



Michigan Medicine
Pathology and Clinical Laboratories
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ANATOMIC PATHOLOGY CONSULTATION REPORT

Order Number:	OC-20-XXXXX	Referred by:	
First Name:		EXAMPLE, DOCTOR	
Last Name:		MEDICAL CENTER	
MRN:		123 MAIN ST.	
Gender:	Age:	DOB:	ANY CITY, ST 12345
Date Received:	03/17/2020		
Date Completed:	03/21/2020		

DIAGNOSIS:

Cyst, left maxilla, excision (SR20:3963, A1-A6; 08/15/18): Glandular odontogenic cyst.

Dear Dr. Example:

This letter concerns findings in the left maxilla cyst excision from John Smith, a XX-year-old person for whom no additional clinical information is available. As you can see from the above diagnosis, I have reviewed these slides and favor a diagnosis of benign glandular odontogenic cyst.

Sections of the cyst excision show several areas of stratified squamous epithelium without atypia. Most of the lesion is lined by a flat cyst epithelium. In foci, there is a more solid proliferation that extends intracystically. The epithelium is squamoid to oncocytic and there are intraepithelial lumens and scattered collections of mucous cells. Foci of whorling in the cystic epithelium is present as well. The underlying connective tissue is loose and bland with foci of hemosiderosis and woven bone, features which may suggest an inflammatory nature. In the end, I believe these features are most in keeping with a glandular odontogenic cyst. These are benign cysts that do have a recurrence rate of about 30%, therefore, most treat them similarly to odontogenic keratocysts. I also considered the possibility of a low-grade central mucoepidermoid carcinoma but favor the above diagnosis due to the lack of infiltrative growth and the overall morphologic features.

I appreciate the opportunity to participate in the care of Mr. Smith and hope you find these comments helpful.

Sincerely,

Jonathan B. McHugh, M.D.

First Name:
Last Name:
Order Number: OC-20-XXXXX

Clinic:

