

Gingival mass in a dog

Contributors

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Specimen

Fine needle aspirate cytology of an ulcerated mass at the mucogingival junction.

Signalment

7-year-old male neutered Labrador retriever dog

History

A dog was referred to the Royal (Dick) School of Veterinary Studies, University of Edinburgh, for investigation of right hind limb lameness.

Clinical findings

Clinical examination with the Dick Vet General Practice (DVGP) prior to orthopaedic referral revealed a 2 cm diameter, pink to purple, irregular, multilobulated oral mass arising from the mucogingival junction adjacent to the maxillary incisors. The mass appeared pedunculated and was mobile on palpation. There were no clinical signs of involvement of underlying structures such as bone or deeper soft tissue. As no images of the lesion in situ were available, the appearance of the mass after submission and fixation for histopathology is shown in Figure 4. Fine needle aspirates (FNA) of the gingival mass were submitted for cytologic examination.

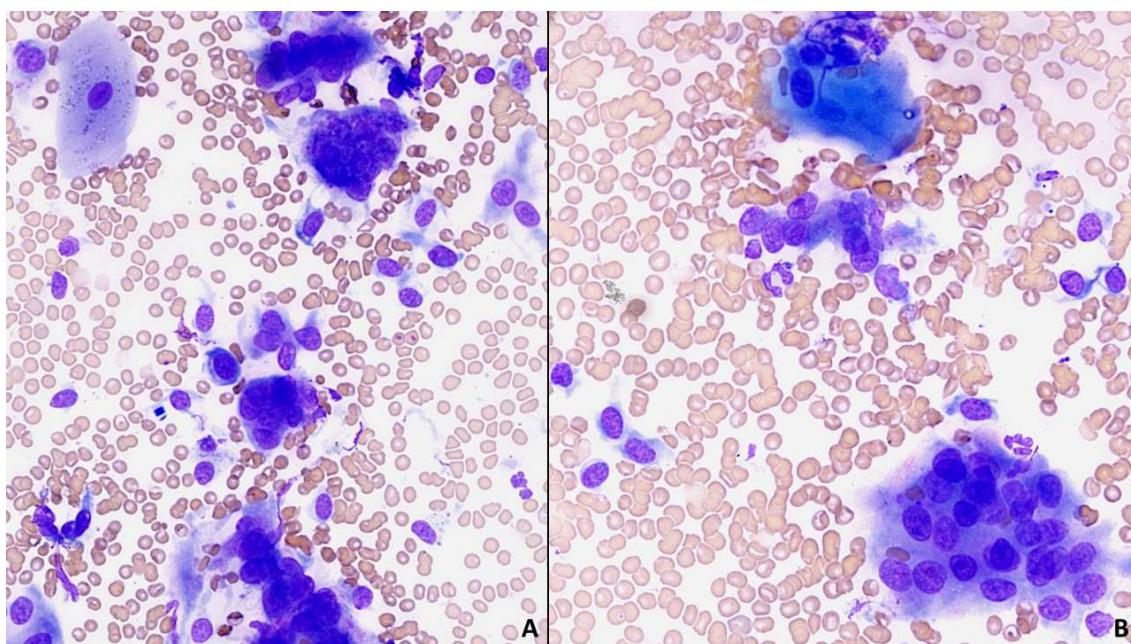


Figure 1 Photomicrographs from a FNA of a gingival mass in a dog. (A) May-Grünwald-Giemsa stain, 200 \times magnification, (B) May-Grünwald-Giemsa stain, 400 \times magnification.

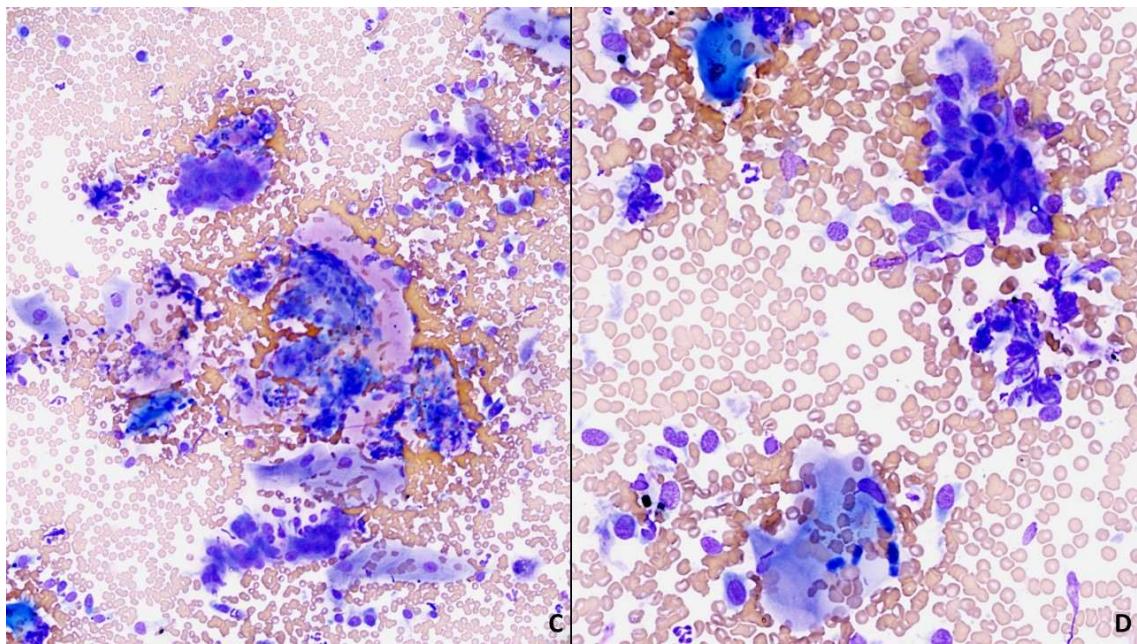


Figure 2 Photomicrographs of a FNA from a gingival mass in a dog. (C) May-Grünwald-Giemsa stain, 100 \times magnification, (D) May-Grünwald-Giemsa stain, 200 \times magnification.

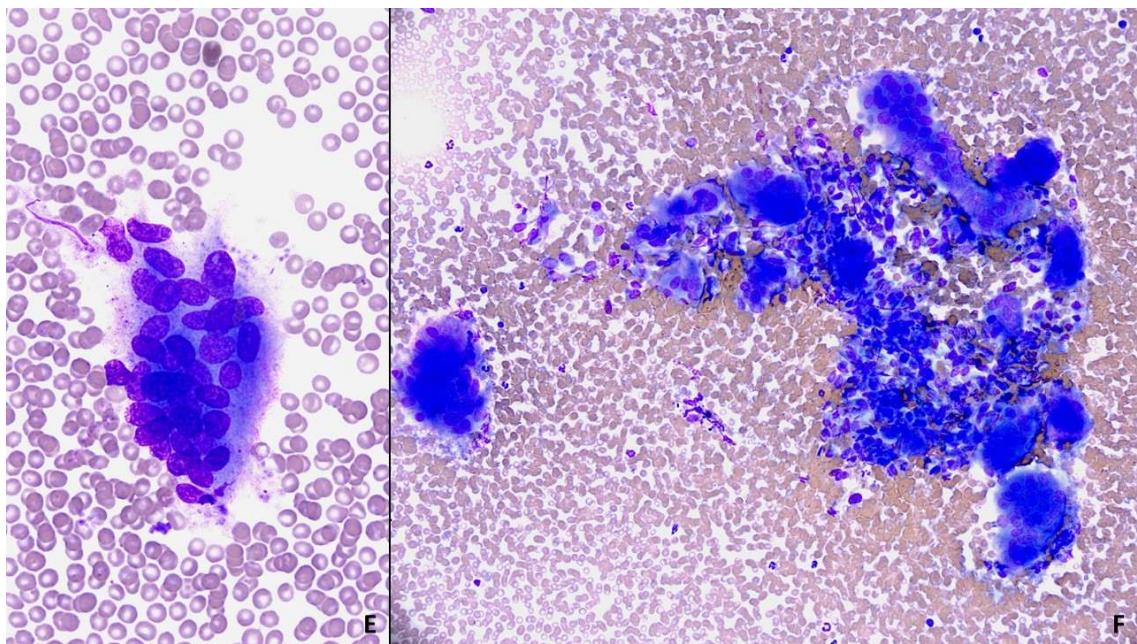


Figure 3 Photomicrographs of a FNA from a gingival mass in a dog. (E) May-Grünwald-Giemsa stain, 400 \times magnification, (F) May-Grünwald-Giemsa stain, 200 \times magnification.

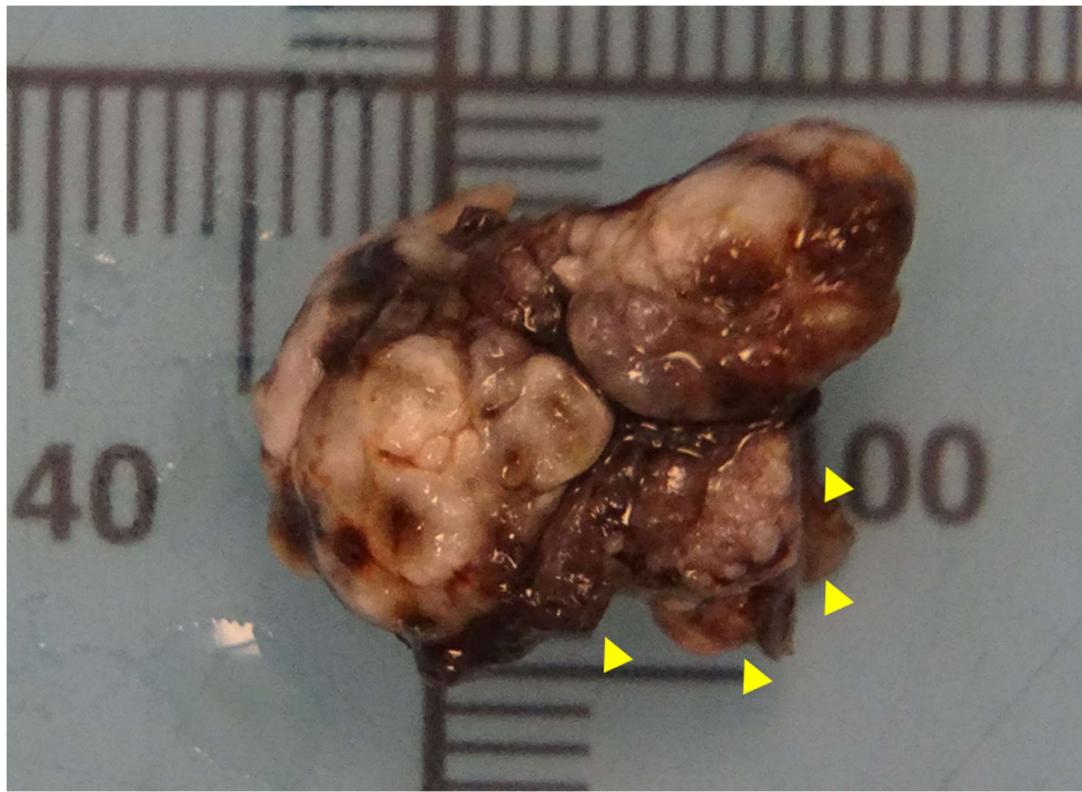


Figure 4 Gross photograph of the lesion, post formalin fixation. A raised, multilobular mass of multifocally tan to dark brown tissue measuring approximately 1.5cm x 1.5cm x 1.5cm was removed surgically from the mucogingival junction adjacent to the maxillary incisors. The deep surgical margin is indicated by the yellow arrowheads.

Questions

1. What is the main differential diagnosis based on the cytologic findings and lesion location?
2. Which of the following best describes biological behaviour of this growth?
 - a. Malignant and locally invasive
 - b. Reactive and benign
 - c. Metastatic potential with bony destruction
 - d. Indolent neoplasm with high reoccurrence rate