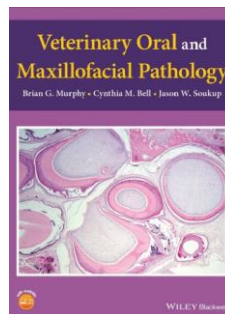


## Patologia oral: doenças inflamatórias e proliferativas benignas

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### Nomenclatura padrão



#### AVDC Abbreviations for use in Case Logs Equine and Small Animal

This list of abbreviations has been recommended by the Nomenclature Committee and approved by the AVDC Board. The list is in alphabetical order. Anatomical items are shown in **black font**. Conditions and diagnostic procedures appropriate for use in the Diagnosis column of a case log entry are shown in **blue font**. Treatment procedure and related items suitable for inclusion in the Procedure column in the case log entry are shown in **red font**. Note: Use of other abbreviations in AVDC case logs is not permitted – write out the whole word if it must be included in a case log entry. For further information on the use of particular definitions, visit the [Nomenclature](#) page on the AVDC web site.

### Nomenclatura padrão

#### Diagnostic and Non-Surgical Treatment Procedures

- Biopsy (B):** Removal of tissue from a living body for diagnostic purposes. The term has also been used to describe the tissue being submitted for evaluation
- Guided biopsy:** Using computed tomography or ultrasonography to guide an instrument to the selected area for tissue removal
- Surface biopsy (B/S):** Removal of tissue brushed, scraped or obtained by an impression smear from the intact or cut surface of a tissue in question
- Needle aspiration (B/NA):** Removal of tissue by application of suction through a hollow needle attached to a syringe
- Needle biopsy (B/NB):** Removal of tissue by puncture with a hollow needle
- Core needle biopsy (B/CN):** Removal of tissue with a large hollow needle that extracts a core of tissue
- Bite biopsy (B/B):** Removal of tissue by closing the opposing ends of an instrument
- Punch biopsy (B/P):** Removal of tissue by a punch-type instrument
- Incisional biopsy (B/I)** Removal of a selected portion of tissue by means of surgical cutting
- Excisional biopsy (B/E):** Removal of the entire tissue in question by means of surgical cutting Guided biopsy – Using computed tomography or ultrasonography to guide an instrument to the selected area for tissue removal

### Nomenclatura padrão

B		Biopsy
	B/B	Bite biopsy
	B/CN	Core needle biopsy
	B/E	Excisional biopsy
	B/I	Incisional biopsy
	B/NA	Needle aspiration
	B/NB	Needle biopsy
	B/P	Punch biopsy
	B/S	Surface biopsy

Accession #: \_\_\_\_\_ Date received: \_\_\_\_\_

**University of Iowa Surgical Oral Pathology Laboratory**  
 5361 D5B Iowa City, IA 52242-1001  
 Phone: (319)335-9656 Fax: (319) 353-5569  
[www.dentistry.uiowa.edu/oprm/](http://www.dentistry.uiowa.edu/oprm/)

**Surgical Oral Pathology Request form**

Part B – Provider Information	Part A – Patient Information
Provider name _____	Patient Name _____ Last First Initial
Office name _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone Number _____	+++ Date of Birth _____ Sex _____
Fax/Email report to: _____	Phone Number _____

**For all patients under age 18:** Guarantor's Name: \_\_\_\_\_ Guarantor's DOB: \_\_\_\_\_

**Part C – Clinical Data**

Date of Biopsy: \_\_\_\_\_

Summary of Clinical Findings: \_\_\_\_\_

Radiographic Findings: \_\_\_\_\_

Clinical Impression: \_\_\_\_\_

Nature of Operation: \_\_\_\_\_

Fixative:  10% formalin  other \_\_\_\_\_

To submit images electronically: [click here](#)

Files uploaded:  Clinical Photographs  Radiographs  CBCT

**Table 13-1 Nomenclature of Oral and Oropharyngeal Inflammation According to the American Veterinary Dental College**

Location	Term	Definition
Gingiva	Gingivitis	Inflammation of gingiva
Periodontal ligament, alveolar bone, and cementum	Periodontitis	Inflammation of nongingival periodontal tissues
Bone and bone marrow	Osteomyelitis	Inflammation of the bone and bone marrow
Alveolar mucosa	Alveolar mucositis	Inflammation of alveolar mucosa (i.e., mucosa overlying the alveolar process and extending from the mucogingival junction without obvious demarcation to the vestibular sulcus and to the floor of the mouth)
Sublingual mucosa	Sublingual mucositis	Inflammation of mucosa on the floor of the mouth
Labial/buccal mucosa	Labial/buccal mucositis	Inflammation of the lip/cheek mucosa
Mucosa of the caudal oral cavity	Caudal mucositis	Inflammation of mucosa of the caudal oral cavity, bordered medially by the palatoglossal folds and fauces, dorsally by the hard and soft palate, and rostrally by alveolar and buccal mucosa
Palatal mucosa	Palatitis	Inflammation of mucosa covering the hard and/or soft palate
Lingual mucosa	Glossitis	Inflammation of mucosa of the dorsal, lateral, and/or ventral tongue surface
Lip	Cheilitis	Inflammation of the lip (including the mucocutaneous junction area and skin of the lip)
Mouth	Stomatitis	Inflammation of the mucosa lining of any of the structures in the mouth; in clinical use, the term should be reserved to describe widespread oral inflammation (beyond gingivitis and periodontitis) that may also extend into submucosal tissues (e.g., marked caudal mucositis extending into submucosal tissues may be termed caudal stomatitis)
Palatine tonsil	Tonsillitis	Inflammation of the palatine tonsil
Pharynx	Pharyngitis	Inflammation of the pharynx

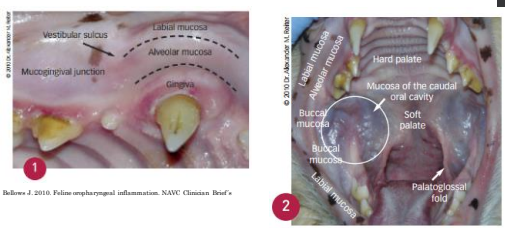
Data from AVDC Nomenclature Committee; American Veterinary Dental College. (2012, May 1). Retrieved July 1, 2015, from <http://www.avdc.org/nomenclature.html>.

Nomenclatura padrão



Reiser & Sibon-Brown. 2014. Applied feline oral anatomy and tooth extraction techniques.

Nomenclatura padrão



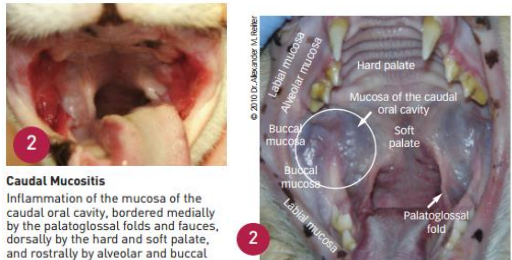
Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief®

Padrões inflamatórios



**Alveolar Mucositis**  
 Inflammation of the alveolar mucosa [the mucosa overlying the alveolar process and extending from the mucogingival junction to the vestibular sulcus and floor of the mouth]

Padrões inflamatórios



**Caudal Mucositis**  
 Inflammation of the mucosa of the caudal oral cavity, bordered medially by the palatoglossal folds and fauces, dorsally by the hard and soft palate, and rostrally by alveolar and buccal mucosa

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

Padrões inflamatórios



**3**  
**Cheilitis**  
 Inflammation of the lip, including the mucocutaneous junction area and skin of the lip

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

Padrões inflamatórios



**4**  
**Gingivitis**  
 Inflammation of gingiva

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

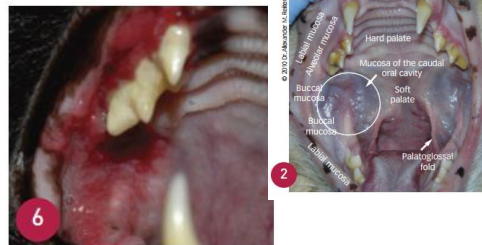
Padrões inflamatórios



**5**  
**Glossitis**  
 Inflammation of the mucosa of the dorsal or ventral tongue surface

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

Padrões inflamatórios



**6**  
**Labial or Buccal Mucositis**  
 Inflammation of lip or cheek mucosa

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

Padrões inflamatórios



**7**  
**Osteomyelitis**  
 Inflammation of the bone and bone marrow  
 Courtesy Dr. Michael Peak

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

Padrões inflamatórios



**8**  
**Palatitis**  
 Inflammation of the mucosa covering the hard or soft palate  
 Courtesy Dr. Michael Peak

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

Padrões inflamatórios



**Tonsillitis**  
Inflammation of the palatine tonsil

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

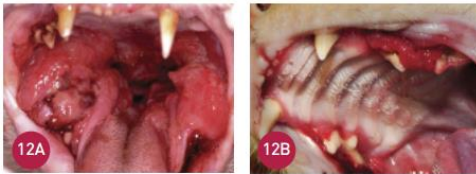
Padrões inflamatórios



**Sublingual mucositis**  
Inflammation of mucosa on the floor of the mouth  
© 2010 DC Alexander M. Reiter

Bellows J. 2010. Feline oropharyngeal inflammation. NAVC Clinician Brief.

Padrões inflamatórios

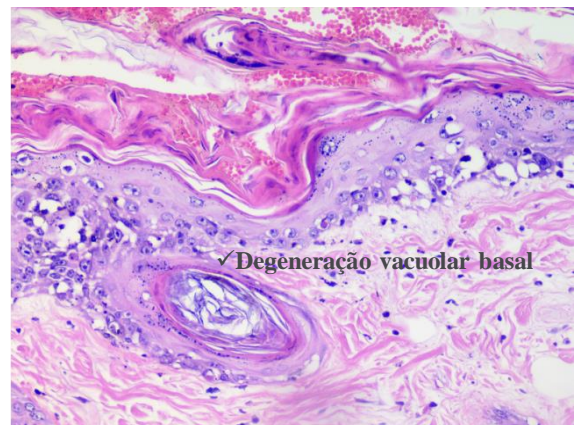


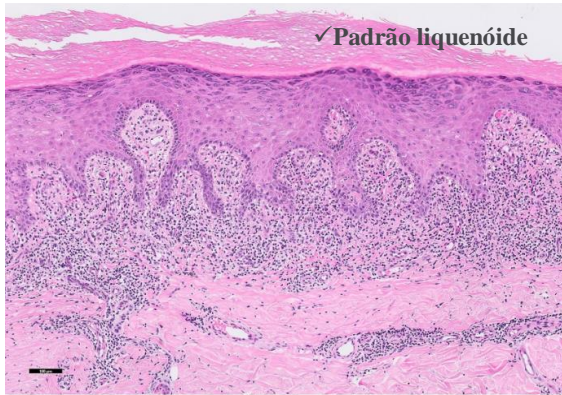
**Stomatitis**  
Inflammation of the mucous lining of any of the structures in the mouth. The term is reserved to describe widespread oral inflammation [beyond gingivitis and periodontitis] that may also extend into the submucosal tissues.

Table 1 Oral mucosal diseases categorized according to appearance		
Ulcerative Conditions	Vesiculobullous Diseases	Inflamed Proliferative Lesions
Plaque-reactive mucositis	Mucous membrane pemphigus	Eosinophilic granuloma complex
Feline gingivostomatitis	Pemphigus vulgaris	Feline gingivostomatitis
Eosinophilic granuloma complex	Pemphigus foliaceus	Viral papillomas
Periodontal abscess	Bullous pemphigoid	Endodontic abscess with parulis
Feline calicivirus	Systemic lupus erythematosus	Foreign body reaction
Erythema multiforme	Erythema multiforme	Sublingual mucosal hyperplasia
Pemphigoid disorders		Extramullary plasmacytoma
Systemic lupus erythematosus		Squamous cell carcinoma
Epidermolysis bullosa		Epitheliotropic lymphoma
Uremia		Acanthomatous ameloblastoma
Chemical exposure		Benign buccal exostoses
Electrical injury		

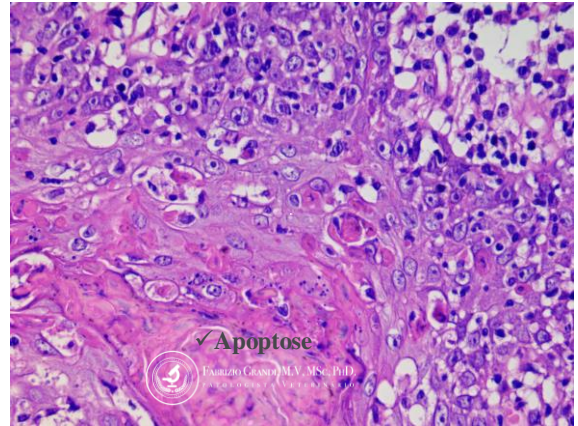
Particularidades histopatológicas da mucosa oral

- ✓ Ulceração e atipia epitelial
- ✓ Cicatrização *delayed*
- ✓ Propensão a formação de tecido de granulação exuberante





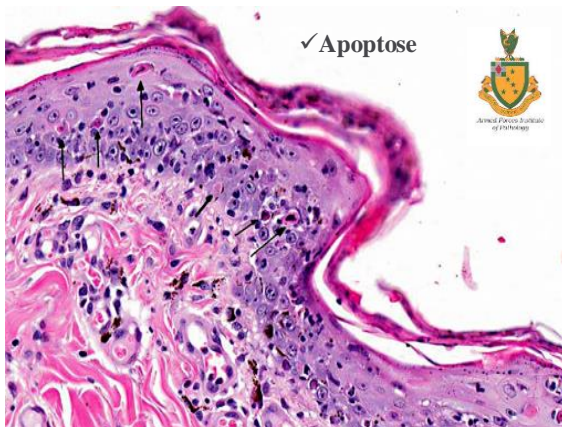
Lichen planus:  
mild hyperkeratosis, acanthosis, bandlike chronic inflammatory infiltrate (H&E, ×10)



✓ Apoptose

Franzini GASTRO, M.V. MSc, PhD

FRANZINI GASTRO, M.V. MSc, PhD



✓ Apoptose



Alameda Portugal 2, Instituto  
de Patologia

#### Gengivite estomatite crônica felina

- ✓ Sinonímia
  - ✓ Estomatite linfoplasmocítica, estomatite e gengivite linfocítica e plasmocítica, estomatite plasmocítica, faringite-estomatite-gengivite plasmocítica, estomatite ulcerativa crônica, estomatite necrotizante, faucite-gengivite-estomatite crônica.
  - ✓ Inflamação geral da gengiva e cavidade oral.
- ✓ Etiologias e fatores contributivos
  - ✓ FIV, FeLV, herpesvírus, PIF, *Bartonella henselae*, *Pausteurella multocida*
  - ✓ Fatores nutricionais
  - ✓ Placa dental exacerbada

#### Gengivite estomatite crônica felina

- ✓ Perfil do paciente
  - ✓ Não há predileção sexual e racial
  - ✓ Idade: fator de risco

#### Gengivite estomatite crônica felina

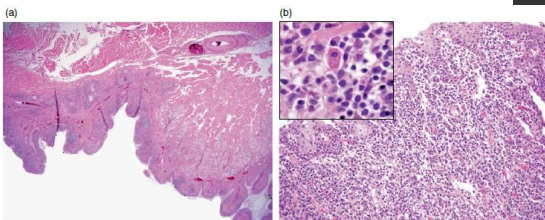
- ✓ Sinais clínicos e alterações laboratoriais
  - ✓ Dor oral
  - ✓ Hiporexia
  - ✓ Halitose
  - ✓ Ptalismo
  - ✓ Perda de peso
  - ✓ Letargia
  - ✓ Linfadenomegalia
  - ✓ Hiperglobulinemia
  - ✓ IgM e IgG elevados na saliva e soro
  - ✓ IgA diminuído na saliva: facilita aderência de bactérias



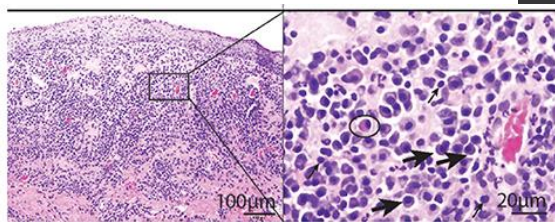
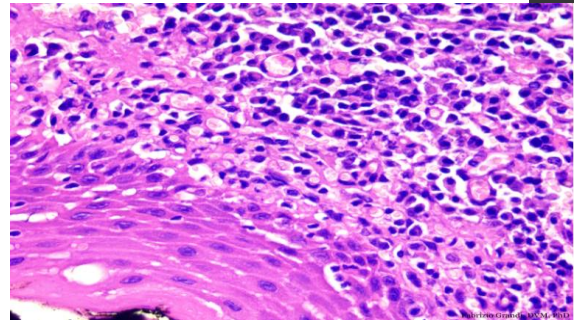
**Figure 5.10** Gross images of Feline chronic gingivostomatitis FCGS in a 13-year-old, neutered male, DSH cat. The caudal oral mucosa is erythematous and proliferative. Source: M. Balke.

#### Gengivite estomatite crônica felina

- ✓ Locais menos comuns
  - ✓ Mucosa alveolar e bucal caudal
  - ✓ Palato mole
  - ✓ Dorso caudal da língua
  
- ✓ Palato duro, mucosa labial e mucosa sublingual: não acometidos



**Figure 5.11** Histologic image of the caudal oral mucosa from a cat with Feline chronic gingivostomatitis FCGS. The tissue was excised during necropsy, allowing for a large tissue sample. (a) The mucosal surface is corrugated, reflecting the proliferative mucosal pattern seen grossly in Figure 5.10. The underlying tissues include mucosa and mixed salivary glands and skeletal muscle, all of which can be present in surgical biopsies from cats with FCGS. (b) The mucosa propria is infiltrated by many plasma cells, including Mott cells (inset, with fewer lymphocytes and neutrophils).



#### Histological, Immunological, and Genetic Analysis of Feline Chronic Gingivostomatitis

Natalia Vapniarsky<sup>1,2</sup>, David L. Simpson<sup>1,2</sup>, Boaz Arzi<sup>1</sup>, Nopmanee Taechangam<sup>1,2</sup>, Naomi J. Walker<sup>1,2</sup>, Carissa Garrity<sup>1,2</sup>, Evelyn Bulkeley<sup>1</sup> and Dori L. Borjesson<sup>1,2</sup>

#### Gengivite estomatite crônica felina

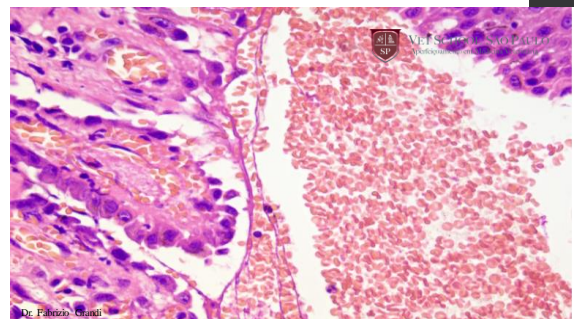
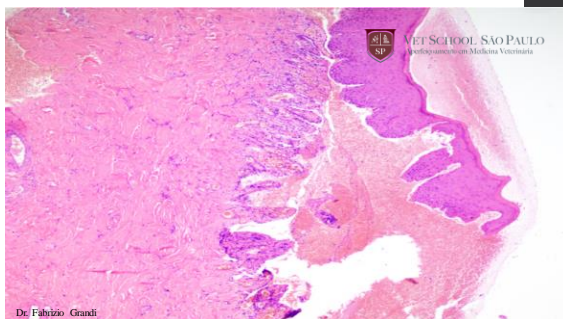
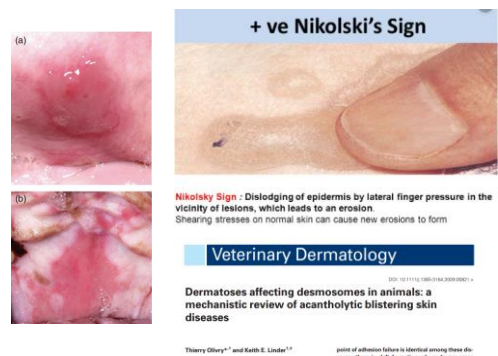
- ✓ Achados adicionais na histopatologia
  - ✓ GECE + granuloma piogênico secundário
  - ✓ Macrófagos: procurar por ductos ou ácinos salivares rompidos e inflamados
  - ✓ Mastócitos: comuns na GECE
  - ✓ Piogranulomas: infecção bacteriana secundária

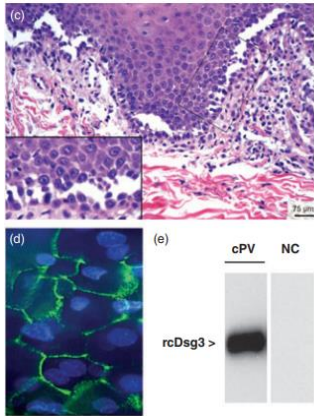
## Pênfigo vulgar

- Predisposição racial aparente: PA e Collies
- Alvos: DSG-1 e DSG-3 (supra-basal)
- PV farmacodérmico: sulfasalazina

- Incidência e prevalência
  - Maior prevalência: machos
  - Qualquer idade (mais comum por volta de 6 a 7 anos de idade)
  - Felinos: predisposição racial, etária e sexual não relatada

- Sinais clínicos
  - Vesículas e bolhas flácidas (Nikolski positivo) e erosões e ulcerações
    - Cavidade oral > pavilhão auricular e meato acústico > plano nasal > margem labial > genitália > ânus > pele periorcular
  - Fenótipos clínicos
    - restrito a mucosa ou transições muco-cutâneas (inicialmente) > mucosas e cutâneo
  - Paroníquia erosiva
  - Esofagite e ceratite erosivas
  - Letargia, anorexia e perda de peso ocasionais





**Figure 3.** Pemphigus vulgaris in dogs. Flaccid vesicles usually first develop in the oral cavity (a) and they rapidly transform into widespread erosions (b), a phenotype called 'desquamative gingivitis' in human beings. Microscopically, there are suprabasal epithelial clefts due to acantholysis (c). Indirect immunofluorescence performed using a canine keratinocyte cell line demonstrated the presence of IgG targeting the cell membrane (green fluorescence) (d). Immunoblotting performed using recombinant canine extracellular desmoglein-3 confirmed that the serum of a dog with pemphigus vulgaris (cPV) recognized this protein whereas that of a normal control (NC) dog did not (e; picture derived from Nishifuji *et al.*<sup>19</sup>).

Caso JPC

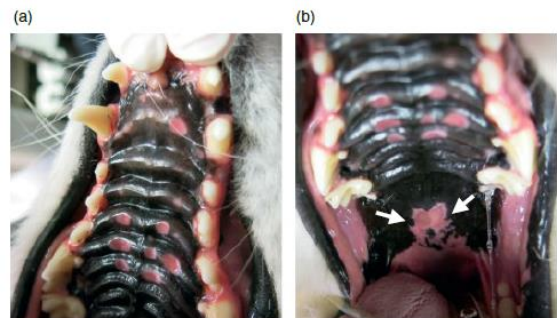
[https://www.askjpc.org/vspo/show\\_page.php?id=aklBS2NrNjNLVG9hbVk1U2thdit4QT09](https://www.askjpc.org/vspo/show_page.php?id=aklBS2NrNjNLVG9hbVk1U2thdit4QT09)

- DDX
- Estomatite ulcerativa crônica canina
- Estomatite paradental canina

- Prognóstico
- 40% dos casos: eutanásia ou morte espontânea (prognóstico ruim)

#### Granuloma eosinofílico felino

- ✓ Estímulo antigênico
- ✓ Reação de hipersensibilidade do tipo I
- ✓ Diferencial para estomatite felina herpética úlcero-proliferativa (Hargis AM *et al.*, 1999)
- ✓ Tipos clínico-patológicos
  - ✓ Granuloma eosinofílico nodular/proliferativo
  - ✓ Úlcera eosinofílica
    - ✓ Comum padrões histológicos mistos



**Figure 5.21** Gross and histologic images of eosinophilic granuloma complex (EGC) lesions in a three-year-old, spayed female, Samoyed dog. (a) This dog had multiple palatal ulcers that were bright pink and well demarcated. The ulcers often have a raw appearance as opposed to being covered by a dull tan membrane of fibrin. (b) A midline ulcer of the soft palate (arrows) is one of the most common clinical manifestations of oral EGC in dogs. (c) Low magnification of a palatal lesion features sclerotic granulation tissue underlying the ulcer and hyperplastic epithelium at the edge. (d) Proliferative vessels are lined by hypertrophied endothelial cells and, within the lumen of vessels, both neutrophils and eosinophils are present. Source: J. Banyard.



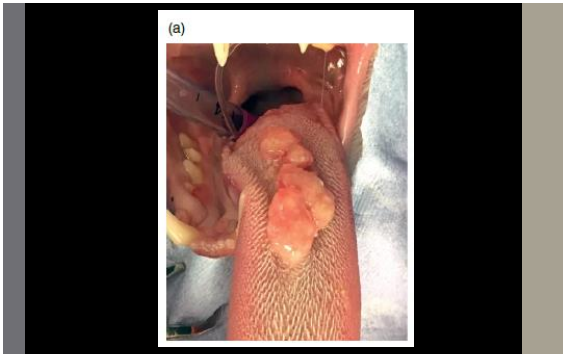
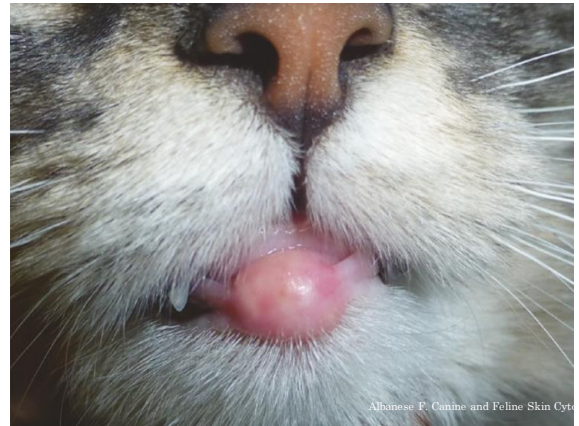


Figure 5.22 Gross and histologic images of a lingual eosinophilic granuloma complex (EGC) lesion in a 10-year-old, neutered male Maine coon cat. (a) This particularly proliferative lesion formed a broad, linear, mottled pink to yellow mass on the center of the dorsal surface of the tongue. (b) Eosinophils densely infiltrate among stromal cells that have plump euchromatic nuclei. Source: S. Goldschmidt.



Albanese F. Canine and Feline Skin Cytology



Albanese F. Canine and Feline Skin Cytology



Albanese F. Canine and Feline Skin Cytology



Albanese F. Canine and Feline Skin Cytology

Proliferative or nodular EGC lesions resemble ulcerated lesions at the surface, but the underlying mass-like tissue is a mixture of granulation tissue, fibrosis, and granulomatous inflammation centered on extracellular protein. These deposits appear to be aggregates of degenerated collagen protein (collagenolysis) intermixed with degranulated eosinophil-derived proteins. This material may mineralize, giving the gross lesion a pale yellow, rough, granular appearance. Histologically, epithelioid and multinucleate giant macrophages center on the protein deposits. In addition to medical therapy, these EGC

Ulcerated lesions have abrupt edges that are often slightly elevated from the ulcer bed due to hyperplasia of the bordering epithelium. The ulcerated surfaces of EGC lesions often have surprisingly little fibrin or necrotic debris, although there are exceptions when secondary bacterial infection occurs. The underlying organization of the bed of granulation tissue is characteristic, and may alert the pathologist to the diagnosis even before eosinophils are identified. This granulation tissue is more sclerotic than edematous; it features increased amounts of collagen matrix, plump fibroblasts, and blood vessels lined by hypertrophied endothelial cells. Hypertrophied fibroblasts and endothelial cells are easily mistaken for histiocytes and, although non-specific, their presence is a helpful diagnostic feature when eosinophils are sparse. Finally, intravascular and extravasated eosinophils range from few to numerous. Neutrophilic inflammation is also expected, which can be equal to or greater than the eosinophilic component of the lesion. Some lesions have perivascular lymphoplasmacytic infiltrates, particularly at the deep and lateral edges of the granulation tissue.

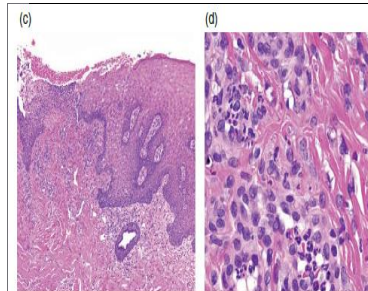


Figure 5.21 Gross and histologic images of eosinophilic granuloma complex (EGC) lesions in a three-year-old, spayed female, Samoyed dog. (a) This dog had multiple palatal ulcers that were bright pink and well demarcated. The ulcers often have a raw appearance as opposed to being covered by a dull tan membrane of fibrin. (b) A midline ulcer of the soft palate (arrows) is one of the most common clinical manifestations of oral EGC in dogs. (c) Low magnification of a histologic section of a palatal lesion features sclerotic granulation tissue underlying the ulcer and hyperplastic epithelium at the edge. (d) Proliferative vessels are lined by hypertrophied endothelial cells and, within the lumen of vessels, both neutrophils and eosinophils are present. Source: J. Banyard.

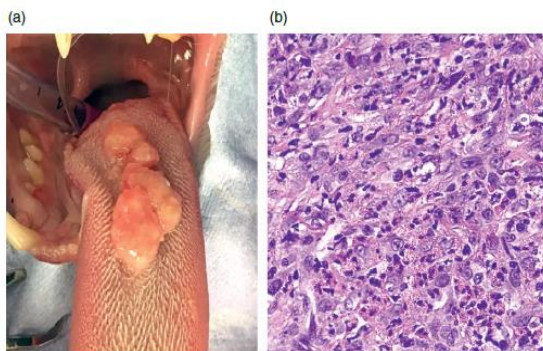


Figure 5.22 Gross and histologic images of a lingual eosinophilic granuloma complex (EGC) lesion in a 10-year-old, neutered male Maine coon cat. (a) This particularly proliferative lesion formed a broad, linear, mottled pink to yellow mass on the center of the dorsal surface of the tongue. (b) Eosinophils densely infiltrate among stromal cells that have plump, euchromatic nuclei. Source: S. Goldschmidt.

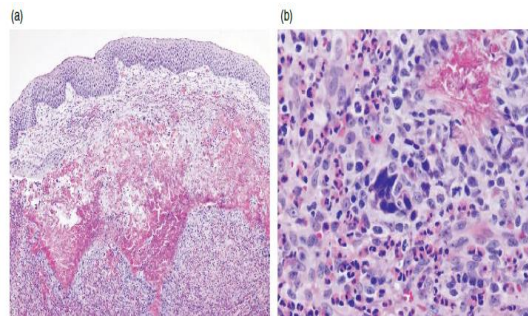


Figure 5.23 Histologic images of a proliferative eosinophilic granuloma complex (EGC) lesion from the tongue of a three-year-old, spayed female, DSH cat. The clinical appearance of this lingual mass was remarkably similar to Figure 5.22. (a) A low-magnification section from a non-ulcerated portion of the mass shows organizing inflammatory tissue (eosinophilic granuloma) with large amounts of eosinophilic protein. (b) A higher magnification image demonstrates the abundance of eosinophils, the linear to amorphous organization of the protein, and both epithelioid and multinucleate macrophages.

**DX: GRANULOMA EOSINOFÍLICO ORAL, variante ulcerada**

Caso JPC  
[https://www.askjpc.org/vspo/show\\_page.php?id=eXdNUJyU2Z0cmtrQz12MExFaVhTz09](https://www.askjpc.org/vspo/show_page.php?id=eXdNUJyU2Z0cmtrQz12MExFaVhTz09)

In a recent paper, Joffe and Allen (1995) described a variant of oral eosinophilic granuloma or a disease closely resembling oral eosinophilic granuloma in three Cavalier King Charles spaniels (CKCSs) in the USA. In these dogs, the oral lesions lacked the granuloma formation that was characteristic in previously described cases of oral eosinophilic granulomas in dogs. In addition, only palatine lesions were observed. Thus, the diagnosis of ulcerative eosinophilic stomatitis was proposed.

**Oral eosinophilic granuloma in three Cavalier King Charles spaniels**

W. P. Brodal, G. Gunnes\*, I. Volset and T. L. Ushiate

Department of Small Animal Clinical Sciences and \*Department of Morphology, Genetics and Aquatic Biology, Norwegian College of Veterinary Medicine, PO Box 8146, Dep., 0403 Oslo, Norway

Journal of Small Animal Practice (1996) 17, 409-414

- “Cavalier mark”: termo usado por criadores suecos
- Machos <3 anos de idade
- Disfagia, tosse durante e após a ingestão de alimento, hiporexia
- Eosinofilia
- Predisposição genética provável

- Padrão microscópico da variante ulcerativa
  - Ulceração
  - Hiperplasia do epitélio das bordas da úlcera
  - Restos necróticos e fibrina escassos (exceto com infecção bacteriana secundária)
  - Leito da úlcera=tecido de granulação com células endoteliais proeminentes, fibroblastos reativos
  - Eosinófilos, neutrófilos, linfócitos e plasmócitos

### “Granuloma” piogênico felino

- ✓Componente traumático crônico
  - ✓Alterações na oclusão
- ✓Contato traumático do 4º dente pré-molar maxilar e os tecidos moles da superfície vestibular do 1º dente molar mandibular ipsilateral

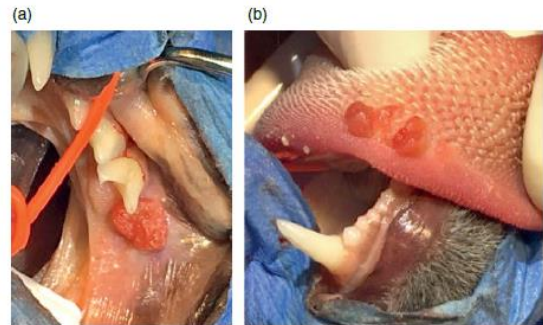


Figure 6.9 Gross and histologic images of pyogenic granulomas in a cat. (a) A bright red, raised mass is buccodistal to the mandibular molar (b) and similar lesions are on the lateral surface of the tongue. (c) The broad-based, exophytic mass is ulcerated and composed of granulation tissue with neutrophilic inflammation (C). Source: C. Miles.



Riehl J *et al.*, 2014. Clinicopathologic characterization of oral pyogenic granuloma in 8 cats. J Vet Den



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**Table 2**  
Histopathologic findings of pyogenic granuloma in 8 cats

	Previous Biopsy Results	Present Study Biopsy Findings							
		Mass Effect with Granulation Tissue	Suppurative Inflammation	Lymphoplasmacytic Inflammation	Hemosiderin Laden Macrophages	Ulceration and Fibrin	Edema	Epithelial Hyperplasia	Bacteria
1	Granulation tissue	+	+++	++	+	+	+	+	-
2	Pyogenic granulation tissue	+	+++	+	-	+	+	+	Few surface gram - bacilli
3	N/A <sup>a</sup>	+	+++	++	+	+	+	+	Few surface gram - bacilli
4	Inflammatory	+	++	+	+	+	+	+	-
5	Inflamed fibromucosal polyp	+	++	+	-	+	+	-	-
6	N/A <sup>a</sup>	+	+++	+	+	+	+	+	Mixed
7	Inflamed fibromucosal polyp	+	++	++	+	+	+	+	-
8	N/A <sup>a</sup>	-	++	+	+	+	+	+	-

Riehl J et al., 2014. Clinicopathologic characterization of oral pyogenic granuloma in 8 cats. J Vet Den

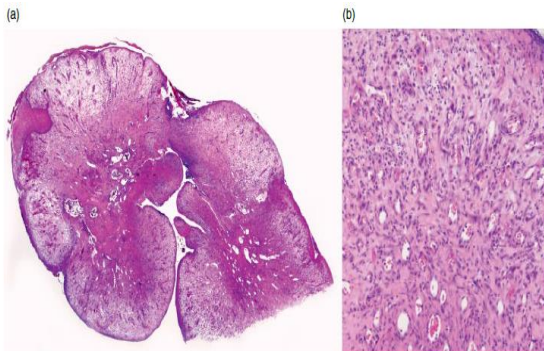
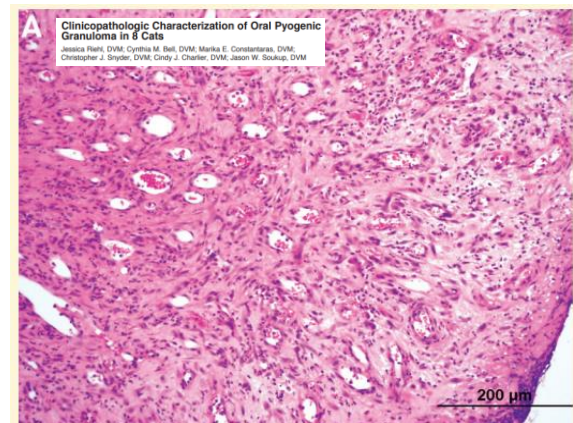
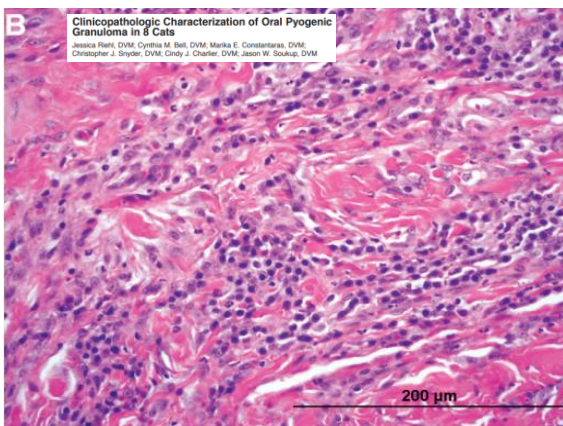


Figure 6.10 Additional histologic images of pyogenic granulomas in cats. (a) A polypoid mucosal mass has a central core of organized fibrovascular stroma and peripheral immature granulation tissue. (b) When inflammation is mild, the pattern of "hemangiomatous" hyperplasia of fibrovascular tissue can mimic a vascular neoplasm.



**Clinicopathologic Characterization of Oral Pyogenic Granuloma in 8 Cats**  
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**Hiperplasia fibrosa focal (HFF)**

- Épulis (grego *epi-oulon*= sobre a gengiva)
  - Inconsistências na nomenclatura: épulis fibroso, hiperplasia gengival, hiperplasia fibrosa, hiperplasia fibrosa focal (FFH).
  - Hiperplasia/hipertrofia gengival generalizada do Boxer
    - Componente hereditário, ciclosporina

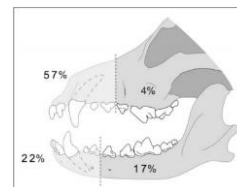


Figure 6- Distribution of FFF in the oral cavities of dogs in = 248 evaluated for oral tumors of possible idiopathic origin at a veterinary teaching hospital from 1995 through 2005.

Fiani e col., 2011

## Hiperplasia gengival

- ✓Termo atualmente aceito
- ✓Contempla um espectro maior de lesões
- ✓Etiologia
  - ✓trauma, infecção, periodontite, gengivite, drogas (diltiazem, ciclosporina, fenitoína, amlodipina)
- ✓Macroscopia
  - ✓Focal, multifocal a generalizada

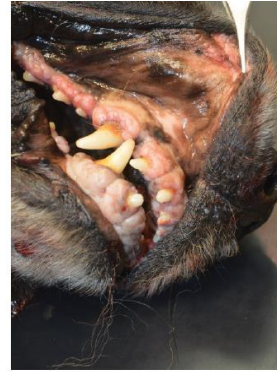


Figure 10.14 Diffuse gingival hyperplasia, eight-year-old German shepherd dog. Lesion associated with chronic cyclosporine administration. Source: S. Siso, U.C. Davis.

(a)

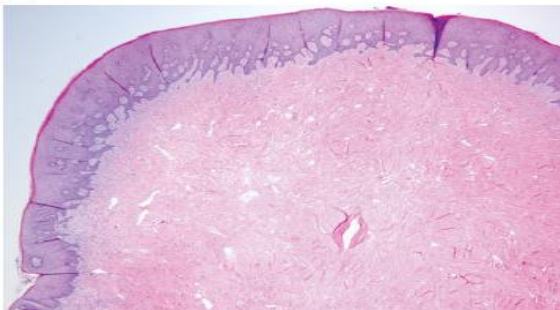


Figure 10.15 Histological images of gingival hyperplasia, seven-year-old English Bulldog. (a) Gingival hyperplasia is histologically characterized by the non-neoplastic proliferation of both the mucosal epithelium and submucosal mesenchyme. The proliferative epithelium demonstrates anastomosing rete pegs. (b) Gingival hyperplasia is often accompanied by subepithelial aggregates of infiltrating lymphocytes and plasma cells (gingivitis/stomatitis). Note the pronounced interanastomosing rete pegs.

(b)

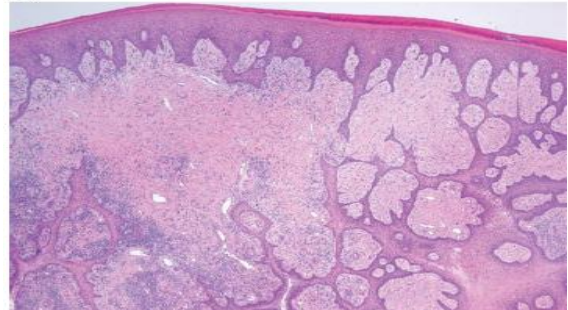


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## Chewing lesion

- ✓“Granuloma” traumático
- ✓Comum na mucosa sublingual e bucal

FOP: diferencial

[https://www.askjpc.org/vspo/show\\_page.php?id=bFRONGpOUmV1K29lanF6aTJKaXp3dz09](https://www.askjpc.org/vspo/show_page.php?id=bFRONGpOUmV1K29lanF6aTJKaXp3dz09)



Figure 6.8 Gross and histologic images of a sublingual "chewing granuloma." 13-year-old, spayed female Maltese dog. (a) This "chewing granuloma" was bilateral but reported to be more severe on the right. (b) The low-power histologic image of the lesion demonstrates a polypoid, multilobular mass. (c) The non-ulcerated portion of the mass resembles organizing granulation tissue with mild inflammatory infiltrates (solid line box from b). (d) The ulcerated portion is notably more cellular due to immature granulation tissue and neutrophilic inflammation (dashed box from b). Source: M. Buelow.

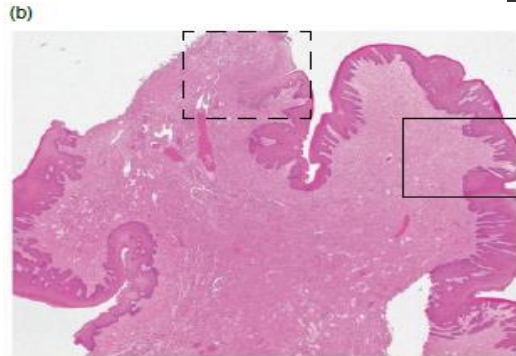


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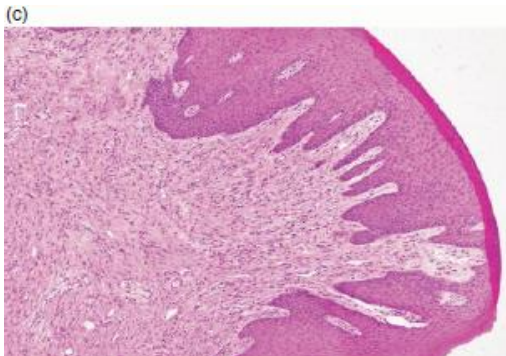


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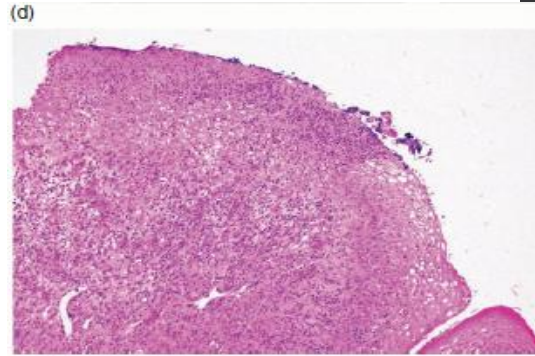
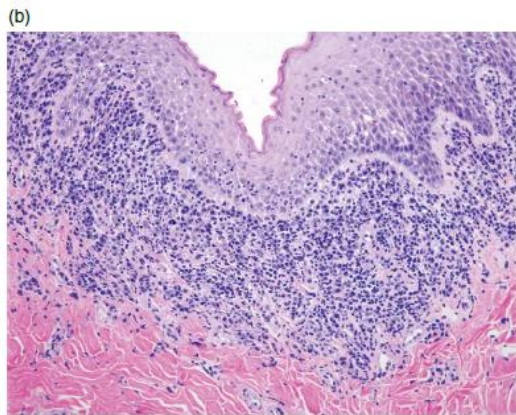


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### Estomatites caninas (*CUPS e CCUS*)

- ✓ *CUPS*: canine ulcerative paradental stomatitis
- ✓ Sinônimos: "úlceras do beijo", úlceras de contato, estomatite de contato
- ✓ Etiologia: filme bacteriano x reação inflamatória



✓ *CCUS: canine chronic ulcerative stomatitis/gingivostomatitis*

✓ Definição

✓ Estomatite generalizada não associada a áreas de contato (CUPS); entretanto, a CUPS normalmente acompanha a CCUS.

✓ CUPS > CCUS (evolução)

✓ Locais

✓ Mucosa palatina, gengival e bucal

✓ Etiologia

✓ Desequilíbrio na resposta T

✓ Em humanos: drogas, doenças auto-imunes, alérgicas

✓ *CCUS: canine chronic ulcerative stomatitis/gingivostomatitis*

✓ Predisposição racial

✓ Maltês, Cavalier King Charles Spaniel

✓ Sintomas

✓ Halitose, ptialismo, dor, hiporexia

✓ *CCUS: canine chronic ulcerative stomatitis/gingivostomatitis*

Advancing our understanding of CCUS will require open communication between clinicians, pathologists and other investigators adhering to a careful, case-by-case attention to:

- 1) Distribution of lesions
- 2) Clinical appearance of lesions (vesicular, ulcerative, proliferative, etc.)
- 3) Rate of onset and duration of lesions
- 4) History with respect to concurrent diseases, drug administration, exposure to allergens (oral rinses, chew toys, etc.)
- 5) Histological features
- 6) Response to therapy

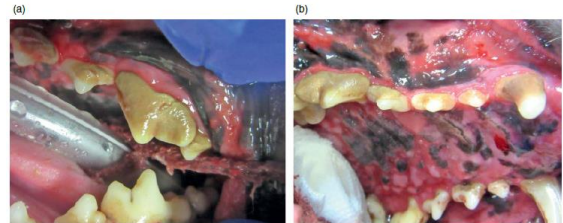


Figure 5.16 Gross and histologic images of severe CCUS in a six-year-old, neutered male, terrier cross with involvement of the (a) buccal mucosa and (b) palate. (c) The histologic lesion has lichenoid infiltrates and epithelial hyperplasia in non-ulcerated areas. (d) Plasma cells and lymphocytes are predominant with intraepithelial neutrophils. Source: C. Waterhouse.

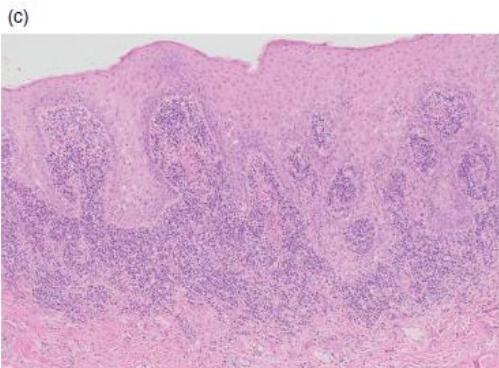


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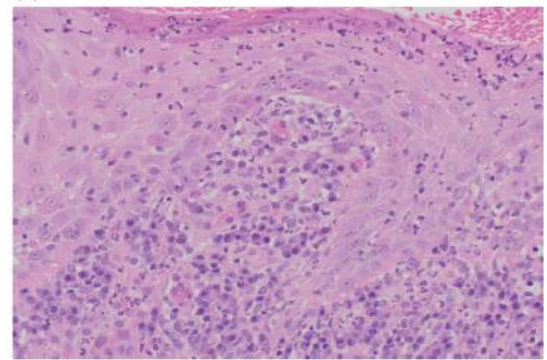


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Figure 5-17. Gross and histologic images of severe CCUS in a six-year-old, spayed female Boxer dog. (a) Approximately one month after oral antibiotic treatment, palatal ulceration remains extensive and there are buccal mucosal lesions in areas of contact with the caudal premolars and molars. (b) An ulcerated area biopsied from the palate shows a fibrin-covered bed of stroma with fibroplasia and neutrophils, while plasma cells are few. Causation is not clear, but antibiotic therapy may have addressed secondary bacterial infection based on the paucity of mononuclear cells. Source: L. Hedemann.

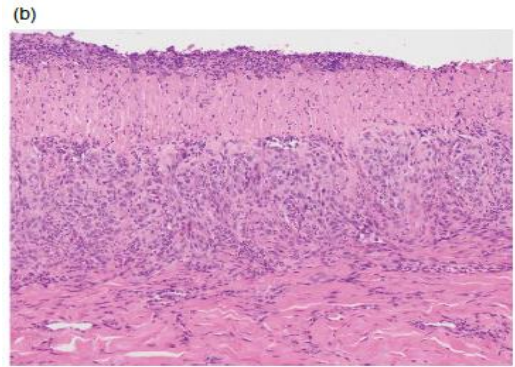
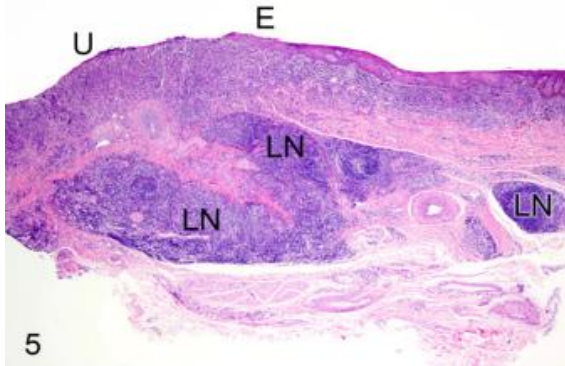
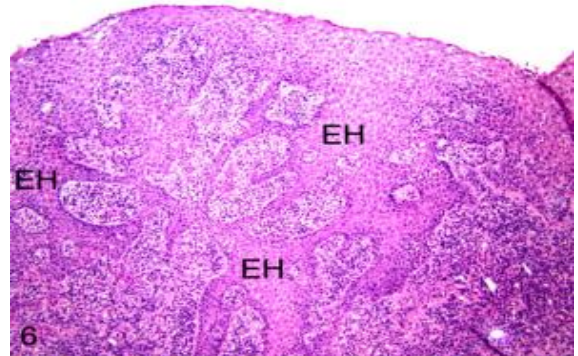


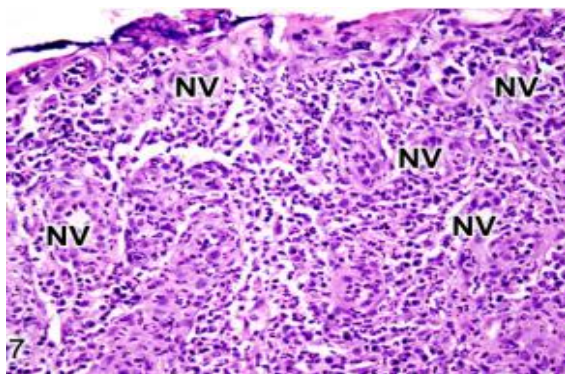
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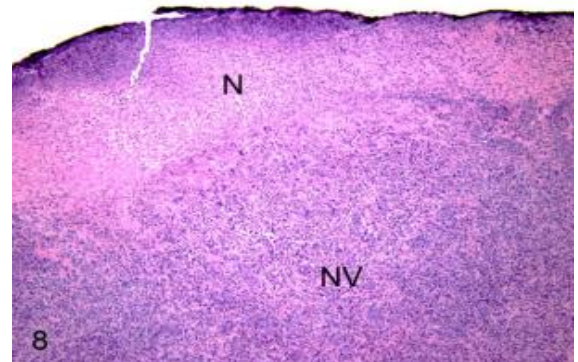
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