Regular CT scan revealed a solid space occupying lesion of the (L) maxilla. A biopsy was obtained and the eventual histological examination will influence the diagnostic differential diagnosis. A thorough physical examination will establish by obtaining a complete history after performing a thorough physical examination. Think before you cut. An initial differential diagnosis can be established by obtaining a complete history after performing a thorough physical examination. These preliminary data obtained will influence the diagnostic tests ordered and the eventual choice of incisional or excisional biopsy.

**Case 1A**

This 27-year-old Chinese female clerk was blissfully unaware of the huge swelling in the anterior floor of her mouth until her well-informed dentist Dr. C advised her to see me for further management.

a. What is wrong with the floor of the mouth? (Fig. 3a)

b. What anatomical structures are involved with the swelling? (Fig. 3a)

c. Will she have any distinct functional problem in speech and mastication? (Fig. 3a)

We decided to perform an incisional biopsy (Fig. 3b). What is the difference between an incisional biopsy and an excisional biopsy? Which important possible post-op complication must you warn the patient about before proceeding?

The lesion had been enucleated in toto as shown in Fig. 3c. What post-op measures must you take to avoid complications? What are the types of mid-line swellings that you must consider in the differential diagnosis?

**Case 1B**

This 16-year-old Chinese female student was worried about the increasing asymmetry of her face (Fig. 3d). She complained about this fluctuant, mobile lump on her (L) cheek which had gradually increased in size.

a. How can you tell that this is so in Fig. 3d? (Fig. 3d)

b. Again we decided to do an excisional biopsy. What structures must you avoid when operating on the buccal mucosa of the cheek? (Fig. 3e)

c. What structures can you discern in the surgical bed after the enucleation of the tumour? (Fig. 3f)

d. The excised lesion Fig. 3g confirms that this lesion is probably of infective progressive nature? (L) maxilla.

d. We actually excised the lesion Fig. 3h after an initial incisional biopsy confirmed the photos were lost. What do you think we did?

**Case 1C**

This 27-year-old Chinese housewife complained of trismus, pain of (L) jaw and inability to eat plus difficulty in swallowing saliva.

a. What can you see in Fig. 3i? (Fig. 3i)

b. Fig. 3j is the extra-oral presentation. Describe what you see and correlate it with your diagnosis.

c. The intro-oral appearance Fig. 3k confirms that this lesion is probably of infective origin. Why? (Lint: three main steps.)

d. The X-ray view (Fig. 3l) is highly informative. What can you see? How does the appearance of the mandibular bone explain your findings in Fig. 3l and Fig 3m?

**Case 1D**

This 74-year-old Malay housewife has had a growth in the (L) maxilla for the last five years!

a. What features in Fig. 3n suggest a benign growth in the (L) maxilla? (Fig. 3n)

b. Fig. 3o is the extra-oral presentation. Describe what you see? How can such a huge lesion exist without alarming the patient?

c. The surgical closure (Fig. 3p) and one week post-op (Fig. 3q). What post-op measures must you take to avoid complications? What are the things aggressive, fulminant and probably malignant?

d. The X-ray appearance in Fig. 3r confirms our suspicions beyond doubt. What can you see in the (R) maxillary sinus?

e. Fig. 3s is the intra-oral appearance—actually the growth in the (L) side has a unique feature that we cannot see. Which tooth is the culprit?

**Case 1E**

This 32-year-old Chinese housewife presented around Chinese New Year Eve 2004 for a rapidly enlarging swelling which started some months back.

a. What features in Fig. 3t suggest that we are dealing with some aggressive, fulminant and probably malignant?

d. The X-ray appearance in Fig. 3u confirms our suspicions beyond doubt. What can you see in the (R) maxillary sinus?

e. Fig. 3v is the extra-oral presentation. Describe what you see? How can such a huge lesion exist without alarming the patient?

The rationale for putting forward cases 1A to 1E is to help readers achieve some skills in narrowing down the identity of a lesion from differential diagnosis. How would you establish a differential diagnosis? (Lint: three main steps.)

**Prelude**

This is a new section of the CDE Self Assessment Series in Clinical Dentistry, Dental Quiz Questions. Note that we have decided to be more clinically orientated with more emphasis on medically related conditions that can affect dental treatment. In this section, we will delve into the intricacies of some soft tissue and dental anomalies. This dental quiz serves to update your CDE prowess.