PHYSICAL AND CHEMICAL INJURIES OF THE ORAL CAVITY

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TRAUMATIC CYST

The traumatic cyst is a pseudo cyst (lacks an epithelial lining) and an uncommon lesion comprises about 1% of all jaw cysts. It occurs in other bones of the skeleton as well.

Also known as

- Solitary bone cyst,
- hemorrhagic cyst,
- extravasation cyst,
- unicameral bone cyst,
- simple bone cyst,
- idiopathic bone cavity

ETIOLOGY

- Intramedullary hemorrhage following traumatic injury.
- According to the traumatic theory, the clot breaks down and leaves an empty cavity within the bone.
- Steady expansion of the lesion occurs secondary to altered or obstructed lymphatic or venous drainage.
- This expansion tends to cease when the cyst-like lesion reaches the cortical layer of bone, so that expansion of the involved bone is not a common finding in the solitary bone cyst.

Other theories of origin have included:

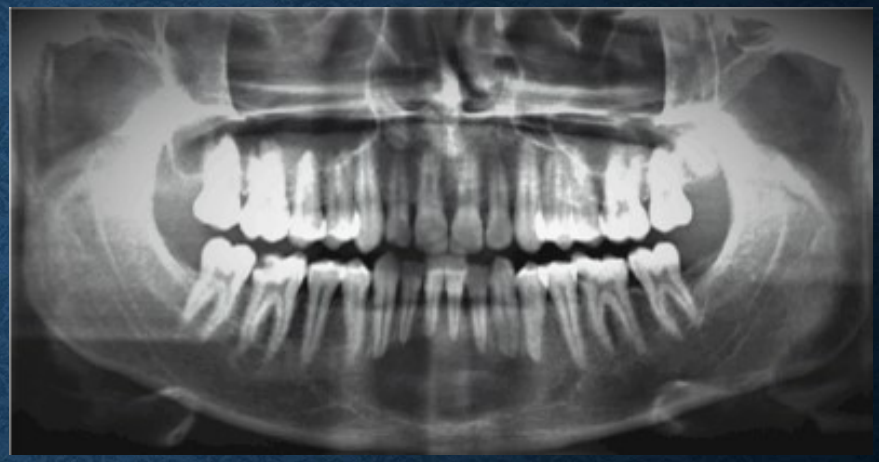
- Cystic degeneration of primary bone tumors.
- A result of faulty calcium metabolism such as that induced by parathyroid disease.
- Ischemic necrosis of fatty marrow.
- The end result of a low-grade chronic infection.

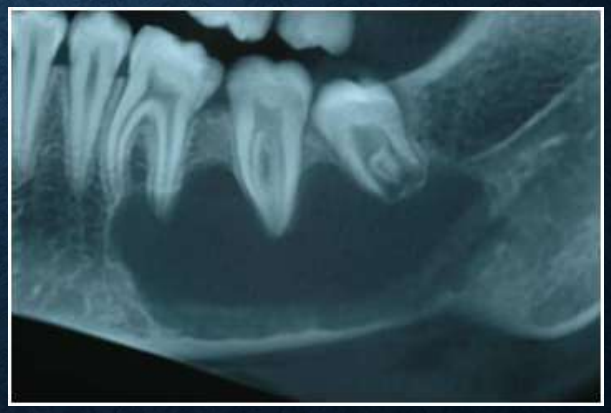
CLINICAL FEATURES

- occurs most frequently in young persons, the median age being 18 years
- In some cases enlargement of the mandible has been observed, but often the lesion is discovered during routine radiographic examination of the patient.
- When the cavity is opened surgically, it is found to contain either a small amount of sero-sanguinous fluid, shreds of necrotic blood clot, fragments of fibrous connective tissue, or nothing

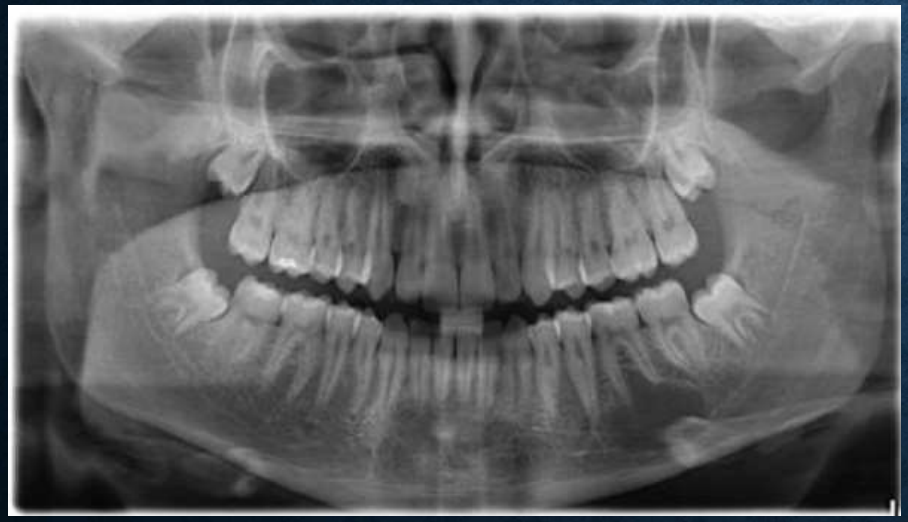
RADIOGRAPHIC FEATURES

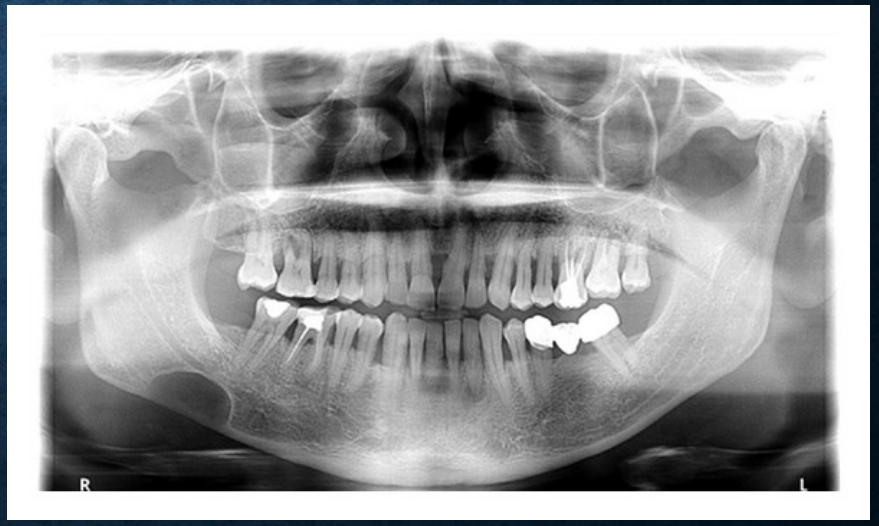
- smoothly outlined radiolucent area of variable size, sometimes with a thin sclerotic border, depending upon the duration of the lesion
- Seldom is there any displacement of teeth and, in many cases, the lamina dura appears intact.





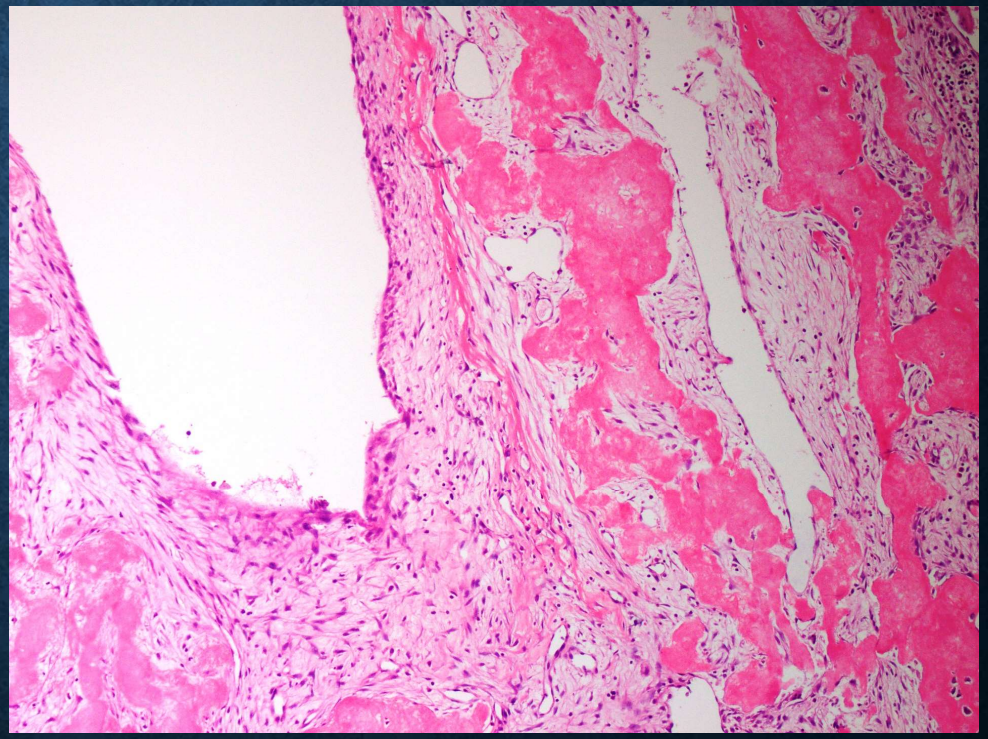
- Care must be taken to differentiate the small solitary traumatic cyst occurring in the molar area and appearing as a round or ovoid radiolucent area associated with vital teeth from the lingual salivary gland depression of the mandible which has a similar radiographic appearance.
- However, the latter lesion is usually located below the mandibular canal, whereas the traumatic cyst usually lies above it.

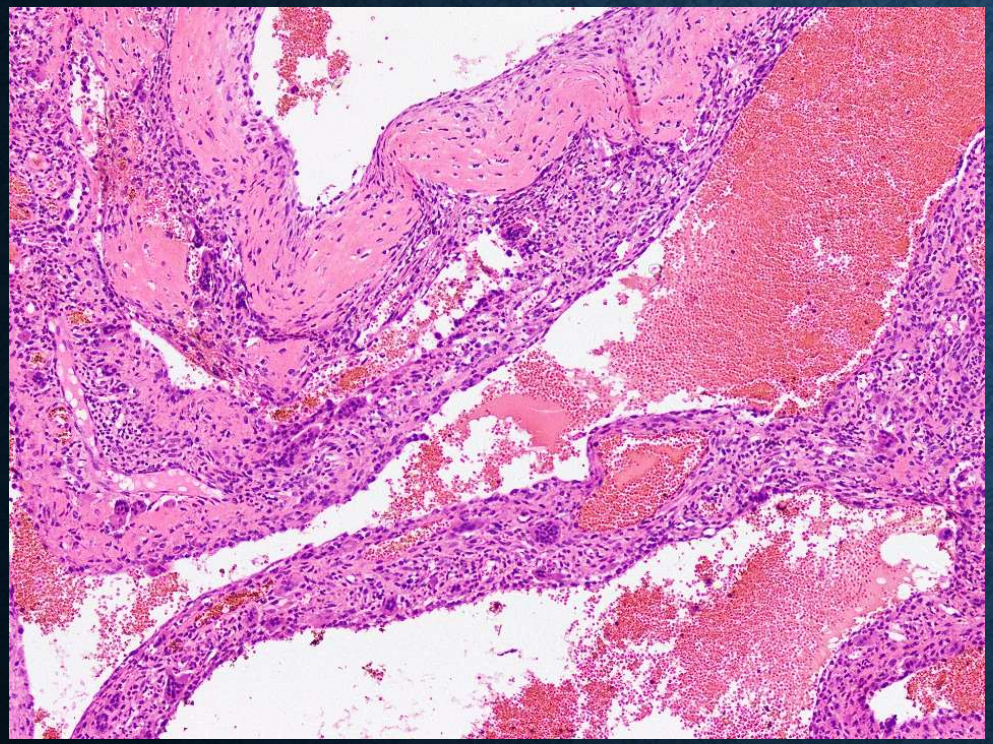


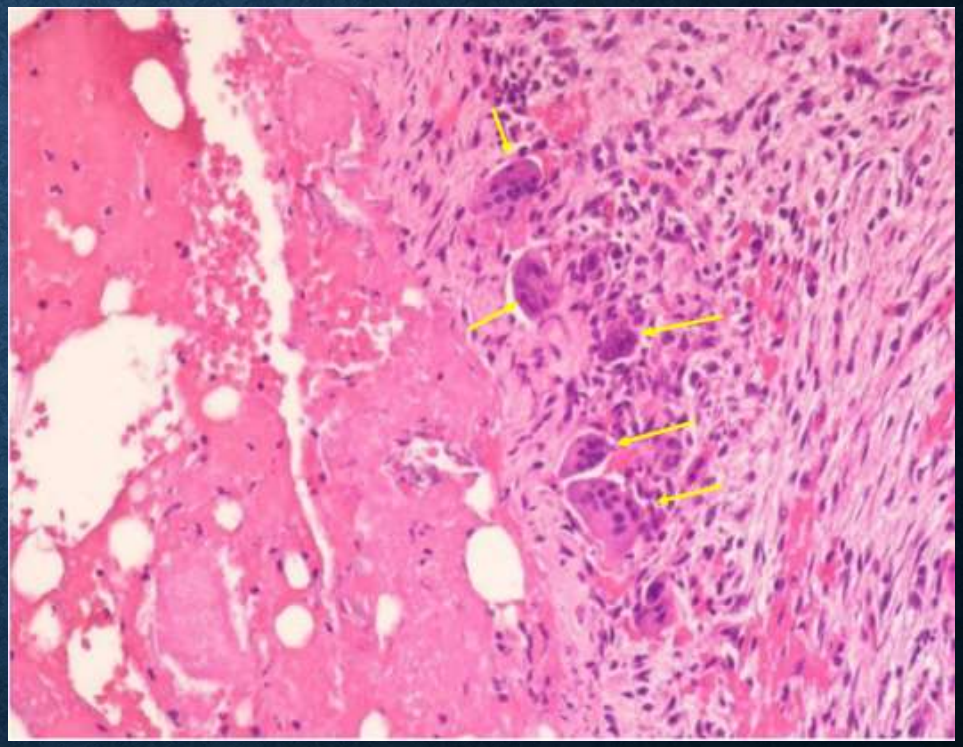


HISTOLOGIC FEATURES

- thin connective tissue membrane lining the cavity, but no other significant features
- There may be presence of few red blood cells, blood pigments, or giant cells adhering to the bone surface.

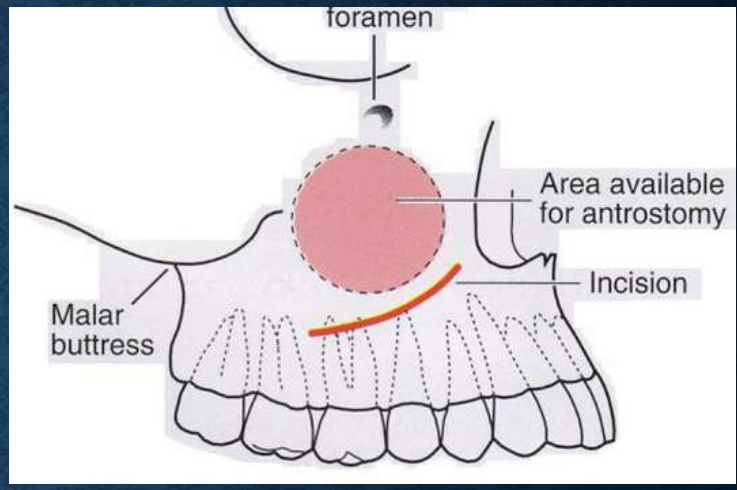


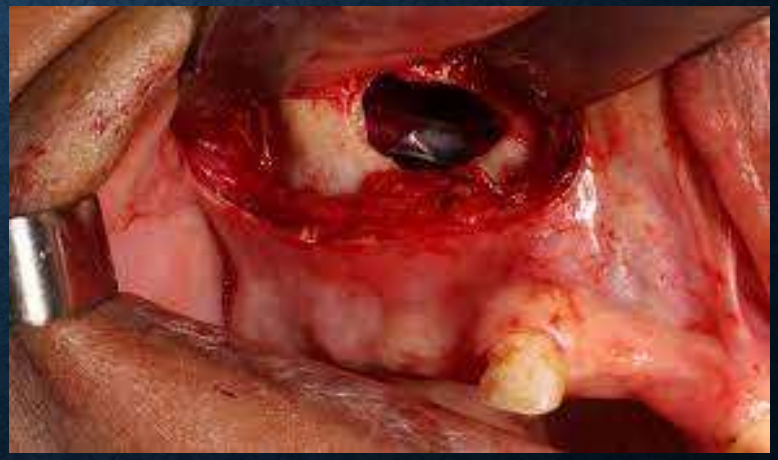




SURGICAL CILIATED CYST OF MAXILLA: (SINUS MUCOCELE)

- This cyst develops either after surgical entry into the maxillary sinus, usually a Caldwell-Luc operation or due to the obstruction of ostium.
- Basically, it is an implantation type of cyst in which epithelium of the maxillary sinus becomes entrapped along the line of surgical entry into the sinus
- subsequently proliferates to form a true cystic cavity, anatomically separated from the sinus.



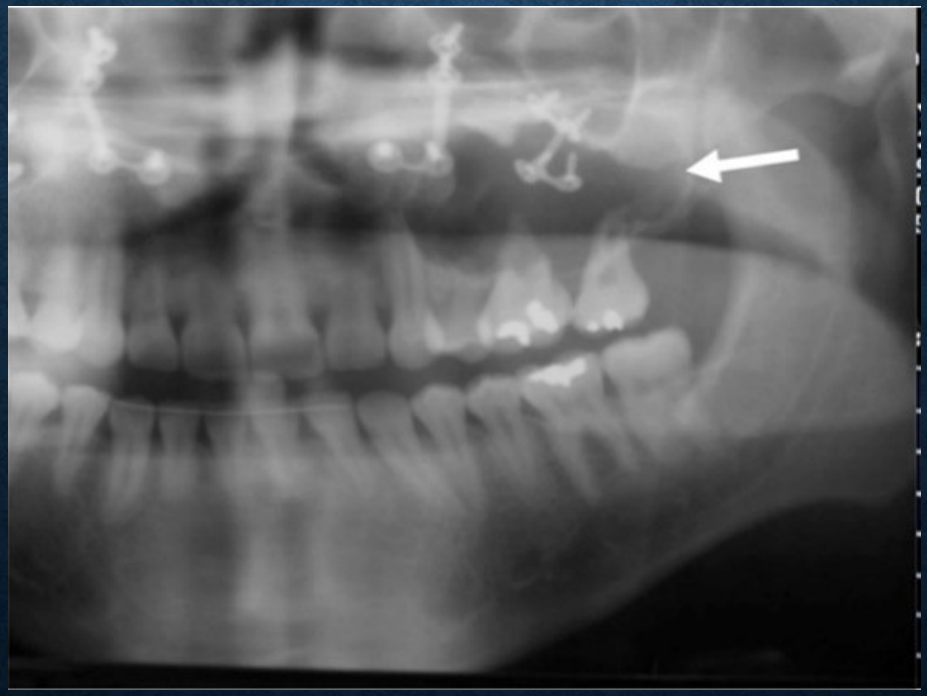


CLINICAL FEATURES

- majority of patients with this type of lesion are middle-aged or older
- Patients complain of a nonspecific, poorly localized pain, tenderness, or discomfort in the maxilla.
- Extraoral or intraoral swelling is also frequently evident.
- Careful questioning of the patient usually reveals a history of some type of surgical procedure involving the maxilla and maxillary sinus, frequently 10–20 years previously

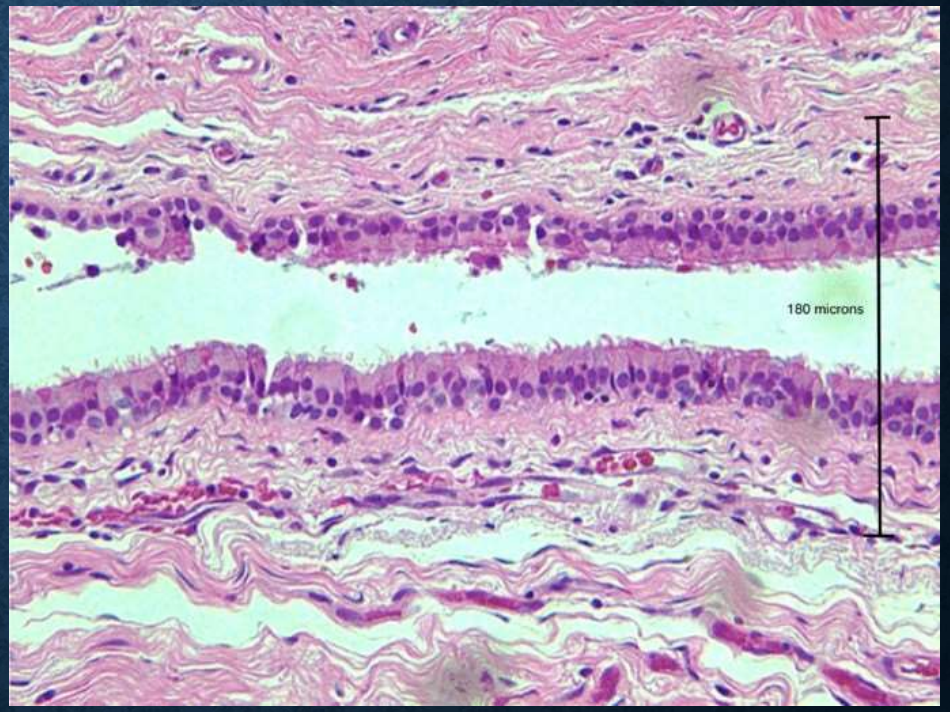
RADIOGRAPHIC FEATURES

- well-defined unilocular radiolucent area closely related to the maxillary sinus, often appearing to encroach upon the sinus but anatomically separate from it



HISTOLOGIC FEATURES

- lined by pseudostratified ciliated columnar epithelium identical with that of the maxillary sinus
- If infection or inflammation is present, squamous metaplasia may be found.
- The wall of the cyst is composed of fibrous connective tissue with or without inflammatory cell infiltration.

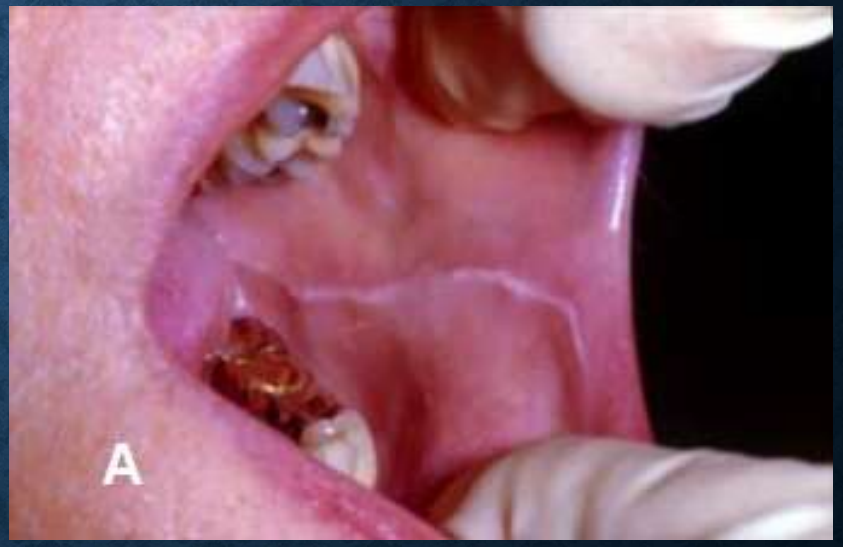


TREATMENT

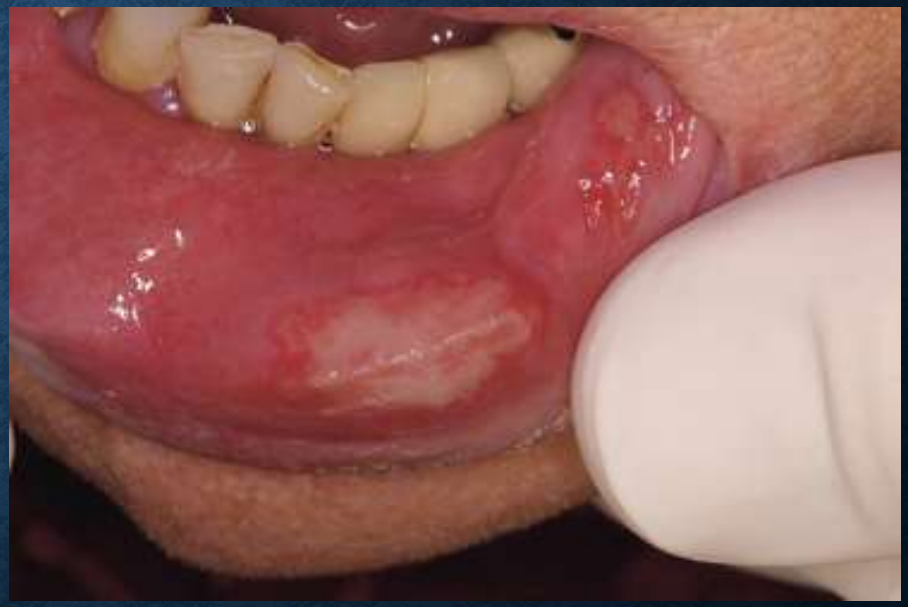
- The treatment of this lesion consists in enucleation of the cyst.
- It does not tend to recur

PHYSICAL INJURIES OF SOFT TISSUES

LINEA ALBA

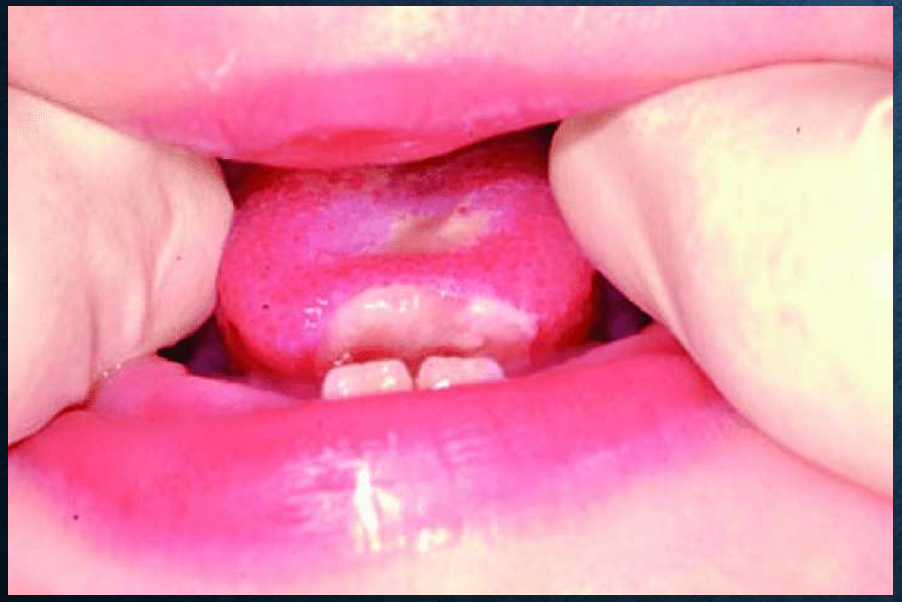


TRAUMATIC ULCER: (DECUBITUS ULCER)



TRAUMATIC ULCERATIVE GRANULOMA WITH STROMAL EOSINOPHILIA

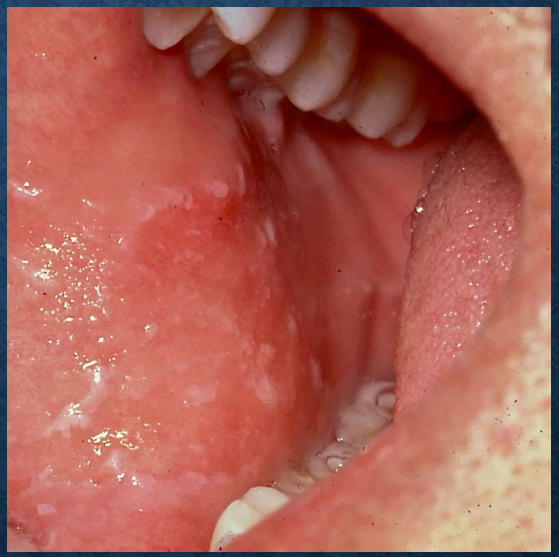
RIGA-FEDE DISEASE



- occurs in infants between one week and one year of life. Lesions are usually observed on the anteroventral surface of the tongue, caused by contact with the erupting mandibular incisors. These associated teeth are usually natal or neonatal teeth.

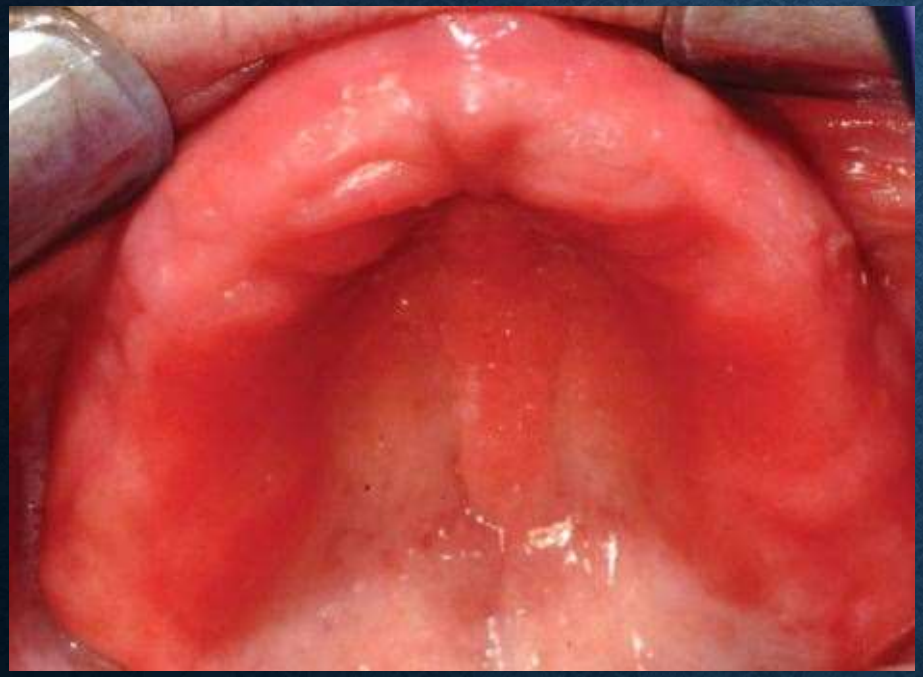
LIP-BITING AND CHEEK-BITING

- Also referred as morsicatio labiorum and morsicatio buccarum these injuries are habitual or psychogenic. It involves holding, biting, and tearing of the epithelium of the lip, buccal mucosa, or tongue, chewing of the cheek or stripping of the epithelium using fingers or creating negative pressure by sucking the lips and cheeks (Fig. 12-17). Most commonly seen in patients who are under psychologic stress

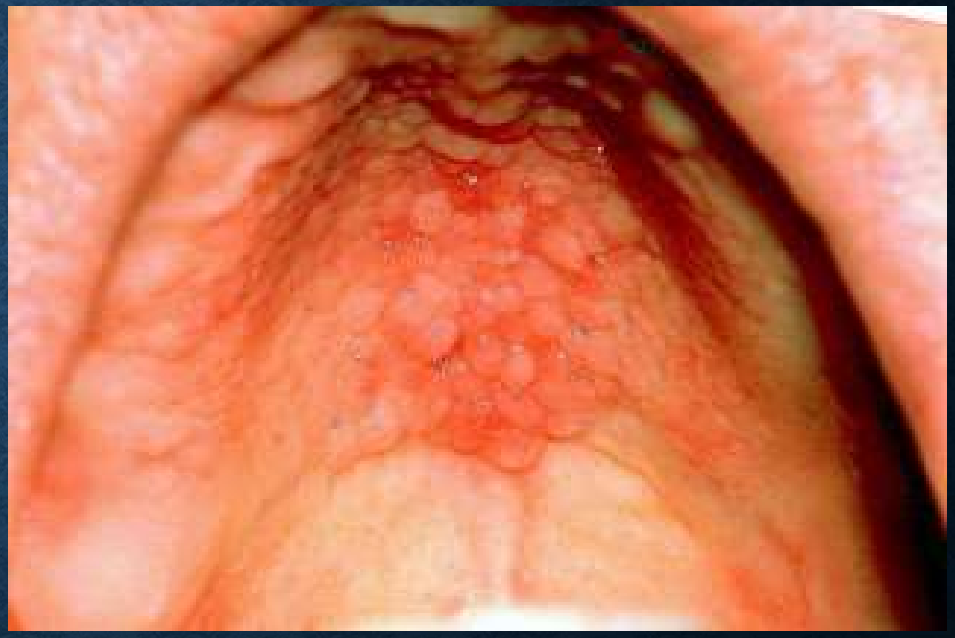


DENTURE INJURIES

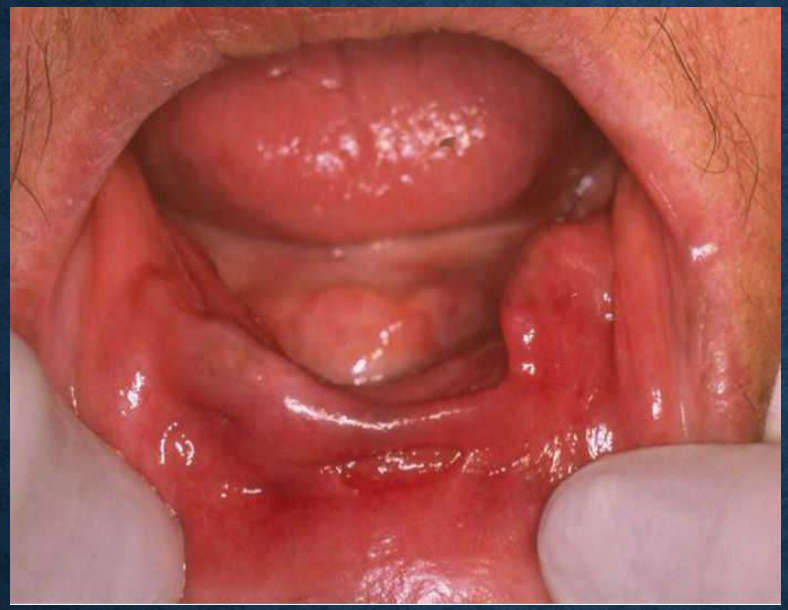
- The oral mucosa is subject to a variety of injuries as a result of the wearing of artificial dentures. These may he manifested specifically as: (1) traumatic ulcer, (2) generalized inflammation, (3) inflammatory hyperplasia, (4) papillary hyperplasia of palate, and (5) denture base (acrylic or vulcanite) intolerance or allergy.



Denture stomatitits



Inflammatory papillary hyperplasia



Epulis fissuratum