GRANULARITY IN GRANULAR CELL AMELOBLASTOMA : A UNIQUE ENTITY

INTRODUCTION

Odontogenic tumours (OT) are a group of heterogenous lesions derived from epithelial and/or mesenchymal elements that are part of the tooth-forming apparatus. Ameloblastoma is well recognized; locally invasive benign neoplasm; 2nd most common, which accounts for about 1% of all oral tumours and about 18% of all odontogenic tumours. Reichart et al. reported a 33.3% recurrence rate for granular cell ameloblastoma, which was higher compared to the more common follicular, plexiform, and acanthomatous subtypes



40 years old Male CC: soft tissue growth over Left lower back tooth region for 5 years Site : left retromolar region Size : 5*5 cm



REASONS FOR GRANULARITY IN GRANULAR CELL AMELOBLASTOMA

Lysosomal overload in the granular cells

Lysosomal aggregation within the cytoplasm is caused by dysfunction of either a lysosomal enzyme or lysosome-associated protein involved in enzyme activation, enzyme targeting, or lysosomal biogenesis (aging theory)/

Increased apoptotic cell death of neoplastic cells and subsequent phagocytosis by neighbouring cells might have caused the cytoplasmic granularity

Ara et.al., suggested that the synthesis of signaling molecules, such as β -catenin and Wnt-5a is upregulated in the granular cells of GCA, but their transportation or secretion is impaired, resulting in their accumulation within granular cells, as autophagosome

CONCLUSION

H&E; 200 X

Granular cell ameloblastoma is diagnosed by the presence of granular cells, which typically occur within the central area of the tumour and progressively replace the stellate reticulum. They were considered to represent an aging or degenerative process, but recent studies proposed other views to explain the granularity of Granular cell ameloblastoma

REFERENCES

H&E; 400 X

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