Lateral Border of the Tongue

Lesion on left lateral border of the tongue. Any ideas?

Lipoma? Neurofibroma?

If that's as far back as it looks in the picture, it appears to be lingual tonsilar tissue.

Looks like an oral lymphoepithelial cyst and is in a probable location.

Lingual tonsillitis vs. lymphoepithelial cyst vs. lymphoma vs. carcinoma.

So, who's gonna' be the first person to recommend a brush biopsy?

This is the lesion after Christmas. There is a fractured filling on the lower-left first molar, the second molar is visible in the picture. I referred her for a consultation with the Oral and Maxillofacial surgeon right away.

I received a letter that arrangements have been made to biopsy and do microbiology for after the patient returns from holiday.

What has concerned and frightened me is that I do a routine oral cancer screening on all my patients at every examination, and I look at this lesion and it appears almost normal oral anatomy. The amount of large or swollen lateral papilla, I see daily.
[In response to post by toofache32]: “So, who’s gonna be the first person to recommend a brush biopsy?”

It looks cystic, so why not just remove the cyst? Aspirate to make sure it’s not freaky inside (just in case it pops), then incise and pluck the cyst out. Why would you brush that? Now, if it looked like SCC [squamous cell carcinoma] or something really bad, yes brush it.

The patient has had a MRI and an incisional biopsy. The diagnosis that has come back is poorly-differentiated squamous cell carcinoma. The patient is booked for extensive head and neck surgery.

Ouch...sorry to hear that. On the other hand, you should be proud of yourself. You did not dismiss this lesion as, “probably something benign to be followed.”

Thanks, I felt terrible and have spoken to her and she seems very positive. Now, I wait and see what the outcome is.
Great pick up. The first photo was hard to tell...edema. The second photo you posted... more white. Again, when in doubt, take it out (biopsy). Before any treatment, a definitive biopsy is always needed.

Kenneth A. Gilbert, DDS | Posts: 15 | Member Since: 09/01/05 | Location: Decatur, GA | Posted: 4/26/2006 4:54:03 AM | Post: 16 of 18

It’s natural for dentists to empathize with their patients, but give yourself a great deal of credit for finding this. Here are two abstracts which give more information about this cancer. You can see that the incidence is generally low and survival can be very good if detected early. Good work.

Relevant information:


More than 90% of intra-oral malignancies are squamous cell carcinomas. Oral cancer is far more frequent in developing countries than in developed ones. This has probably to do with the differences in the use of tobacco and alcohol and with factors such as oral hygiene, nutrition and general resistance. Through an increased interest for epidemiological studies certain factors are suspected as carcinogenic. They can grossly be divided into chemical, physical and biological. Even though it is often hard to prove the real relation of cause to effect, one can no longer deny the detrimental role of tobacco, of many alcoholic drinks, of poor oral hygiene, of nutritional deficiencies, of short wave irradiation, and possibly of certain viruses. These factors must further be investigated because the overall prognosis of oral cancer is not very good. Determinant in survival are the volume of tumor present (surface and depth), its growth pattern, its localization, eventual lymph node involvement and general hematogenic metastases, ... The overall five-year survival seems to range between 10% for T4N3 and 95% for T1N0 cases. Early detection and efficient prevention must therefore be encouraged.


Studies in Britain point to a rise in the incidence of intra-oral cancer in the last 20 years, paralleling trends evident in other European countries. Cases of histologically-diagnosed primary intra-oral squamous cell carcinoma have been ascertained by reviewing the records of pathology departments in Northern Ireland. Trends in the incidence of the disease have been determined for the period 1975-89. There has been a significant increase in the incidence among men, rising from 1.78 to 3.14 per 100,000. In women over the same period the incidence rose from 0.87 to 1.19 per 100,000, but this change was not significant. These trends concur with recent findings from other countries.

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