

Cysts, Lumps, Lesions, & Ulcers



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You might have suddenly noticed a sore spot in your mouth. Perhaps you feel a lump on the inside of your cheek that seems to have grown over the last few months. Or on your last dental X-ray your dentist noted a dark area around your impacted wisdom tooth resembling a cyst. Perhaps during your cleaning, your dentist noticed a white area, pigmented spot, or an ulcer in your mouth that was not there before. These are examples of common pathological conditions that occur in the mouth.

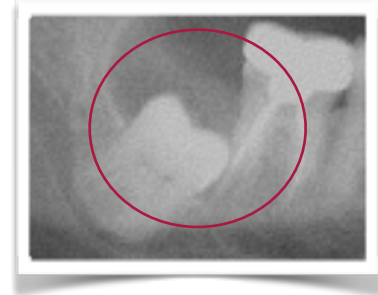
Oral lesions can occur at any age and virtually anywhere in the mouth including tongue, cheek, the roof of the mouth, the floor of the mouth, gum tissues, and jaw bone. The majority are benign but occasionally may be more aggressive or even malignant. Early detection, evaluation, and treatment are important in its management. Your dentist will probably refer you to an oral surgeon for evaluation. But you may have some concerns or questions: What is the growth? Is it cancer? How is it diagnosed? Is a biopsy needed? How is it treated? What is the course of recovery? How long before results are back? Here are some questions and information to help you make the best decision.

What are the different types of oral conditions?

Pathological conditions that may occur in the mouth include: **cysts** (cavities in the jaw bone), **masses** (any lesion that is raised or like a lump), **ulcerated lesions** (painful areas where tissue has eroded), and **lesions** (may be pigmented, white, red, or combination). Any abnormality must be evaluated and treated as soon as possible by an oral surgeon.

What are cysts and should I be concerned?

Cysts are cavities in the jaw bone with a thin lining and fluid inside. Cysts may occur in upper or lower jaws. The majority of cysts are benign and are associated with teeth. They are



called odontogenic cysts. They are asymptomatic in most patients and are usually discovered during routine dental examinations. Pain and swelling may develop if the cyst becomes infected. Although most are benign, cysts can grow and cause significant destruction of the jaw bone and surrounding teeth. Some cysts may transform into more serious and aggressive lesions.

I have a raised lump or mass in my mouth. What could it be?

Lumps can occur anywhere in the mouth: lips, gum tissue, cheeks, tongue, or palate. Such lumps (also known as a mass) may develop quickly



or over months or even years. Some remain the same size and do not change their characteristics. Some change in size, color and have symptoms such as pain. Most are benign masses and are not serious. The most common benign mass is a fibroma, which forms in response to irritation or trauma. Raised lumps in the lower lip are often salivary-gland related (known as mucoceles). Other masses may be viral or bacterial related and, therefore, are inflammatory. Other masses maybe from other origins, such as nerve, muscle, or salivary tissues. A lump may also be an aggressive mass or cancer, especially when it grows rapidly, is painful, and has a broad attachment to the underlying tissues.

What are the various types of oral lesions?

A lesion is a general term referring to an abnormality in the tissue. Lesions may be:

- Flat or raised
- Ulcerated
- Asymptomatic or painful
- Acute or chronic
- White or pigmented
- And have different causes

Whatever the cause or appearance, a lesion is not normal and must be evaluated and treated.

I have a white lesion in my mouth. What could it be?

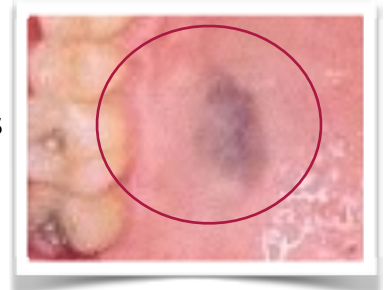
White lesions are quite common and may be completely benign, or a precursor of cancer tissues. The majority of white lesions that are flat



are related to irritation and are known as hyperparakeratosis. They may also be in response to fungal infections. More concerning is the white lesions that are precursors of neoplasm (tumor). Early neoplastic changes can appear white and may represent dysplasia (involving partial thickness of the mucosa) or carcinoma-in-situ (involving full thickness of mucosa). A biopsy must be done as soon as possible to establish the diagnosis. If neoplastic changes are noted, further treatment may be recommended.

I have a pigmented lesion in my mouth. What could it be?

Pigmented lesions present as brown, red, purple, blue, or in combinations of. The most concerning pigmented lesion is a melanoma, which is cancerous



and can appear brownish. Red lesions may represent a precursor to oral cancer, especially when they are mixed with white lesions. Red or purple lesions may represent a hematoma, which is a benign vascular lesion. Blue-purple lesions are mostly nevus (similar to a birthmark), which are also benign. A biopsy is recommended to establish the diagnosis.

I have an ulcer in my mouth. Should I be concerned?



Ulcers are lesions that have lost their surface covering and are frequently painful. They may be due to irritation or trauma, bacterial / fungal, or oral cancer.

Most ulcers that are reactive or due to irritation are benign and heal spontaneously. However, any ulcers that do not heal after 10 to 14 days may be oral cancer and should be evaluated immediately. Such ulcers are of particular concern when they occur under or on the side of the tongue, the floor of mouth, or in the back near the throat.

How do I know if something is cancer?

Cancerous lesions may have all or some of the following characteristics: Painful, ulcerated, rapidly growing, broad-base and attached to the underlying tissue, numbness, irregular growth with rolling borders, and bleeding. Any lesions with such characteristics need immediate evaluation and biopsy.

What should I do if I have a lesion, lump, or other abnormality?

If you have a new lesion, see your dentist or oral surgeon for immediate evaluation. For some lesions, observation and re-evaluation in 10 to 14 days may be recommended. In others, immediate biopsy may be indicated to establish early diagnosis and treatment.

What are different types of biopsies?

- **Enucleation biopsy** is performed for jaw cysts where the lining and content of the cyst are removed. It may be a partial enucleation in large cysts (to establish biopsy) or a complete enucleation in relatively smaller cysts.
- **Excisional biopsy** is performed on any lesion, lump, ulcer, or other abnormality. The lesion is **completely** removed, therefore providing biopsy and definitive treatment in one stage.
- **Incisional biopsy** is performed when the lesion/mass is large, and it is important to establish diagnosis before the definitive treatment. A section is removed as a sample and sent to the laboratory for histology reading.
- **Brush biopsy** is performed by swapping a piece of cotton over the mucosa surface and obtaining sample cells to send to a lab for reading. Some dentists recommend it because it is non-invasive and easy, but it is not very reliable. It is associated with many false negatives or positives and does not provide a sufficient diagnosis. If it is positive, then a regular biopsy is required.
- **Fine needle biopsy** is performed by placing a fine needle into a mass to obtain sample tissue. Although not conclusive, it is a useful adjunctive tool in diagnosis. It may be beneficial for some cysts or masses in the jaw bone.

How long does it take to get results back?

We submit all biopsies to Johns Hopkins, Department of Dermatology and Oral Pathology for processing and diagnosis. Results are usually ready in 5-7 days.

What is the expected recovery?

Most soft tissue biopsy procedures are relatively minor and minimally invasive. Biopsy of cysts or large masses are more invasive and require longer recovery

- **Pain:** Level and duration of pain depends on the complexity of the surgery, technique, and patient's tolerance. Most patients experience three to four days of elevated pain, commonly managed with pain medications such as Vicodin or Percocet. As pain gradually diminishes over the next two to three days, Ibuprofen (Advil) or Acetaminophen (Tylenol) can be used. After seven to ten days, most patients no longer have pain and may stop their medications.
- **Swelling:** Any swelling related to surgery will maximize in 36 to 48 hours following procedure and gradually taper over the next five to seven days. Ice helps to reduce swelling in the first 24 hours. With minor biopsy procedures, there is typically no or very mild swelling.
- **Diet:** Upon arrival home, patients may have water, juices, soups, shakes, puree, and very soft food. A soft diet is recommended up to five to seven days. No hard, crispy, or spicy food should be eaten during this period. The general rule is if you have to chew, it's probably too hard. After seven days, patients may gradually return to normal food.
- **Activity:** Get plenty of rest on the day of surgery. Some patients may feel well enough the following day to walk and go out. That's all right, but take it easy. Avoid strenuous activities for the first two to three days. Refrain from sports, lifting or doing anything that requires exertion. After three days, if patients feel more comfortable, they can walk, go for a gentle swim, or do very low-impact exercise. Mild activities may cause some pain but not enough to disturb the surgery site or open the sutures.

Managing your anxiety:

Anxiety is not uncommon among people having biopsy procedures. This anxiety is mostly related to hearing of others' bad experiences with excessive pain, swelling, and complications. We resolve this in several ways. First, the use of IV sedation allows patients to nap during the surgery. This helps greatly to make them comfortable and reduce anxiety. Second, patients will be cared for by a group of affable staff members who take the time to personally connect with each patient and allay their fears and concerns. Third, the surgery is done conservatively, which minimizes or avoids swelling, pain, and complications.

Of course, there may be some anxiety associated with the biopsy results. While we wait for the definitive diagnosis by the oral pathologist, we'll try our best to answer your questions and provide you with information to help put your mind at ease.

Planning Your Visit



Planning the procedure around your schedule:

We understand that taking time off work or school for a procedure may be challenging. Therefore, we have designed the **All-In-One Visit** program that provides both consultation and procedure on the same day. We still recommend a separate consultation for jaw cysts or large oral lesions. Post-operative follow-up, although always recommended, can be done via telephone or email. Forms may be completed prior to your visit on our website or by fax. These prearrangements make it easy to have diagnostic X-rays, consultation, and procedure completed **all on the same day**. Finally, in five to seven days, Dr. Kazemi will check up on patient's progress via phone or email. As a convenience, prescriptions are available right in our office. We offer a flexible appointment schedule, Monday through Friday between the hours of eight and five, and early morning or late-day appointments per special arrangements. Weekend appointments are available for our VIP and presidential service packages and can be reserved per special arrangements.



What your escort can do during your procedure?

Your loved ones can relax in our lounge and enjoy a cup of tea or coffee and read the daily newspaper and wide selection of magazines. Or take advantage of our free Wi-Fi computer lounge to check emails and browse the internet on either your computer or ours. They may also take a stroll on convenient Bethesda Avenue and visit the many stores, coffee shops, and restaurants. We'll call them when the procedure is complete so they can return to the office and join you in the recovery room.

Necessary information prior to the procedure:



- Patient registration form, medical history, signed HIPAA forms. All forms may be completed online or sent by fax prior to your visit.
 - Referral form from your dentist indicating the recommended wisdom teeth for extraction and other treatments.
 - Panoramic X-ray done within the past six months. Your dentist may send it to us electronically or give you the film to bring. If you don't have a panoramic X-ray, you can obtain one in our office.
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What is the cost, payment options, and insurance protocol?

The cost of surgery depends on the type of lesion, its size, location, procedure, and type of anesthesia. Once you have been examined, and the treatment plan is completed, the exact cost will be discussed. Biopsy procedures may be considered under either dental or medical insurance. We have several payment options including short- and long-term plans. Those with insurance may choose to pay the surgical fees and receive reimbursement directly from their insurance company, or pay an approximate co-pay and we will submit the necessary claims. If you need special financial assistance to prepare for your desired procedures, a separate consultation appointment is recommended.

About Dr. H. Ryan Kazemi



Dr. H. Ryan Kazemi is an oral and maxillofacial surgeon certified by the American Board of Oral and Maxillofacial Surgeons. He received his dental degree from the University of Pennsylvania, School of Dental Medicine in 1990. Following a one-year internship at the Albert Einstein Medical Center in Philadelphia, he pursued surgical training at The Washington Hospital Center in Washington, DC, where he received his certificate in Oral and Maxillofacial Surgery. Dr. Kazemi has practiced in Bethesda, Maryland since 1997, providing a full spectrum of oral and maxillofacial surgery procedures with emphasis on extractions, dental implants, bone grafting, and corrective jaw surgery.

Dr. Kazemi is a diplomat of the American Board of Oral and Maxillofacial Surgeons, and an active member of the American Association of Oral and Maxillofacial Surgeons, American College of Oral and Maxillofacial Surgery, Academy of Osseointegration, American Dental Association and Entrepreneur Organization.

He has served as the founder and president of several dental and implant study clubs in the Washington DC area. Dr. Kazemi has published and lectured extensively on dental implants, bone grafting, and practice management. His newsletter, *To-The-Point* is read by more than 2000 dentists every month. He is also the founder of DDSForums.com, a professional networking site for dentists.

Dr. Kazemi serves on the medical staff for D.C. United, the major league soccer team in Washington, D.C. and the US National Soccer team for the care of their athletes.

What sets us apart:

- Treatment by board-certified oral surgeon
- Predictable results
- Speedy recovery
- Flexible scheduling
- On-time appointments
- Safe and comfortable atmosphere
- Warm and personable service
- Quick access and response when you need us



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