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CONCEPT. Exophytic lesions are solid, excrescent 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).

ACCORDING TO TISSUE

OF ECT-ENDODERMIC ORIGIN

- epithelial.
- adnexa.
- nerve tissue.

OF MESODERMIC ORIGIN

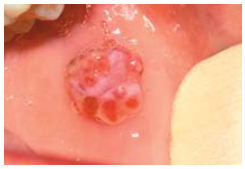
- connective tissue.
- muscle tissue.
- adipose tissue.
- lymphatic and blood vessels.
- bone tissue.
- cartilaginous tissue.

OF MULTIPLE CELL LINES

DIFFERENTIAL DIAGNOSIS AND THERAPEUTIC APPROACH.

	MALFORMATION	HYPERPLASIA	BENIGN TUMOR	MALIGNANT TUMOR
MOST FREQUENT ENTITIES	Mature angioma. Lymphangioma. Rhomboidal glossitis. Melanocytic nevus. Adnexal nevus.	Telangiectatic granuloma. Fibrous hyperplasia. Papillary hyperplasia of the palate.	Squamous cell papilloma Acuminate condyloma. Lipoma. Neurofibroma.	Squamous cell carcinoma. Melanoma. Lymphoma. Metastasis.
CLINICAL BEHAVIOR	Congenital or not. Stable in time. Location may compromise quality of life.	Infectious or traumatic history. Stages: growth; stabilization or regression.	Slow and expansive evolution. Growth usually ceases.	Rapid growth. Infiltrates, metastasizes and results in death.
HISTOPATHOLOGY	Mature tissue.	Growth stage: immature tissue. Stabilization stage: mature tissue.	Resembles tissue of origin. Encapsulated.	Frequently with atypias and mitosis.
THERAPEUTIC APPROACH	If quality of life is compromised: surgery, cryotherapy or CO_2 laser.	Surgery, cryotherapy or laser.	Surgery.	Surgery and/or specific treatment.

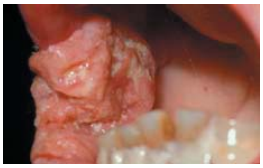
EXAMPLES



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.

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