation affecting the tongue or oral mucosa, in the absence of identifiable clinical or laboratory abnormalities, lasting for at least 4–6 months. It is rarely reported in children or adolescents. Pediatric cases presenting with stomatopyrosis and chronic progressive trismus are uncommon and warrant prompt evaluation. Common causes of trismus in children include congenital conditions, odontogenic infections, trauma, and therapy-related complications. **Case Report:** A 12-year-old male presented with a burning sensation in the oral cavity for 3–4 months. The patient reported a history of chewing betel nut (supari sachets) for approximately 9 months, with no significant medical history.Clinical examination revealed restricted mouth opening of 15 mm. Bilateral erythematous areas on the buccal mucosa, surrounded by elevated, thickened borders extending toward the tuberosity, were observed. Palpable fibrous bands were present bilaterally, suggestive of Oral Submucous Fibrosis (OSMF). The diagnosis was confirmed through incisional biopsy. Routine hematological investigations, including complete blood count, were within normal limits. The patient was referred for habit cessation counseling and initiated on conservative management. **Discussion:** Early initiation of areca nut consumption in children is often influenced by social acceptability and peer pressure. The increasing prevalence of OSMF among adolescents in India is a growing concern. Given its potential for malignant transformation (7–13%), early diagnosis, intervention, and long-term follow-up are essential. Preventive strategies should focus on stricter regulation of gutkha products and enhancing awareness among parents, educators, and healthcare providers.

Ameloblastic Fibroma of the Mandible: A Rare Paediatric Odontogenic Tumor

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Keywords: Ameloblastic fibroma, Mixed odontogenic tumor, Odontogenic tumor, Pediatric jaw lesion

Background/Introduction: Ameloblastic fibroma is a rare benign mixed odontogenic tumor characterized by the proliferation of odontogenic epithelium and ectomesenchymal tissue resembling the primitive dental papilla.The lesion usually presents as a slow-growing, painless swelling and is often discovered during investigation of delayed tooth eruption or jaw expansion. It predominantly occurs during the first and second decades and most common site is posterior mandible. Clinically and radiographically, it may mimic other odontogenic lesions makes histopathological examination essential for definitive diagnosis. **Case Presentation:** A 3-year-old male patient presented with swelling in the right lower jaw region since three months. Clinical examination revealed a solitary, soft, non-tender swelling with clinically missing 83 in relation to anterior mandibular region. Provisional diagnosis was dentigerous cyst, infected dental cyst. Radiographic findings show a well- defined radiolucent lesion associated with an impacted 83. H/E stained sections revealed keratinized stratified squamous epithelium with areas of proliferation and arcading basal cells. The underlying stroma consisted of highly cellular fibrous connective tissue with numerous fibroblasts with loose myxoid areas. **Management and outcome:** Conservative surgical enucleation and curettage along with extraction of 81,82 done and long-term follow-up is recommended. **Discussion /Learning points**: The present case highlights the classical biphasic architecture of ameloblastic fibroma and underscores the diagnostic importance of correlating epithelial and ectomesenchymal components. The tumor continues to generate interest because of the unresolved controversy regarding whether it represents a true neoplasm or an early stage in the spectrum of odontoma-related lesions such as ameloblastic fibrodentinoma and ameloblastic fibro-odontoma.

Unilateral But Unusual: A Case Report of Segmental Odontomaxillary Dysplasia

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Keywords: Facial asymmetry, Segmental odontomaxillary dysplasia, Unilateral maxillary enlargement

Background / Introduction: Segmental odontomaxillary dysplasia (SOD) is a non-hereditary, developmental disorder marked by unilateral enlargement of the alveolar bone, gingiva, and dentition. It commonly presents in childhood with facial asymmetry and dental abnormalities such as delayed eruption and malformed or missing teeth. Radiographically, it shows increased bone density with coarse trabeculae and possible sinus reduction, while histology reveals immature bone with reversal lines in a fibrous stroma. SOD is an uncommon, localized anomaly with distinctive clinical,radiographic and histopathological features, and its accurate recognition is essential to differentiate it from other fibro-osseous lesions and guide appropriate management. **Case Description:** A 16-year-old female presented with a painless swelling in the left posterior maxilla since 10 years, resulting in facial asymmetry. Clinical examination revealed a diffuse, non-tender, bony hard expansion. Radiographic findings showed unilateral altered trabecular pattern with mixed radiopacity and impacted and missing teeth. Histopathological examination revealed parakeratinized stratified squamous epithelium overlying a fibrocellular stroma. The stroma contained odontogenic epithelial islands, dentinoid-like material, and areas of calcification. Osseous trabeculae exhibiting osteoblastic rimming and reversal lines were also noted, along with a chronic inflammatory cell infiltrate. Correlation of clinical, radiographic, and histopathological findings confirmed the diagnosis of SOD. **Management and Outcome:**The patient was advised periodic follow-up, with intervention planned based on functional and esthetic needs. Discussion / Learning Points: SOD is a distinct clinical entity requiring clinicopathologic correlation for diagnosis; early recognition is essential to avoid unnecessary aggressive treatment and to guide individualized management.

Histological Insight into a Rare Keratinising Dentigerous Cyst

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Keywords: Impacted maxillary canine, Keratinizing dentigerous cyst, Odontogenic cyst.

Dentigerous cyst is a common developmental odontogenic cyst associated with the crown of an impacted tooth and is typically lined by non-keratinized stratified squamous epithelium. Keratinization within the epithelial lining of a dentigerous cyst is a rare histopathological finding and is believed to occur due to squamous metaplasia of the lining epithelium secondary to chronic inflammation and altered odontogenic epithelial differentiation, which may create diagnostic confusion with other keratin-producing odontogenic lesions. This case report describes a 34-year-old male who presented with pain and swelling in the upper right posterior tooth region of the jaw for three months. Clinical examination revealed a soft swelling measuring approximately 2 × 3 cm extending from the mucogingival junction of the maxillary right first premolar to the maxillary left central incisor and superiorly up to the floor of the nasal cavity. Orthopantomogram showed a well-defined radiolucent lesion in the same region associated with an impacted maxillary right canine, provisionally suggestive of a dentigerous cyst. Surgical enucleation of the lesion along with removal of the impacted tooth was performed. Histopathological examination revealed a cystic cavity lined by stratified squamous epithelium of variable thickness. The epithelial lining showed areas of hyperkeratinization and a fibrous connective tissue wall, confirming the diagnosis of keratinizing dentigerous cyst. The patient was kept under regular follow-up and showed satisfactory healing with no evidence of recurrence. This rare variant highlights the importance of clinicoradiographic and histopathological correlation for accurate diagnosis and appropriate management of unusual odontogenic cysts.

Polymorphous Adenocarcinoma : A Case Report

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Keywords: Cribriform adenocarcinoma, Polymorphous adenocarcinoma, salivary gland tumours

Introduction: Malignant salivary gland tumours account for 1–6% of head and neck cancers. Minor salivary gland tumours are estimated to account for about 9-23% of all salivary gland neoplasms.Polymorphous adenocarcinoma (PAC) is an infiltrative salivary gland carcinoma characterized by architectural diversity and cytologic uniformity, with a recurrence risk of 10%–20%. It predominantly affects the minor salivary glands of the palate. It presents as an asymptomatic, submucosal nodule with or without surface ulceration. **Case Description:** A 45-year-old female presented with an ulcerated lesion on the right side of the hard palate since 2 months. The ulcer measured 2.5 x 1 cm in diameter was well- defined and did not cross the midline. A solitary right submandibular lymph node was palpable, non-tender and mobile. Incisional biopsy revealed an unencapsulated proliferation of tumour cells in various patterns-solid, cribriform, papillary, duct-like and tubular. The tumor cells demonstrated vesicular and hyperchromatic nuclei. Focal duct-like spaces filled with eosinophilic PAS-positive material were evident. Perineural and perivascular infiltration was noted. The intervening stroma showed myxoid and hyalinized areas. The provisional and differential diagnoses included Polymorphous adenocarcinoma, Cribriform adenocarcinoma, Adenoid cystic carcinoma. Immunohistochemical evaluation was undertaken. **Discussion:** Polymorphous adenocarcinoma presents challenges in clinical and histopathological diagnosis because it often appears as a painless, firm nodule with intact mucosa, mimicking benign lesions. Diagnosis is confirmed through its characteristic histopathological features, including uniform cytology, perineural invasion, and a specific immunoprofile.

Maxillary Central Giant Cell Granuloma Mimicking an Odontogenic Tumor: A Case Report

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Keywords: Ameloblastoma, Giant Cell Granuloma, Odontogenic tumor, Osteoclast

Background / Introduction: Central giant cell granuloma (CGCG) is a benign intraosseous lesion of the jaws characterized by multinucleated giant cells within a fibrovascular stroma. Although non- neoplastic, it may exhibit locally aggressive behavior and variable clinical and radiographic features. CGCG commonly presents as a radiolucent lesion with non-specific imaging features, often mimicking odontogenic tumors such as ameloblastoma. Its histopathological hallmark includes numerous multinucleated osteoclast- like giant cells dispersed in a background of fibrous connective tissue with areas of hemorrhage. This overlap frequently creates a diagnostic dilemma, emphasizing the need for histopathological confirmation. **Case Description:** A 13-year-old male presented with a swelling on the right side of the face in the maxillary region, extending from teeth 14 to 17. Clinical examination revealed a firm expansile lesion. Radiographic evaluation(OPG) suggested a multilocular radiolucency, provisionally diagnosed as ameloblastoma. Histopathological examination revealed parakeratinized stratified squamous epithelium overlying connective tissue stroma composed of abundant multinucleated giant cells dispersed within dense collagen fiber bundles and proliferating fibroblasts. These findings were consistent with central giant cell granuloma. Management and Outcome: The lesion was surgically managed, and the patient is under periodic follow-up to monitor healing and detect any recurrence. **Discussion / Learning Points**: This case highlights the potential of CGCG to clinically and radiographically mimic ameloblastoma. Other lesions in differential diagnosis include odontogenic myxoma, brown tumor, etc. It underscores the critical role of histopathological evaluation in establishing an accurate diagnosis and guiding appropriate treatment strategies.

Rare Bilateral Unicystic Ameloblastoma: A Case Report

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Keywords: Unicystic ameloblastoma, bilateral lesions, calretinin, impacted third molar

Introduction: Unicystic ameloblastoma (UA) is a distinct clinicopathologic variant of ameloblastoma, accounting for approximately 5–22% of cases. It typically presents as a cystic lesion in younger individuals, often associated with impacted teeth, is usually unilateral & bilateral occurrence is exceedingly rare. Due to its clinical and radiographic resemblance to odontogenic cysts, definitive diagnosis requires histopathological evaluation with adjunctive immunohistochemistry for confirmation. **Case Description:** Hence, a rare case of a 22-year-old male presenting with a gradually increasing swelling on the left side of the lower jaw for five months is described. Radiographic examination revealed a posterior radiolucent lesion on the left side of the mandible, while the right side showed an impacted third molar with minimal follicular space and no significant pathology. Aspirational biopsy on left side showed blood tinged fluid with RBCs and few pus cells and incisional biopsy revealed infected dental cyst. The patient returned after 1 year with increased swelling on the left side. An OPG taken prior to excisional biopsy revealed a persistent radiolucent lesion on the left and a marked increase in radiolucency surrounding the impacted third molar on the right side which was totally asymptomatic. **Management and Outcome:** Surgical enucleation of both lesions was performed, and histopathology confirmed UA bilaterally. Further, positive calretinin expression on IHC confirmed the odontogenic neoplastic nature of the lesions. **Learning Points:** This case highlights rare bilateralpresentation of UA with independent primary lesions and underscores the importance of long-term follow-up and radiographic evaluation for early diagnosis and optimal management.

Seeing Beyond the Obvious - Unusual Presentation of a Common Odontogenic Lesion: A Diagnostic Dilemma

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Keywords: INFECTED DENTIGEROUS CYST, ODONTOGENIC KERATOCYST, PATCHY OSTEOMYELITIS, PERIAPICAL ABSCESS

INTRODUCTION: Dentigerous cysts are developmental odontogenic cysts associated with the crowns of unerupted teeth. Secondary infection can alter their clinical and radiographic features, sometimes mimicking aggressive lesions like Odontogenic keratocyst. Accurate diagnosis requires correlation of clinical, radiographical and histopathological findings. **CASE DESCRIPTION:** A 49 year old male presented with pain in the mandibular anterior region for 10 days. There was no evident swelling, but vestibular obliteration with pus discharge was noted. The involved teeth were non vital and provisional dianosis of PERIAPICAL ABSCESS was given. Imaging revealed a well defined unilocular radiolucency crossing the midline with impacted 43 and 33. Radiographically , ODONTOGENIC KERATOCYST was considered. **MANAGEMENT AND OUTCOME :** Initially incisional biopsy was done features of INFECTED DENTIGEROUS CYST was seen. Patient was subjected for enucleation was done, with removal of impacted 33 and 43. The histopathological examination of excised specimen confirmed the diagnosis of Dentigerous cyst with areas of patchy osteomyelitis in the underlying bone.**DISCUSSION:** Dentigerous cysts are usually asymptomatic but may present with pain and pus discharge when secondarily infected , mimicking aggressive lesions. This case emphasizes the importance of clinical, radiological and histopathological correlation for the evaluation of definitive diagnosis.

Oral Squamous Cell Carcinoma Variants: A Case Series Illustrating Histopathological Diagnostic Dilemmas

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Background: Oral Squamous Cell Carcinoma is one of the most common malignancies of the head and neck region. According to the Global Cancer Observatory (GCO), there were approximately 377,713 cases reported worldwide in 2020, with a higher prevalence in Asia. In addition to conventional OSCC, several histopathological variants exist, ranging from highly aggressive forms to those associated with a relatively favourable prognosis. These variants exhibit distinct biological behaviour, therapeutic response, and clinical outcomes, making their accurate identification crucial for appropriate management. **Case Description:** This case series includes four cases of histopathological variants of OSCC encountered in routine diagnostic practice. The variants documented include verrucous carcinoma, basaloid squamous cell carcinoma, clear cell variant of squamous cell carcinoma and acantholytic squamous cell carcinoma, each demonstrating distinct morphological patterns that could lead to misinterpretation if not carefully evaluated. Correlation of clinical findings with histopathological evaluation was performed to emphasize the diagnostic challenges and potential for misinterpretation associated with these variants.**Conclusion:** Each variant of squamous cell carcinoma has a unique histomorphology. Suitable recognition of the histological variants is a vital factor in the treatment. Awareness of these uncommon histopathological presentations and meticulous microscopic assessment are essential for clinicians to plan a precise treatment, as the prognosis of each of them differs considerably.

Langerhans Cell Histiocytosis in a Middle-Aged Woman- A Rare Case Report

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Keywords: Immunohistochemistry., Langerhans cell histiocytosis, Mandible, Osteonecrosis mimic

Langerhans Cell Histiocytosis (LCH) is a rare clonal proliferative disorder of bone marrow–derived dendritic cells characterized by expression of CD1a, Langerin (CD207), and S100, and associated with MAPK pathway mutations, reflecting its neoplastic nature with a spectrum ranging from localized lesions to multisystem disease, most commonly affecting children. Introduction: Classical jaw involvement presents with pain, swelling, tooth mobility, and well-defined osteolytic lesions; however, atypical presentations may mimic inflammatory or necrotic conditions, especially in adults, leading to diagnostic challenges. **Case Description:** A 35-year-old female presented 12 years back with pain and ulceration in the lower jaw, and biopsy with immunohistochemistry using CD1a and S100 confirmed LCH. Since then, the patient has been under continuous follow-up and on chemotherapy. Over time, the lesion showed an evolving clinical course, and she now presented with features suggestive of osteonecrosis, including persistent pain and exposed mandibular bone. Radiographic and CBCT findings revealed an ill-defined osteolytic lesion with cortical disruption, raising a diagnostic dilemma between persistent LCH and therapy-associated osteonecrosis. Histopathology showed sheets of Langerhans cells with nuclear grooves and eosinophilic cytoplasm, with eosinophil-rich infiltrate. Immunohistochemistry was positive for S100, CD1a, and CD68 with low Ki-67 (<1%), confirming persistent LCH. PET scan was advised for systemic evaluation. **Management and Outcome:** The patient continues chemotherapy with close follow-up. Discussion: This case highlights an uncommon adult presentation, prolonged course, and osteonecrosis-like features, emphasizing the critical role of follow up, histopathology and immunohistochemistry in accurate diagnosis and management.

The Jaw that Revealed the Gland: Brown’s Tumour as a sign of Hyperparathyroidism

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Keywords: Central giant cell granuloma, Hemosiderin, Hyperparathyroidism, PTH, multinucleated giant cells

Introduction: Brown tumour (osteitis fibrosa cystica) is a rare, non neoplastic, reactive giant cell lesion seen in advanced, untreated primary or secondary hyperparathyroidism (HPT). It represents a high bone turnover state due to elevated parathyroid hormone (PTH), leading to increased osteoclastic activity, bone resorption, and calcium release. **Case Description:** A 55-year-old female presented with pain and progressive swelling in the left lower face for one month. The pain was mild, intermittent, aggravated by chewing, and self-relieving. Clinical examination revealed a solitary, oval swelling (3×4 cm) extending from the left commissure anteriorly to 4 cm posteriorly, firm and tender on palpation. Intraorally, a diffuse swelling from 34 to 37 with obliteration of the buccal vestibule was noted. Radiographs showed multilocular radiolucency in the mandibular body with cortical thinning and buccolingual expansion. The lesion was excised and histopathology revealed multinucleated giant cells in fibrous stroma with spindle-shaped mesenchymal cells and areas of hemorrhage with hemosiderin. A provisional diagnosis of central giant cell granuloma was made. Laboratory findings showed elevated PTH (210 pg/ml), serum calcium, and alkaline phosphatase, confirming Brown tumour secondary to hyperparathyroidism. **Management and Outcome:** A left segmental mandibulectomy was performed. The patient was referred to an endocrinologist and showed good healing with appropriate HPT management. **Discussion / Learning Points:** Brown tumour closely mimics central giant cell granuloma clinically, radiographically, and histologically. Histology alone is not diagnostic. All giant cell lesions of the jaw should raise suspicion of hyperparathyroidism, especially in older patients, to prevent misdiagnosis and ensure proper management.

The Spectrum of Mixed Odontogenic Tumors: A 14 Case Retrospective Clinicohistopathological Analysis

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Keywords: Ameloblastic Fibroma, Ameloblastic Fibroma odontoma, odontoma

Mixed Odontogenic tumors represent a diverse group of Odontogenic tumors charcaterised by reciprocal induction between Odontogenic epithelium and ectomesenchymal tissue. This series showcases the clinical and microscopic spectrum of these tumors from non inductive ameloblastic fibroma to the rare malignant ameloblastic fibrosarcoma.This study includes retrospective analysis of 14 cases. The objective was to analyse the clinical, radiological and histopathological features of these tumors that mailnly includes Ameloblastic Fibroma, Ameloblastic Fibroma odontoma and odontoma. In the study sample, patients’ age ranged from 2-59 years. Clinical presentation in most of the cases was characterized by painless swelling; lesions were distributed both in maxilla as well as mandible. Radiologically, the lesions appeared radiolucent, radio-opaque to mixed radiological features and Often associated with impacted teeth. The analysis showed significant variation in biological behavior with one of the case initially diagnosed as Ameloblastic Fibroma , reported with multiple recurrences and eventually transformed into malignant Ameloblastic fibrosarcoma. This emphasizes the importance of thorough histopathological examination and long term follow-up of these tumors as recurrent benign tumors has potential for sarcomatous transformation

Cortical Breakdown to Bone Remodeling: CBCT-Guided Conservative Management of Persistent Periapical Lesion

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Keywords: Actinomycosis; CBCT; Conservative; Remodeling; Sulfur

Background: Persistent periapical lesions following root canal therapy are often attributed to intraradicular infection; however, extraradicular causes such as periapical actinomycosis may be underrecognized. This rare chronic infection, caused by gram-positive Actinomyces species, can contribute to persistent pathology associated with previously treated teeth and may influence management decisions, particularly when surgical intervention poses increased risk. **Case description:** This case report describes a 30-year-old female presenting with a six-month history of painful palatal swelling associated with teeth #7 and #8, both previously endodontically treated. Clinical examination revealed a 13 mm fluctuant swelling and tenderness to percussion. Cone-beam computed tomography (CBCT) demonstrated a periapical radiolucency extending from teeth #6 to #8, with thinning of the buccal cortical plate and destruction of the palatal cortical plate and nasal floor. Incision and drainage yielded purulent exudate containing yellow-white granules. Histopathologic evaluation confirmed extraradicular infection consistent with actinomycosis. **Management and outcome:** Given the elevated surgical risk, a conservative treatment approach was implemented, including incision and drainage, curettage, endodontic retreatment, and a 7- day course of amoxicillin. The patient experienced rapid symptom resolution. At 9-month follow-up, CBCT imaging demonstrated significant bone regeneration, including reformation of the nasal floor and palatal cortical plate, with no evidence of recurrence. **Discussion:** This case

highlights the importance of considering extraradicular infection in persistent periapical lesions and underscores the diagnostic value of CBCT and histopathology. Favorable outcomes following conservative management suggest that non-surgical approaches may be effective even in cases with extensive cortical

Rare Synchronous Hybrid Odontogenic Lesions: A Case of Ossifying Fibroma with Odontoma in Both Jaws

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Keywords: Hybrid odontogenic lesions, Ossifying fibroma, odontome

Hybrid odontogenic lesions are rare entities exhibiting combined features of different odontogenic pathologies, posing diagnostic and therapeutic challenges. This case report describes a 26-year-old male who presented with a gradually enlarging swelling in the upper right anterior region for six months, associated with mild pain during mastication. Clinical examination revealed a well-circumscribed, bony hard swelling in the edentulous maxillary canine region with buccal expansion. Radiographic evaluation (OPG and IOPA) demonstrated an impacted maxillary canine (13) associated with a well-defined radiopaque mass containing tooth-like structures, suggestive of a dentigerous cyst with odontoma. A separate mixed radiolucent-radiopaque lesion was also identified in the mandibular canine- premolar region. Surgical excision of the maxillary lesion along with removal of the impacted tooth was performed. Histopathological examination revealed a synchronous hybrid lesion comprising ossifying fibroma with compound and complex odontoma. Subsequently, the mandibular lesion was excised in a staged manner. Histopathology confirmed a psammomatoid ossifying fibroma associated with compound and complex composite odontoma. The coexistence of ossifying fibroma with odontoma in both maxillary and mandibular regions is extremely uncommon. Such hybrid lesions highlight the complexity of odontogenic tumor pathogenesis and the importance of correlating clinical, radiographic, and histopathological findings for accurate diagnosis. Complete surgical excision remains the treatment of choice, with careful long-term follow-up due to the potential for recurrence. This case highlights the significance of recognizing hybrid odontogenic lesions and contributes to the limited literature on synchronous and multifocal presentations.

Odontogenic Keratocyst of the Maxilla: A Rare Pediatric Case Report

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Keywords: , Odontogenic keratocyst, anterior maxilla, paediatric patient, painless swelling

Background: Odontogenic keratocyst (OKC) is a benign developmental intraosseous cyst characterized by aggressive behavior and a high recurrence rate. It predominantly occurs in the posterior mandible, while involvement of the anterior maxilla is rare. **Case Presentation:** An 11-year-old male presented with a painless swelling on the right side of the face, progressively increasing in size over 3 months. Extraoral examination revealed a diffuse, firm, non-tender swelling measuring approximately 5 × 3 cm. Intraoral examination showed a vestibular swelling in relation to 11, extending posteriorly up to the maxillary tuberosity, with normal overlying mucosa and adjacent teeth. A provisional diagnosis of dentigerous cyst was made, with adenomatoid odontogenic tumor, ameloblastoma, central giant cell granuloma, and fibrous dysplasia as differential diagnoses. Radiographic evaluation using orthopantomogram and cone-beam computed tomography revealed a well-defined radiolucency measuring approximately 2.5 × 3 cm in the right maxilla, with corticated borders, apical displacement of developing tooth buds, and thinning of the buccal and palatal cortical plates and nasal floor. Fine needle aspiration cytology revealed a thick whitish aspirate. Histopathological examination of the biopsy specimen confirmed the diagnosis of OKC. **Management and outcome :** The lesion was treated by complete enucleation. No recurrence has been observed on follow-up. **Discussion :** OKC in the anterior maxilla of paediatric patients is rare and may mimic other Odontogenic lesions. Accurate diagnosis requires careful correlation of clinical, radiographic, and histopathological findings. Early detection and appropriate management is essential for favourable prognosis and also minimise the recurrence.

Peripheral Giant Cell Granuloma: A Case Report

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Keywords: cupping, osteoclast like giant cells, peripheral giant cell granuloma, sessile, surface indentations

Peripheral Giant Cell Granuloma (PGCG) is a benign reactive lesion of the oral cavity that originates from the gingiva or alveolar mucosa, typically as a response to chronic local irritation or trauma. **Case Presentation:** A 52-year-old female presented with a slow-growing, painless swelling in the right mandibular anterior region of 2 months' duration. Clinical examination revealed a firm, sessile mass measuring approximately 4 × 3 cm, extending from the proximal surface of tooth 43 to 45. The lesion appeared pale pink, similar to the adjacent mucosa, with focal erythema near the attached gingiva in relation to tooth 44. Surface indentations from opposing maxillary teeth were evident. Pathological migration of teeth 43 and 44 was noted. The lesion was non-tender and did not bleed on palpation.
Radiographic evaluation demonstrated superficial alveolar bone resorption characterized by "cupping" or "saucerization." Surgical excision of the lesion was performed under local anesthesia, along with removal of local irritants. Histopathological analysis revealed a highly vascular connective tissue stroma with mixed inflammatory infiltrate comprising neutrophils, lymphocytes, and plasma cells. Numerous multinucleated osteoclast-like giant cells (2–15 nuclei) were observed, confirming the diagnosis of PGCG. The postoperative course was uneventful. **Conclusion:** PGCG should be included in the differential diagnosis of gingival overgrowths. Prompt diagnosis, complete surgical excision, and elimination of local irritants are critical to minimize recurrence and ensure a favorable prognosis.

Glandular Odontogenic Cyst Mimicker : A Case Report

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Keywords: glandular odontogenic cyst, glandular odontogenic cyst mimickers, histopathology, hobnail cell, infected radicular cyst

Introduction: The epithelial remnants of tooth development give rise to a diverse range of cystic lesions, which are classified based on their distinct clinical, radiological, and histological features. However, various odontogenic cysts can display overlapping histopathological features. A primary example is the Glandular Odontogenic Cyst mimicker (GOC-M), which exhibits features similar to a true GOC but does not fulfill all the specific diagnostic criteria, thereby posing a challenge. **Case Description:** Presenting the case of a 54-year-old prediabetic male who complained of acute pain in the maxillary anterior region in relation to tooth 12 for two days. The patient’s past dental history was notable for previous trauma and fracture involving the same tooth. **Management & Outcome:** The cystic lesion was enucleated along with the extraction of tooth 12. The combined clinical, radiological, and histopathological findings were suggestive of an infected radicular cyst with features mimicking a GOC. **Discussion:** This case highlights the importance of correlating clinical and radiographic features with histopathological findings, especially when reporting an incisional biopsy to preclude misdiagnosis and overtreatment, while ignoring these characteristics may lead to suboptimal patient care and potential recurrence.

The Ghost That Wouldn’t Fade: A Case of Recurrent Odontogenic Lesion with Malignant Transformation

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Keywords: Calcifying Ghost Cell Odontogenic Tumor, Ghost Cell Odontogenic Carcinoma, Malignant transformation, Maxillary neoplasm, Recurrent odontogenic tumor

Background / Introduction: Ghost Cell Odontogenic Carcinoma is a rare yet highly aggressive odontogenic malignancy, often arising from pre-existing ghost cell lesions. Its deceptively benign onset and overlapping histopathology frequently delay definitive diagnosis. **Case Description:** An 18-year-old female presented with persistent pain and pus discharge in the left maxillary posterior region following extraction. Radiography revealed a well-defined unilocular radiolucency with cortical margins, impacted 28, maxillary sinus displacement, and root resorption of 26. Clinically, a proliferative yellowish-red growth extended across the alveolus, palate, and buccal vestibule. Initial histopathology suggested calcifying ghost cell odontogenic tumor with clear cell differentiation. Over a 6-year period, the lesion demonstrated relentless recurrence with progressively aggressive behavior. Serial histology revealed transformation from benign-appearing odontogenic epithelium to atypical ameloblast-like islands with basaloid predominance, ghost cells with calcification, nuclear pleomorphism, and increased mitotic activity. Extensive infiltration into bone, skeletal muscle, and surrounding soft tissues was evident. Immunohistochemistry supported odontogenic epithelial origin, culminating in a diagnosis of Ghost Cell Odontogenic Carcinoma. **Management and Outcome:** Despite repeated surgical excisions and close follow-up, the lesion exhibited persistent recurrence with progressive local invasion. The disease followed an aggressive course, and the patient ultimately succumbed to its complications. **Discussion / Learning Points:** This case underscores the malignant potential of recurrent ghost cell lesions and the importance of recognizing early histological warning signs. Vigilant long-term follow-up and timely aggressive management are critical to improving prognosis in such rare but devastating entities.

Beyond Conventional Oral Squamous Cell Carcinoma: A Spectrum of Rare Histological Variants

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Keywords: Diagnosis, Histological variants, Oral squamous cell carcinoma

Oral squamous cell carcinoma exhibits a wide spectrum of histopathological variants, some of which are uncommon and pose significant diagnostic challenges due to their resemblance to other malignancies and distinct biological behaviour. This case series aims to highlight the clinicopathological features of rare histological variants of oral squamous cell carcinoma and emphasize key diagnostic clues and pitfalls. Cases of histopathologically diagnosed rare variants were retrieved from institutional archives, and haematoxylin and eosin-stained sections were reviewed along with relevant clinical details including age, gender, and site. The series demonstrated a spectrum of variants including basaloid squamous cell carcinoma, carcinoma cuniculatum, acantholytic squamous cell carcinoma, non-keratinizing squamous cell carcinoma etc. Each variant exhibited characteristic histopathological features such as comedo-type necrosis in basaloid squamous cell carcinoma, keratin-filled burrowing channels in carcinoma cuniculatum, pseudoglandular spaces in acantholytic squamous cell carcinoma, and absence of keratinization in non-keratinizing squamous cell carcinoma. These variants may mimic other entities, leading to potential diagnostic dilemmas. Awareness of their distinctive morphological features is essential for accurate diagnosis and appropriate management. This case series underscores the importance of careful histopathological evaluation in recognizing these uncommon variants.

Histopathological Spectrum of Ameloblastoma: A Case Series Highlighting Variants

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Keywords: Ameloblastoma, Histopathological variants, biological behaviour.

Background: Ameloblastoma is a benign but locally aggressive odontogenic tumour that originates from odontogenic epithelium. It is characterized by a wide spectrum of clinico- radiographic and histopathological variants. These variants exhibit distinct morphological features and differences in biological behaviour and recurrence rate. The central variants commonly present as a painless swelling of the jaw, while peripheral ameloblastomas appear as an innocuous gingival mass with minimal invasive potential and low recurrence rate. Conventional ameloblastomas demonstrate an aggressive, infiltrative growth pattern with a high recurrence rate which unicystic ameloblastomas show variable biological behaviour that influence treatment strategies. **Case Description:** Six cases of intraosseous ameloblastomas – conventional and unicystic, with distinct clinical, radiographic and histopathological features are included in this case series with an attempt to highlight the histological diversity of ameloblastoma and its impact on management protocols and prognostication. **Conclusion:** A thorough understanding of the spectrum of ameloblastoma is important. Emphasis is laid on the importance of accurate microscopic diagnosis to ensure accurate diagnosis and management.

Rare Inflammatory Myofibroblastic Tumour in Mandible: Diagnostic Dilemma.

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Keywords: Anaplastic Lymphoma Kinase(ALK), Biphasic., Inflammatory Myofibroblastic Tumor (IMT), Pseudosarcoma

Introduction: Inflammatory myofibroblastic tumor (IMT) is a very rare lesion of the oral and maxillofacial region. The pathology has undergone numerous changes in its name until the WHO settled on the current terminology. The cause and pathogenesis of IMT remain unknown, although postsurgical, posttraumatic and postinfectious cases have prompted some speculation that an initially reactive process can change into an overt neoplasm. **Case:** We report a rare case of IMT of the mandible in an 18-year-old woman. The patient reported with the chief complaint of mobile teeth in anterior mandibular region with a history of trauma 8 years ago. **Discussion:** Central IMTs in the oral cavity are rarely reported and are often mistaken for odontogenic lesions if not subjected to histopathological evaluation. IMT poses a diagnostic challenge as the differential diagnosis includes a long list of pseudosarcomatous spindle cell lesions. Immunohistochemistry plays a vital role in diagnosis of this rare entity. The tumor cells in the present case were immunopositive for smooth muscle actin, desmin, calponin and Anaplastic Lymphoma Kinase (ALK), confirming the diagnosis. **Conclusion:** IMT is a very unusual pathology in the oral and maxillofacial area. An aggressive clinical and radiologic features mandates differentiation from a malignancy. A thorough histopathological investigation and adjunctive immunostaining is mandatory for definitive diagnosis and planning treatment strategies.

Beyond The Usual Sites: A Case of Isolated Oral Pemphigus Vegetans

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Keywords: pemphigus vegetans, vesiculobullous disorder

Background/Introduction: Pemphigus vegetans is a rare autoimmune vesiculobullous disorder and a variant of pemphigus vulgaris, accounting for 1–2% of cases. It is characterized by hypertrophic vegetative plaques, typically affecting intertriginous areas, face, and scalp. Untreated disease may be fatal within five years due to complications such as infection and malnutrition. Isolated oral involvement is extremely uncommon, with only a few cases reported globally. **Case description:** A 55-year-old female presented with recurrent, painless vesicles on the tongue for 3 months, which ruptured and persisted as vegetative plaques. She reported similar self-resolving lesions in the oral cavity one year prior. Clinical examination revealed multiple vesicles and scrapable, non-tender plaques on the tongue and floor of the mouth, with a positive Nikolsky's sign. Laboratory findings included eosinophilia, hyperglycemia, and low vitamin D levels. Tzanck smear revealed acantholytic cells, while histopathology demonstrated suprabasal acantholysis, eosinophilic spongiosis, and a characteristic tombstone appearance of basal cells. **Management:** The patient was treated with systemic methotrexate and topical triamcinolone. Supportive therapy included vitamin D3 and folic acid supplements. Partial resolution of lesions was observed on follow-up. Discussion: This case represents a rare instance of isolated oral pemphigus vegetans. Diagnosis relied on combined clinical, cytological, and histopathological findings despite negative immunofluorescence. Early recognition and immunosuppressive therapy are critical to prevent disease progression and improve outcomes.

Natal Tooth : A Case Report

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Keywords: Feeding difficulty, Natal teeth, Neonate, Tooth extraction, Tooth mobility

Introduction: Natal teeth, present at birth, are rare and may cause feeding difficulty, aspiration risk, and oral trauma, requiring early diagnosis and management. **Case Description:** An 8-day-old male infant presented with feeding difficulty due to mobile lower anterior teeth noted since birth. Clinical examination revealed mandibular anterior teeth with Grade III mobility. A provisional diagnosis of natal teeth was made. Extracted teeth showed absence of root development, confirming their immature nature. **Management and Outcome:** Due to high mobility and feeding difficulty, extraction was performed under topical local anesthesia. The procedure was uneventful, with subsequent improvement in feeding. Follow-up showed satisfactory healing without complications. **Discussion** : This case emphasizes early recognition and timely management of natal teeth to prevent complications. Treatment decisions should be based on mobility and symptoms, with extraction indicated in highly mobile teeth. Regular follow-up is essential for ensuring proper healing and infant well-being.

When Inflammation Mimics Malignancy: Inflammatory Myofibroblastic Tumor of the Oral Cavity

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Keywords: ALK-negative IMT, Inflammatory myofibroblastic tumor, oral cavity, spindle cell lesion

Background: Inflammatory myofibroblastic tumor (IMT) is a rare mesenchymal neoplasm of intermediate biological potential, infrequently involving the oral cavity. Its rapid growth, histopathological variability, and radiologic features often mimic malignancy, leading to diagnostic challenges. **Case Description:** A 75-year-old female with a history of long-term betel quid chewing presented with a rapidly enlarging swelling in the right hard palate and gingivobuccal sulcus, associated with nasal obstruction and dysphagia. Clinical examination revealed a firm, lobulated, ulcerated mass measuring approximately 6 × 4 cm. Radiographic evaluation showed alveolar ridge erosion, raising suspicion of malignancy. Initial biopsies demonstrated granulation tissue and fibroblastic proliferation. Subsequent histopathological analysis revealed spindle-to-stellate cells in a myxoid stroma with a prominent mixed inflammatory infiltrate. Immunohistochemistry showed positivity for smooth muscle actin, desmin, and vimentin, with ALK negativity, confirming IMT. **Management and Outcome:** Complete surgical excision was performed. The postoperative course was uneventful, and no recurrence was observed at 5-month follow-up. **Learning Points:** Oral IMT can closely mimic malignancy clinically and radiologically, especially in patients with risk habits. Histopathological heterogeneity may result in initial non-diagnostic biopsies, necessitating repeat sampling. Recognition of IMT and appropriate use of immunohistochemistry are essential to avoid misdiagnosis and unnecessary aggressive treatment.

Cystic Dilated Odontoma of the Anterior Maxilla in A 52-Year- Old Patient: A Rare Case Report and Diagnostic Conundrum

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Keywords: Anterior maxilla swelling; calcified lesion; CBCT; cystic odontome; dilated odontome; mixed radiopaque lesion

Background: Cystic dilated odontoma represents a rare odontogenic lesion where a cystic structure co-exists with a dilated odontoma, accounting for less than one percent of all odontogenic tumours and diagnostic challenges arise due to its overlapping radiological and histopathological features with other mixed radiopaque-radiolucent jaw lesions. Early recognition is essential to prevent maxillary bony expansion, bone destruction, or secondary infection. **Case Description:** We report a rare case of a 52-year-old male presenting with a painful palatal swelling extending across the midline, associated with a mixed radiopaque lesion in the anterior maxilla. Cone beam computed tomography (CBCT) showed well defined borders, cortical erosion and soft tissue extension. Provisional and differential diagnoses included dilated odontoma, calcifying epithelial odontogenic tumour and adenomatoid odontogenic tumour. Histopathology confirmed a benign odontogenic neoplasm favouring cystic odontoma. **Management and Outcome: The** lesion was surgically excised en bloc and post operative healing was uneventful. **Discussion/Learning** Points:This case reinforces the need for multimodal imaging, biopsy-based confirmation and complete surgical excision to avoid recurrence. Cystic dilated odontome should be considered in the differential diagnosis of mixed radiopaque lesions of the anterior maxilla in adults.

A Rare Palatal Tumor: Hemangiopericytoma Mimicking Salivary Gland Malignancy

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Keywords: Hemangiopericytoma, Palatal lesion, Solitary fibrous tumor, Spindle cell tumor

Hemangiopericytoma, currently categorized under solitary fibrous tumors (SFT), is a rare vascular neoplasm with variable biological behavior. A 50-year-old male presented with a swelling in the upper left posterior palatal region for 6–7 months, which gradually increased in size and was associated with mild pain during chewing. Intraoral examination revealed a well-defined, dome-shaped swelling with an ulcerated surface in relation to teeth 24 to 28. Radiographic investigations showed a soft tissue mass without significant bone destruction. Based on clinical findings, a provisional diagnosis of salivary gland malignancy was considered. Incisional biopsy showed spindle-shaped tumor cells with characteristic vascular patterns. Immunohistochemical analysis supported the diagnosis of hemangiopericytoma. The lesion was managed by surgical resection of the affected maxillary segment with adequate margins. Excisional biopsy confirmed the diagnosis. Postoperative healing was satisfactory. This case highlights the importance of considering rare tumors in palatal swellings and the role of histopathology and immunohistochemistry in accurate diagnosis. Early surgical intervention ensures better prognosis, and regular follow-up is essential due to the risk of recurrence.

Oral Squamous Cell Carcinoma Masquerading as a Reactive Lesion: A Diagnostic Challenge

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Keywords: Oral squamous cell carcinoma, biopsy, diagnostic challenge, epithelial malignancy, leukoplakia, pan cytokeratin

Introduction: Oral squamous cell carcinoma (OSCC) is the most common malignancy of the oral cavity, typically presenting as an ulcerative or indurated lesion. However, in certain cases, it may mimic benign reactive lesions, leading to diagnostic delays. Such deceptive clinical presentations pose significant challenges in early detection and management. **Case Description:** 1.A 65-year-old female patient presented with a growth in the right gingivobuccal sulcus, clinically resembling a reactive lesion. Initial clinical assessment did not reveal classical malignant features. Patient also had bilateral white lesions, incisional biopsy of the same was done which revealed a case of leukoplakia. Excisional biopsy of the growth was done. Immunohistochemical analysis revealed diffuse strong positivity for pan-cytokeratin, confirming epithelial origin, while HMB-45 was negative. Based on histopathological and Immunohistochemical findings, a final diagnosis of poorly differentiated squamous cell carcinoma of the right gingivobuccal sulcus was established. **Management and Outcome:** Further evaluation for lymph node involvement to be assessed for future treatment. **Discussion / Learning Points:** This case highlights that lesions mimicking reactive growths may harbour malignancy. Biopsy is essential for early detection and should be performed for any suspicious or non- resolving lesion. Histopathological evaluation remains the gold standard for diagnosis, while immunohistochemistry aids in confirming the origin and nature of the tumour.

Angina Bullosa Hemorrhagica: A Case Report

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Keywords: Angina bullosa hemorrhagica, Blood blister, Trauma, Ulcer.

Introduction: Angina bullosa hemorrhagica (ABH) is a rare, benign condition characterized by the sudden appearance of blood-filled subepithelial blisters in the oral mucosa, not associated with systemic disease or haematological disorders. These lesions commonly arise due to minor trauma, particularly from hard or hot foods, although the exact etiopathogenesis remains unclear. Clinically, the bullae rupture spontaneously within a short duration, leaving painless superficial erosions that heal within a week without scarring. **Case Description:** This case report describes a 45-year-old male presenting with a solitary hemorrhagic blister on the lateral border of the tongue. The lesion resolved spontaneously within 24 hours, followed by uneventful healing, confirming the diagnosis of ABH. **Discussion:** Awareness of this condition is essential for clinicians to avoid misdiagnosis with other vesiculobullous or haematological disorders. ABH has a favourable prognosis and typically requires no specific treatment beyond reassurance and elimination of precipitating factors.

Adult Embryonal Rhabdomyosarcoma of the Buccal Space: Histopathological and Immunohistochemical Features

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Keywords: Adult rhabdomyosarcoma, Head and Neck Neoplasms

Background: Embryonal rhabdomyosarcoma is a rare malignant skeletal muscle neoplasm in adults, with histopathological evaluation being essential for accurate diagnosis. **Case description:** A 22-year-old female presented with a progressively enlarging right buccal space swelling over six months, associated with recent onset throbbing pain and rapid growth. Imaging revealed a multilobulated, heterogeneously enhancing mass in the right masticator and buccal spaces, with differential diagnoses including salivary gland tumours and soft tissue sarcoma. Incisional biopsy demonstrated a highly cellular tumour composed of round to spindle-shaped cells with marked pleomorphism, hyperchromatic nuclei, high mitotic activity, and infiltration between skeletal muscle bundles. Immunohistochemistry showed diffuse strong positivity of tumour cells for myogenin and MyoD1, focal desmin expression, and a high Ki-67 proliferation index (~90%), while AE1/AE3, S100, SMA, CD45, and other markers were negative, confirming myogenic differentiation and excluding epithelial, neural, and lymphoid lineages. These features established a diagnosis of embryonal rhabdomyosarcoma. **Management and outcome:** The patient was referred for multidisciplinary management, with a planned regimen of neoadjuvant chemotherapy followed by surgical resection and concurrent chemoradiotherapy; molecular subtyping via next-generation sequencing was not performed due to financial constraints. **Discussion / learning points:** This case illustrates the critical role of histopathology and immunohistochemistry in confirming rhabdomyosarcoma in rare adult presentations and highlights the importance of early tissue diagnosis in guiding appropriate oncologic treatment.

Pre- And Post-Treatment Histological Dynamics in Central Giant Cell Granuloma Managed with Intralesional Steroids: A Case series

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Keywords: Central giant cell granuloma, corticosteroids, histomorphology, intralesional therapy, multinucleated giant cells, osteogenesis

Central giant cell granuloma (CGCG) is a benign intraosseous lesion of the jaws with a variable clinical course, ranging from indolent to locally aggressive behaviour. While surgical curettage has traditionally been the mainstay of treatment, non-surgical approaches such as intralesional corticosteroid therapy have gained acceptance due to their ability to reduce lesion size and preserve surrounding structures. Corticosteroids are believed to inhibit osteoclastic activity, reduce angiogenesis, and modulate the inflammatory milieu, thereby promoting lesion regression. We present a case series of CGCG managed with intralesional steroid therapy, in which biopsy specimens were obtained both prior to initiation of treatment and following completion of therapy. Our primary aim was to compare the histological characteristics of CGCG before and after steroid administration, focusing on the morphology, distribution, and status of multinucleated giant cells (MNGCs), stromal cell features, extent and type of bone formation, vascularity, and inflammation. Post-treatment evaluation demonstrated a reduction in the number and size of MNGCs, with a relative increase in stromal cell proportion. Stromal cells exhibited areas of pleomorphism and focal hyperchromasia. Extensive bone formation was noted, showing varying degrees of mineralization. A decrease in vascularity and inflammatory infiltrate was consistently observed. In conclusion, intralesional corticosteroid therapy induces characteristic histomorphological changes in CGCG, reflecting lesion regression. Awareness of these changes is essential to avoid misinterpretation of post-treatment specimens and supports corticosteroids as an effective conservative treatment modality.

Sebaceous Adenoma of The Palate: A Rare Entity with Diagnostic Significance and Histopathological Insights

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Keywords: Adenoma, Diagnosis, Oral, Pathology, Surgery

Introduction: Sebaceous adenoma is a rare benign neoplasm of sebaceous gland origin, commonly seen in cutaneous sites but infrequently reported within the oral cavity. Intraoral sebaceous glands typically present as Fordyce granules, making neoplastic transformation in the palate exceedingly rare, with very few cases documented in the literature. **Case Description:** A 38-year-old female patient presented with a painless, slow-growing swelling on the right posterior hard palate of eight months duration. Clinical examination revealed a well-circumscribed, firm, non-tender, ovoid lesion measuring approximately 2 × 1.5 cm with a smooth mucosal surface. Radiographic evaluation showed a non-enhancing lesion confined to the palate without bony destruction. Fine needle aspiration suggested a benign pathology; however, definitive diagnosis remained inconclusive. The lesion was surgically excised and subjected to histopathological examination, which revealed lobules of sebaceous cells with peripheral undifferentiated basaloid cells and centrally located mature sebocytes, without atypia or mitotic activity. Special staining with Sudan Black B confirmed the presence of sebum, and Ki-67 immunohistochemistry showed focal proliferative activity, establishing the diagnosis of sebaceous adenoma. **Management and Outcome:** Complete surgical excision resulted in satisfactory healing, with no recurrence observed during follow-up.
Discussion / Learning Points: This rare entity poses diagnostic challenges due to its resemblance to other benign salivary gland tumors, emphasizing the importance of histopathology for accurate diagnosis.

Glandular Odontogenic Cyst Associated With an Impacted Mesiodens: A Case Report

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Keywords: Glandular Odontogenic cyst, Impacted tooth, Mesiodens

Background / Introduction: First described in 1987 by Padayachee and Van Wyk as Sialo- odontogenic cyst based upon the possibility of the origin from the salivary glands, Glandular odontogenic cyst (GOC) was the term included in WHO 1992 classification under the heading of developmental cysts of the jaw bones. This cyst is known for high recurrence rate and its aggressive behaviour. **Case Description:** A 41-year-old male patient who presented with swelling in the upper front tooth region since past 1 year which has gradually increased to the present size. On radiographic examination, a unilocular radiolucency surrounding the crown of an impacted mesiodens causing divergence of the central and lateral incisors was noted in the midline in the maxillary arch. **Management and Outcome:** Enucleation of the cystic lining with extraction of the mesiodens was performed and the specimen was submitted for histopathological evaluation. The sections showed features suggestive of a diagnosis of a GOC. Patient has been followed up for last 8 months with no recurrence reported till date. **Discussion / Learning Points:** Present case is one of the first associated with an impacted mesiodens crossing the midline in the maxillary arch. Histopathological analysis of all lesions associated with an impacted supernumerary tooth is mandatory irrespective of its location in the oral cavity.

Peripheral Odontogenic Fibroma Presenting a Diagnostic Dilemma as Gingival Overgrowth: A Rare Case Report

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Keywords: Localized gingival overgrowth, neoplasm, odontogenic epithelium., peripheral odontogenic fibroma, swollen gums

Background/Introduction: Peripheral odontogenic fibroma (PODF) is a slow growing rare benign, extraosseous neoplasm which appears as gingival overgrowth arising from the attached gingiva. It originates from the odontogenic tissues and histologically appears as mature fibrous stroma with embedded inactive resting islands of odontogenic epithelium. **Case Description:** A 19years old male reported with complaint of swollen gums in the lower right front region of the jaw since 2years. It began as a small swelling, which gradually increased in size over a period of time with no associated signs and symptoms. It was patient's first dental visit. The past medical history was non-contributory. Extraoral, intraoral and radiographic examinations revealed no abnormality, except for the non-inflammatory gingival overgrowth in relation to the labial aspect of tooth no# 42-43 measuring about 2cm X 1.5cm in size; extending, coronally to the middle third of the crowns of 42-43 and apically into the labial vestibule. Surface was lobulated with well-defined margins and hard in consistency. Occlusal examination revealed mild crowding and generalized attrition with presence of trauma from occlusion. **Management:** After thorough oral prophylaxis, Coronoplasty was performed to remove occlusal interferences. Surgical excision of the overgrowth was performed along with osteoplasty. The histopathological examination of the excised tissue revealed the diagnosis of Peripheral odontogenic fibroma. The patient is under regular follow-up examination. Localized gingival overgrowths present challenges in diagnosis as well as management. A thorough clinical, radiographic and histological examination is essential in the management of such cases along with long term monitoring for their recurrence.

Sialadenopapillary Ductal Tumor Of The Mandible: A Diagnostic Challenge

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Keywords: mandible, salivary gland neoplasm, sialadenopapillary ductal tumor

Background/Introduction: Sialadenopapillary ductal tumors (SDTs) represent a spectrum of minor salivary gland neoplasms with prominent submucosal ductal proliferation, predilection for the mandible and palate, frequent BRAF V600E mutation, often micropapillary growth, and variable surface/bone involvement. SDTs include lesions reported as sialadenoma papilliferum-like intraductal papillary tumor, tubulopapillary hidradenoma-like tumor of the mandible, and other entities. **Case Description:** An 82-year- old male presented with a painless, posterior mandibular lesion. Past medical history included prostate cancer (stage 1, managed by surveillance). The overlying mucosal surface appeared smooth. Radiographs demonstrated a 2.3-cm, well-delineated radiolucency destroying crestal/cortical bone. Biopsy showed submucosal micropapillary cystic structures with luminal cuboidal/columnar cells, peripheral myoepithelial cells, and “pushing” bone invasion. Preliminary impressions included adenocarcinoma of metastatic versus primary salivary gland origin. Ultimately, salivary origin was favored based on the following: negative immunoreactivity for markers typical of prostate adenocarcinoma (PSA/PSAP/PSMA/NKX3.1/AR); CK7-positive/CK20-negative; continuous peripheral myoepithelial layer expressing p63/p40; negative for villin/CDX2/TTF-1/uroplakin II/GCDFP-15/GATA3; histomorphologic comparison with the prostate lesion; FDG-PET/CT showing hypermetabolic activity limited to the mandibular site. Additionally, BRAF V600E immunohistochemistry was positive; the final diagnosis was SDT. **Management and Outcomes:** En bloc resection was performed. Examination 10 months post-surgery showed no evidence of disease. Continued surveillance is planned. **Discussion and Learning Points:** Diagnosis is

challenging given the rarity of SDTs and gnathic salivary neoplasms. Differential diagnoses include metastatic adenocarcinomas; salivary adenocarcinomas (e.g., intraductal carcinoma, papillary cystadenocarcinoma, salivary duct carcinoma); and odontogenic lesions. Current evidence suggests SDTs are low-grade malignancies with only one case of regional metastasis and no distant metastasis reported.

A Common Site Showing an Uncommon Tumor: Rare Case Report

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Keywords: Basal cell adenoma, Minor salivary Gland tumour, Tubular variant of Basal cell adenoma

Basal cell adenoma is a rare benign epithelial tumor arising from the salivary glands and represents approximately 1–3% of all salivary gland neoplasms. It is composed of uniform basaloid cells that form characteristic architectural patterns. This tumor most commonly affects the major salivary glands, especially the parotid gland, whereas involvement of the minor salivary glands is uncommon and can create diagnostic difficulty for clinicians as well as pathologists. This is a presentation of a case involving a 60-year-old female who presented with a painless and gradually increasing swelling in the upper labial mucosa. Ultrasonographic evaluation demonstrated a well-circumscribed, heterogeneously hypoechoic lesion located on the gingival side of the upper lip with mild internal vascularity. The lesion was surgically removed through excisional biopsy. Histopathological examination revealed features consistent with the tubular variant of basal cell adenoma arising from the upper labial mucosa. The patient was monitored for one year after treatment, and no recurrence was detected during the follow-up period. This report highlights the rare occurrence of basal cell adenoma in the minor salivary glands. Such tumors are infrequently seen at this site, and identification of the tubular variant in this location makes this presentation even more unusual. The identification of this rare histopathological variant underscores the need for its global representation in the scientific forum, as it can closely resemble other salivary gland tumors both clinically and microscopically, and wider dissemination of such cases is essential to enhance diagnostic awareness and accuracy.

Mesenchymal Chondrosarcoma of the Mandible: A Diagnostic Challenge

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Conference: IODCPC26
Discipline / Track: Case – Diagnostic (Pathology)
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Keywords: Head and Neck Sarcoma, Jaw Tumors, Mandible, Mesenchymal Chondrosarcoma

Background: Chondrosarcoma is a rare malignant tumor of cartilaginous origin and represents a small proportion of head and neck sarcomas. Mandibular involvement is uncommon, and the mesenchymal variant is particularly aggressive with a high potential for local invasion and metastasis. Clinically and radiographically, these tumors may resemble benign odontogenic lesions, often delaying early diagnosis. This case highlights the diagnostic challenges and clinicopathological features of mandibular mesenchymal chondrosarcoma. **Case Description:** A 42-year-old male presented with a painful swelling in the right anterior mandibular region for one month following trauma. Extra-oral examination revealed a well-defined swelling measuring approximately 4 × 3 cm extending from the mandibular midline to the right angle of the mouth. Intra-oral examination demonstrated a nodular mass involving the alveolar region from teeth 41 to 46 with ulceration on the occlusal and lingual surfaces. Radiographic investigations showed a mixed radiolucent–radiopaque lesion with an altered trabecular pattern and loss of lamina dura. Based on clinical and radiographic findings, provisional diagnoses included giant cell granuloma and ameloblastoma. Incisional biopsy revealed nodules of well-differentiated cartilage cells with binucleated chondrocytes within a hyaline matrix, spindle cell aggregates, hemangiopericytoma-like vascular proliferation, and areas of necrosis, confirming the diagnosis of mesenchymal chondrosarcoma. **Management and Outcome:** The patient underwent surgical resection of the mandible with adequate safety margins. Histopathological examination of the resected specimen confirmed the diagnosis. **Learning Points:** Mesenchymal chondrosarcoma may mimic benign odontogenic lesions. Accurate diagnosis requires clinicoradiographic and histopathological correlation, and early surgical management is essential due to its aggressive behavior.

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