

## Granular cell tumor of mouth's floor: a case report

M. Val, M. Berrone, R. Marino, S. Gandolfo, M. Pentenero

Department of Oncology, Oral Medicine and Oral Oncology Unit, University of Turin, Orbassano, Italy

**Background.** The granular cell tumor, also known as Abrikossoff's tumor, granular cell schwannoma, is a very uncommon benign neoplasia which affects soft tissues. This lesion was first described in 1926 by Aleski Abrikossoff. It shows a predilection for the oral cavity. The histogenesis is uncertain and debated and recent studies pointed out a derivation from Schwann cell or neuroendocrine cells. Approximately 50% of all lesions arises in the head and neck and over half of these is localized in the tongue. They arise in all age groups, with a peak between the 5th and 6th decades. In about 10-20% of patients, the lesions are multiple. The ratio of incidence M/F is 2:1.

**Case summary.** A 55-year-old female patient presented to our Department with a chief complaint of a swelling on the right side of mouth floor since 1 month. The swelling was initially small and a gradual increase in size was observed. On examination there was a solitary well-defined, tender and non-fluctuant swelling with smooth borders, localized over the right lingual caruncola, measuring approximately 4 × 3 mm. It was supposed to be a gallstone of the sublingual gland, but ultrasound scan of the salivary glands and radiographic exams were both negative. An incisional biopsy was performed. The hematoxylin and eosin-stained sections revealed cellular proliferation of polygonal cells with abundant granular cytoplasm. No mitotic figures were observed. A diagnosis of granular cell tumor was rendered. A panel of markers were used: S-100, vimentin. Positivity was observed with vimentin, S-100.

**Conclusion.** Benign mesenchymal neoplasms usually present as a swelling on the tongue. This lesion though uncommon should be considered in the differential diagnosis of benign and malignant swellings of the oral cavity. Considering the aggressiveness of the granular cell lesions, a regular follow up of the patients is mandatory.

### References

- Becelli R, Perugini M, Gasparini G, Cassoni A, Fabiani F. Abrikossoff's tumor. *J Craniofac Surg.* 2001 Jan;12(1):78-81.
- Haikal F, Maceira JP, Dias EP, Ramos-e-Silva M. Histogenesis of Abrikossoff tumour of the oral cavity. *Int J Dent Hygiene.* 2010;8:53-62.
- Curtis BV, Calcaterra TC, Coulson WF. Multiple granular cell tumor: a case report and review of the literature. *HEAD & NECK.* October 1997.

## Use of porcine collagen matrix (Mucograft®) to promote the wound healing in the oral cavity

L. Laino<sup>1</sup>, M. Giuliani<sup>1</sup>, R. Mauceri<sup>2</sup>, F. Giancola<sup>2</sup>, G. Troiano<sup>1</sup>

<sup>1</sup>Department of Clinical and Experimental Medicine, University of Foggia, Italy; <sup>2</sup>Department of Surgical, Oncologic and Stomatologic Sciences, University of Palermo, Italy

The aim of this study was to evaluate the use of a new collagen matrix (Mucograft®; Geistlich Pharma AG, Wolhusen, Switzerland) in the soft tissue reconstruction after excisional biopsy. The healing of soft tissues after bioptical excision tends to heal by secondary intention. To avoid this, the soft tissue grafts can be harvested from the palate, retromolar pad, or (if available) edentulous site. Disadvantages of harvesting the graft from the retromolar pad and edentulous site are minimal amount of tissue availability and thinner grafts are obtained. The use of collagen matrix is also reported in literature and could represent an optimal solution in the future. Mucograft® is a pure collagen type I and III matrix of porcine origin without further cross-linking. Mucograft® consists of pure porcine collagen obtained by standardized, controlled manufacturing processes<sup>1,2</sup>. The product made up of porcine collagen has a bilayer structure. The compact layer consists of compact collagen fibers which has cell occlusive properties and allows tissue adherence as a prerequisite for favourable wound healing. This layer protects against bacterial infiltration in open healing situations and has appropriate elastic properties to accommodate suturing. A second layer consists of a thick, porous collagen spongy structure. In this paper, we report about a case of surgical site healing after bioptical excision proliferative verrucous leukoplakia of the hard palate<sup>3</sup>.

## References

1. Sanz M, Lorenzo R, Aranda JJ, Martin C, Orsini M. Clinical evaluation of a new collagen matrix (Mucograft prototype) to enhance the width of keratinized tissue in patients with fixed prosthetic restorations: a randomized prospective clinical trial. *Journal of clinical periodontology*. 2009;36:868-76.
2. Ramachandra SS, Rana R, Reetika S, Jithendra KD. Options to avoid the second surgical site: a review of literature. *Cell and tissue banking*. 2014;15:297-305.
3. Nevins M, Nevins ML, Kim SW, Schupbach P, Kim DM. The use of mucograft collagen matrix to augment the zone of keratinized tissue around teeth: a pilot study. *The International journal of periodontics & restorative dentistry*. 2011;31:367-73.

---

## Case report

# Oral focal mucinosis (OFM): a case report

P. Tozzo<sup>1</sup>, N. Termine<sup>1</sup>, D. Cabibi<sup>2</sup>, A. De Lillo<sup>3</sup>, G. Campisi<sup>1</sup>

<sup>1</sup>Department of Surgical, Oncological and Oral Sciences, University of Palermo, Palermo, Italy; <sup>2</sup>Department of Sciences for Health Promotion and Mother and Child care "G. D'Alessandro", University of Palermo, Palermo, Italy; <sup>3</sup>Department of Clinical and Experimental Medicine, University of Foggia, Foggia, Italy

**Aim.** Oral focal mucinosis (OFM), classified as the oral variant of dermal focal mucinosis or myxoid skin cyst, is a rare disease characterized by the myxoid degeneration of connective tissue in localized areas of the oral mucosa. The etiology is unknown while the pathogenesis is related to overproduction of hyaluronic acid by the fibroblasts during collagen production, resulting in a focal myxoid degeneration. More common in young women, it appears as a sessile or pedunculated lesion, asymptomatic, covered by normal mucosa. The most common site is on keratinized mucosa overlying the bone (i.e. gum 80% and hard palate 20% of cases respectively); other less frequent sites are alveolar mucosa and tongue.

**Case report.** In June 2015, a 48-year-old man, strong smoker with poor hygienic conditions, came at observation for the presence of a sessile, firm, well-defined mass measuring 3.0 cm at its greatest dimension sited on the masticatory mucosa of the first sextant, partially covering the crown of the tooth 1.7, 1.6 and 1.5. The lesion appeared, according to the patient, two years before, it was sized approximately 3 cm, covered by a normal mucosa and had a hard-fibrous consistency at palpation. TC scans showed no alterations in the underlying bone or in the adjacent teeth.

The neoformation was excised with a quantum resonance scalpel and histological examination showed the presence of myxoid tissue with spindle and stellate cells without atypia and mitosis (Ki67 expression about 2%), immersed in myxoid matrix alcian bleu positive. The histology is compatible with the diagnosis of OFM.

**Conclusion.** OFM in an uncommon clinico-pathological condition representing a diagnostic challenge: it has no characteristic clinical features and is commonly diagnosed as other more frequent oral tumors (i.e. fibroma, pyogenic granuloma and epulis). The definitive diagnosis is based on histopathological examination, which is always required after exeresis.

## References

- Bharti V, Singh J. Oral focal mucinosis of palatal mucosa: A rare case report. *Contemp Clin Dent*. 2012 Sep;3(Suppl 2):S214-8.
- Sowmya Gv, Manjunatha Bs, Nahar p, Aggarwal H. Oral focal mucinosis: a rare case with literature review. *Bmj case rep*. 2015 mar 10.
- Tekkeşin MS, Yılmaz M, Olgaç V. Oral focal mucinosis: a case report and review of the literature. *Turk Patoloji Derg*. 2013;29(3):235-7.

---

## Case report

# CO<sub>2</sub> laser and soft tissue management in oral cancer patients

G. Tenore, G. Pompa, V. Valentini, U. Romeo, A. Polimeni

Department of Oral Sciences and MaxilloFacial Surgery, Momax Division, "Sapienza" University of Rome, Italy

The laser is a very effective device, also for post surgical management of soft tissue in oral cancer patients. CO<sub>2</sub> laser, in particular, is characterized by high power, wavelength range between 9.600 and 10.600 nm, high affinity for