Dear Editor,

Soft tissue structures of the oral cavity comprise of upper lip, lower lip, buccal mucosa, gingiva, alveolar mucosa, floor of mouth, tongue and soft palate. Swellings of these structures are usually ignored by dentists unless patient complains of pain; however these swellings represent a variety of clinical entities, ranging from developmental anomalies to manifestations of different syndrome and malignant neoplasm. There is no approved simple type working classification of soft tissue swellings of oral cavity in the literature. A simple working type classification of soft tissue swellings of oral cavity is proposed here (Table 1).

This classification includes neoplasms, Soft tissue cysts, non neoplastic salivary gland diseases, granulomatous diseases and miscellaneous diseases. Neoplasms include tumors of epithelium origin, mesenchymal origin, salivary gland origin and peripheral variants of odontogenic tumors. Tumors of mesenchyme are further classified into common, relatively rare and rare according to their frequency of occurrence in oral cavity. Cysts of soft tissue can be a result of trapped cells as a result of inclusion error. These cysts are usually presented as small yellow – white submucosal lesions. Non neoplastic salivary gland diseases ranging from salivary gland cyst like mucocele to calcified masses like sialolith. Granulomatous diseases are the most commonly encountered immunodeficiencies involving the phagocyte, and are characterized by repeated infections with bacterial and fungal pathogens, as well as the formation of granulomas in tissue. Inside oral cavity these diseases are ranging from Sarcoidosis to tuberculosis and crohn’s disease. Miscellaneous diseases comprise of unclassifiable lesions ranging from traumatic swellings to congenital malformations of veins and arteries.

Diagnosis of soft tissue swellings require a proper case history, careful intra oral examination and in some cases biopsy, aspiration cytology and other examinations. Greater coordination of dental clinician and Oral pathologists is required in proper detection and management of these lesions. This classification will be useful for the dental clinicians, oral pathologists and also for the undergraduate and post graduate dental students who deals with the diseases of oral cavity.

Table 1. Classification of soft tissue swellings of oral cavity

<table>
<thead>
<tr>
<th>I. Neoplasm</th>
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<tbody>
<tr>
<td>1. Epithelium origin</td>
</tr>
<tr>
<td>Squamous papilloma</td>
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<tr>
<td>Keratoacanthoma</td>
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<tr>
<td>Squamous cell carcinoma</td>
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<tr>
<td>Melanoma</td>
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<tr>
<td>Nevus</td>
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<tr>
<td>2. Mesenchymal origin</td>
</tr>
<tr>
<td>a) Common</td>
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<tr>
<td>Fibroma</td>
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<tr>
<td>Pyogenic granuloma</td>
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<tr>
<td>Peripheral giant cell granuloma</td>
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<tr>
<td>Peripheral ossifying fibroma</td>
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<tr>
<td>Traumatic neuroma</td>
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<tr>
<td>b) Relatively rare</td>
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<tr>
<td>Lipoma</td>
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</tbody>
</table>

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Neurofibroma
Neurilemmoma
Granular cell tumor
Peripheral osteoma
Hemangioma
Leiomyoma
Lymphangioma
Melanotic neuroectodermal tumor of infancy

c) Rare
Rhabdomyoma
Rhabdomyosarcoma
Kaposi’s sarcoma
Neurofibrosarcoma
Angiosarcoma
Leiomyosarcoma
Liposarcoma
Hemangiopericytoma
Hemangioendothelioma
Synovial sarcoma
Neurothakeoma

3. Salivary gland tumors
Pleomorphic adenoma
Canalicular adenoma
Mucopidermoid carcinoma
Adenoid cystic carcinoma
Polymorphous low grade adenocarcinoma

4. Peripheral odontogenic tumors
Ameloblastoma
Odontogenic fibroma
Adenomatoid odontogenic tumor
Ameloblastic fibroma

II. Cysts of soft tissue
Dermoid cyst
Epidermoid cyst
Nasolabial cyst
Lymphoepithelial cyst

III. Non neoplastic disorders of salivary glands
Mucous retention cyst
Mucous extravasation cyst
Necrotizing sialometaplasia
Mikulicz’s disease
Adenomatous hyperplasia of minor salivary glands

IV. Granulomatous diseases
Sarcoidosis
Crohn’s disease
Tuberculosis

V. Syndromes associated with intra oral swellings
Neurofibromatosis I (NF 1)
Tuberous sclerosis
Multiple endocrine neoplasia type 2B
Multiple hamartoma syndrome

VI. Miscellaneous
Parulis
Amyloidosis
Multifocal epithelial hyperplasia
Congenital epulis
Metastatic carcinoma
Palatal abscess
Lingual thyroid nodule
Epulis fissuratum
Pericoronitis
Arteriovenous malformations
Oral mucinosis

REFERENCES