

# **YELLOWISH LESIONS OF THE ORAL CAVITY**

**By Assistant Lecturer**

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# INTRODUCTION

- Yellowish lesions are relatively uncommon in oral cavity, Yellow color may be caused by the subepithelial accumulation of lymphoid tissue, adipose tissue, purulent or sebaceous materials, pigment accretion, amyloid or lipoprotein deposits, or even lipid-loaded histiocytes .



	<b>Nature/Pathogeny</b>	<b>Pathology/Pseudopathology</b>	<b>Histological basis</b>
<b>Lesions</b>	Neoplasias	Lipoma/Liposarcoma	Adipocytes
	Cysts	Dermoid and epidermoid cysts	Keratin/Sebaceous glands
		Lymphoepithelial cyst	Keratin/lymphoid tissue
	Hyperplastic reactions	Verruciform xanthoma	Lipid-loaded foam cell histiocytes
	Infectious	Superficial abscess	Purulent material
		Pyostomatitis vegetans	Microabscesses
<b>Conditions</b>	Pigmental deposits	Jaundice	Bilirubin
		Carotenemia	B-carotenes (lipochrome)
	Metabolic disorders	Amyloidosis	Amyloid
		Hyalinosis cutis et mucosae	Lipoproteins
	Developmental alterations	Accessory lymphoid aggregates	Lymphoid tissue
		Fordyce's spots	Sebaceous glands
		Yellow hairy tongue	Hypertrophy of filiform papillae / chromogenic microorganisms

# OTHER CLASSIFICATION OF YELLOWISH LESIONS

**A- Diffuse macular yellow lesions**

**B- Mainly yellow papular lesions**

**C- Hypertrophies**

**D- Pustular lesions**

**E- Cysts.**

**F- Nodes**



- A- **Diffuse macular yellow lesions:**

- **Jaundice.**

- This is a condition characterized by an excess of bilirubin in plasma and its accumulation within the tissues, resulting in a uniform, diffuse yellowish colour of the skin, mucosa and the sclera of the eye. The intensity of the yellow coloration varies with the bilirubin serum level. In the oral mucosa, the discoloration is more frequently found at the junction between hard and soft palate, ventral surface of the tongue and cheeks, due to the affinity of the elastic fibers for bilirubin.



- Serum bilirubin exceeds 2 to 3 mg/100 ml hyperbilirubinemia
- Yellow ting of eyes, skin, oral mucous membrane
- Icterus is the first or sometimes the only manifestation
- Pruritus pain and enlarged liver





# JAUNDICE





## 2-HYPERCAROTENEMIA.

- - This condition is due to a high plasma concentration of carotenes, mostly diet-related (carrots, oranges, etc). Its clinical presentation is as a yellowish pigmentation in the palate and, occasionally, in palms, soles and nasolabial fold. Its generalized yellowness of skin and mucous membrane, The **absence of sclera pigmentation and the carotene serum level permit a differential diagnosis with jaundice**







## B-MAINLY YELLOW PAPULAR LESIONS

- Papules are solid lesions resulting from the hyperplasia of the cellular elements of the oral mucosa (epithelial hyperplasia, connective tissue infiltration and metabolic deposits). The colour is a key element in the recognition of papular lesions



# 1-FORDYCE'S GRANULES

- Is defined by the emergence of small, multiple heterotopic sebaceous glands in the oral mucosa and red lip. This is an asymptomatic, pseudo-pathologic condition present in up to an 80% of the individuals. It is more prevalent among adults probably due to hormonal factors





## 2-SUPERFICIAL NODULES OF TONSILLAR TISSUE

- Accessory lymphoid aggregates or ectopic lymphoid tissue. This concerns normal lymphoid tissue located in the soft palate, floor of the mouth and tonsillar arches. The diagnosis is generally established relying on the clinical features



# ECTOPIC LYMPHOID TISSUE IN THE TONSILLAR ARCHES





- clinical findings The nodes of tonsillar tissue are situated in the oropharynx They are usually 1 to 10 in number measuring 3 to 5mm in diameter .



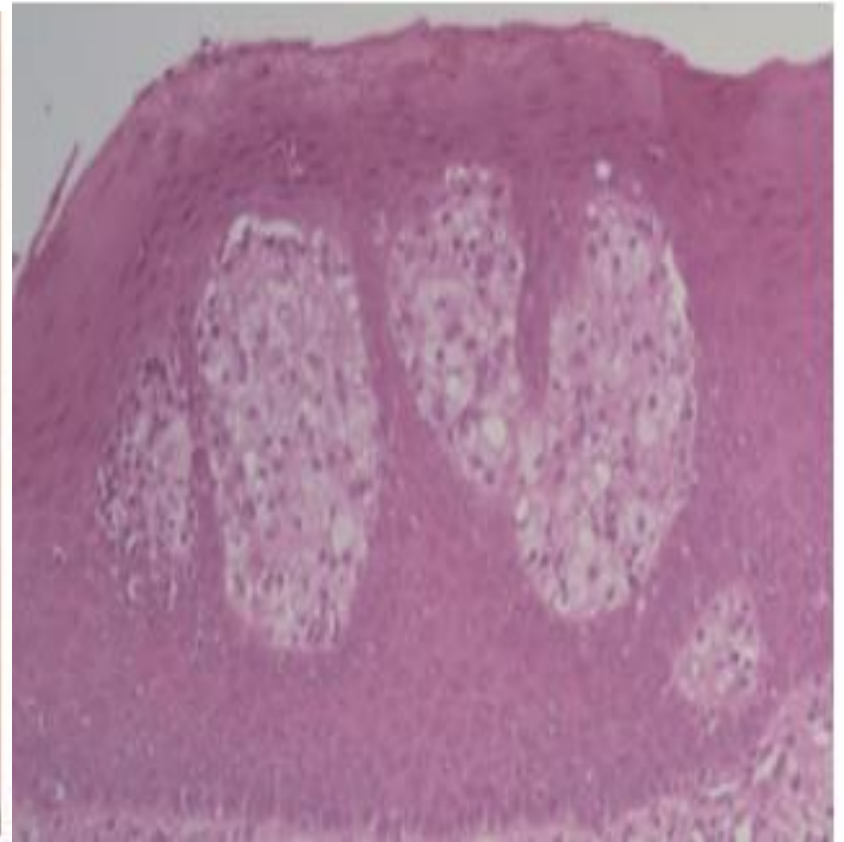
### 3- VERRUCIFORM XANTHOMA

- Is an asymptomatic papular lesion with a well defined, mainly yellowish, verrucous surface that can be found on the alveolar ridge and gingivae. It does not seem to have any relationship with metabolic disorders and its etiology and pathogeny are not fully understood.





Verruciform xanthoma in the lateral border of the tongue



Verrucous proliferation of the epithelium with hyperkeratosis and high numbers of foam cells.



## 4-LIPOGLYCOPROTEINOSIS

-Lipoglycoproteinosis or lipid proteinosis. Is an inherited lesion that arises during childhood due to extracellular deposits of glycoproteins and lipids in lip mucosa, tongue, lingual fraenum, palate, pharynx, larynx and skin.

**Clinically:** this disorder reveals yellowish granules and papular lesions that evolve resulting in a scarring aspect. Hoarseness is a frequently and early symptom of this disease



# LIPOGLYCOPROTEINOSIS



## 5- SYSTEMIC AMYLOIDOSIS

- Systemic amyloidosis. Is a deposit of amyloid protein in the skin, heart, kidney, digestive tract, liver, larynx and trachea. Rounded or irregular yellowish papules in the oral cavity are an early sign of the disease, along with nodes, ulcerations or bristles with a hemorrhagic content. A typical sign of this disorder is the presence of mucous folds by the corners of the mouth that cause difficulties for chewing, swallowing or talking. The prognosis is serious



# ORAL MANIFESTATIONS OF SYSTEMIC AMYLOIDOSIS



# C-HYPERTROPHIES

## Yellow hairy tongue.

- Is an ill defined lesion, located in the anterior two thirds of the tongue, with a hairy appearance as a consequence of the lengthening of the filiform papillae due to tobacco, fungi, food impaction and the overgrowth of chromogenic bacteria
- Clinically filiform 15 mm
- males –HIV and use of Iv drugs
- Glossopyrosis ,tickling sensation ,gagging sensation, halitosis.







Hairy tongue



## D-PUSTULAR LESIONS

- *Pyostomatitis vegetans*.
- Is a chronic, pustular, mucocutaneous disorder. Oral lesions can be found in the buccal mucosa, lip, palate and gingivae. These lesions show small papillary vegetations, pustules and small superficial ulcerations on an erythematous surface. Typically, they are not painful and constitute a very specific oral mucosal marker for the existence of inflammatory bowel disorders, particularly ulcerative colitis.



- • Males
- • Oral lesions are distinct and appear as multiple white or yellow friable pustules, with an erythematous and thickened mucosa that often ruptures, resulting in ulceration, erosions and suppuration, leading to a folded, fissured “snail track” appearance





## E- CYSTS.

- **Dermoid cyst.** Is a developmental cyst made of a fibrous wall layered by a stratified epithelium with dermal adnexal structures (hair follicles, sweat and sebaceous glands). They are usually located over or below the mylohyoid muscle, causing a swelling in the floor of the mouth
- The cysts may be in the midline or located laterally
- 15-35 yrs.
- Non tender
- Consistency: soft to firm



- D.D /Ranula • Thyroglossal duct cyst • Cystic hygroma • Branchial cleft cyst • Cellulitis • Tumors



## 2-LYMPHOEPITHELIAL CYST

- Is a slow growing, asymptomatic, small sized cyst (usually less than a cm), most frequently found in the floor of the mouth and ventral surface of the tongue
- It is a pseudo cyst of oral tonsil tissue
- It arises from excretory ducts of the sublingual glands or occasionally from the ducts of the minor salivary glands.
- Microscopically, the cystic cavity is lined by stratified squamous or/and pseudo stratified columnar epithelium and contains desquamated epithelial cells and inflammatory cells. The fibrous connective tissue wall of the cyst is surrounded by lymphoid tissue, usually with a follicular pattern



## **c/f: • Male predilection**

- 14 to 81 yrs
- Asymptomatic
- Non tender
- Floor of the mouth and lateral border of the tongue
  - It is a solitary raised appears as yellowish white or white nodules with smooth surface
  - Diameter varies from mm to cm
  - It is mobile , superficial soft fluctuant and sharply delineated and on aspiration an amorphous coagulum predominantly keratin
- d.d • Lymphnode • Mucocele • Dermoid cyst • Sialolith • Neuroma • Lipoma







Lymphoepithelial cyst



# F- NODES

## 1-Superficial lipoma.

- Lipomas are common tumors in the human body, but are less frequent in the oral cavity, comprising no more than 1-5% of all neoplasms.

They commonly present as slow growing asymptomatic lesions with a characteristic yellowish color and soft, doughy feel in the buccal mucosa, floor of the mouth and tongue

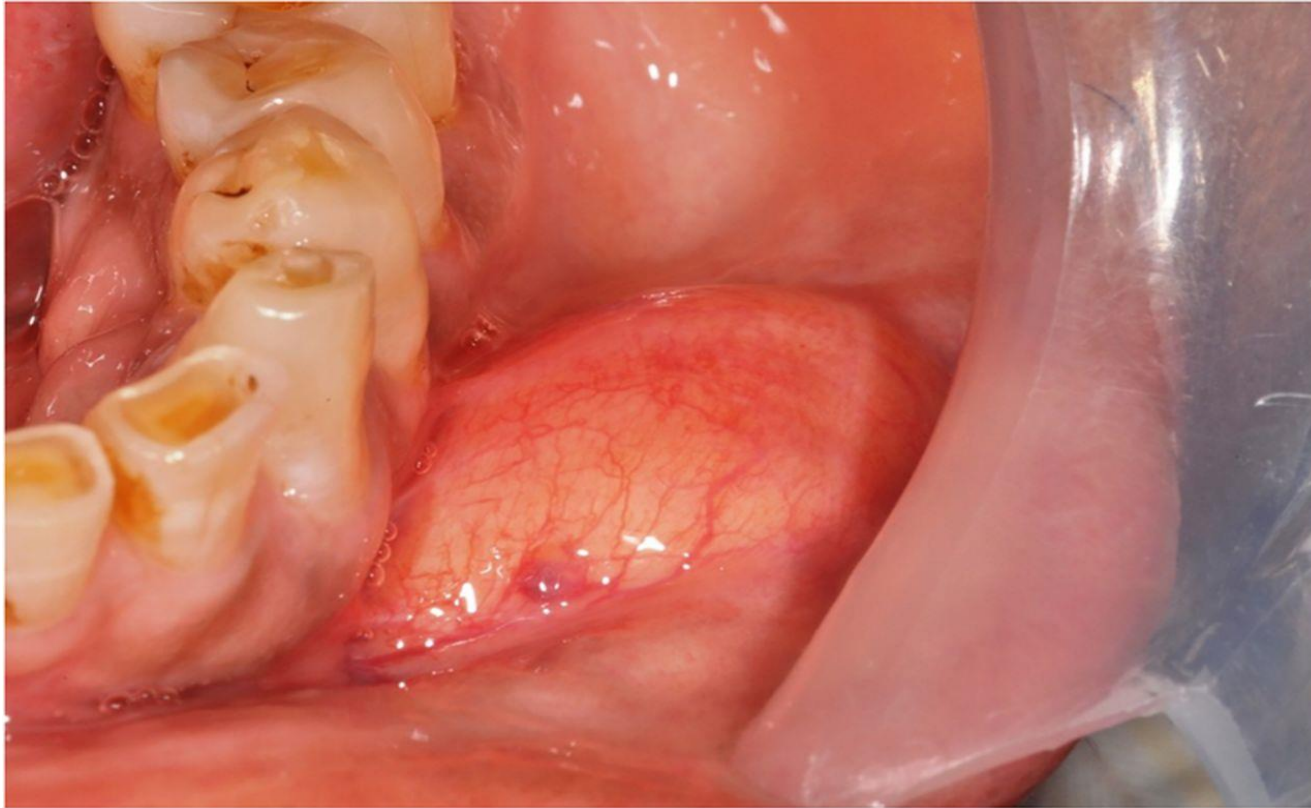
in the fourth and fifth decades and generally with no gender predilection.



# CLINICAL FEATURES

- male predominance.
- Half of oral lipomas are in the cheek and the remainders were found in the tongue, floor of the mouth, lips, palate and gingiva.
- They are benign mesenchymal neoplasms composed of fat cells usually surrounded by a thin fibrous capsule.
- The size of tumor depends on the location but rarely exceeds 25 mm in diameter.
- Lipomas are usually asymptomatic until they grow to large size and may interfere with speaking and mastication





**d/d Epidermoid, Dermoid ,Lymphoepithelial cyst**



## 2- Liposarcoma.

- This malignant mesenchymal tumour is most frequently found in the tongue. There are four different pathological types,
- atypical lipomatous tumor/well differentiated liposarcoma (ALT/WDL),
- myxoid liposarcoma,
- pleomorphic liposarcoma,
- dedifferentiated liposarcoma.



- ALT/WDL is categorized as intermediate (locally aggressive) adipocytic tumors and is the most common subtype of liposarcoma, making up 30% to 40% of all liposarcomas.
- In the oral region, ALT/WDL and myxoid liposarcoma are the predominant subtypes.
- These tumors have a tendency of local recurrence, but distant metastasis rarely occurs unless these tumors become dedifferentiated.



- Oral ALT/WDL may often be misdiagnosed as a non-malignant lesion because of its asymptomatic condition of slow-growing, painless, and circumscribed submucosal mass which may be present for several months or years before the diagnosis with different biological behaviour and prognosis.
- It is a rare neoplasia that accounts for a 5.6% to 9% of all head and neck tumours. Its presence in the oral cavity is even less frequent







# CONCLUSION

- The classification and organization of yellow intraoral lesions is relevant because it may ease differential diagnosis within a group of lesions and conditions with diverse clinical meaning and also because it will contribute to the early diagnosis of general disorders, as these lesions occasionally behave as markers of systemic disease.



A purple rectangular tag with a hole on the left side is the central focus. It is placed on a rustic wooden surface. Three white daisies with yellow centers are scattered around the tag: one in the foreground to the right, and two in the background, one slightly to the left and one to the right. A light-colored string is looped around the tag and extends towards the top left. The overall scene is warm and natural.

Thank  
you!