because the contributors thought that they were dealing with an inflammatory process (i.e., abscess) during the course of several months, thus allowing the tumor to reach sizes >5 cm in diameter. Based on this experience, we propose that in the presence of a clinically significant enlargement, a panoramic radiograph is indicated before the initiation of any treatment to establish a more adequate diagnosis.


Background. Mantle cell lymphoma (MCL) is an aggressive B-cell lymphoma characterized by overexpression of cyclin D1 and t(11;14) chromosomal translocation. MCL has often been characterized by a poorer prognosis compared with other subtypes of non-Hodgkin lymphoma. It has been reported infrequently in the oral cavity.

Study design. Three new cases of MCL occurring on the hard palate are presented. The clinicopathologic and immunohistologic features, genetics, prognosis, and treatment for this entity are reviewed along with a summary of 11 previously reported cases of MCL occurring in the oral cavity.

Results. The average age of patients with MCL was 70.9 years, with 71% occurring in men and 29% in women. The most common location was the palate (60%), followed by the tongue (26%) and the gingiva and floor of mouth (6.7% each). Typically, MCL displays uniform positive reactivity with CD20 and cyclin D1, and some variations are seen with other markers. Significant variation has been reported in the clinical presentation, treatment options, and outcomes.

Conclusion. Clinicians and pathologists should be cognizant of MCL presenting in the oral cavity and should be aware of the salient clinicopathologic characteristics and poorer prognosis associated with this entity.


Papillary hemangioma (PH) is a recently described benign cutaneous vascular lesion with histopathologic similarities to glomeruloid hemangioma. A predilection for the head and neck region has been reported, and although affecting a wide age range, most cases have occurred in adults (mean age sixth-seventh decades). A 71-year-old caucasian male presented with an asymptomatic lesion of several months’ duration located on the labial-attached gingiva between teeth #27 and #28. Clinically, the lesion was described as a 0.5 cm, sessile, smooth, and slightly translucent swelling that was firm to palpation. An excisional biopsy was performed, and the specimen was submitted with a clinical diagnosis of gingival cyst. Microscopic examination revealed several prominent ectatic vascular channels enclosing papillary and anastomosing intraluminal proliferations of capillaries and endothelial cells. The endothelial cells frequently contained numerous, variably sized periodic acid–Schiff–positive, and diastase-resistant cytoplasmic hyaline globules that occasionally distorted or obscured their nuclei. Lesional cells were uniformly positive for expression of CD31 and CD34 with more limited, primarily perivascular, expression of smooth muscle antigen. To our knowledge, this is the first report of papillary hemangioma presenting in the oral cavity. The distinction of PH from glomeruloid hemangioma may have clinical relevance, because the latter diagnosis is considered by some authorities to be specific for POEMS syndrome (polyneuropathy, organomegaly, endocrinopathy, m-protein, skin changes).

INTRAVASCULAR FASCIITIS: REPORT OF AN INTRAORAL CASE AND REVIEW OF THE LITERATURE. A. Chi, M. Richardson, W. Dunlap Jr, B. Neville. Medical U South Carolina, Charleston, Anderson, SC.

Intravascular fascitis (IF) is an unusual variant of nodular fascitis. It is characterized by intraluminal, intramural, and extramural involvement of small to large arteries or veins. Only 3 cases involving the oral cavity have been reported previously in the literature. We present here an additional case of IF arising in the submucosa of the upper lip of a 20-year-old woman. Microscopic examination showed a well circumscribed nodular proliferation of spindle cells arranged in intersecting fascicles. Occasional multinucleated giant cells also were noted. The tumor was present within the lumen of an intermediate-size artery and extended into adjacent smaller vessels, thereby creating a multinodular appearance. Extramural extension into the surrounding connective tissue also was observed. Immunohistochemical stains showed the tumor cells to be positive for smooth muscle actin and negative for S-100 protein. The multinucleated giant cells were positive for CD68. CD31 and CD34 immunostains exhibited no reactivity among the spindle cells but highlighted a prominent capillary network within the background. Out of 28 cases of IF reported thus far (including the present case), the majority (n = 21) have arisen in individuals in the first-third decades; there is a 1.3:1 male/female ratio. Sites of involvement include the head and neck (n = 11), upper extremity (n = 8), lower extremity (n = 7), and trunk (n = 2). Conservative excision is standard treatment, although local recurrence has been reported in 3 cases. It is important for the pathologist to be aware of this lesion to avoid misdiagnosis as a sarcoma with angioinvasion.

AN ATTEMPT TO FIND OUT THE ORIGIN OF GLOMUS TUMOR. M. el Abany, A. Abd el-Latif. U of Alexandria and PharoS U, Alexandria, Egypt.

Glo nus tumors are uncommon, benign neoplasms which are commonly seen in the extremities, particularly in the sublingual region of the finger and less common intraorally. The exact origin of glomus tumors is still uncertain. In the literature, some researchers have suggested that the perivascular tumors recapitulate the appearance of the modified myoid cells that support or invest blood vessels, and others have claimed that the term paraganglion is most appropriate because cells of the carotid body originate from the neural crest and migrate in close association with autonomic ganglion cells. This study is a trial to give more attention to the histopathologic aspect of this relatively rare tumor within the head and neck region and to try to find out its pathogenesis. Twelve specimens of the tumor were collected. Six cases were carotid body tumor, 2 were in the submandibular region, and 4 in the tongue. Histochemical and immunohistochemical analyses were performed. The glomus cells stained positive with Gomori reticulin stain, with the presence of intracellular fine fibrils taking different arrangement and thickness. This would suggest that the origin of glomus tumors could be either pericytes or smooth muscle. On the other hand, all sections showed positive reaction to smooth muscle actin as well as collagen type IV antibodies, which suggests that the origin of