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TUMOURS OF NEUROGENIC ORIGIN AS THEY PRESENT IN DENTAL PRACTICE

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Tumours of neurogenic origin in the mouth are rare and have not been documented for Sri Lanka. Sixteen tumours associated with nerve and nerve related tissue were received at the Dental School from May 1978 to May 1983: Neurofibroma-4, Neurofibromatosis-1, Neurilemmoma-6, Traumatic (amputation) Neuroma-2 and the uncommon Malanotic Neuroectodermal Tumour of Infancy-3. There were no malignant nerve sheath tumours, ganglioneuromas and neuroblastomas. These tumours appeared from 2 months to 65 years and had a variable clinical presentation mimicking the commoner intraoral lesions. There were six tumours in males and ten in females (M : F = 1 : 1.5). Of these, five tumours appeared in the premaxilla and maxilla, four in the tongue, three in the mandible, two in the lip and one each in the cheek mucosa and the soft palate. The neurilemmoma was commoner in the younger age groups—all lesions being below 40 years. The neurofibroma occurred commonly in the age groups above 40 years. One neurilemmoma recurred one year postoperatively. The neurilimmoma was differentiated from the neurofibroma in this study, by the presence of palisading of nuclei and the presence of Antoni type A and Antoni type B cells, the latter being more reticular.

Of the three rare melanotic neuroectodermal tumours, two were in patients below six months and the other in a three year old patient. Two tumours involved the premaxilla and the deciduous dentition and one tumour involved the mandibular deciduous incisor region. All lesions were radioluscent. Two of these recurred within three months of the first operation with wider involvement of the surrounding tissues. Histopathologically

the pigment cells were arranged in solid groups and were found to be diffusely scattered throughout the connective tissue. These cells were flattened with large nuclei and the cytoplasm contained melanin in the form of minute rod shaped particles. It is now believed that this tumour, also called "melanotic progonoma" "retinal anlage tumour" and "melanotic ameloblastoma" among others is likely at least in the jaws of infants to arise from a neural crest ectodermal origin rather than from the misplaced retinal elements in the course of development. This turmour cannot be considered as a variant of the odontogenic tumour ameloblastoma.