



Figure 5.18a. Floor of the mouth swelling present in a 55-year-old woman. Reprinted from: Berry BL. Sialadenitis and sialolithiasis. Diagnosis and management. In: The Comprehensive Management of Salivary Gland Pathology, Carlson ER (ed), Oral and Maxillofacial Surgery Clinics of North America, WB Saunders, Philadelphia, 479–503.

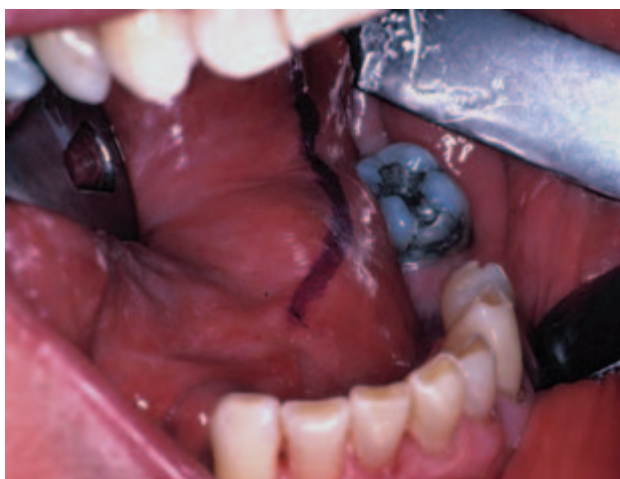


Figure 5.18b. A diffuse mass is noted beneath the surface mucosa that is smooth and of normal color. A presumptive diagnosis of ranula vs. neoplasm was established. A left sublingual gland excision was performed in the standard fashion. Reprinted from: Berry BL. Sialadenitis and sialolithiasis. Diagnosis and management. In: The Comprehensive Management of Salivary Gland Pathology, Carlson ER (ed), Oral and Maxillofacial Surgery Clinics of North America, WB Saunders, Philadelphia, 479–503.

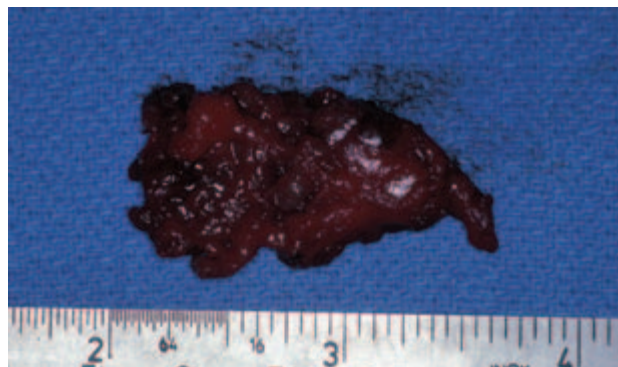
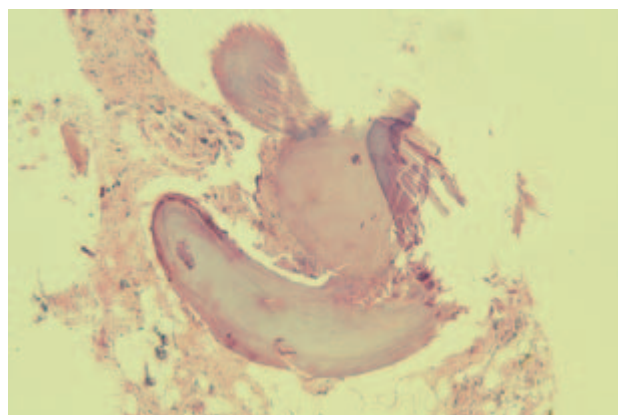
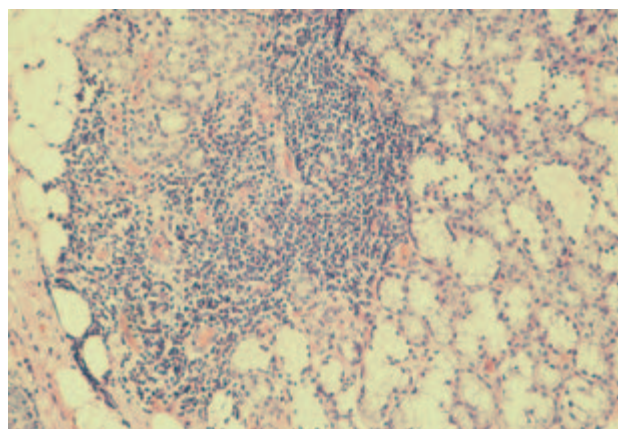


Figure 5.18c. The specimen exhibited mild induration without signs of ranula, such that a neoplastic process was favored while the possibility of a mucous escape reaction was discarded. Reprinted from: Berry BL. Sialadenitis and sialolithiasis. Diagnosis and management. In: The Comprehensive Management of Salivary Gland Pathology, Carlson ER (ed), Oral and Maxillofacial Surgery Clinics of North America, WB Saunders, Philadelphia, 479–503.



d



e

Figures 5.18d and 5.18e. Final histopathology showed a sialolith (d) in the background of sialadenitis (e). Reprinted from: Berry BL. Sialadenitis and sialolithiasis. Diagnosis and management. In: The Comprehensive Management of Salivary Gland Pathology, Carlson ER (ed), Oral and Maxillofacial Surgery Clinics of North America, WB Saunders, Philadelphia, 479–503.