



**Abstracts presented at the  
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### **Pigmented Lesion On The Alveolar Ridge**

**Bashar Shahrouri, Mohammad Bassek, Ali Alshar'**

A 62-year-old female attended the clinic to replace her missing teeth. She is non-smoker and doesn't drink alcohol. She has hypertension and takes Atenolol and Salurex. Intra-oral examination revealed a dark blue/violet Macule on the lower right alveolar ridge in the place of the second molar. The discolored macule was less than 1 cm. The patient has a history of extraction of amalgam filled molar. She was reassured and in the follow up visit there were no remarkable changes.

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### **Mass on tongue Lubna Hniti**

A 12-year-old female patient presented with 1 week history of strange mass on her tongue. There's no significant medical history. Upon examination, a 0.5 cm exophytic mass on the anterior part of the ventral surface of the tongue was observed; the mass was painless, firm and pale pink in color. No cervical lymph node enlargement was observed. The polyp was fully excised. Microscopic examination confirmed the diagnosis of fibroepithelial polyp. No recurrence presented with follow up after 2 weeks.

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### **Nasal lesion Amane Al asmar**

A 34-year-old female, presented with a 2 years missing teeth because of caries. She is non-smoker & doesn't drink alcohol and she is medically fit. Extra oral examination revealed a herpetic lesion around her nose. No cervical lymph node enlargement was found. Intra orally, there were multiple missing teeth, remaining roots, defective restoration & calculus. The patient was given topical acyclovir to treat the herpetic infection and was referred to periodontal, surgical, restorative and prosthodontic department for appropriate.

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### **Attrition only? Ameera Nsour, Farah Odeh**

A 48-year-old female came to the clinic for esthetic reasons. She has GERD and gastric ulcers. She takes gasic. She has been a smoker for 30 year. She does not drink alcohol. Upon extra oral examination; nothing abnormally was detected. Intra oral examination revealed the presence of multiple carious teeth, and subgingival calculus. She was referred to the periodontal, conservative, and to the prosthetic clinics to take an impression for night guard.

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**Incidental bone lesion**  
**Noor Qaisi, Hala Derieh, Aya Abdalazeez**

A 26-year-old male attended the JUH dental clinics complaining of pain in the lower anterior region. The pain started 2 years ago and is relieved by pain killers. He is a heavy smoker and doesn't drink alcohol. His medical history is free. Upon clinical examination, a depression was detected in the lower anterior region and teeth were tender to percussion. An anterior periapical was taken and revealed a unilocular moderately defined radiolucency extending from the right central to the left lateral at the level of the apices. Microscopic examination confirmed the diagnosis of aneurysmal bone cyst. Intralesional Curettage was done and the patient was scheduled for follow up.

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**Crohn's Disease**  
**Aseel Majali , Areen Obeidat And Hadeel Al.Jarhi**

A 19-year-old university student presented to complete previously initiated root canal treatment on his lower 5 . He is non smoker and doesn't drink alcohol. His medical history was significant for chron's disease. 3 years ago, he had been through surgical removal of an inflamed part of his intestine. He Takes "imuran" immunosuppressant for the rest of his life which leaves him with high susceptibility for oral infections. Upon examination; he has labial and facial swelling (edema), plaque induced gingivitis and multiple carious teeth. The patient was advised to follow a frequent preventive and routine dental care to prevent destruction of hard and soft tissue and was referred to periodontal and conservative clinics.

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**Arteriovenous Malformation (Avm) and Facial Nerve Palsy**  
**Haneen O. Kharoub, Mahmoud Massalha**

A 48-year-old female presented with a history of a 2-year-old painful mass in the left side of the face due to trauma. She has a history of a facial nerve palsy on the right side of the face in the past 14 years as well .She is non smoker and doesn't drink alcohol. Her medical history was significant for diabetes, hypertension, ischemic heart disease and congenital malformation in the soft tissue of the left side of the neck. Upon examination, a swelling appeared on the left side of the face that disappeared upon clenching on teeth. By using the stethoscope, this mass was found to be pulsatile and diagnosed as Arteriovenous Malformation (AVM). A right sided facial palsy was revealed after extra oral examined. Her anterior teeth are severely abraded due to parafunctional habits. A panorama had been taken and there wasn't any abnormality concerning bone. We requested angiogram and CT scan then asked for follow ups.

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**Candidal Infection**  
**Noor Tahboub, Leen Farhan, Heba Al-Banna**

A 57-year old male presented to replace an unretentive lower bridge. He is heavy smoker and doesn't drink alcohol. His medical history was significant for ischemic heart disease. Upon examination, red flat patches were seen on the palate. The tongue appeared depapillated. Corners of the mouth showed whitish lesions with edema bilaterally. The presentation is consistent with candidal infection. The



patient was given Nystatin ointment (1:100,000) and fusidic cream to control the infection. Complete blood count is recommended to exclude anemia as a cause of atrophic tongue. The patient is asked to come again after 1 week to follow up his case.

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**Candidal leukoplakia**  
**Angy kokash , Haya Tayem, Rawan Za'atreh**

A 42-year old male came to the clinic complaining from toothache that started 2 months ago in his upper arch that lasts for seconds. He is a heavy smoker consuming three packets per day and medically fit. Upon intra-oral examination, a white plaque-like adherent lesion was noticed on the left commissure. Also, Yellowish spots were observed on the labial and buccal mucosa .The lesion is asymptomatic, can't be wiped off and the patient was not aware of its existence. No cervical lymph node enlargement was observed. The patient has multiple carious lesions and remaining roots. Some teeth were tender to percussion which coincides with the symptoms of apical periodontitis. An Incisional biopsy was taken and the specimen was stained with H & E .Microscopic examination confirmed the diagnosis of Candidal leukoplakia with mild dysplasia. The patient was given antifungal ointment 3 times a day.

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**Contact Dermatitis**  
**Farah Babaa**

Farah, a 22-year-old dental student presented to the clinic with rashes on different regions of her face and all over her neck. Mild swelling/edema surrounded her eyes as well. The patient realized that these symptoms started to appear a year ago ever since she started using the light cure polymethylmethacrylate material in her lab work. No family history of similar conditions. The patient is medically, non-smoker nor an alcohol drinker. No significant diseases except for a previous seasonal asthma and gastritis. The patient also mentioned that she constantly uses eye-drops for dryness and experiences frequent allergies. Upon examination, no abnormality was detected in regional lymph nodes. Mild elevated reddish patches were found on different places of face and neck, mild edematous under-eyes bags, and flushed erythematous itchy skin confined to head and neck and reaching behind the ears. Differential diagnosis was confined to contact dermatitis. The patient was sent for further microscopic investigations including skin patch test. The patient is provided with antihistamines, fucicort; a topical Fusidic acid 20mg & Betamethasone as valerate 1mg, and a moisturizer, and was advised of diprofos injection; a derivative of betamethasone for a 3-months lasting effect prophylactically.

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**Drug induced gingival enlargement**  
**Tamara Slim, Haya Ghojeh, Mais AIRifai**

A 61-year old female patient attended the clinic because of a fallen bridge occurring for 2 years. She has diabetes and hypertension and she takes amlodipine, metformin hydrochloride, aspirin, atenolol and glibenclamide . She is not a smoker and does not drink alcohol. Upon examination the patient has no detected extra-oral abnormalities. Intra-orally she has fissured tongue, gingival hyperplasia, multiple missing teeth and remaining roots. Oral hygiene instructions were given, and she was referred for periodontal treatment, surgery and conservative treatment for bridge re-construction.



**Oral Candidiasis**  
**Dima AbuBaker, Dana Younis**

Mrs. Abu Ghazaleh, a 42-year-old house wife, attended the clinic complaining of generalized dull oral pain started one month ago. The patient is medically. She is a non smoker and non alcoholic. Upon examination , extraorally showed no signs of abnormality, though , facial pallor and finger clubbing were noticed . Intraorally, a parulis was detected on the palate, along with Candidal infection both pseudomembranous and atrophying on the dorsum of the tongue and angular cheilitis over the angles of the mouth. Special investigations done were blood glucose A1C of a 5.14mmol/L result, and CBC was also ordered for the patient. Preliminary diagnosis based of Anemia was decided and will be confirmed according to the CBC results. Miconazole oral gel was prescribed to alleviate the Candidal infection, and oral hygiene reinforcing instructions were given. The patient was also referred to a physician to manage the Anemia and scheduled for a follow up appointment after a month.

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**Nevus**  
**Fatima Khalil, Hiba Hammad and Zainab Hussien**

A-33-year old female patient attended the clinic for regular check up. She is medically fit, doesn't smoke, doesn't take any medications and has no known allergies. Upon clinical examination, she has limited mouth opening, racial pigmentation, bilateral linea alba, fissured tongue, frenal tags and chronic gingivitis. Also, she has multiple carious and restored teeth. In addition, an asymptomatic, brown colored, well defined, pedunculated, friable and elevated nodule of about about 5 mm in diameter, on the right buccal mucosa located above the occlusal plane was noticed. An excisional biopsy was taken. Histologically, the lesion is lobular, the epithelium is hypercellular and thinner than normal buccal epithelium. Epithelial atrophy is found in some areas. No keratosis was noticed. A brownish pigmentation is close to superficial epithelium. Also, there were hyperchromatic nuclei surrounded by cytoplasmic rim containing brown granules. A clinical diagnosis of "late stage compound nevus" was given to the previously described lesion.

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**Primary herpetic gingivostomatitis**  
**Hind Alabadi, Lyn Smadi**

A 4-year-old girl presented with a 2 days history of oral pain, difficulty in swallowing, sores on the lips, tongue and gingiva. The patient appears with prodromal symptoms. She was born with cerebral palsy. She is not taking any medications. Upon examination, sores and vesicles 2-3 mm periorally, on lips, gingiva and on the dorsal surface of the tongue were detected also with widespread erythematous and odematous gingival. The history and examination confirmed the diagnosis of primary herpetic gingivostomatitis. The patient was given Paracetamol along with - benzydamine spray as a local analgesic. She responded favorably to this approach.

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**Bulimia Nervosa**  
**Farah Al-Hares, Jumana Al-Zoubi, Luma jalham**

A 54-year-old female attended the clinic for check up, She is medically fit and takes no medication. Last dental visit was 6 months ago due to pain in her lower left second molar. She has poor oral hygiene and para-functional habit (bruxism). Extra-oral examination revealed the presence of nevi on



her facial skin. Intra-orally, she has dry mouth, multiple missing teeth, the maxillary and mandibular anterior teeth have severe attrition and *erosion*, and there is calculus on the lingual surface of lower anterior teeth, with mild gingivitis. The patient was diagnosed with bulimia nervosa. Oral hygiene instructions were given. The patient was referred to periodontal and prosthodontic department.

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#### **Foreign Body**

**Mais Abdullah, Muzayyan Al-Taweel, Noor Hani**

A 33-year-old female presented to our clinic with a 4-year history of spontaneous bleeding gum. The patient is medically fit. She isn't smoker and doesn't drink alcohol. Upon examination, the gingiva appeared red, swollen and bleeds easily on probing. She has a linear scar extending on her upper anterior attached gingiva. She also has multiple restorations. Also there is a well demarcated asymptomatic black papule on the lower right buccal mucosa adjacent to third molar region. Excisional Biopsy was taken, showing foreign body caused after 3<sup>rd</sup> molar extraction or after amalgam restoration. Oral hygiene instructions were given. And the patient was referred to periodontal department.

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#### **Drug Induced Gingival Enlargement**

**Nicolas Sweis, Mays Nasser, Alakyaz**

A 49-year-old female patient attended the clinic complaining of Upper and lower posterior missing teeth. She had a previous kidney transplant in 2003 and has since been on cyclosporine. The patient is on multiple drugs (Hydroxyzine, Rapamune, Glimperide, Cortisone and Calcium. The patient is a non-smoker. Extra oral examination showed nodules on the left hand, twitching in the face and pain in the right TMJ. Intra oral examination showed gingival enlargement. The nodules on the hand are from the HPV, which is common to appear in patients who are taking cyclosporine. The gingival enlargement is mainly due to the cyclosporine medication and partly due to plaque induced gingivitis. The patient has started periodontal treatment and then will be referred to prosthodontic clinics.

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#### **Dyskinesia**

**Rawan Kfoof, Nicolas Sweis, Rawan Abu Ghazaleh.**

A 30-year-old male patient came to clinic to replace his missing teeth. He is a heavy smoker. Upon examination, extraorally; his lower jaw was having an involuntary movement simultaneously. Intraorally; his palate was pigmented because of smoking (smoking melanosis). The patient has multiple destructed teeth and caries. His lips are dark in color. The patient's hand was full of puncture marks because the patient was a drug addict, which leads to his dyskinesia. The patient was referred to conservative and prosthodontic clinics.

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#### **Oral white lesion**

**Banan Zuriekat, Nicolas/Farah Sweis, Rawan Kfoof.**

A 24-year-old male patient presented with a 5 year history of generalized pain in his teeth, multiple broken teeth and difficulty in eating. He is a heavy smoker. He is medically fit. The intraoral

examination showed leukoedema, and a suspicious white lesion about 2 cm in diameter with well defined borders and white flakey appearance near the right retromolar area. It is asymptomatic lesion and was discovered by chance. The features of the lesion bear resemblance to lichen planus, and frictional keratosis, smokers' keratosis, leukoplakia. A biopsy was taken to reach a definitive diagnosis. The microscopic examination confirmed the diagnosis of Lichen planus.

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### **Hemangioma**

**Dalia Waia, Majd Rababah, Rand Herzallah.**

A 45-year-old female attended the clinic complaining of pain in the lower left quadrant. The pain started one month ago, is dull, and lasts for a few seconds or minutes upon eating sweets. She is medically fit and not a smoker. Extra-oral examination revealed multiple red macules approximately 2 mm in diameter on her upper lip. The patient was unaware of these lesions as they were symptomless. Intraoral examination revealed multiple fissures on her tongue, diffuse redness and swelling in her gingiva as well as multiple carious lesions. Upon the compressibility test on the macules of her upper lip, continuous pressure using a glass slab removed the redness from the lesion. Diagnosis of the extra-oral lesion on her upper lip was therefore confirmed to be hemangioma. Diagnosis of the intraoral findings includes moderate plaque-induced gingivitis and fissured tongue. She was given oral hygiene instructions and was informed that the lesion on her upper lip is benign. She was then referred to the periodontics and restorative department.

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### **Iron Deficiency Anemia**

**Rula Amarin , Noor Hilal, Razan Nasser, Hala Kanan**

A 38-year-old female attended the clinic complaining of a severe spontaneous pain that lasts for several hours in the lower right second molar, which started two months ago. She is non smoker and doesn't drink alcohol. Four months ago the patient has had a hysterectomy surgery and she suffers from migraine. Upon extraoral examination, the patient appeared pale, especially her lips, conjunctiva, skin and nail beds which were also brittle. She has restricted mouth opening and lateral movements. Intraorally, the anterior 1/3 of the tongue is depapillated , and the gingiva is pale whitish. The patient showed generalized attrition and erosion on her lingual and palatal surfaces of the mandibular and maxillary anterior teeth. A complete blood count was done and confirming the diagnosis of iron deficiency anemia due to malnutrition. An iron supplement (180mg of elemental iron/day) for four to six months was prescribed. She was referred for an endodontic treatment will be followed up.

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### **Anoroxia Nervosa**

**Kifah**

A 45-year-old female attended the clinic for General check up. She is non-smoker and she doesn't drink alcohol. She is medically fit. She had previous operation included: Nasal sinuses and Hernia. She is allergic towards dairy products (milk). Upon extra oral examination: no abnormality was dedicated. Intraorally a bluish discoloration due to metallic crown preparation in upper and lower left quadrants (Palatal and lingual gingiva) was detected , as well as petachia in her right cheek. The patient suffers from anorexia nervosa: she had acid erosion since 20 years ago affected the palate, and palatal surfaces of upper anterior teeth.

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### **Leukoplakia**

**Basher Alshahrouri, Mohammad Basel, Ali Alshare'**

A 57-year-old male attended the clinic complaining of pain on the upper left quadrant, which started two months ago and lasts for about an hour. Pain is precipitated by smoking and drinking, and relieved by analgesics. The patient had diabetes as a significant disease, with diabetes medications used. He is also a heavy smoker, smoking more than 20 cigarettes/day. Extra-oral examination showed no abnormalities. Intra-orally, there was an asymptomatic white lesion on the alveolar ridge posterior to the 2<sup>nd</sup> right molar. It is about 1 cm in diameter with nodular surface texture. Excisional biopsy was done and sent to the histopathology lab. Differential diagnosis was: hyperkeratosis, frictional keratosis, and Leukoplakia. Lab results showed dysplasia in this lesion and the patient was followed up.

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### **Median rhomboid glossitis (kissing lesion)**

**Afnan abu Mazruoa , Alaa Khubazan, Safaa Aladwan**

A 23-year-old patient attended the clinic complaining of pain in the upper left quadrant. The patient smokes one and a half packets /day, is non alcoholic, and is medically fit. Upon clinical examination, he had a white coating over the tongue, that is thicker in some areas, slightly fissured central part, smooth pink appearance as well, with the darker pink areas forming an oval shape. The same lesion is present on the palate. The lesions on the tongue and palate were asymptomatic. No cervical lymph node enlargement was observed. Histopathological examination confirms the diagnosis of median rhomboid glossitis. The patient was given nystatin twice a day .The lesion was revealed in the follow up appointment.

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### **Mucocele**

**Rania Al Ajlooni**

A 20-Year-old female presented with two months history of swelling in the floor of her mouth, which sometimes gets enlarged and then involutes. After examination, a solitary well defined swelling was seen in the left side of the floor of the mouth, measuring around 1 cm. The swelling is smooth, fluctuant, compressible and has a normal colour. Excisional biopsy was performed; which confirmed the diagnosis of Mucocele. There was no recurrence on follow up.

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### **Multiple Mucoceles**

**Hadeel Al-Jarhi, Sereenalshaweesh , Suzan Hussien**

A 9-year-old child presented with a 4 year- history of multiple swellings on the buccal mucosa .The swellings were recurrent and didn't respond to previous excisions. He is medically fit. Upon examination, multiple, painless, round, nodules were present in the left buccal mucosa, which were similar in color to the oral mucosa with a sessile base, flaccid consistency, clearly defined limits, and a smooth surface . An excisional biopsy was performed under local anesthesia. The histological examination confirmed the diagnosis of oral mucocele. A night guard was constructed for the patient to reduce occlusal trauma to the soft tissues.





**Muscular Hypertrophy**  
**Rawan Kfoof, Nicholas Sweis, Rawan Abu-Ghazze**

A 27-year-old male patient attended the clinic complaining of pain in his left side of the jaw upon mastication. He is medically fit. He is a smoker. Upon examination, extraorally; his left masseter muscle was enlarged. Intraorally; he has bony exostosis on both sides of the upper jaw and torus mandibularis. The patient was given oral hygiene instructions and a muscle relaxant and we advised him to wear a night guard.

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**Neurofibromatosis-Type1**  
**Eman Bassam Abdelhaleem**

A 22-year-old male attended the clinic complaining of pain in his upper first molar, started 2 weeks ago. The pain is dull and lasts for few minutes. It's aggravated by cold water and sweets and isn't relieved with analgesics. He was diagnosed to have neurofibromatosis since he was a child and he had a family history of this disease. He had a surgical removal of multiple bumps/nodules under the skin of his upper leg region 8 years ago because they were interfering with his movements. Clinical examination showed a small palpable soft nodule (2-4 cm) in diameter behind his left ear and other nodules in his arms and legs. Sometimes upon physical exertion he feels numbness and weakness in his legs. He got light brown spots 'Cafe' au lait spots' (1.5-2 cm) in diameter on the skin of his arms. No cervical lymph nodes enlargement was observed. The intra oral examination showed enlarged fissured tongue with few small nodules at its lateral borders. The upper 4 tooth was carious, cavitated and tender to percussion. The patient was referred to endo department for RCT.

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**Papillary hyperplasia case summary:**  
**Reem Al-Hammouri, Raghad Alawneh, Amani Nedami**

A 34-year-old male attended the clinic complaining of his upper removable partial denture. The patient is medically fit. He is a heavy smoker; (2.5-3) packets/day. Extra-oral examination, he has clicking on both TMJs while closure. Intra-orally, he has fixed and removable prostheses. The patient has fissured hairy tongue, inflammation on both corners of the mouth, multiple erythematous nodular projections on the palate, ulceration in the upper labial sulcus and brownish gingival pigmentations. The RPD is over-extended labially with sharp edges. The fitting surface is rough. Based on clinical examination, the patient is diagnosed to have angular cheilitis, papillary hyperplasia/erythematous candidiasis on the palate, traumatic ulcers and smoker's melanosis. The patient was given oral and denture hygiene instructions. He was referred to prosthodontic department to correct the ill-fitting denture. Topical antifungal cream (miconazole) and topical antibiotic (clindamycin) were prescribed. The case needs follow-up.

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**candidal leukoplakia**  
**aseel fathey salh**

A 32-year old patient came to the clinic due to the presence of white lesion in left side discovered after dental examination. The patient is medically fit. He is a heavy smoker. Upon examination, there was a unilateral white lesion in the left commissure, triangle in shape white. An excisional biopsy was performed. The result showed the presence of hypha, the patient was diagnosed with candidal leukoplakia. He was given fluconazole and was followed up.

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**Pemphigus Vulgaris**  
**Alaa Ali Alshaikh Ahmad**

A 38-year-old female presented to our clinic complaining from multiple intraoral ulcers, difficulty in swallowing, and burning sensation. She is neither non smoker nor alcoholic, and she is medically fit. Upon examination, there were multiple whitish irregularly bordered, painful ulcers in the soft palate, lingual frenum, floor of the mouth, ventral surface of tongue, right and left buccal mucosa, lower labial mucosa and coated tongue ( because she could not eat well for few days ). No cervical lymph node enlargement was observed. Microscopic examination confirmed the diagnosis of pemphigus vulgaris. The patient was given cortisone. We follow up the patient and the pemphigus was gradually disappearing but when she stopped taking the cortisone, ulcers reappeared. So, the patient is still in cortisone therapy.

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**Proliferative verrucous leukoplakia**  
**Banan Zreqat**

A 70-year-old male patient was referred to our clinic from the prosthodontics department for a biopsy after discovering a suspicious white multiple lesions in the oral cavity. The patient has hypertension controlled by antihypertensive medications. The patient is a heavy smoker. Intraorally; the lesions appeared as white plaques of various sizes on the buccal mucosa and the alveolar ridge along with smokers' melanosis. These lesions have features similar to proliferative verrucous leukoplakia and candidal leukoplakia. A biopsy was taken to reach a definitive diagnosis. The microscopic findings confirmed proliferative verrucous leukoplakia with high levels of dysplasia. He was first advised to quit smoking and was prescribed carofit and miconazole for 2 months. The patient came for a follow up appointment after 2 months; the lesions had diminished in size and didn't show any signs of malignant transformation.

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**Pyogenic Granuloma**  
**Farah Al-Najjar**

A 58-year-old female presented with a 6 month history of gingival mass. The mass is gradually increasing in size and occasionally bleeds. the patient is hypertensive , diabetic and takes insulin , atenolol , omeprazol , and metformin. Upon examination, a red mass was found on the lower right side buccally on the gingiva. Peripheral giant cell granuloma, pyogenic granuloma and peripheral ossifying fibroma were suspected. A biopsy was taken, and the histopathology confirmed the diagnosis of pyogenic granuloma. The patient was given oral hygiene instructions. She will need a follow up visit in few months.

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**Recurrent Aphthous Ulcer**  
**Malak Alkhalaylh, Roa'a Oran**

A-43-year old female patient presented with a history of recurrent painful ulcers. She is non smoker and doesn't drink alcohol. She is medically fit. Upon intra oral clinical examination, small rounded/oval masses less than 10 mm were detected at multiple sites. The masses demonstrated a whitish surface with red halo around. Extra-orally, she has brittle nails and pale skin. The patient was instructed to do CBC test, VB12 and folic acid tests. The results showed iron deficiency anemia. The patient was given mouthwashes and multivitamins. The diagnosis is recurrent aphthous ulcer due to iron deficiency anemia. The patient responded favorably since there was no recurrence 3 months later.

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**Squamous Cell Papilloma**  
**Rawan Kfoof, Nicolas Sweis, Rawan Abu Ghazze**

A 47-year-old male attended our clinic to replace his missing teeth that were lost due to caries. The patient is a smoker. He is medically fit. Upon examination there were many badly destructed teeth and a small cauliflower like mass on the right side of the hard palate which was about 5 mm in diameter. An excisional biopsy was taken and the differential diagnosis is squamous cell papilloma. The microscopic examination confirmed this diagnosis. The patient was given oral hygiene instructions and was referred to surgery and prosthodontic clinics.

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**Squamous Papiloma**  
**Enas Hawari, Lobna Alhunaiti, Maha Hussban**

A 43-year-old female complained from presence of finger nails like projection on dorsum of tongue. She is non smoker and doesn't drink alcohol. She is hypertensive and takes atenolol. An Exisional biopsy from tongue was taken, which revealed the presence of squamous papiloma.

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**Vascular Epulis**  
**Misk Wahdan**

A 74-year-old man presented with upper labial localized progressive swelling that appeared a month ago, affecting esthetics and interfering brushing ability. He is non smoker and doesn't drink alcohol. He is hypertensive and diabetic. The drugs frequently taken are: aspirin, korandil, Glizide. Upon extraoral examination nothing was remarkable, but intraorally, there was a localized labial swelling that is confined to the papillary and marginal gingiva, with 2 colors; the distal side was whitish but the mesial side was bright reddish. An exisional biopsy was done. Microscopic examination confirmed the diagnosis of vascular epulis with mild dysplasia. The patient was folled up after 3 weeks.