CONCEPT. Exophytic lesions are solid, excrecent and circumscribed; they stand out clearly on the oral mucosa, and are normally detectable on inspection and exploration. Generally of soft, elastic or hard-elastic consistency.

CLASSIFICATION

ACCORDING TO PATHOGENESIS

A. Malformation. Developmental disorder, may be congenital or not, hereditary or acquired. Example: malformed or mature angioma.

B. Reactive hyperplasia. Reparative proliferation, generally inflammatory or traumatic, with either a genetic or acquired background. Depends on the causative stimulus and is sometimes reversible. Example: Telangiectatic granuloma.

C. Tumor. An abnormal mass of tissue, the growth of which is uncoordinated with that of normal tissues, and that persists in the same excessive manner after the cessation of the stimulus which evoked the change (Willis). Generally, multifactorial with a genetic origin. Benign or malignant. Examples: lipoma (benign), squamous cell carcinoma (malignant).

Differential Diagnosis and Therapeutic Approach

<table>
<thead>
<tr>
<th>MOST FREQUENT ENTITIES</th>
<th>MALFORMATION</th>
<th>HYPERPLASIA</th>
<th>BENIGN TUMOR</th>
<th>MALIGNANT TUMOR</th>
</tr>
</thead>
</table>

CLINICAL BEHAVIOR


HISTOPATHOLOGY


THERAPEUTIC APPROACH


EXAMPLES

LYMPHANGIOMA

MATURE FIBROUS NODULE AND AREA OF TELANGIECTATIC GRANULOMA

NEUROFIBROMA

SQUAMOUS CELL CARCINOMA OF THE LIP

CONCLUSIONS. 1. It is sometimes difficult to differentiate between a malformation, hyperplasia or tumor. Is the papilloma a reactive lesion or a true tumor?

2. The diagnosis of an exophytic lesion is always clinicopathological.

3. An early diagnosis is essential for lesions which, due to their location or character, may compromise the life of the patient.


