ORAL PRESENTATION

OP - AMELOGENESIS IMPERFECTA AND JALILI SYNDROME: A CASE REPORT. Hercílio MARTELLI JÚNIOR; Ricardo D. COLETTA; Verônica Oliveira DIAS; Célia Fenandes MAIA; Daniella R. Barbosa MARTELLI; Luciano S. NÁSSER. State University of Montes Claros, UNIMONTES / State University of Campinas, FOP-UNICAMP.

Jalili syndrome (OMIM #217080), caused by mutations in the CNNM4 gene, is a recessively inherited disorder characterized by combination of amelogenesis imperfecta (AI) and cone rod dystrophy. This study reports an 8-year-old girl with a diagnosis of congenital loss of vision (Leber’s congenital amaurosis) and yellowish, brittle and painless teeth. Ophthalmological examination confirmed the child’s visual impairment, which was caused by cone rod dystrophy of retina. Intra oral examination revealed yellow, stained and misshapen teeth, confirmed the diagnosis of generalized AI. Radiographic examination showed incomplete permanent dentition with the delayed eruption. The presence of congenital cone rod dystrophy in association with generalized AI leaded to the diagnosis of Jalili syndrome. The parents received genetic counseling and comprehensive dental treatment of patient. We emphasize the importance of dentist in the diagnosis of this rare syndrome. Acknowledgments Fundação de Amparo a Pesquisa do Estado de Minas Gerais - FAPEMIG, Belo Horizonte, Brazil and National Council for Scientific and Technological Development-CNPq, Brazil.

OP - CONGENITAL LIPOMATOSIS OF THE FACE: A RARE DISEASE. Marina de Oliveira VERÍSSIMO; Ophir RIBEIRO JUNIOR; Sergio ADAMOLI; Claudia Perez TRINDADE FRAGA; Daniel Hacomar dos SANTOS; Rosana MASTROFRANCISCO; Marcelo MARCUCCI. Hospital Heliópolis.

Facial congenital infiltrating lipomatosis is a rare subtype of hemifacial hyperplasia. Abnormal growth of one side of the face occurs in all tissues of the affected area, particularly adipose tissue. Diagnosis is by exclusion, as the etiology of this condition is unknown. However, some factors associated with it include heredity, chromosomal and neural abnormalities, atypical twinning forms, altered intrauterine environment, endocrine and anatomical dysfunction, functional abnormalities of the vascular and lymphatic systems, and central nervous system disorders. Herein, we report a 15-year-old girl who sought treatment in the Hospital Heliópolis of São Paulo for congenital facial swelling that partially regressed over time. Extraoral examination revealed facial asymmetry with normal color, soft consistency, and non-pulsatile swelling in the left mandibular region. Intraoral examination showed a slight erythematous tongue and soft palate on the left side. Magnetic resonance imaging showed thickening and signal heterogeneity in the fat planes of the left perimandibular and perimaxillary regions, with thread-like vascular structures in between. Magnetic resonance angiography revealed an increase in the left submandibular and parotid glands. Based on her medical history, physical examination results, and imaging studies, the patient was diagnosed with congenital lipomatosis of the face.
OP - CALCIFYING CYSTIC ODONTOGENIC TUMOR WITH AN ADENOMATOID COMPONENT: A RARE HYBRID ODONTOGENIC TUMOR. Simone Cristina Leal Tosta Dos SANTOS; Leonardo Morais Godoy FIGUEIREDO; Braulio Carneiro JUNIOR; Jean Nunes dos SANTOS; Aguida Cristina Gomes HENRIQUES. - Federal University of Bahia.

Odontogenic tumors (OTs) represent a heterogeneous group of entities characterized by differences in their biological behaviors and the occurrence of several inductive interactions. Calcifying cystic odontogenic tumors (CCOTs) and adenomatoid odontogenic tumors (AOTs) are well-recognized examples that display a broad spectrum of clinical and histopathological features. CCOTs may occur in association with other OTs, whereas hybrid OTs involving exclusively CCOT and AOT are rare, with only 4 reported cases in the English literature. In this report, we describe the diagnosis and treatment of a patient with hybrid OT. A 60-year-old African American man presented with considerable swelling in the anterior buccal region of the mandible. Panoramic radiography revealed a well-defined, unilocular, radiolucent lesion associated with important root resorption. Excisional biopsy was performed with complete enucleation of the lesion. Microscopic examination revealed a cystic lesion lined with ameloblastomatous epithelium and ghost cell formations. Duct-like structures and extensive areas of dentin-like material were noted. The patient remains recurrence-free 6 months after surgery. Hybrid CCOT/AOT, although rare, should be included in the differential diagnosis of jaw lesions. Despite their unknown pathogenesis, such lesions should be treated conservatively. Keywords: odontogenic tumors, adenomatoid odontogenic tumor, calcifying cystic odontogenic tumor.

OP - SOLITARY FIBROUS TUMOR IN THE FLOOR OF THE MOUTH IN A PATIENT PREVIOUSLY AFFECTED BY A PLEOMORPHIC ADENOMA. Débora Lima PEREIRA; Águida Maria Menezes Aguiar MIRANDA; Caio LOVISI; Henrique Martins da SILVEIRA; Fábio Ramôa PIRES. State University of Rio de Janeiro and Estácio de Sá University, Rio de Janeiro, Brazil

A solitary fibrous tumor (SFT) is a benign neoplasm derived from pluripotential mesenchymal cells. Although described as a pleural tumor, SFTs affecting extrapleural locations have been reported, but involvement of the oral cavity is rare. A 37-year-old woman was referred for evaluation of a painful swelling in the mouth. Her medical history revealed surgical removal of a pleomorphic adenoma on the left submandibular gland 12 years earlier. Intraoral examination showed a firm, tender to palpation, submucosal swelling on the left side of the floor of the mouth. The provisional diagnosis was a recurrent pleomorphic adenoma and an incisional biopsy was performed. Histological examination showed a storiform spindle cell proliferation arranged in cellularized areas interspersed by a dense fibrous tissue with fewer cellularized areas. The neoplastic spindle cells were immunopositive for CD34, bcl-2, and CD99, leading to the diagnosis of SFT. The patient was submitted to a conservative surgical removal of the lesion and analysis of the surgical specimen confirmed the SFT. The patient remains in clinical follow-up for one year with no signs of local recurrence. An SFT is a rare benign mesenchymal tumor that should be considered in the differential diagnosis of oral submucosal swellings.
OP - CANDIDA-ASSOCIATED DENTURE STOMATITIS TREATED WITH ANTIMICROBIAL PHOTODYNAMIC THERAPY: FOUR CASES. Karla Bianca Fernandes da Costa FONTES; Igor Bittencourt dos Santos FARIAS; Laís Pereira CAPPATO; Bianca Alcântara da SILVA; Rebeca de Souza AZEVEDO; Renata TUCCI; Ademar TAKAHAMA JUNIOR. Universidade Federal Fluminense. Faculdade de Odontologia - Campus Universitário de Nova Friburgo. Departamento de Formação Específica - Patologia Oral e Estomatologia / Universidade Federal Fluminense. - Campus Universitário de Nova Friburgo. Departamento de Ciências Básicas - Microbiologia.

Denture stomatitis (DS) is a common oral inflammatory reaction in denture wearers, especially under the maxillary prosthesis. Multiple etiological and predisposing factors are believed to be responsible for its initiation and progression, but Candida albicans is the main etiological agent. Many different methods of treatment for DS have been observed. Antimicrobial photodynamic therapy (aPDT) is an emerging alternative to treat infections, which utilizes a photoactive dye, oxygen and visible light to generate reactive oxygen species that irreversibly damage the pathogens during illumination. The aim was to report the efficacy of aPDT in four patients diagnosed with DS associated with Candida. The clinical effectiveness was measured using Newton’s criteria. Mycological samples from palatal mucosa and prosthesis were obtained to determine colony-forming units per milliliter (CFU/mL), and Candida species were identified with CHROMagarT Candida. All the volunteers were treated with five sessions of aPDT with methylene blue (0.01%) and were irradiated with a laser at 660 nm (InGaAlP, 4J, 100mW, Photon lase III, DMC, São Paulo) in the palatal mucosa and prosthesis. All volunteers showed clinical improvement of DS and significant reduction in numbers of CFU/mL. Antimicrobial PDT appears to be an effective alternative treatment for DS associated with Candida.

OP - ORAL WARTY DYSKERATOMA. Fabio Ramoa PIRES; Eduardo Seixas CARDOSO; Aline Correa ABRAHÃO; Márcia Grillo CABRAL; Alícia RUMAYOR; Oslei Paes de ALMEIDA; Abel Silveira CARDOSO. Private Practice / AGR Oral Pathology consultants.

A 47-year-old male was referred for evaluation presenting a painless palatal lesion, noticed by his dentist one year ago. Medical history revealed no relevant information. Clinical examination showed a 6 mm shallow depression with small papillary projections on the left side of the hard palate close to palatal gingiva of the second molar. Periapical radiographs showed no alterations on the adjacent bone. The clinical provisional diagnosis was human papillomavirus associated lesion. A conservative surgical procedure removing the entire lesion was performed under local anesthesia and the post-operative period was uneventful. Five µm hematoxylin and eosin stained histological slides from the surgical specimen showed a stratified squamous epithelium with a central area of hyperkeratosis, acanthosis and dyskeratosis and subjacent connective tissue permeated by a sparse chronic inflammatory infiltrate. The central area of dyskeratosis showed focal areas of intraepithelial cleft and keratin pearl formation, basal cell hyperplasia and nuclear hyperchromatism. Final diagnosis was oral warty dyskeratoma and the patient has been in clinical follow-up for seven months, with no signs of local recurrence. Oral warty dyskeratoma is a rare entity that should be considered on the differential diagnosis of oral papillary lesions.
OP - HERPES SIMPLEX VIRUS INFECTION-ASSOCIATED PSEUDOLYMPHOMA. Ana Carolina Fragoso MOTA; Kenia Lemos MUNIZ; Valéria Oliveira Pagnano de SOUZA; Jorge Esquiche LEÓN. School of Dentistry of Ribeirão Preto - University of São Paulo.

Pseudolymphomas represent reactive T- or B-cell lymphoproliferative processes that simulate lymphomas clinically and/or histologically. Viral infections including those caused by simplex virus may mimic cutaneous lymphoma and require urgent differential diagnosis, since their prognosis and treatment are completely different. We report a 42-year-old woman presenting multiple labial lesions of 5 day-duration. She had a medical history of allergy to cosmetic and cleaning products. Oral examination revealed a prominent edema of lips associated with multiple ulcers and crusts. The lesions were painful, and the patient related the beginning of the lesion to the last dental visit 5 days before. The diagnostic hypotheses were allergy to dental materials and/or viral infection. Exfoliative cytology and biopsy revealed multinucleated giant cells with morphologic features of viral inclusions with multifocal distribution, and lymphoid proliferation with a phenotype of inflammatory T cells and presence of mononuclear inflammatory infiltrate. The patient had a normal complete blood cell count and negative HIV test. Treatment consisted of topical acyclovir 4 times a day for 1 week, leading to the resolution of the lesions. This paper highlights the need to correlate clinical and pathological features to differentiate herpes infections from cutaneous lymphomas or other inflammatory dermatoses.

HYPERPLASIA. Aguida Maria Menezes Aguiar MIRANDA; Fábio Ramôa PIRES; Juliana de Noronha Santos NETTO; Simone Macedo AMARAL; Brazilian Dental Association - Rio de Janeiro / Oral Pathology - State University of Rio de Janeiro.

Peripheral ameloblastoma is a rare entity that can clinically resemble oral reactive lesions. A 62-year-old male was referred for evaluation of a swelling on the lower alveolar ridge previously submitted to an incisional biopsy two months earlier with a diagnosis of follicular ameloblastoma. Clinical examination showed a 1.5 cm painless exophytic sessile nodule, covered by normal oral mucosa, on the alveolar mucosa and gingiva distal to tooth 33. Medical history revealed only systemic hypertension controlled by the use of losartane. Radiological examination showed no involvement of the adjacent alveolar bone. After review of the first histological slides, confirming the diagnosis of ameloblastoma, the patient was submitted to a conservative surgical removal of the lesion up to the periosteum under local anesthesia and the post-surgical period was uneventful. Histological analysis of the surgical specimen confirmed the diagnosis of peripheral ameloblastoma and the patient has been in clinical and radiological follow-up for eight months with no signs of local recurrence. Although rare, peripheral ameloblastoma should be considered in the differential diagnosis of oral reactive swellings.

OP - SPONTANEOUS REGRESSION OF A MANDIBULAR ARTERIOVENOUS MALFORMATION IN A 9-YEAR-OLD BOY. A CASE REPORT. Vinícius Rabelo TORREGROSSA; Wagner Gomes DA SILVA; Renato Assis MACHADO; Renata Lucena MARKMAN; Marcelo Brum CORRÊA; Márcio Ajudarte LOPES; Alan Roger dos SANTOS-SILVA. Department of Oral Diagnosis, Semiology and Oral Pathology Areas, Piracicaba Dental School, University of Campinas (UNICAMP), Piracicaba, Brazil.

Arteriovenous malformations (AVMs) of the jaws are considered an uncommon disease. Depending on the blood flow, size, and affected site of the AVMs, they may lead to life-threatening complications with significant morbidity. Mandibular AVMs may produce a wide variety of clinical signs and symptoms, such as severe or fatal hemorrhages, facial asymmetry, pain, swelling, skin or mucosal ulcerations, bluish or erythematous appearance of the involved tissues, bone resorption with subsequent tooth mobility, and soft tissue hypertrophy. Spontaneous regression of an AVM is a recognized but rare phenomenon.
Although such an event has been most cited in the world literature with intracranial lesions, the disappearance of a mandibular AVM is no ordinary. In this present study, the authors aimed to report a clinical case of a spontaneously regressing mandibular AVM, with both intraosseous and gingival involvement, in a 9-year-old boy after an angiography without any embolization procedure. Possible mechanisms underlying this unusual event will also be discussed.

OP - RARE MANDIBULAR METASTATIC ADENOCARCINOMA OF LUNG: A CASE REPORT. Luiza Bonezi BOFF; Paula Luce BOHRER; Carine Bertotto BROILIO; José Carlos BERTOTTO. FSG - Faculdade da Serra Gaúcha.

Metastasis of malignant tumors to oral regions are far less common than primary lesions. Only 1% of oral tumors are metastatic; the majority of these are jaw lesions. (Tatlidil, 2011). The case was a 46-year-old woman, smoker and user of alcoholic drinks. She complained of pain in the lower left mandible. The panoramic radiograph showed a radiolucent lesion in the periapical region of the left mandible second molar, which was initially diagnosed as inflammatory cyst. After laboratory exams, it was opted for the enucleation of the lesion and tooth extraction. It was sent for histological examination, which showed poorly differentiated adenocarcinoma. The immunohistochemical examination was suggestive of breast tumor. The patient was referred to an oncologist for investigation of the primary site. With the confirmation of lung tumor, the patient started the chemo and radiotherapy. Thus, this case report demonstrates the importance of pathological examination to confirm the diagnosis, because in this case, an injury suspected to be benign, in fact it was a rare jaw lung metastasis. Through this diagnosis, it was possible to discover the primary site and start a treatment, allowing better prognosis and longer survival for the patient.

OP - FUNGAL INFECTION IN THE MAXILLARY SINUS AFTER ZYGOMATIC IMPLANT SURGICAL PROCEDURES; Rafael Tajra Evangelista ARAUJO; Luiz Fernando GRACINDO; Cassio Edvard SVERZUT; Jorge Esquiche LEON; Alexander Tadeu SVERZUT. Ribeirão Preto Dentistry School - University of Sao Paulo.

Introduction: Reviews have shown that 1.5 - 20% of patients who underwent sinus surgery, whose surgical specimen was submitted to histological analysis, presented some type of fungal rhinosinusitis. The relationship between zygomatic implant and the maxillary sinus structures remains controversial; some authors have reported a low rate of sinusitis as a complication related to machined zygomatic implants placed with a two-stage protocol. The most frequent form of rhinosinusitis mycoses is the jaw cavity mycetoma. It is three times more frequent in women than in men, and it appears during middle age. Case report: Two cases of fungal infections are reported as secondary to surgical procedure after the installation of zygomatic implants. Discussion: Zygomatic implant placement invades the maxillary sinus and disturbs anatomical integrity. Furthermore, a rigid titanium trans-sinus foreign body is used to transmit occlusal loads up to the zygomatic bone. For all these reasons, it could interfere with the sinus clearance mechanisms, permeability of osteomeatal complex and mucociliary cleaning system. Conclusion: Among the complications of zygomatic implants, infection of the maxillary sinuses presents the highest rates. However, treatment ranges from conservative to the need for removal thereof.
Systemic complications associated with chronic kidney disease include hypertension, anemia, bleeding disorders, metastatic calcification, secondary hyperparathyroidism, and renal osteodystrophy (ROD). ROD is a metabolic bone disorder that can occur in patients with advanced kidney failure and frequently occurs in patients on long-term dialysis. One of the ROD symptoms is slow bone growth, which results in bone deformities, but involvement of the maxillofacial region is uncommon. This study reports a 10-year follow-up of a 40-year-old male patient with aggressive expansion of the facial bones. The disease partially responded to parathyroidectomy. The patient has been on dialysis for 20 years and is still waiting for a kidney transplant.

Everolimus, mammalian target of rapamycin inhibitors (mTOR inhibitors), is indicated for advanced cancer, especially breast malignancies. Among the main adverse effects of this drug, ulcerated lesions in non-keratinized oral mucosa, similar to aphthous lesions, have been reported. This study aimed to report a case of multiple mIAS by everolimus and discuss its differential diagnosis and therapy. The patient, a 64-year-old-woman, diagnosed with metastatic breast carcinoma, using 10mg/day of everolimus, was referred to the Stomatology Department for evaluation of oral ulcers lasting 10 days. On intraoral examination, multiple ulcerated aphthous-like lesions, ranging from 0.5 to largest of 2.5cm in size were observed affecting lower lip and buccal mucosa. According to clinical features and medical history, a diagnosis of everolimus-induced mIAS was established. Initially, the patient underwent consecutive low level laser therapy sessions; however, without therapeutic response. Afterwards, temporarily suspension of everolimus was requested, and 0.05% clobetasol propionate mouthwash was administered twice/day, for 10 days. Improvement in symptoms and regression of lesions were observed in 14 days. This case emphasizes the adverse effects of everolimus on oral cavity, in order to propose better management, treatment and quality of life for these patients.

The World Health Organization classified oral lichen planus (OLP) as a precancerous condition in 1978. Nevertheless, it has been stated that malignant transformation of OLP lesion has not been sufficiently documented. The expression of proteins related to cell regulation, proliferation and apoptosis, such as P16, BUB3, SOX4 and Ki67 are essential for carcinogenesis. Thus, this study aimed to verify the malignant potential of OLP by comparing positive index levels of P16, BUB3, SOX4 and Ki67 expression among OLP, cutaneous lichen planus (CLP), oral dysplasia (OD), and oral fibrous hyperplasia (OFH). A retrospective study was conducted to evaluate a total of 120 formalin fixed paraffin embedded tissue blocks of OLP, CLP, OD and OFH. The highest positive index of P16 (86.59) was found in CLP, followed by that in OLP (20.65), OFH (11.8) and OD (7.85) (p <0.001). Positive index for BUB3 was also higher in
CLP (83.2) followed by that in OLP (80) (p = 0.04). The highest SOX4 index was found in CLP (86.8) (p < 0.001). Ki67 was higher in OD (14.4) followed by OLP (11.6) (P < 0.001). Taken together, these results suggest that OLP has an intermediate malignant potential.

**OP - ROSAI-DORFMAN DISEASE AFFECTING THE MAXILLA: A CONTROL OF FIVE YEARS.** Thaís Gimenez MINIELLO; Celso Augusto LEMOS; Oslei Paes de ALMEIDA; Fábio de Abreu ALVES. University of São Paulo / State University of Campinas.

Rosai-Dorfman Disease (RDD) is known as sinus histiocytosis. Some cases present aggressive behavior, but others show spontaneous remission. This study aimed to report a case of maxillary RDD and show its development. A 39-year-old female patient was referred for evaluation of maxillary pain with 11 months of duration. Although some teeth presented intense mobility, there was no alteration on the gingiva. X-ray examination showed an extensive destruction of the right maxilla. Our diagnostic hypotheses were lymphoma and sinus malignant tumor. An incisional biopsy was performed, and diffuse inflammatory infiltrate, xanthomatous cells (macrophages)and phagocytic lymphocytes were present. Immunohistochemistry was positive for CD68, CD31 and S-100, and negative for CD3, CD20, CD1a and CD30. These features were consistent with RDD. The patient was referred to a hematologist who prescribed a daily dose of 40mg of corticosteroids for six months. There was progression of the disease and some teeth had to be extracted, leaving abucosinal communication as a sequel. After five years, the lesions are under control, without signs of disease activity. In conclusion, RDD is a rare disease which can affect only the maxillary. There is no consensus on its treatment. In the present case, the disease remains stable after five years.

**OP - CLINICAL AND HISTOLOGICAL FEATURES OF LICHENOID AND GRANULOMATOUS MUCOSITIS.** Giovani Antonio RODRIGUES; Marcos de Campos NEVES; Jorge Esquiche LEÓN; Ana Carolina Fragoso MOTTA. School of Dentistry of Ribeirão Preto - University of São Paulo.

Oral lichenoid lesions and granulomatous inflammation may be associated with a wide range of conditions, including inflammatory autoimmune diseases, infectious diseases and reactions induced by foreign bodies. However, the occurrence of both patterns is unusual. We report a 72-year-old woman presenting erythematous lesions on the upper lip and gingiva of 6 months duration. She had a medical history of hypercholesterolemia regularly treated. Oral examination revealed erythematous macula on the upper labial mucosa and attached anterior gingiva. She reported mild symptoms which partially improved after the use of topical corticosteroids. The diagnostic hypotheses were oral lichenoid lesion, foreign body gingivitis and hypersensitivity reaction. A biopsy revealed epithelial hyperplasia, subepithelial and perivascular lymphoplasmacytic inflammation associated with multinucleated giant cells. Screening for bacterial and fungal infections and polarized light microscopy for detection of foreign body showed negative results. A final diagnosis of lichenoid and granulomatous mucositis was established, and the patient was treated with topical corticosteroid 2-3 times a day for 2 weeks, leading to almost complete resolution of the lesions. We describe this unusual lesion and highlight the need to correlate clinical and pathological features to differentiate lichenoid inflammation from foreign body reaction or other inflammatory/infectious disease and prevent serious complications.

**OP - INTRALESIONAL TRIAMCINOLONE FOR TREATMENT OF CENTRAL GIANT CELL LESION OF MANDIBLE: A 10-YEAR FOLLOW-UP.** Paulo André Gonçalves de CARVALHO; Rodrigo Nascimento LOPES; Esdras Façanha CARVALHO. Gustavo Davi RABELO; Ana Paula Molina VIVAS. Graziella Chagas JAGUAR. Fabio Abreu ALVES. A C CAMARGO CANCER CENTER.

Central giant cell lesion (CGCL) is a benign bone lesion of unknown etiology that primarily affects the jaws, with a predilection for younger women. The CGCL clinical behavior ranges from a slow-growing asymptomatic swelling to an aggressive lesion that presents with
pain, local bone destruction, root resorption and tooth displacement. Extensive resection is a treatment option, but this procedure results in large surgical defects. Nonsurgical treatment methods, such as intralesional corticosteroid injections and systemic calcitonin or interferon-α, are increasingly being used. This study aimed to report the case of a 9-year-old girl with an expansive CGCL crossing the mandibular midline, which was treated with intralesional triamcinolone injections for a period of 10 weeks. There was gradual osseous neoformation. After 10-years follow-up, clinical and radiographic success of treatment were observed. The panoramic radiograph showed areas of new bone formation. Thus far, no recurrence or side effects of the medication have been detected. In conclusion, the administration of intralesional corticosteroid injections is an alternative in CGCL treatment, especially in children.

**OP - DIAGNOSTIC ASPECTS OF ORAL TUBERCULOSIS MANIFESTATION: A CASE REPORT.** Wellington Hideaki YANAGUIZAWA; Camilla Vieira Esteves dos SANTOS; Vanessa Juliana Gomes CARVALHO; Marilia Trierveiler MARTINS; Oslei Paes de ALMEIDA; Norberto Nobuo SUGAYA; Camila de Barros GALLO. School of Dentistry, University of Sao Paulo; Dentistry School, State University of Campinas.

A 61-year-old Caucasian female patient was attended at the Stomatology Department presenting a lesion in the gingiva that has been painful for 1 month. Clinical examination revealed a 20-mm, irregular, deep ulcer in both vestibular and lingual gingival mucosa, without bone involvement in the intraoral periapical radiograph. In addition, the patient also reported fever, weight loss and pneumonia. An incisional biopsy was performed with the clinical hypotheses of histoplasmosis, tuberculosis (TB) and oral squamous cell carcinoma. Histopathological examination showed ulceration with mixed inflammatory infiltrate and areas of necrosis. PAS and Ziehl-Neelsen staining were negative. Despite the lack of detection of microorganisms, malignant features were absent and the hypothesis of infectious disease was not disregarded. Ziehl-Neelsen staining was repeated in a new biopsy specimen showing positive result for TB. The patient died from complications of pulmonary infection later diagnosed as tuberculosis. Oral manifestations of tuberculosis are unusual; nevertheless, they should be considered in the differential diagnosis in the elderly and immunosuppressed patients even with negative staining, because Ziehl-Neelsen technique efficiency is low (7.8%) in oral specimens due to the scarcity of microorganisms in this site.

**OP - BILATERAL REPORT OF NECROTIZING SIALOMETAPLASIA.** Nathalia de Almeida FREIRE; Juliana Tristão WERNECK; Fernanda GUIMARÃES; Felipe Baars de MIRANDA; Adrianna MILAGRES; Eliane Pedra DIAS; Arley Silva JÚNIOR. Universidade Federal Fluminense.

Necrotizing sialometaplasia is a benign, self-limiting, and rare inflammatory disease of the minor salivary glands. The exact etiology is unknown; however, many authors suggest that ischemic changes could lead to the salivary gland infarction followed by necrosis. This study aimed to report an atypical case of a bilateral sialometaplasia on hard palate. A 53-year-old woman, heavy smoker, reporting daily alcohol consumption with bilateral palatal painful lesions with three days of development, which on the third day became into two deep ulcerations. The edges of the lesions were flat and soft, and the base revealed an exposed bone. No radiographic changes were observed. An incisional biopsy was performed and the histopathological findings were coagulation necrosis, inflammation, and squamous metaplasia consistent with necrotizing sialometaplasia. The ulcers resolved after topical deoxyribonuclease fibrinolysin treatment within 8 weeks. The importance of this case is to report an atypical clinical aspect.

**OP - RENAL OSTEODYSTROPHY WITH ORAL INVOLVEMENT: REPORT OF TWO CASES.** Rafael NETTO. Maria Elisa Rangel JANINI; Valdir MEIRELLES JÚNIOR; Pedro Henrique Mattos de
Renal osteodystrophy is characterized by bone mineralization deficiency, a direct result of the electrolyte and endocrine derangements that accompany chronic kidney disease (CKD). Renal osteodystrophy is thought to be the result of hyperparathyroidism secondary to hyperphosphatemia combined with hypocalcemia, both of which are due to decreased excretion of phosphate by the damaged kidney. Low activated vitamin D3 levels result from the damaged kidney’s inability to convert this vitamin into its active form, calcitriol, and lead to further hypocalcemia. We report two cases of hyperparathyroidism secondary to chronic renal insufficiency in 2 patients presenting maxillary lesions.

The first patient was a 35-year-old woman with CKD, with an 8-month history of swelling in the maxilla and hard palate. The second patient was a 42-year-old man with CKD and an identical dental history since 6 months. Chest, pelvic, long bones, and hand radiographies showed osseous changes. Incisional maxillary biopsies were obtained in both cases, confirming the clinical diagnosis of renal osteodystrophy. The patients started dialysis and osteoplastic procedures are being discussed.

Intraoral Spitz nevus is a rare lesion. To the best of our knowledge, only seven cases have been published in the English-language literature. The patient, a 14-year-old girl was referred for diagnosis due to an intraoral nodule with approximate duration of 6 months. Intraoral examination revealed a painless, pedunculated, symmetrical nodule covered by intact pink-to-black mucosa, located in buccal mucosa on the right side. The main clinical diagnostic hypotheses were fibrous hyperplasia and intraoral nevus. The lesion was excised under local anesthesia. Microscopically, the lesion consisted of proliferation of large epithelioid melanocytes arranged in sheets and nests. Melanocytes of the intraepithelial component were arranged in nests. Several epithelioid melanocytes presented abundant eosinophilic cytoplasm and bizarre sizes, with myoblastoid aspect. However, no mitoses were observed. Tumor cells presented strong positivity for S-100 protein and were negative for Melan-A and HMB-45. Rare cells were positive for Ki-67. Based on these features, the diagnosis of Spitz nevus was established. The patient is being clinically followed-up and no signs of recurrence were observed after 18 months of treatment. In conclusion, oral Spitz nevi are extremely rare lesions, and often present atypical cytological features.

Numerous attempts have been made to establish and develop tumor markers with prognostic significance. This study aimed to investigate CD44 expression in primary oral squamous cell carcinoma and evaluate its association with clinicopathological factors, as well as its prognostic value during long-term follow-up. Surgical specimens from patients with oral squamous cell carcinoma (n=68) were immunostained for CD44. Comparative analyses of CD44 expression, microscopic features and tumor stage were performed using Spearman’s correlation and Chi-square tests (P<0.05). Disease-specific survival (DSS) and disease-free survival (DFS) were estimated using the Kaplan-Meier method. Comparison of DSS and DFS with the features analyzed was achieved via the Log-Rank test. The results revealed decreased CD44 expression in well-differentiated tumors (P=0.005). Spearman’s correlation...
demonstrated a negative association between CD44 expression and N-stage, showing reduced and diffuse CD44 staining in tumor islands (r = -0.414; P = 0.003). There was no correlation between CD44 expression, T-stage or histological grade. In addition, there was no association between CD44 expression and survival. In conclusion, CD44 expression was not considered a strong prognostic marker in multivariate analysis, which should be further evaluated for use in clinical practice. Financial Support: CAPES and FAPES.

OP - LANGERHANS CELL HISTIOCYTOSIS ON THE UPPER LIP: A CASE REPORT. Márcio Campos OLIVEIRA; Jener Gonçalves de FARIAS; Antonio Varela CÂNCIO; Ana Paula Eufrácio do Nascimento ANDRADE; Valéria Souza FREITAS; Maria Emília Santos Pereira RAMOS; Jorge Esguiche LEON. Universidade Estadual de Feira de Santana (UEFS)/Universidade de São Paulo (USP), Faculdade de Odontologia de Ribeirão Preto.

Histiocytoses comprise a group of disorders characterized by the accumulation and infiltration of variable numbers of monocytes, macrophages, and dendritic cells into the affected tissues. This description excludes diseases in which infiltration of these cells occurs in response to a primary pathology. This case occurred in a 16-year-old male patient, who consulted a Stomatology service complaining of a growth on the upper lip, which had developed over a period of a year-and-a-half, with history of growth and involution, but had remained stable for about eight months, and was clinically diagnosed as fibrosis. After performing routine preoperative tests without noting changes, incisional biopsy was performed under local anesthesia. The histopathological diagnosis was suggestive of Langerhans cell histiocytosis, with immunohistochemical analysis suggested for proteins S-100, CD 1a, CD-3, CD-207 and Ki-67. All were positive and Ki-67 showed positive results in 5% to 8% of cells. The patient was referred to a clinical oncology service for treatment of the lesion and has been under strict clinical follow-up for about a year with clear signs of remission.

OP - ACTINIC CHEILITIS TREATMENT BY TWO CO2 LASER VAPORIZATION PROTOCOLS: CLINCOHISTOLOGICAL ANALYSIS AND 10 YEARS CLINICAL. Flavio Francisco de GODOY PERES. Adriana Aigotti Haberbeck BRANDÃO. Yasmin Rodarte CARVALHO. Ulysses DÓRIA FILHO. Hélio PLAPLER. Federal University of São Paulo (UNIFESP), School of Medicine, Operative Tecnique and Experimental Surgery Discipline/São Paulo State University (UNESP), Science and Tecnology Institute, School of Dentistry, Oral Pathology Discipline.

The CO2 laser has become an important therapeutic alternative for actinic cheilitis, achieving clinical resolution in around 90% by different laser physical parameters, including those known for their low potential of scar induction. The bilateral comparative model has been used to clinicohistologically compare the therapeutic responses of two low-morbidity protocols. Patients (n=40) with chronic multicentric and microscopically proven disease were randomly submitted to two conservative CO2 laser protocols. The epithelial dysplasia and other phenomena have been assessed both pre and postoperatively for both protocols in 26 patients, with significant reduction in the degree of epithelial atypia (p < 0.001), sometimes complete. However, no difference was found between the protocols (p > 0.05). Morphological parameters themselves are not sufficient to determine whether postoperative epithelial atypias, in part of the sample, were reactive or residual in nature. Few patients have shown minor postoperative lesions in 12.5% for both protocols. Ten years follow-up in 16 patients revealed lesions of actinic cheilitis in 25% for each protocol (bilaterally). None of these patients was diagnosed with spinous cell carcinoma. Due to their potential to achieve clinical and importantly microscopic resolution, the studied protocols may be used for mild through moderate dysplastic epithelium and clinically diffuse disease.
Pemphigus Vulgaris is an autoimmune disease caused by the interaction between antibodies and desmogleins of epidermal/mucosal cells. Desmogleins are desmosomal proteins responsible for promoting adhesion of epithelial cells. The extracellular fluid overflows once the adhesion between cells is lost. Consequently, blisters and erosions are detected during the physical exam of skin, mouth, nose, throat, eyes and genitalia. A Caucasian 35-years-old male patient underwent medical exam presenting intraoral blisters and ulcers, and referring weight loss of 25 Kg within 6 months. Additionally, the patient reported unsuccessful previous treatment with antibiotic, antifungal and oral and intramuscular corticosteroid for 40 days. Results of blood tests were within normality, as well as C-reactive Protein (CRP) and Antinuclear Antibody (ANA) tests. Based on that, the patient was admitted in a hospital for parenteral nutrition. Incisional biopsy was performed in the intraoral lesions, resulting inconclusive. After six months, a new single lesion was observed in the lower back region, allowing a second biopsy. The histopathological exam revealed focally ulcerated intra-epidermal bullous dermatitis. In parallel, specific tests for fungal and viral (Herpes simplex - HSV) infections resulted negative. The patient was diagnosed with Pemphigus Vulgaris. The treatment consists of Prednisone 100mg/day within positive clinical response.

Ectomesenchymal chondromyxoid tumor (ECT) is a rare benign mesenchymal neoplasm. To date, approximately 48 ECTs have been published. Almost all ECTs affect the anterior dorsum of the tongue, between the third and sixth decades of life, with no sex predilection. ECTs are immunopositive for vimentin, glial fibrillary acidic protein (GFAP), S100, neuron-specific enolase, whereas cytokeratin (CK) and α-smooth muscle actin (α-SMA) are positive in 45%-70% of the cases. The differential diagnoses for ECTs include benign and malignant mesenchymal tumors; among them, due to its similar morphological and IHC features, soft tissue myoepithelioma (STM) represent the greatest challenge. A 50-year-old man was referred to assess an asymptomatic nodular lesion located in the dorsum of the tongue, with several months of evolution. The lesion was surgically removed, and histopathological examination showed a well-defined lobular proliferation of ovoid and spindle cells admixed with variable amounts of chondroid foci. The tumor cells showed immunopositivity for vimentin, S100, CD56 and GFAP; whereas pan-CK (AE1/AE3), CD138, α-SMA and p63 were negative. The Ki-67 index proliferative was <4%. The final diagnosis was ECT. Our results suggest that ECT and STM are different entities, as most STMs are usually immunopositive for pan-CK, α-SMA and p63.

Florid osseous dysplasia (FOD) has been described as a condition that typically affects the jaws of middle-aged African-American women, and usually presents as multiple radiopaque masses distributed throughout the jaws. The diagnosis is frequently based on radiological presentation often involving various regions of the jaws. Biopsy should be avoided in asymptomatic lesions to prevent the risk of bone infection, osseous sequestration, and non-healing wounds. However, eventually biopsy or surgical intervention may be necessary to remove bone sequestrum or to investigate non-characteristic bone alteration. An uncommon
An association between a simple bone cyst (SBC) and malignant tumors has been reported in the literature. When associated with FOD, SBCs tend to have an atypical presentation and do not always respond to the usual therapeutic methods. The current presentation describes a case of FOD in a 27-year-old African-American woman where a long follow-up period displayed the dynamic character of this entity with different radiographic features and seven associated SBCs. These data reinforce the importance of long-term follow-up in patients with FOD.

**PP - THE IMPORTANCE OF DENTAL CARE AND DRUG THERAPY IN HOSPITALIZED PATIENTS WITH ORAL MYIASIS: A CASE REPORT.** Carina DOMANESCHI; Maria Paula de Siqueira Melo PERES; Juliana Bertoldi FRANCO. The University of São Paulo - School of Dentistry (FOUSP)/The University of São Paulo - Hospital of the Medical School (HC/FCMUSP).

Myiasis is a condition caused by the invasion of fly larvae from both living and dead tissues. It rarely affects the human oral cavity, but it may be found in neurological or dependent care patients with limited lip seal and inadequate oral condition. Its treatment consists of the use of Ivermectin, removal of larvae, and improved oral hygiene. Patient, SRS, male, 56, hospitalized due to sequelae caused by a stroke. During the oral hygiene, swelling in the middle third of the left cheek and lack of lip veiling were observed. Intraoral clinical examination showed poor oral status and the presence of larvae in the left maxilla. These were classified by the Institute of Tropical Medicine as the fly species Dermatobia hominis. Ivermectin 6mg/d and Amoxicillin associated with clavulanic acid via gastrostomy tube were prescribed; laboratory tests were requested. Consequently, the affected teeth were extracted and the area was cleaned. Post-treatment daily evaluation showed good healing of the area and no other intercurrences. After 11 days following this procedure, the patient died because of pre-existing morbidity complications. Myiasis is rare and decreases the quality of life patients, and dentists should be able to identify it and treat it.

**PP - GORHAM DISEASE: A CASE REPORT.** Laís Bastos GUIMARÃES; Tila FORTUNA; Gabriela S. LOPES; Ana Carolina L. PIMENTEL; Carlos Elias de FREITAS; Alena R. A. P. MEDRADO. Escola Bahiana de Medicina e Saúde Pública.

Gorham disease (GD) is characterized by the destruction and resorption of one or more bones. The exact etiology of the disease is still unknown. The damaged bone is replaced by dense fibrous tissue, and bones of the skull and pelvis are the most commonly affected. The mandible is also particularly affected. This report presents the case of a child with extensive and massive osteolysis of the mandible, with a presumed diagnosis of GD. An 11-year-old female patient showed an extensive area of spontaneous bone resorption, in which only the alveolar portion of the mandibular symphysis and the left condyle were present. The patient and her parent denied prior trauma or local infections as possible etiological factors of such mandibular bone resorption. The medical history and clinical features observed indicated GD. In the literature, the treatment GD is still controversial. When diagnosed early, bisphosphonates may be used to reduce osteoclast activity, thus improving the disease prognosis. Due to the limitations of the present case, the chosen therapy will be a challenge for the maxillofacial surgeon.

**PP - BASAL CELL ADENOMA IN A MINOR SALIVARY GLAND.** Natália Batista DAROIT. Bruna Jalfim MARASCHIN. Vinicius Coelho CARRARD. Pantelis Varvaki RADOS. Fernanda VISIOLI. Universidade Federal do Rio Grande do Sul.

Basal cell adenoma is a benign epithelial neoplasm occurring mainly in the parotid gland, with only 3% of lesions involving the minor salivary glands. This report describes the case of a 65-year-old woman with a single well circumscribed submucosal nodular lesion in the posterior region of the right buccal mucosa. The nodule was approximately 2.5 cm in diameter and was covered with normal epithelium. As the patient was unaware of its existence, the time course of development is unknown. Excisional biopsy was performed under local anesthesia.
During surgery, the specimen was found to be encapsulated, with no attachment to surrounding structures. Microscopic analysis revealed a tumor encapsulated by thin fibrous tissue in discontinuity with areas of infiltration. The neoplastic tissue was much cellularized, with proliferation of basaloid cells arranged in islands and sheets. Tumor islands had a peripheral palisading cuboid cell layer and were surrounded by hyalinized membranes. Some islands showed duct-like formations filled with an amorphous basophilic substance. An immunohistochemical panel including AE1/AE3, Ki-67, and smooth muscle actin was performed. The final diagnosis was basal cell adenoma. No recurrence was observed during the 1-year follow-up period.

**PP - INFLUENCE OF BETHANECHOL CHLORIDE IN SALIVARY COMPOSITION AND FLOW RATE IN IRRADIATED PATIENTS.** Claudia Carrara COTOMACIO. Luana CAMPOS. Alyne SIMÕES. Graziella Chagas JAGUAR. Edgard Michel CROSATO. Fabio de Abreu ALVES. Dental School of University of Sao Paulo.

Some studies have documented that bethanechol chloride (BC) may be useful in preventing the incidence and/or severity of xerostomia (XT) with minimal side effects. However, BC action in irradiated patients with XT has not yet been determined (curative). In this study the efficacy of BC in irradiated patients, and salivary composition subsequent to drug administration were evaluated. In total, 45 irradiated patients complaining of XT used 50 mg/day of BC, for 3 months. XT and sialometry were evaluated in 4 phases. Biochemical analysis included buffering capacity, pH, total protein concentration (TP), amylase (AM), catalase (CT) and peroxidase (PX) activities. According to XT grading system used, patients showed improvement in XT in all experimental times (p<0.05) between Phase 1 and Phases 2 (p=0.031), 3 (p=0.015) and 4 (p=0.015). The TP concentration decreased; AM concentration increased (p <0.05); PX activity decreased (p <0.05), and CT increased after Phase 2, for stimulated saliva collection (p<0.05). Our results suggest that BC improved the XT of irradiated patients. The biochemical results are suggestive of improvement in parotid gland secretion. Financial support: FAPESP.

**PP - SECONDARY SYPHILIS: RARE ORAL LESIONS.** Rose Mara ORTEGA. Andréia BUFALINO. Elaine Maria Sgavioli MASSUCATO. Mirian Aparecida ONOFRE. Cláudia Maria NAVARRO. Paulista State University - UNESP - Araraquara - Brazil.

Syphilis is a sexually transmitted disease caused by the spirochete Treponema pallidum. Disease progression can be classified into 4 stages: primary, secondary, latent, and tertiary. Due to various manifestations, secondary syphilis was described as "the great imitator." Herein, we present a case of syphilis in a 63-year-old white woman who was a smoker, with a 3-month history of non-healing, asymptomatic, ulcerative oral lesions. The patient presented with pharyngitis, dysphagia, gastrointestinal discomfort, and weight loss. She had no lymphadenopathy, but presented with cutaneous lesions in the palm of her hand and ear skin. An intraoral examination revealed ulcerative lesions in the soft palate, tongue, and inferior alveolar ridge. A differential diagnosis revealed inflammatory bowel disease, Behçet's disease, and secondary syphilis, while histopathological examination showed nonspecific ulceration. Several hematologic investigations were performed and all findings were normal; however, venereal disease research laboratory test (VDRL) and fluorescent treponemal antibody (FTA-ABS) titers were positive. Based on clinical and serologic tests, the patient was diagnosed with secondary syphilis and was treated with penicillin for 3 weeks. The patient's signs and symptoms completely resolved after treatment. This case illustrates that secondary syphilis can mimic others diseases.

**PP - THE BENEFIT OF INTRAORAL STENT DURING HEAD AND NECK RADIOTHERAPY: A PROSPECTIVE STUDY.** Juliana Rocha VERRONE. Graziella Chagas JAGUAR. Antônio Cássio Assis PELLIZZON. Petrus Paulo Combias Eufrasio da SILVA. Alessandra das Dores MARCICANO.
José Divaldo PRADO. Fábio de Abreu ALVES. A.C.Camargo Cancer Center, São Paulo-SP, Brazil.

The intraoral stent is a mouth-opening device which may be used during head and neck cancer radiotherapy (RT) with the intention of preventing unnecessary irradiation in normal adjacent tissue. No prospective studies have shown the benefit of stent RT. Objective: To evaluate the dosimetry analysis in oral and oropharyngeal cancer patients during RT and verify its impact on the RT technique (three-dimensional radiotherapy - 3DRT versus intensity-modulated radiotherapy -IMRT). Methods: 53 patients (16 of 3DRT and 37 of IMRT) were prospectively submitted to pre-irradiation planning computed tomography (with and without the use of stent). Results: A significant lower radiation dose was observed in healthy structures contralateral to the tumor using the stent compared with its nonuse for both oral and oropharyngeal cancer. Interestingly, patients who wore the stent and underwent IMRT planning showed significantly better results in decreasing radiation dose in healthy structure compared with patients without stent, or who underwent 3DRT. Conclusion: The use of stent allowed for decreased radiation dose in healthy structures during RT for oral and oropharyngeal cancer, and the combination of this device and IMRT seems to produce greater improvement in the patients’ quality of life. This study was sponsored by FAPESP and CNPq.

PP - PRIMARY LOCALIZED AMYLOIDOSIS ON TONGUE. Victor Yuri Nicolau FERREIRA; Tácio Candeia LYRA; Laudenice de Lucena PEREIRA; Danyel Elias da Cruz PEREZ; Panmella Pereira MACIEL; Paulo Rogério Ferreti BONAN. Universidade Federal da Paraíba.

Amyloidosis is a rare disease caused by pathologic deposition of folded proteins on extracellular matrix and can be primary or secondary. This work aims to report case of primary localized amyloidosis on tongue affecting a female with 79 years-old. This patient was referred to our reference center complaining of dysphagia and painful mass on her tongue. She referred intense weight-loss during a couple of months. No alterations were observed on oral examination and the intraoral examination revealed generalized macroglossia and multiple unitary resistant nodules with yellowish surface on dorsal, lateral and ventral surfaces were clear. We considered amyloidosis as primary diagnostic hypothesis and an incisional biopsy was taken. We evaluated the feasible association with a systemic process and ordered some exams such as CBC, echocardiogram, renal ultrasound, gastrointestinal tomography, colonoscopy, radiographs of the whole body, and Bence Jones protein mensuration. All exams revealed normality and absence of signs of systemic disease. The microscopic examination revealed a proteinaceous material under positive epithelial tissue to Red Congo showing birefringence. This case was diagnosed as primary localized amyloidosis on tongue and the patient was referred to hematologist for treatment. She is currently under systemic corticotherapy with good improvement.

PP - SYSTEMIC CORTICOTHERAPY ON ORAL PEMPHIGUS VULGARIS MANAGEMENT. Victor Yuri Nicolau FERREIRA. Tácio Candeia LYRA. Laudenice de Lucena PEREIRA. Danyel Elias da Cruz PEREZ. Laura de Fátima Souto MAIOR. Paulo Rogério Ferreti BONAN. Universidade Federal da Paraíba.

Pemphigus vulgaris is an immuno-mediated disease characterized by multiple painful ulcerative lesions with frequent oral manifestations and treated with immunosuppressant drugs. This work aims to describe a management with systemic corticosteroids of 38 years-old male patient with multiple ulcerative and painful lesions only on oral cavity diagnosed microscopically as Pemphigus vulgaris. The lesions affected buccal mucosa bilaterally, lower and upper lip, tongue and floor of the mouth. The patient was treated with topical 0.05% clobetasol and azathioprine 50 mg/daily without clinical complete resolution. These topical formulations were followed by prednisone 80 mg/daily for two weeks and reduced progressively to 15 mg/daily with absence of oral lesions. No systemic steroidal complications, such as hyperglycemia and hypertensive peaks were observed.
Primary Herpetic Gingivostomatitis (PHG) is a first clinical manifestation of an infectious disease caused by Human Simplex Virus (HSV). The clinical presentation starts after prodromal systemic manifestations. It is more common during the childhood than during the youth or adult age. The purpose of this work is to relate a case of PHG affecting a 19 years-old male, starting as an oropharyngeal infection. This patient was referred to our service complaining of painful lesion affecting oral mucosa with few days of evolution. During anamnesis, he reported an initial oropharyngeal illness, fever, prostration, cachexia and dysphagia. He was under antimicrobial therapy without resolution and with worsening of clinical manifestations. The patient also referred absence of previous herpetic infection. The extraoral examination did not show any alterations. The intraoral examination revealed multiple coalescent ulcerative lesions affecting gingival tissue, tongue, lips and hard palate. Following the history and the clinical parameters the condition was diagnosed as PHG. Supportive medications were prescribed and the patient was accompanied/observed. One week later, the patient showed total remission of the condition.

Syphilis is a chronic infection caused by Treponema pallidum and transmitted by blood, sexual fluids and vertical mode. The Hutchinson triad is the most known characteristics of fetal infection, called Congenital Syphilis: interstitial ocular keratitis, deafness, and Hutchinson teeth. This work aims to describe a case of Congenital Syphilis affecting a 16 years-old non-Caucasian male. During the anamnesis, his caregiver reported partial deafness, interstitial ocular keratitis on right eye and slight mental dysfunction. His mother was diagnosed during pregnancy with Secondary Syphilis. During extraoral examination, the mentioned ocular alteration was observed. The intraoral examination revealed Hutchinson incisive with "screwdriver morphology" and mulberry molars. This patient was referred to speech therapy and oral aesthetic rehabilitation.

This study aimed to determine whether significant changes in vital signs (heart rate, breath rate, glucose level, oxygen saturation, and blood pressure) occurred in patients undergoing dental procedures with local anesthetic containing norepinephrine. Study Design. Fifty patients (26 women, age 18-70 years, mean age 40.6 ± 9.7 years) requiring the extraction of one or two teeth were evaluated. A maximum of two cartridges of anesthetic (2% mepivacaine with norepinephrine [1:100,000]) were used during procedures. All patients consented to participate in the research. Measurements were taken at three distinct stages: before anesthesia, 15 min after dental procedure initiation, and after the procedure. Data were analyzed using IBM SPSS software (version 20), with the level of significance set at p ≤ 0.05. Results. Heart rate differed significantly among timepoints (p = 0.004), and between genders (p = 0.011). No other vital sign showed a significant difference among measurements. Conclusions. We conclude that the local dental anesthetic did not affect the vital signs evaluated, as heart rate may have been altered by stress and anxiety factors related to dental extraction in these cases.
PP - LARGE ORAL LIPOMA: A CASE REPORT. Monah S. SANTOS; Flávia G. C. WANDERLEY; Wilton C. NETO; Eduardo L. ANDRADE; Miguel SETUBAL; Silvia REIS; Alena P. MEDRADO. Escola Bahiana de Medicina e Saúde Pública.

Lipomas are benign tumors composed of fat cells that can occur in any region of the body but most commonly observed in the subcutaneous tissue. Clinically, lipomas are firm and elastic and can be single or multiple, usually asymptomatic. A 56-year-old, dark-skinned man presented with a large swelling near his left mandible with two years of evolution. He did not present pain and paresthesia. An extraoral physical examination revealed a nodular mobile lesion in the lower third of the patient’s face. The findings of the intraoral examination revealed a deletion of the mandibular sulcus bottom on the left side. Results of the lesion aspiration were negative. Imaging findings revealed extensive hypodense lesions with well-defined margins located in the soft tissue, without involvement of the adjacent mandibular bone. Excisional biopsy was performed, and the histopathological findings revealed neoplastic lesions with clusters of unilocular fat cells circumscribed by fibrous connective tissue. The final diagnosis was oral lipoma. Surgery was performed under general anesthesia to excise the lesion. Six months after the surgery, although there is no evidence of recurrence, the patient has mild paresthesia and hypomobility in his left lower lip.

PP - CALIBER-PERSISTENT LABIAL ARTERY: CLINICAL ASPECTS AND TREATMENT. Marcelo Martinson RUIZ. Shajadi Carlos Pardo KABA. Fernando Kendi HORIKAWA. Celso Augusto LEMOS. Andrea Lusvarghi WITZEL. School of Dentistry, University of São Paulo.

Caliber persistent artery of the lip is a vascular malformation in which a large diameter artery penetrates the submucosa and continues without decreasing its size. This lip lesion was first described in 1973 by Howell and Freeman, who report arteries with diameter larger than normal near a mucosa, which were similar to the lesions described in the gastrointestinal tract. In 1980, Miko et al., described through detailed anatomical studies of the lower lip artery, the existence of a branch vessel that traversed the orbicularis oris muscle and continued with the same caliber in the submucosa of the vermilion border. Predominantly occurring on the lower lip, as an asymptomatic papular lesion, it may be clinically presented as ulcerated lesions that can be misdiagnosed as mucocele or squamous cell carcinoma. The challenging diagnosis probably indicates that the incidence of this pathologic entity is undersized in the literature, and its knowledge becomes essential due to the possibility of a severe bleeding during biopsy or surgery. This case study shows a different clinical presentation of a 57-year-old man with a nodule involving the lower lip, which was initially misdiagnosed as a glandular lesion.

PP - LARGE LIPOMA ON LOWER LIP. Laudenie de Lucena PEREIRA; Paulo Rogério Ferreti BONAN; Danyel Elias Cruz PEREZ; Dasaiev Monteiro DUTRA; Victor Yuri Nicolau FERREIRA; Emanuene Galdino PIRES; Larissa Cavalcanti MONTEIRO. UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE, UNIVERSIDADE FEDERAL DA PARAÍBA.

Lipomas are common benign mesenchymal neoplasms of the human body with rare occurrence in the oral cavity. It is clinically characterized as nodular, sessile or pedicle masses, with soft consistency, yellowish color, smooth and nonulcerated surface. Histopathologically, they are constituted by mature adipocytes; generally asymptomatic and even with slow-growing pattern could reach large sizes. The occurrence of lipoma in the lower lip is unusual and the appearance of large tumoration is relatively rare. We describe the case of a large lipoma affecting the internal mucosa of lower lip of a 55 years-old man causing disadaptation of the lower denture, including considerable phonetic and aesthetic disorders, despite the asymptomatic increase of eight years. A complete excision was performed and histopathological analysis revealed a lipoma. The patient is under follow-up without signs of recurrence.
COMPARATIVE STUDY OF EFFECTS OF PHOTOTHERAPIES WITH LED, LOW AND HIGH POWER LASER ON ORAL MUCOSITIS INDUCED BY 5-FLUOROURACIL IN HAMSTERS. Luana CAMPOS. Victor E. ARANA-CHAVEZ. Alyne SIMOES. Laboratory of Oral Biology, Department of Biomaterials and Oral Biology, School of Dentistry, University of São Paulo.

Considering oral mucositis (OM), a debilitating and painful side-effect of chemotherapy (CT), this study aimed to compare different phototherapies including Led, low and high-power laser on the treatment of OM, by clinical, biochemical and histological analysis. One-hundred-twenty hamsters were divided into four groups: C: CT/OM induction; L: CT/OM and phototherapy with LED (1.2 J/cm², 1.2 J), LA: CT/OM and phototherapy with high-power laser (HPL) (10 J/cm², 10 J), LB: CT/OM and phototherapy with low-power laser (LPL) (6 J/cm², 1.2 J). OM was induced after CT by performing scratches on oral mucosa. OM was analyzed by using specific clinical scales. After 5, 7 and 10 days, animals were sacrificed and the oral mucosa removed for biochemical (TNF-α concentration) and histological (light microscopy) analysis. Statistical analysis of the clinical, biochemical and histological results showed that LED and LPL were efficient treatments for OM, with decrease in TNF-α concentration on day 7 and complete lesion healing on the last day of experiment. HPL did not interfere in OM final healing. The results suggest that phototherapies with LPL and LED were efficient in decreasing OM severity, accelerating tissue repair and decreasing the inflammatory process.


Oral cancer incidence and mortality rates in Brazil are rather high. According to the National Cancer Institute (INCA) statistics, the incidence of oral cancer ranks 5th and 7th among Brazilian men and women, respectively. In addition to these risks, some oral cancer cases registered in Brazil might be linked to specific factors related to a lower socioeconomic background, such as poor oral hygiene and malnutrition. Herein, we evaluated dentists’ knowledge on oral cancer. Our literature review identified the need for training dentists for oral cancer prevention and early diagnosis, and the lack of patient orientation regarding oral self-examination. We suggest the need for professional guidance, especially those working in primary care health services. Professionals need to invest in education after graduation, and we developed a guide for oral cancer self-examination and good oral hygiene for the patients. Therefore, prevention and early diagnosis are the best ways to reduce morbidity, combined with knowledge of the most important carcinogenic factors and premalignant lesions. This way we can reduce the morbidity and mortality of oral cancer coefficients.

PREVENTION OF ACTINIC CHEILITIS IN PRIMARY ATTENTION. Luciana Lima da SILVA. Ana Carla Rocha BARRETO. Juliana Oliveira da FONSECA. Ragindra Rachel Londero Quintino dos SANTOS. Marine de OLIVEIRA. Milena Bortolotto Felippe SILVA. Ney Soares de ARAUJO. Faculdade São Leopoldo Mandic.

Actinic cheilitis (AC) is derived from the Greek word "cheilos," meaning lips. AC is a chronic, premalignant condition resulting from frequent and prolonged exposure to sunlight, wherein the lower lip is most affected due to direct sunlight exposure. The AC incidence is higher among Caucasian men than other ethnicities. It is estimated that 17% of all AC cases can progress to carcinomas, and 95% of cancerous lips are attributed to this lesion. Therefore, AC is significant in Brazil, a tropical country that sustains its economy through activities where workers are continuously exposed to solar radiation. Our literature review identified a need for training dentists for AC diagnosis and prevention, mainly of professionals working in the basic public health services in Brazil, through investments in continued education. AC can be simply avoided; however, dentists must have adequate knowledge to prevent its occurrence and
progression. This study verified the importance of AC diagnosis — clinically or by biopsy (obtained from hardened leukoplakic or ulcerated areas). Investing in continued education of professionals and information for patients (to use lip balms) is of fundamental importance for AC prevention and early diagnosis.

PP - . MICHELE KELLERMANN. JOEL HENRIQUE ELLWANGER. DANIELI ROSANE DALLEMOLE. LEO KRAETHER NETO. University of Santa Cruz do Sul.

Pemphigus Vulgaris (PV) is an autoimmune intraepithelial blistering disease affecting the skin and mucosa. The oral cavity is often the first site affected and can precede widespread mucocutaneous involvement. Here, we report the case of a 55-year-old woman presenting at the Ambulatory of Oral Diagnosis (UNISC) with a two-year history of painful lesions. An oral examination showed erosions and diffuse ulcerations in the following locations: palate, gum, buccal mucosa, lips, mouth floor, and tongue. There were also erosions on the patient’s body and multiple ulcers on the scalp noted during the extra oral examination. One intact vesicle was noted on the patient’s back. A diagnosis of PV was made after evaluating the oral biopsy samples. The histopathological findings were characterized by spongiotic epithelium with suprabasal acantholytic blistering. The connective tissue showed mild mononuclear inflammatory infiltrate in the subepithelial region. The direct immunofluorescence results showed intercellular deposits of IgG and C3, which confirmed PV diagnosis. The treatment consisted of 40mg/day prednisone and azathioprine (50mg twice/day). After 12 months of follow-up, the patient achieved complete disease remission. Dental professionals must be familiar with the clinical manifestations of PV to ensure early diagnosis and to prevent mucocutaneous spread of the disease.

PP - RELATIONS BETWEEN SMOKE AND ALCOHOL IN THE DEVELOPMENT OF LESIONS IN INDIVIDUALS IN A GROUP RISK OF ORAL CANCER - A PILOT STUDY. Eliana Cristina FOSQUIERA. Monique Trzinski MARQUES. Carla Regina BATTIROLA. Cristina Nishimura MIURA. Daniela de Cassia Faglioni BOLETA-CERANTO. UNIPAR - Universidade Paranaense Campus Cascavel/PR.

This study aimed to evaluate the presence of soft tissues lesions in the oral cavity of alcoholic individuals, associating smoking and the addiction severity. It evaluated 55 individuals attending the alcohol dependent institutions regularly in Cascavel - PR - Brazil. A questionnaire was applied to check the individuals’ addiction severity. The examiner previously prepared realized intraoral examination in the volunteers seating them in a chair under a common lighting lantern, using a tongue presser and gauze for the examination. The data were placed on a spreadsheet and analyzed descriptively. The results demonstrated that 82% (45 alcoholics) were smokers, among these, 35 (78%) individuals were detected with a severe level of dependency. The oral lesion present in the smokers totaled 29,5% (12), comparing alcoholics whom had lesions in reason of the addiction, it was found that 3 (60%) of 5 individuals classified into a mild level showed lesions. Absence of lesions in 5 individuals with moderate levels of 45 alcoholics with a severe level, it had observed lesions in 16 (35,5%). The increased permeability of the oral mucosal tissues caused by alcohol potentiates the penetration of tobacco carcinogens. In that study it was established that a high prevalence of smoking in alcoholic patients detecting oral lesions mainly in patients with severe levels.
Plasmablastic lymphoma is a rare B cell neoplasm that is strongly associated with immunodeficiency, particularly HIV infection. This type of lymphoma is characterized by extranodal presentation in the oral cavity. Here, we describe the case of a 32-year-old male with leukoderma. The patient was a smoker and HIV positive. He presented to the Ambulatory of Oral Diagnosis at the UNISC with a painless increased volume on the left side of his face. An intraoral examination showed the presence of an exophytic purplish and asymptomatic lesion with an irregular surface. A panoramic radiograph showed no image suggestive of change. An incisional biopsy was performed in the vestibular fund region. The lesion histopathological features indicated non-Hodgkin lymphoma. The biopsy smears were sent for immunohistochemistry examination, and the finding was a malignant hematopoietic neoplasm of the plasmablastic lymphoma type. The patient was referred to the Municipal Center for Assistance to Serology (Sexual Transmitted Diseases-Acquired Immunodeficiency Disease Syndrome) at Santa Cruz do Sul (Rio Grande do Sul, Brazil). The patient was also referred to the Oncology Reference Center of the region where he lives. The patient remains in clinical follow-up.

The radicular cyst is the most common form of oral cavity odontogenic cysts. This study aims to report a case of radicular cyst in a large expanse of a 14-year-old patient; she was attended at the CDS - Center for Dental Specialties - Unipar/Cascavel - PR - Brazil. The radiographic examination showed a bony lesion in the mandible, located in the jaw, extending distally from the tooth 35 to the tooth 37. The total surgical removal of the lesion was performed and sent for pathological examination, which concluded that it was a fragmented periodontal cyst. Due to the discordant diagnosis, we performed a brief literature search, comparing the clinical and radiographic characteristics and the report provided by the laboratory. Based on the literature we concluded that it was a radicular cyst from necrosis of the 36 element, which was extracted during the cystic removal. In order to confirm this diagnosis, the blades were taken to a second laboratory, where it was diagnosed as periapical cyst/root. The case was clinically and radiographically followed for a year, which observed complete bone formation in the region.

A 13-year-old girl presented to our clinic with a main complaint of an unerupted molar. Oral examination revealed approximately 20 papules measuring 3-5 mm on the left side of the tongue, near the tip and on the lateral border. The mandibular left first molar was partially erupted, while the second molar was mesially tilted. Root hypoplasia of the mandibular left molars, absence of the mandibular left third molar germ, and mandibular atrophy in the left molar region were observed on radiographic examination. Multiple neuromas were suspected and excisional biopsy of several papules on the tongue was performed. Histopathologically, the lesions comprised hyperplastic fibrocollagenous connective tissue that included multiple...
nerves as well as neural structures composed of so-called pseudo-onion bulbs featuring perineurial cells highlighted by EMA and enveloping Schwann sheath (S100)/neuroaxon units. These structures were consistent with oral pseudoperineuriomas. Oral pseudoperineurioma is a reactive perineurial proliferation that is distinct from intraneural perineurioma, occurring in areas of trauma and characterized by the discontinuity of the nerve perineurium and apparently subsequent proliferation of perineurial cells to protect the Schwann sheath/axons units. Such lesions are generally isolated. However, multiple lesions have been encountered in patients with hemifacial hyperplasia and segmental odontomaxillary dysplasia.

**PP - MATERNAL CIGARETTE SMOKING AND RADS1 RS1801321 VARIANT INTERACTIONS ARE ASSOCIATED WITH NONSYNDROMIC ORAL CLEFTS.** Renato Assis MACHADO. Helena Salvati Bertolossi MOREIRA. Sibele Nascimento de AQUINO. Silvia Regina de Almeida REIS. Darlene Camati PERSUHN. Hercílio MARTELLI-JÚNIOR. Ricardo D. COLETTA. FOP/UNICAMP.

Although nonsyndromic cleft lip and palate (NSCL/P) is considered a multifactorial disorder, few studies have investigated the association between genetic and environmental factors in its etiology. We postulated that polymorphic variants in DNA repair genes, altering their biological activities, in the presence of environmental factors may be associated with the risk of NSCL/P. This multicenter study evaluated the interactions of 12 single nucleotide polymorphisms in DNA repair genes (ADPRT, OGG1, MLH1, APEX1, XRCC3, RAD51, XRCC1 and ERCC2) with common maternal exposures, including agrotoxics, cigarette smoking, and consumption of alcohol and drugs during the first trimester of gestation, with the risk of NSCL/P in 223 trios composed of two living biological parents and one affected. The results showed a significant interaction between RAD51 rs1801321 polymorphism and maternal cigarette smoking. Children carrying the minor T allele of rs1801321 and exposed to maternal cigarette smoking showed an increased risk in comparison with children with the T allele of non-exposed mothers (OR=4.25, p=0.004). Although other gene-environment interactions were detected in this cohort, none has resisted the Bonferroni correction for multiple tests. In conclusion, the results of this study suggested that RAD51 rs1801321 genotypes interact with maternal cigarette smoking to increase the risk of NSCL/P.

**PP - ROLE OF MSX1, TCOF1, FGFR1, COL2A1, WNT3, AND TIMP3 POLYMORPHISMS IN NONSYNDROMIC ORAL CLEFTS.** Renato Assis MACHADO. Sibele Nascimento de AQUINO. Hercílio MARTELLI-JÚNIOR. Silvia Regina de Almeida REIS. Helena Salvati Bertolossi MOREIRA. Darlene Camati PERSUHN. Ricardo D. COLETTA. FOP/UNICAMP.

Craniofacial development involves a series of highly coordinated events, and polymorphisms in genes that control these events can affect the morphogenesis of the lip and palate, resulting in nonsyndromic oral clefts. This multicenter study evaluated the association of polymorphisms in genes related to craniofacial development, including TNP1, MSX1, TCOF1, FGFR1, COL2A1, WNT3, and TIMP3. A sample with 296 trios was initially evaluated by transmission disequilibrium test, and significant associations were validated in a case-control analysis based on the individual ancestry proportions in 507 patients affected with oral clefts and 599 controls. A significant over-transmission of rs28372960 and rs7829058 polymorphisms in nonsyndromic cleft palate (NSCP) trios was observed (p=0.04), as well as the rs11653738 polymorphism in nonsyndromic cleft palate (NSCP) trios (p=0.04). However, the structured case-control analysis did not confirm those associations. The haplotype T-C-C formed by rs28372960, rs15251, and rs2569062 polymorphisms in the TCOF1 gene was significantly more frequent in patients with NSCL±P than in the control group (p=0.01). With the modest associations, our results do not support the hypothesis that TNP1, MSX1, TCOF1, FGFR1, COL2A1, WNT3, and TIMP3 variants are risk factors for oral clefts in the Brazilian population.
PP - FIBROMATOSIS IN POSTERIOR UPPER JAW BILATERALLY: A CASE REPORT. Leo Kraether NETO. Jamil SALEH. Michele Gassen KELLERMANN. Joel Henrique ELLWANGER. Danieli Rosane DALLEMOLE. Universidade de Santa Cruz do Sul - UNISC/Universidade Federal do Rio Grande do Sul - UFRGS.

Gingival fibromatosis is a form of increased gingival volume that consists of firm and fibrous tissue. Its evolution is slow and progressive. We report one case involving a 44-year-old male patient with leukoderma who was an alcoholic and former smoker. The patient presented to the Ambulatory of Oral Diagnosis at the University of Santa Cruz do Sul (UNISC) complaining of increased bilateral volume in the maxillary tuberosity as well as painless and episodic bleeding. The intraoral examination revealed the presence of gingival tissue superimposed on the upper posterior molars that extended past the tuberosity. The growth was asymptomatic and did not show changes. Panoramic radiographs showed no bone loss or changes consistent with a gingival overgrowth. An excisional biopsy was performed using a cold scalpel and electrocautery. Wound healing by secondary intention was implemented by the use of prosthetic device protecting. The histopathological findings indicated the presence of epithelial hyperplasia and fibrosis connective tissue, which are consistent with fibromatosis. The patient’s postoperative clinical condition remains under control.

PP - ORTHOKERATINIZED ODONTOGENIC CYST: A CASE REPORT. Leo Kraether NETO. Michele Gassen KELLERMANN. Joel Henrique ELLWANGER. Danieli Rosane DALLEMOLE. Universidade de Santa Cruz do Sul - UNISC/Universidade Federal do Rio Grande do Sul - UFRGS.

Orthokeratinized odontogenic cyst (OOC) is a relatively uncommon developmental cyst comprising approximately 10% of developmental cyst cases and has been previously coded as an odontogenic keratocyst. This is a case report of a 10-year-old male child with leukoderma. The patient attended a medical consultation complaining of trauma during a football game. The trauma was along the jaw on the right side and happened due to a hit with another player’s shoulder. Since then, the child presented with trismus. The patient was evaluated by computed tomography in the medical emergency service and, unexpectedly, an osteolytic lesion with well-defined limits was observed throughout the body of the jaw. We chose the total removal of the tumor, taking into account the benign characteristics of the lesion. The lesion was completely removed under general anesthesia via intraoral access. There was no pathological fracture, although the lesion was extensive. The alveolar neurovascular bundle was preserved. The histological findings indicated OOC. The patient is well, with no postoperative complication. He will have a panoramic control x-ray within six months.

PP - MULTIPLE ENDOCRINE NEOPLASIA TYPE 2B IN CHILD: CASE REPORT. Rosana BARROS. Camila FREITAS. Paula LOPES. Silvia SANCHES. Luiz SOUZA. Olivia VIANNA. Universidade Federal de Mato Grosso do Sul.

Multiple endocrine neoplasias are autosomal dominant genetic syndromes. The MEN type 2B is featured by mucosal neuromas with tumoral involvement in thyroid, parathyroid and adrenal. Individuals present marfanoid and dolichocephalic body, narrow face, thick and protruding lips, overbite, anterior diastema, and may have nodular lesions on the tongue and oral mucosa. The patient, S.A.S., female, African American, 5 years, accompanied by her father, appeared in ¹FAODO-UFRGS suspected of retention cyst or pyogenic granuloma. On examination, there were thin and elongated limbs, café au lait spots on trunk, front and hypertelorism bossa, primary teeth, permanent teeth formation, nodular sessile based on lower gingival mucosa, on region of the 72 to 83 elements, 3 cm, slightly delimited and firm to the touch, subjected to biopsy. Histopathology found numerous circular nerve bundles and discreet perineural thickening in connective tissue. She was diagnosed with multiple endocrine neoplasias, and was referred to the endocrinologist, pediatrician and genetic study. Furthermore the father had the same soft nodules and massive stock pedunculated mass in the posterior side of the thorax, suggesting neurofibromatosis. Thorough intraoral examination
and viewing the patient as a whole is essential because oral abnormalities are usually linked to systemic diseases, and early oral diagnosis results will improve life quality, and favorable prognosis.

**PP - LANGERHANS CELL HISTIOCYTOSIS WITH ORAL MANIFESTATIONS IN TWO PEDIATRIC PATIENTS.** Andreza Maria de Oliveira FILGUEIRAS. Thiago Moreira PESSÔA. Geraldo de Oliveira SILVA-JUNIOR. Ruth Tramontani RAMOS. Marilia Heffer CANTISANO. Oslei Paes ALMEIDA. Fábio Ramoa PIRES. State University of Rio de Janeiro/Piquet Carneiro Polyclinic.

Langerhans cell histiocytosis (LCH) is a rare proliferative disorder that leads to an accumulation of pathologic Langerhans cells triggering both tissue infiltration and destruction, primarily in children and young adults. The present report aimed to describe two cases that involved initial oral manifestations of LCH in pediatric patients. The first case involves a 7-year-old boy who presented with an ulcerated lesion (covered by necrotic areas) in the gingival area associated with teeth 11 and 54, with extension into the vestibule. The second case involved an 11-month-old girl who was referred for an evaluation of a purplish sessile nodule located on the lower alveolar ridge covering tooth 71. In both cases, the clinical provisional diagnoses included LCH and lymphoma, and both patients underwent incisional biopsies. In both cases, the histopathological features showed a proliferation of Langerhans cells and eosinophils and were suggestive of LCH, which was confirmed through the positive immunohistochemical expression of S100 and CD1a by the Langerhans cells. The oral manifestations of these two cases should remind dentists that this rare disease can occur in the oral cavity and might have multiple presentations, thus leading to misdiagnoses.

**PP - MULTIPLE SUPERFICIAL MUCOCELES IN THE ORAL MUCOSA.** Noala Vicensoto Moreira MILHAN. Milagros Del Valle El Abras ANKHA. Renata Falchete do PRADO. Adriana Avila de ALMEIDA. Ana Paula Oliveira SOUZA. Ana Lia ANBINDER. Yasmin Rodarte CARVALHO. Institute of Science and Technology, UNESP - Univ Estadual Paulista, São José dos Campos, SP, Brazil.

Superficial mucocele is an unusual bullous lesion occurring in the oral mucosa with predilection for women over 30 years. It presents as recurrent vesicles, single or multiple, primarily in the soft palate, retromolar and buccal mucosa, although it may develop in any location harboring a minor salivary gland. The lesions rupture easily leaving shallow painful ulcers that heal in a few days. We report a case involving a 51-year-old woman with a complete maxillary denture who presented with a 3-month history of multiple and recurrent vesicular lesions that were painful on rupture in the oropharyngeal, hard palate and buccal mucosa. She showed no other skin or mucous lesions. Benign mucosal pemphigoid was suspected and biopsy of a single vesicle performed. Microscopic evaluation showed an intraepithelial cavity filled with amorphous eosinophilic material permeated by moderate mixed inflammatory infiltrate with neutrophil predominance. Intense mononuclear cell infiltration underlying the lesion was observed in addition to glandular excretory duct sections with periductal moderate mononuclear inflammatory infiltrate and glandular lobules. The final diagnosis was superficial mucoceles. Superficial mucoceles often mimic other vesiculobullous lesions; therefore, a detailed medical history combined with histopathological examination is necessary to arrive at an accurate diagnosis and determine the optimal therapeutic approach.
Although tuberculosis is a systemic disease known worldwide for its ease transmission and high morbidity (Ryu YJ, 2015), it currently presents low prevalence (GH Huynh, 2015). In rare cases of patients with suppressed immunity, clinically infectious oral lesions are manifested (P Jain, 2014). This case report addresses a 43-year-old man, carrier of psoriatic arthritis and infliximab user, in which the clinical examination showed macroglossia, benign migratory glossitis, and extensive areas of ulceration in the tongue. Granulomatous tissue with giant cells was observed in the histological examination. In addition, acid-fast bacilli (AFB) and bacille Calmette-Guerin (BCG) tests were carried out, both presenting expression. After chest radiograph, negative tuberculin purified protein derivative (PPD) and positive polymerase chain reaction (PCR) for mycobacterium tuberculosis, paucibacillary pulmonary tuberculosis was confirmed, leading to the final diagnosis of tuberculosis associated with tumor necrosis factor (TNF) inhibitor.

PP - INTRACRANIAL SQUAMOUS CELL CARCINOMA MIMICKING ACUTE DENTAL ABSCESS. Thalita Santana CONCEIÇÃO. Luiz Arthur Barbosa da SILVA. Jefferson da Rocha TENÓRIO. Leorik Pereira da SILVA. Laudenice de Lucena PEREIRA. FEDERAL UNIVERSITY OF RIO GRANDE DO NORTE.

Primary intracranial squamous cell carcinoma (PIOSCC) is a rare type of odontogenic carcinoma occurring within gnathic bones. PIOSCC definitive diagnosis requires observing squamous cell carcinoma characteristics within the bone and absence of communication with mucosal lining epithelium. In this case, we present PIOSCC in the mandible of a 63-year-old male patient. At initial clinical examination, diffuse, hardened and painful extraoral swelling was observed in left mandible, with presence of floating point and evolution of 20 days. Intraoral examination showed no impairment of mucosal lining. Puncture aspiration revealed presence of purulent material and clinical diagnosis of acute dental abscess was issued; therefore, the patient underwent antibiotic therapy for 21 days. In the absence of remission of signs and symptoms, a CT scan was performed and revealed presence of hypodense and lytic lesion, with cortical expansion. The patient underwent surgical exploration and biopsy. Histopathological examination revealed presence of malignant neoplasm of epithelial origin, with proliferation of neoplastic squamous cells. The patient was investigated for other tumors to rule out metastatic cancer. Considering clinical, radiographical and histopathological data, final PIOSCC diagnosis was issued. Surgical resection and adjuvant radiotherapy were proposed; however, the patient developed sepsis and died 28 days after diagnosis.

PP - CLINICAL PROFILE AND SURVIVAL ANALYSIS OF NON-SMOKING AND NON-DRINKING HEAD AND NECK CANCER PATIENTS. Bruna MANTOVAN. Vitor Bonetti VALENTE. Francisco Urbano COLLADO. Sebastião Conrado NETO. Éder Ricardo BIASOLI. Glauco Issamu MIYAHARA. Daniel Galera BERNABÉ. Araçatuba Dental School, São Paulo State University - UNESP.

Alcohol and tobacco use are considered the main risk factors for head and neck cancer (HNC). However, some patients with no history of addiction also develop HNC. This study aimed to evaluate the clinicopathological features and survival profile of the non-smoking and non-drinking (NSND) HNC patients and compare them to those of patients with a history of chronic tobacco and alcohol use. The clinical records of 667 patients with oral, oropharynx, and larynx squamous cell carcinoma treated at the Oral Oncology Center, Araçatuba Dental School (UNESP) were investigated. Epidemiological, clinical, pathological, and treatment data were
collected. NSND patients accounted for 12.5% of all patients with HNC. Compared to patients with a smoking and/or drinking history, NSND patients were more likely to be women, > 65 years old, and have tumors localized mainly in the oral region (86%; p < 0.05). Most of the tumors in NSND patients were diagnosed at advanced stages (III and IV; 65.8%). The NSND population had a higher recurrence rate than patients with a smoking and/or drinking history (p < 0.05), but the 5-year overall survival rate did not differ between the two groups (p > 0.05). Thus, NSND patients with HNC have a distinct clinical profile.

**PP - A LARGE LIPOMA AFFECTING THE DORSUM OF THE TONGUE.** Paula Verona Ragusa da SILVA. Gabriel Fukunaga KATO; Thaís Gimenez MINIELLO. Wellington Hideaki YANAGUIZAWA; Fabio Daumas NUNES; Celso Augusto LEMOS; Fabio Abreu ALVES. School of Dentistry - University of Sao Paulo.

Bacillary angiomatosis (BA) is a disease caused by gram-negative bacteria of the genus Bartonella, characterized by the proliferation of blood vessels, resulting in tumor-like mass formation in the skin, mucosal surface and other organs. BA is the second most common cause of vascular skin lesions in patients infected with the human immunodeficiency virus; however, patients with organ transplantation, leukemia or chemotherapy can also be affected. Interestingly, BA can be observed in immunocompetent patients as a nodule mimicking pyogenic granuloma at the site of cat scratch. Moreover, visceral involvement by BA may be present in the liver and spleen, which, in the absence of antibiotic treatment, can lead to death. We present a case of BA affecting a 58-year-old male patient, without any known immunodeficiency state, who presented an erythematous nodular lesion on the gingiva of the left maxillary canine, clinically resembling Kaposi’s sarcoma, pyogenic granuloma or angiosarcoma. Biopsy revealed a vascular proliferation admixed with a macrophagic and neutrophilic infiltrate. Warthin-Starry silver stain highlighted numerous organisms consistent with Bartonella species. After oral erythromycin treatment, the injury site healed without sign of residual disease. BA should be considered in the differential diagnosis of vascular lesions, even in immunocompetent patients.

**PP - DECOMPRESSION USED FOR THE TREATMENT OF CALCIFYING CYSTIC ODONTOGENIC TUMOR (CCOT).** Lígia Lavezo FERREIRA. Vitor Bonetti VALENTE. Antonio Augusto Ferreira de CARVALHO. Renata Callestini FELIPINI. Eder Ricardo BIASOLI. Daniel Galera BERNABÉ. Glauco Issamu MIYAHARA. Oral Oncology Center, Araçatuba Dental School, Universidade Estadual Paulista, Araçatuba, São Paulo, Brazil.

Calcifying cystic odontogenic tumor (CCOT) is a rare developmental cyst of odontogenic epithelial origin with considerable histopathologic diversity and variable clinical behavior. It generally affects young adults in the third to fourth decades, with no gender predilection. The patient, a 71-year-old man, with splenomegaly, attended in Oral Oncology center, complained of swelling in the jaw, which hindered the use of mandibular denture. During clinical examination, we observed a painless, diffuse tumefaction measuring 4 cm in the anterior mandible, with poorly defined limits, flat surface, fibrous consistency, and evolution of six months. Panoramic radiography and computed tomography showed a radiolucent and well-defined lesion with radiopaque halo, located in the anterior mandible extending to the left side. Incisional biopsy was performed and CCOT was diagnosed based on microscopy examination. Subsequently a decompression device was placed in the lesion. After 8 months of follow-up there was significant reduction in the clinical and radiographic lesion, with increased radiopacity observed by panoramic radiography and computed tomography, consistent with adequate bone repair. The lesion was enucleated, and the histopathologic analysis suggested CCTO. Postoperative examination after one month showed proper healing of the operated area.

Budesonide is a corticosteroid-based medication used widely for the treatment of allergic and lung obstructive diseases. This drug has numerous advantages, but its effects on oral tissues have never been evaluated. This study aimed to evaluate the effect of inhaled budesonide at different concentrations on the palatal mucosa of Wistar rats. The sample was composed of 19 rats submitted to inhalation therapy with budesonide (concentrations of 30 mg and 100 mg) and a control group of 10 rats treated with saline solution. Both groups were treated for 15 days. Each sample was evaluated to determine the speed of cell proliferation using the AgNOR technique, the percentage of inflammatory cells that immunostained for CD18, and epithelial thickness with HE. AgNOR analysis and CD18 immunostaining results showed no significant difference among groups, but the case group showed increased thickness of the keratin layer ($p = 0.0027$). The results of this study indicate that inhaled budesonide had an aggressive effect on the palatal mucosa, which responded by increasing keratinization, with no change in epithelial proliferation or the local lymphocyte population.


The lack of response to therapy became the initial BRONJ hallmark, leading to a large number of treatment protocols, and the best course for conservative management remains uncertain. We report a case of stage 3 disease developed after 2-year therapy with alendronate whose nonoperative approach has succeeded. A 76-year-old woman complaining of toothache and dental abscess had a swelling in the left mandibular region with infection of the mandibular first molar and hypoaesthesia of the lower lip on the same side. The tooth presented grade 3 mobility and suppuration, and extraction proceeded. Her medical history included hypertension, type 2 diabetes and osteoporosis. After seven days, pain, hypoaesthesia and mucosal fistulae in the extraction area were present, and the patient was hospitalized to receive an intravenous antibiotic. Panoramic radiography showed an ill-defined radiolucent area and an increased bone trabecular density in the left mandibular body. CT scan revealed extensive osteolysis with bone cortical disruption, a marked diffuse osteosclerosis and a periosteal reaction affecting the entire left side of the mandible. One year clinical follow-up on an outpatient basis was performed with chlorhexidine mouthwash, periodic radiography and CT scan, as well as physical examinations with no further oral complaints.


Mandibular bone involvement by oral squamous cell carcinoma (OSCC) is reported to range from 12% to 56% of cases (Quan et al. 2012), and the jaw pathologic fractures is an unusual finding. We present a 51-year-old male patient with symptomatic painful lesion in gingiva with the presence of an extraoral fistula, with 4 months of duration. The clinical examination showed an extensive lesion of approximately 7 cm in diameter with ulcerated surface, affecting gingiva, tongue and floor of the mouth. An incisional biopsy was carried out and the histopathological findings revealed a poorly differentiated invasive OSCC. Computed tomography examination revealed an extensive lesion on the right floor of the mouth, affecting the body of the mandible, with a pathologic fracture. Also, hypoattenuated areas suggesting necrosis, extension of the lesion to tonsil pillar and base of the tongue, and lymph
node enlargement (levels IA and IB) were noted. The patient was submitted to resection of the lesion with partial mandibulectomy and microreconstruction. The pathologic findings of the resected material revealed an OSCC invading bone and muscle, associated with a moderate inflammatory infiltrate. Radiotherapy treatment was initiated and the patient is still in follow-up, with no pain or related symptoms.

**PP - IMMUNOEXPRESSION OF MMPS-1, -2 AND -9 IN KERATOCYSTIC ODONTOGENIC TUMORS.** Rúbia da Rocha VIEIRA. Carolini MORAES. Maria Inés SOTO. Márcia Gaiger de OLIVEIRA. Manoel Sant'Ana FILHO. Federal University of Rio Grande do Sul.

Matrix metalloproteinases (MMPs) are enzymes involved in invasive pathological processes. This study aimed to evaluate the expression of MMP-1, MMP-2, and MMP-9 in isolated keratocystic odontogenic tumors (KOTs), those associated with Gorlin-Goltz syndrome (KOTsS), and orthokeratinized odontogenic cysts (OOCs) and examine associations with lesion recurrent properties. The sample comprised 53 isolated KOTs, 20 KOTsS, and 10 OOCs. The following scoring system was used for epithelial cells: negative (-), <5% positive cells; weak (+), 5-50% positive cells; and strong (++), >50% positive cells. Stroma was scored as negative (-; 0-10% positive cells) or positive (+; >10% positive cells). We observed strong staining for epithelial cells in MMP-1 and MMP-2 in the three lesion types. MMP-9 was associated with strong staining in KOTsS and negative staining in isolated KOTs. For stroma, MMP-1 was negative in isolated KOTs and positive in the two other lesion types, MMP-2 was positive for all lesions, and MMP-9 was negative in isolated KOTs and positive in KOTsS. Age and lesion location data from our sample were in agreement with the literature. We conclude that MMP-9 expression may be associated with the KOTsS recurrent properties compared with the other studied lesions.

**PP - CLINICAL FEATURES IN ADENOID CYSTIC CARCINOMA OF THE MAXILLA.** Guilherme Trafani SANCHES. Bernar Monteiro BENITES. Hugo Alberto Cuellar GAMEZ. Claudia Perez Trindade FRAGA. Ophir Ribeiro JÚNIOR. Barbara Rocha SANTOS. Marcelo MARCUCCI. Heliopolis Hospital, Sao Paulo.

Adenoid cystic carcinoma is a common malignancy in the minor salivary glands, often displaying aggressive behavior. The patient, a 60-year-old man presented a maxillary swelling with evolution of 2 years, slow and progressive growth, and no painful symptoms. Regarding medical history, the patient reported hypertension, diabetes mellitus and heart arrhythmia. Extraoral examination revealed no changes. On intraoral examination, a nodular, endophytic, slightly purple lesion of firm consistency was observed in the left maxillary posterior region. Radiographic exam suggested the presence of bone erosion. Computed tomography revealed an infiltrative lesion in the left alveolar ridge, with erosion in maxillary walls and invasion of palatine canal, pterygopalatine fossa and fat pad. Needle aspiration biopsy revealed a serosanguineous liquid. After incisional biopsy, the pathological examination showed an infiltrating neoplasm, with presence of epithelial and myoepithelial cells in tubular and cribriform arrangement, filled with mucoid material and hyaline stroma. Myoepithelial cells were shown by immunohistochemistry (SME+, CK5/6+, 34bE12+). The chosen treatment was radiotherapy. The patient is still being followed-up and shows no signs and symptoms.

**PP - Association of clinical, histopathological and imaginologic exams for diagnosis of mandibular lesions.** The patient, a 27-year-old woman, melanoderma, came to the Stomatology service complaining of pain, discomfort and paresthesia in the mandible, which began after left third molar extraction. Patient had medical history neurological treatment for trigeminal neuralgia with Carbamazepine for five months, without significant improvement in
clinical symptoms. Intraoral clinical examination revealed slight increase in volume in left mandibular region. The panoramic radiograph performed showed a mixed destructive unicentric lesion, in the posterior region of the left mandible. Computed-tomography revealed an expansive hyperdense lesion with ill-defined borders and periosteal reaction affecting the left mandibular body and angle. Synchronously, a lesion with clinical and imaginologic features compatible with those of simple bone cyst was observed in right mandibular posterior region. The incisional biopsy sent for histopathologic study showed a chondroblastic osteosarcoma, with tumor cells lying in the lacunae, forming lobules. The lobule center showed bony trabeculae with a feathery appearance. After diagnosis, the patient was referred for cancer treatment, underwent radical surgery and is now undergoing radiotherapy. Combined clinical, radiographic and histopathologic analysis before definitive diagnosis is prudent, especially in mandibular osteosarcomas.


Giant mucoceles of the paranasal sinuses are uncommon lesions, especially in the maxillary sinuses. They occur as a result of sinusal accumulation and retention of mucous secretions due to persistent or intermittent obstruction of the sinus ostium or obstruction of a mucous-secreting gland, leading to an expansive mass. The pressure caused by this mucous secretion accumulation can destroy the bone walls, with ocular and intracranial involvement. The authors present the case of a giant sinusal mucocele causing bone destruction in a middle-aged patient complaining of facial asymmetry for the last three months. Based on clinical evidence and imaging findings, a number of diagnostic hypothesis were considered, even a sinus carcinoma. The clinicopathologic data and image findings will be discussed as well as the treatment modalities. This case highlights the importance of the histopathological findings leading to the correct final diagnosis.

PP - PREVALENCE OF MALIGNANT ORAL LESIONS IN PATIENTS TREATED IN THE NATIONAL ONCOLOGY CENTRE OF LUANDA, ANGOLA. Adelino António Artur ABRANTES. Fernanda Viviane MARIANO. Fernando MIGUEL. Justo López ZAMORA. Filipe MODOLO. Rogério Oliveira GONDAK. National Oncology Centre, Luanda, Angola/Federal University of Santa Catarina, Florianópolis, Brazil.

The prevalence of malignant oral neoplasms obeys a gender distribution and has been associated with several risk factors such as smoking, alcoholism, poor oral hygiene, air pollution, immunodeficiencies and solar exposure. With the objective of determining the prevalence of malignant oral lesions in patients treated at the National Oncology Centre of Luanda, an observational descriptive retrospective study was done, between 2007 and 2014. All patients answered a standard questionnaire and underwent oral clinical examination. Additional clinical information was found in the medical records and histopathological data of the lesions in the pathological reports. Of the 11,526 patients treated, 843 were diagnosed with malignant oral lesions, of which 554 with Kaposi’s sarcoma, 80 with non-Hodgkin’s lymphoma, 67 with epidermoid carcinoma, 53 with Hodgkin’s lymphoma, 45 with osteosarcoma and 44 with basal cell carcinoma. The average age of the diagnosed patients was 32.15±19.58 years, of those, 66.3% were male and 33.7% female. Regarding the clinical staging, 4.67% of the patients were classified as Stage I, 24% Stage II, 53% Stage III, and 18.33% Stage IV. Thus, it is concluded that early detection of precancerous lesions associated with preventive policies could contribute to the reduction of mortality caused by malignant neoplasms.
PP - VERTICAL OSTEOTOMY AS AN ALTERNATIVE TREATMENT FOR A RECURRENT KERATOCYSTIC ODONTOGENIC TUMOR. Marina de Oliveira VERÍSSIMO. Ophir RIBEIRO JUNIOR. Claudia Perez TRINDADE FRAGA. Daniel Hacomar dos SANTOS. Marcelo MARCUCCI. Hospital Heliópolis.

A 39-year-old man underwent surgical excision of a keratocystic odontogenic tumor in his left mandibular branch via an intraoral route. After 2 years, during radiographic postoperative follow-up, osteolysis was observed on the left mandibular branch in the lingual region, suggesting tumor recurrence. Considering the difficulty of removing the residual lesion via an intraoral route and the anatomy of the medial region of the branch, we opted to perform a vertical mandibular branch osteotomy technique with extraoral access according to the Risdon technique. Vertical osteotomy provided direct access to the tumor by segmentation of the branch; the proximal stub was pulled laterally, the distal stub was pulled medially, and enucleation was performed with peripheral osteotomy for the treatment of a small recurrent keratocystic odontogenic tumor. The patient was followed-up for 18 months; there is no clinical evidence of recurrence to date.

PP - MULTIPLE ORAL CONDYLOMAS IN AN HIV-POSITIVE PATIENT. Adelino António Artur ABRANTES. Alessandra Rodrigues de CAMARGO. Etienne de Andrade MUNHOZ. Liliane Janete GRANDO. Rogério Oliveira GONDÁK. Federal University of Santa Catarina, Florianópolis, Brazil.

Human papillomavirus infections have increased in HIV-infected patients under highly active anti-retroviral therapy (HAART). This work aims to present the case of a 55-year-old HIV-positive male patient with multiple oral condylomas. His medical record disclosed seropositivity for hepatitis C virus and chronic obstructive pulmonary disease. The patient was using zidovudine, lamivudine and interferon alfa. His CD4 cell count was 468 cells/mm3 and HIV viral load below 50 copies/ml. In the intraoral examination, the patient exhibited multiple pinkish-white papillary nodules involving tongue, floor of the mouth, upper and lower gingival with diameter varying between 0.5-1.5 cm and unknown evolution time. Excisional biopsy was performed, followed by histopathological analysis. The histologic sections revealed fragments of mucosa showing hyperkeratosis, exocytosis, acanthosis and emitted blunt projections toward the lamina propria. Cellular alterations such as binucleated cells and koilocytes were observed across the epithelium. The histologic findings were consistent with the diagnosis of condyloma acuminatum. Currently, the patient’s CD4 count is 320 cells/mm3 having sustained low-level viral load and recurrence of the oral condylomas.


Human papillomavirus (HPV) infection is one of the most common sexually transmitted infections worldwide. Transplant recipients have a large burden of HPV-associated infections and diseases due to their impaired immune system. The most common conditions induced by oral HPV infection are focal epithelial hyperplasia, oral condylomas and oral papilloma. A 35-year-old man, with medical history of classical Nodular Sclerosing Sclerosis Hodgkin’s lymphoma IIB, had relapse after second haploidentical allogeneic stem cell transplantation and was referred to Oral Medicine Department at Hospital Sírio-Libanês for oral evaluation six months after the second transplant. Intraoral examination showed multiple asymptomatic nodules with a condylomatous appearance, well delimited, of a whitened color, affecting the bottom lip, attached gingiva and hard palate. Complete excision of the lesions was performed with high level Nd:YAG Laser. The histopathological exam confirmed the clinical diagnosis of Condyloma Acuminatum, and the in situ hybridization exam was positive for high and low risk HPVs. It is important to recognize HPV-related oral lesions due to their relationship with
malignant development of the disease, association with states of immunosuppression, in addition to the great capacity of disease transmission.

PP - ERUPTION CYST ASSOCIATED WITH CYCLOSPORINE IN LIVER TRANSPLANT CHILD. Milena Correia DE PINHO. Ana Cristina NESRALAH. Claudia Regina Gomes Cardim Mendes de OLIVEIRA. Irene Kazue MIURA. Eduardo Rodrigues FREGNANI. Department of Oral Medicine - Sírio Libanês Hospital, Liver Transplantation Service, Sírio Libanês Hospital.

Cyclosporine A (CyA) is a potent immunosuppressant widely used in organ transplants to prevent graft rejection, and in the treatment of autoimmune disease. Adverse effects of cyclosporine include nephrotoxicity, neurotoxicity, hypertrichosis, and chronic gingival overgrowth. A 6 year-old boy, born with jaundice, diagnosed with biliary atresia, had Kasai surgery performed at 2 months of age. In 2012, liver transplant was performed; however, he developed several complications. The medical team referred the child to the Oral Medicine Department at Hospital Sírio-Libanês in September 2014, for oral evaluation. The clinical exam showed generalized gingival overgrowth in the anterior, superior and inferior region, in addition to a painless bluish swelling, compatible with an Eruption Cyst in the anterior inferior region. The tissues overlying the crowns of the teeth, associated with eruption cyst and gingival overgrowth were surgically removed and the clinical diagnosis was confirmed by histopathological examination. Because the patient presented transitory supraventricular tachycardia and severe nephrotoxicity, cyclosporine was replaced by Mycophenolate and afterwards by Sirolimus. Gingival enlargement is a frequent side effect in organ transplant recipients under immunosuppressive therapy with cyclosporine, and in children, the formation of an eruption cyst may be associated with erupting teeth.

PP - ORAL SPINDLE CELL LIPOMA: A CASE REPORT. Noala Vicensoto Moreira MILHAN. Yonara Maria Freire Soares MARQUES. Ana Sueli Rodrigues CAVALCANTE. Yasmin Rodarte CARVALHO. Renata Falchete do PRADO. Estela Kaminagakura TANGO. Ana Lia ANBINDER. Institute of Science and Technology, UNESP - Univ Estadual Paulista, São José dos Campos, SP, Brazil.

Spindle cell lipoma is a histological variant of lipoma that primarily affects older men and usually occurs in the neck, back, and shoulder. It follows a benign clinical course, and local recurrence is rare. This lesion rarely occurs in the oral cavity, and only 35 well-documented cases of oral spindle cell lipoma have been published between 1984 and 2012. Here we report a case involving a 64-year-old Caucasian man who presented with a 1-cm asymptomatic nodule with a smooth surface in the buccal mucosa for 4 years. Fibroma was suspected and excisional biopsy performed. Histopathological examination revealed spindle cells, mature adipose tissue in occasional slices, and mast cells in a stroma of connective tissue with bundles of rope-like collagen fibers. These findings indicated differential diagnoses of fibroma, neurofibroma, and spindle cell lipoma. Then, immunohistochemical analysis revealed negative staining for S-100 and smooth muscle actin and positive staining for CD34, Bcl-2, and vimentin in the spindle cells. Furthermore, mast cell staining confirmed the presence of these cells. A final diagnosis of spindle cell lipoma was made on the basis of the histological and immunohistochemical findings.

PP - ALVEOLITIS WITH ATYPICAL COURSE. Fabio Ramoa PIRES. Âguida Maria Menezes Aguiar MIRANDA. Juliana de Noronha Santos NETTO. Simone Macedo AMARAL. Brazilian Dental Association - Rio de Janeiro/Oral Pathology, State University of Rio de Janeiro.

Alveolitis is a relatively common sequelae from tooth extraction, but some isolated cases can show an atypical course, especially if not adequately managed. A 34-year-old female was referred for evaluation presenting post-operative pain associated with previous extraction of tooth 37 three weeks before. The patient reported that the pain had started 4 days after the procedure and that her dentist had performed debridement of the dental socket and
introduction of an eugenol-containing zinc cement, associated with antibiotics, anti-inflammatory and analgesic drugs for 3 times, but the pain persisted. Clinical examination showed the cement on the dental socket surrounded by an erythematous adjacent mucosa. Periapical radiographs showed a radiopaque image fulfilling the dental socket of tooth 37. The patient was submitted to surgical removal of the material, showing exposed bone, and abundant irritation under local anesthesia. Histological analysis of the removed material showed a foreign body associated with acute inflammatory infiltrate and hemorrhage. The patient was followed-up and pain has been gradually reduced for the next 3 weeks. She is now in clinical and radiological follow-up with evidence of bone formation in the area. Introduction of eugenol-containing materials in the dental socket can alter the course of alveolitis.


Unicystic ameloblastoma (UA) is a benign but locally aggressive neoplasm that usually affects the mandible in the region of the third molar. It can occur in young ages and is a treatment challenge due to the high rates of recurrence and uncompleted bone development. This report aims to present a conservative approach of UA in a 14-year-old girl who had discovered radiolucency in a panoramic x-ray during routine evaluation. The unicystic lesion affected the left side of the mandible close to root positions from tooth 37 to 42. Teeth 34, 35, and 36 presented root resorptions. The exploratory puncture revealed a yellowish cystic fluid and the incisional biopsy confirmed the ameloblastoma. The treatment began with a decompression approach that lasted four months and resulted in a reduction of the lesion size. The next step was the surgical enucleation, curettage, and placement of a titanium plate to prevent mandible fracture. Although not a common technique for the treatment of ameloblastoma and short-term follow-up, decompression did seem to be a useful strategy prior to enucleation in this young patient.

PP - PEMPHIGUS VULGARIS AFFECTING GINGIVA: THE ROLE OF PERIODONTAL CARE. Ligia Buloto SCHMITD, Ivec Barteli CAMATTA, Mayara Gavassa de SOUZA, Fabiana de Freitas Bombarda NUNES, Cristiano Hooper PACOAL, Denise Tostes OLIVEIRA. FAESA School of Dentistry, Vitória, ES, Brazil/Department of Stomatology, Pathology Division, Bauru School of Dentistry, University of São Paulo, Bauru, SP, Brazil.

Pemphigus vulgaris (PV) is a potentially life-threatening autoimmune bullous disease affecting cutaneous and/or mucosal surfaces. Oral lesions are often painful and may cause oral health impairment. A 45-year-old white female patient presented at FAESA Dental School with a chief complain of gingival bleeding and pain. Her medical history revealed diagnosis of PV 7 years ago and corticosteroid therapy with 180 mg of prednisone since then. The patient had never received specialized oral care. Her nasal skin presented an ulcerated lesion, and intraoral examination evidenced ulcerative and bullous lesions spread over the buccal mucosa, gingiva, retromolar area and palate. Then, she was medicated with a corticosteroid mouth rinse and sent to the periodontics department for treatment. Periodontal care included professional hygiene procedures and non-surgical periodontal therapy (supragingival scaling and polishing), along with oral hygiene orientation and 0.20% chlorhexidine mouth rinse 3 times a day. The patient had an improvement in gingival status and a decrease in gingival-related pain. The painful oral lesions caused by PV may limit oral care. Additionally, the immunosuppressive treatment may reduce host defenses, worsening gingival and periodontal disease. These patients need frequent monitoring for a better quality of life.
PP - ORAL SQUAMOUS CELL CARCINOMA AND FIELD CANCERIZATION IN A PATIENT WITH FANCONI ANEMIA. Allana PIVOVAR, Camila Pinheiro FURQUIM, Carmem BOMFIM, Cassius Carvalho TORRES-PEREIRA. Post Graduate Program in Dentistry/Hospital de Clínicas.

Fanconi anemia is a chromosomal instability disorder characterized by bone marrow failure and a high risk of cancer. Hematopoietic stem cell transplant (HSCT), chronic graft versus host disease (GVHD) and age can increase the risk for oral squamous cell carcinoma (OSCC). This report describes a case of a 19-year-old male patient with FA who had developed OSCC after an allogeneic HSCT. Four years after transplant, the patient was being closely monitored because of scattered white patches on the right buccal mucosa, anterior, and posterior vestibule bilaterally as well as the tongue. The patient also exhibited chronic GVHD in the liver and the eyes. All the oral lesions were analyzed with smear cytometry, but no aneuploid cells were found. The follow-up was scheduled biannually. Four years after HSCT, the patient presented an exophytic and ulcerated lesion on the left commissural mucosa that was submitted for incisional biopsy. The histopathology exam showed a well-differentiated OSCC. The surveillance of the oral mucosa in patients with FA is a challenge to the transplant team. The patients with FA should be stimulated to participate in a strict program of oral surveillance for field carcinogenesis because they tend to decrease the follow-up frequency after hematological recovery.


Melanotic neuroectodermal tumor of infancy (MNTI) is a rare neoplasia that commonly affects premaxilla of infants less than a year old. It is known that human tumors contain not only neoplastic cells but also stromal cells and immune cells. It is unknown if MNTI shows infiltration by immune cells. This study aims to report two MNTI cases emphasizing the analysis of intratumoral immune cells by immunohistochemistry. Case 1: A 6-month-old girl presented with a 3-cm tumor in maxillary anterior region with 5 months of evolution. Case 2: A 4-month-old boy presented with a 4-cm tumor in maxillary anterior region. The treatment consisted with total surgical removal. Microscopically, case 1 showed predominantly neuroblastic-like cells supported by fibrillary neuropil-like stroma and arranged in an alveolar pattern, whereas case 2 exhibited scattered melanocyte-like and neuroblastic-like cells supported on ample fibrovascular stroma. The final diagnosis was MNTI. Immunohistochemical analysis showed a similar percentage of HLA-DR+, XIIIa+, CD68+ and CD163+ cells mainly on the fibrovascular stroma in the two tumors, suggesting a M2-macrophage phenotype. CD138 highlighted the tumor stroma. Our results suggest the involvement of M2-polarized macrophages in the MNTI’s pathogenesis, which may act by modulating the tumor growth and/or stromal tumor remodeling.

PP - PHARYNGONCELE: A RARE ENTITY. Carla Renata Sanomiya IKUTA, Dayane Kemp GRANDIZOLI, Paulo Sérgio da Silva SANTOS, José Henrique de Oliveira GODOY, José Humberto DAMANTE. USP.

A male patient, 46 years old, presented with leukoderma and complaining about "oral cancer". A regional examination was located in a nodule in the lateral part of the neck, on the right side; a Valsalva maneuver was positive with the stopping of breathing. The nodule was asymptomatic, resilient on palpation, with 5 centimeters in diameter, low mobility, covered by skin in normal color, with 3 years of evolution, and without lymphadenopathy. The patient reported a tuberculosis that was already treated and healed. The intraoral examination presented a leukoderma at buccal mucosa and tar spots in the teeth. Lately, he has been a slight smoker and social drinker. The ultrasonography result was pharyngocele, a rare lesion, hypo echoic, circumscribed, and was only observed with muscles in forced contraction. There
is no aesthetic, functional or psychological damage. Therefore, the patient is being monitored every 6 months.

**PP - IMMUNOEXPRESSION OF IL-17, IL-23 AND RORγT IN THE PATHOGENESIS OF PERIODONTAL DISEASE.** Maria Luiza Diniz de Sousa LOPES. José Nazareno Moreira de AGUIAR JÚNIOR. Bárbara Vanessa de Brito MONTEIRO. Fernando José de Oliveira NÓBREGA. Éricka Janine Dantas da SILVEIRA. Márcia Cristina da Costa MIGUEL. Postgraduate Program in Oral Pathology, Federal University of Rio Grande do Norte - UFRN.

Despite the wide knowledge concerning pathogenesis of periodontal disease, the exact composition of the T cell profile (Th1, Th2 or Th17) during its active phase remains unknown. The present study aimed to evaluate the immunoexpression of IL-17, IL-23 and RORγt, markers involved in Th17 immune response in periodontal disease to verify their influence on tissue damage observed in this disease. Gingival tissue samples were obtained from patients with clinically healthy gingiva (n=32), biofilm-induced gingivitis (n=30), chronic periodontitis (n=32) and aggressive periodontitis (n=25). Clinical data were previously obtained by anamnesis and periodontal examination (probing depth, clinical attachment loss, gingival recession, bleeding on probing and mobility). Inflammatory infiltrate intensity was classified as mild, moderate and intense by morphological analysis and immunohistochemical staining was semi-quantitatively analyzed. Inflammatory infiltrate intensity increased from clinically healthy gingiva to aggressive periodontitis, suggesting association with disease progression (p<0.001). In all clinical conditions, immunoexpression of IL-17, IL-23 and RORγt correlated with inflammatory infiltrate intensity (p<0.001) and clinical parameters (p<0.001). Aggressive periodontitis showed significantly higher immunostaining of all markers comparing to the other clinical conditions, suggesting possible association of these markers with disease development. The results suggest a strong influence of Th17 immune response on the pathogenesis of periodontal disease.

**PP - AMELOBLASTIC FIBRO-ODONTOMA: CASE REPORT WITH IMMUNOHISTOCHEMICAL PROFILE.** Maria Luiza Diniz de Sousa LOPES. Mara Luana Batista SEVERO. Maurília Raquel de Souto MEDEIROS. Thallys Emanuell Ferreira CLEMENTE. Antonio Capistrano Ferreira NOBRE NETO. Éricka Janine Dantas da SILVEIRA. Postgraduate Program in Oral Pathology, Federal University of Rio Grande do Norte - UFRN/Coronel Pedro Germano Center Hospital.

Ameloblastic fibro-odontoma (AFO) is a rare benign mixed odontogenic tumor containing mineralized products of odontogenesis. A 10-year-old boy showed an asymptomatic swelling on the right posterior mandible, normally colored and hard on palpation. Panoramic radiograph showed a well-circumscribed, radiolucent, unicocular lesion with radiopaque material within, affecting right mandibular body, angle and ramus. Second molar tooth germ was absent and the lesion was in close proximity to the first molar root. After incisional biopsy, microscopic appearance led to diagnosis of ameloblastic fibroma. Patient underwent complete surgical excision of the lesion associated with application of Carnoy’s solution and maintenance of first molar. Histopathological analysis of the excised specimen showed proliferative strands and islands of odontogenic epithelium, sometimes in proximity to prominent enamel and dentin matrix, in a myxoid highly cellular connective tissue, resembling dental papilla. Final diagnosis was AFO. Immunohistochemical analysis was performed to illustrate AFO features, including odontogenic epithelial differentiation. Epithelial component revealed strong positive reaction for AE1/AE3, CK14, CK19 and weak/focal reaction for Vimentin and β-catenin, while mesenchymal cells showed strong positivity for Vimentin and scarce/focal positivity for S-100. Labeling index of Ki67 was 3.3% in epithelial and 8% in mesenchymal component. One-year follow-up radiograph showed no signs of recurrence.
A 78-year-old woman presented at our clinic with a 6-year history of discomfort in the gums. An implant had been placed in the affected region four years before, and the pain had increased in the last 2 months. Intraoral examination revealed a white, fibroelastic, pedicle lesion, 4 cm in diameter, on the marginal and attached gingiva and at the bottom of buccal grooves 35 and 36. Radiographic examination showed two implants in the region. Suspecting pyogenic granuloma and peripheral giant cell lesion, we performed an incisional biopsy. Histopathologic examination of the biopsied tissue revealed chronic ulcer with extensive granulation tissue formation and fibrous hyperplasia. Eight days postoperatively, 80% of the lesion had regressed and 30 days postoperatively, it had healed completely without any treatment. After 6 years of follow-up, she returned with the same complaint and with a lesion with similar clinical characteristics. She was being treated for chronic atrial fibrillation with daily doses of warfarin. Again, an incisional biopsy was performed. The AP showed extensive granulation tissue associated with ulceration. The lesion was removed completely by bone curettage. The buccal and lingual lesions were removed by intense scraping of the implants. After 8 days, the lesion had not healed. Finally, pyogenic granuloma was diagnosed.

Syphilis in a bacterial infectious disease that can be acquired or congenital. Acquired primary syphilis generally presents as a hardened ulcer that arises at the contaminated site. When untreated, the disease progresses to the secondary stage, which presents systemic signs, and in some cases, lesions of the oral mucosa. Untreated syphilis can further progress to the third stage, which may result in death. This study aimed to report a case involving oral lesions in secondary syphilis and discuss the potential of using these lesions as diagnostic indicators. A 48-year-old Caucasian male presented with two painless, red, ulcerated lesions located on the dorsum of the tongue: one was 8 mm in diameter and the other 4 mm in diameter. The evolution time of the lesions was approximately 30 days. The following tests were conducted: complete blood count, PPD, VDRL, and FTA-abs. Laboratory testing facilitated the diagnosis of syphilis. Further, the patient was referred for treatment.

A 78-year-old man, who had been experiencing a "sore tongue" with intense pain for about a week, was referred to our stomatology clinic. The patient had a pacemaker, and was suffering from 25 days catheterization, with stent placement. He was currently being treated with Plavix®, aspirin®, and Seroquel®. His previous medication regimen included topical triamcinolone and xylocaine. He had also been self-medicating with a mouthwash containing alcohol and acetone. Intraoral examination revealed ulcerated, shallow edges measuring approximately 5 mm x 3 mm, located in the middle region of the left lingual edge, and surrounded by whitish areas throughout the mucosa, mouth floor, and gutter area. In the cheek mucosa, more intense the left side. We suspected traumatic ulcers and chemical burns. A cytology smear of the oral mucosa was prepared, and the patient was instructed to discontinue the use of the mouthwash. Hexomedine® spray was prescribed three to four times a day for 5 days. After a week, the cytology smear did not show the presence of any neoplastic cells, and the ulcerated lesion had regressed by 50%, with significant pain relief. After 15 days,
the ulcerated lesions had regressed by 90%, with significant regression of the entire whitish area, and 2 months later, the lesions had healed completely.

**PP - DENTAL DIAGNOSIS OF ORAL EXPRESSION LUPUS ERYTHEMATOSUS: CASE REPORT.**
Rosana Mara Giordano de BARROS. Olívia Tosta de Macedo Vianna MATEUS. Camila Stevanelli FREITAS. Paula Oliveira LOPES. Silvia SANCHES. Luiz Augusto de SOUZA. Mato Grosso do Sul Federal University/Dentistry Faculty.

The systemic lupus erythematosus (SLE) is a chronic inflammatory autoimmune disease with broad systemic implications. It affects the musculoskeletal, renal, gastrointestinal, pulmonary, cardiovascular, neurological systems, hematological, ocular and cutaneous. Oral manifestations may be ulcerated lesions or not, with well-demarcated erythema or asymmetric, with linear or irregular streaks, commonly affecting the palate, lips, cheek and gum mucosa. L.N.C., woman, 26 years old, white, complained of great pain in the oral mucosa. Clinical examination showed ulcerated lesions of the palate, red erythematous lesions injuries throughout the gingival and buccal mucosa, lips and dry crust, erythema malar region of the face and red spots on the hands. LNC was diagnosed with tonic-clonic syndrome at age 10. No biopsy was performed at first consultation due to weakness of the patient, but the clinical diagnosis suspicion was SLE. Medication was prescribed to relief the symptoms. Immediately the patient was referred to a rheumatologist who requested laboratory tests to confirm the suspicions of the dentist. With research through specific tests plus the knowledge and perception of the professional, the patient was really diagnosed with SLE. An early multidisciplinary treatment was started then. Keywords: Pathology. Oral diagnosis. Systemic lupus erythematosus.

**PP - AMELOBLASTIC CARCINOSARCOMA: A CASE REPORT.**
Karine Duarte da SILVA. Isadora Luana FLORES. Adriana ETGES. Ana Carolina UchoaVASCONCELOS. Ricardo Alves de MESQUITA. Ana Paula Neutzling GOMES. Sandra Beatriz Chaves TARQUINIO. Federal University of Pelotas/Federal University of Minas Gerais.

Ameloblastic carcinossarcoma is a rare odontogenic tumor, in which both epithelial and ectomesenchymal components show cytological aspects of malignance. This study presents a case report of a 79-year-old white male, whose surgical resection specimen was sent to the Oral Disease Diagnosis Center (Federal University of Pelotas) for analysis. An unilocular, ill-limited radiolucency in the posterior edentulous left mandible was reported, presenting a 1.5 cm painful swelling when palpated. The evolution time is unknown. The histopathological findings revealed a distinct biphasic neoplasm with well-demarcated islands and cords of invasive malignant epithelial cells embedded in pleomorphic and hyperchromatic hypercellular mesenchymal cells. The epithelial neoplastic cells were polygonal or ovoid, with hyperchromatic or vesiculous nuclei, bordered by cuboidal or low columnar cells, with inverted polarization. Numerous mitotic figures were also noted. Immunohistochemical features demonstrated prominent immunoreactivity to p53 in mesenchymal and odontogenic epithelial components as well as in Ki-67 labeling, indicating high proportions of proliferating cells in both structures. Moreover, the odontogenic epithelium was highly positive to the cytokeratin 14, 19, and AE1/AE3. This work discusses the clinical aggressive behavior of this rare neoplasm and the importance of its follow-up due to the high probability of recurrences and metastasis.

**PP - LICHENOID REACTION: A REPORT OF THREE CASES.**
Vivian Narana Ribeiro El ACHKAR. Luciana STRIEDER. Isabela PALADINI. Stefanny da Silva Santucci de Assis TRISTÃO. Igor BOAVENTURA. Janete Dias ALMEIDA. Estela KAMINAGAKURA. São José dos Campos, São Paulo. Institute of Science and Technology, UNESP - Univ Estadual Paulista. Amalgam is a restorative material that was previously used worldwide. Dental restorations with this material can cause lichenoid reactions on contact with the oral mucosa. Here we describe the occurrence of lichenoid reactions caused by contact with dental amalgam.
restorations in three men over 50 years of age. The lesions appeared as asymptomatic white spots that could not be removed by scraping on the buccal mucosa and tongue. All lesions were observed to be in contact with large and small amalgam restorations. A final diagnosis of metal lichenoid reactions was made on the basis of clinical examination only. The suggested treatment for these lesions involves the replacement of the metal restorations with nonmetallic ones. Patient 1 was treated by the removal of all metal fillings and provisional restoration with nonmetallic material; the lesions significantly ameliorated after a week. Patient 2 received no treatment, while patient 3 is currently undergoing treatment. Clinicians and pathologists must be familiar with the various clinical presentations of this type of lichenoid reaction for accurate diagnosis and appropriate treatment.


Florid osseous dysplasia (FOD) is a fibro-osseous disease characterized by multifocal gradual substitution of normal bone by fibrous connective tissue and/or cementum-like masses that mainly affects black-skinned women. This study aims to evaluate the clinic-radiological features of FOD diagnosed in a series of patients retrieved from three countries. A total of 118 patients diagnosed with FOD from Brazil (n=65), USA (n=23), and South Africa (n=30) were selected. Females represented 98.3% of the sample, the mean age of the patients was 52.3 years, and 74% were black-skinned. The distribution of ethnicity/skin color was different among countries, with 94%, 86%, and 61% of cases from the USA, South Africa, and Brazil, respectively, affecting black-skinned patients. FOD affected patients presenting lesions radiologically classified as initial (7%), intermediate (43%), and late (50%) with mean ages of 40.1, 48.1, and 57.8 years, respectively. Analysis of these preliminary data shows that the stage of the disease is correlated with the age of the patients and that diagnosis is usually done in advanced ages, in stages with more obvious radiopacity. The frequent racial miscenegenation seen in Brazil could be the reason for the difference in ethnic distribution when comparing the three countries.

**PP - GLANDULAR ODONTOGENIC CYST: A CASE REPORT.** Karine Duarte da SILVA. Isadora Luana FLORES. André Ribeiro SCHINESTSCK. Lucas Borin MOURA. Otacilio Luiz Chagas JUNIOR. Adriana ETGES. Sandra Beatriz Chaves TARQUINIO. Federal University of Pelotas.

Glandular Odontogenic Cyst (GOC) is a rare developmental odontogenic lesion with an aggressive behavior and a high recurrence rate. This study presents a case report of a 70-year-old Caucasian woman, who was referred to the Oral Diseases Diagnosis Center (Federal University of Pelotas), complaining of pain in the anterior mandible when chewing, which she had felt for approximately 9 months. Intraoral examination revealed a purple extensive swelling of the anterior mandible, with rupture of the cortical bone but with no tooth displacement. Panoramic and total inferior occlusal radiographs showed a well-defined multilocular radiolucency, extending from the first inferior right molar to the second inferior left molar. Histopathological analysis of an incisional biopsy revealed a cystic capsule lined by non-keratinizing stratified squamous epithelium, revealing areas presenting a papillary aspect, with superficial columnar cells, cilia, rare groups of mucous cells, and some clear cells. The diagnosis of GOC was confirmed. Due to the large size of the lesion and the risk of pathological fracture, marsupialization was performed. A significant decrease in the lesion and bone neoformation were observed after three months of follow-up. Complete curettage of the lesion has been planned, and the patient continues in rigorous follow-up.
**PP - ORAL LATE ADVERSE EFFECTS OF CHEMORADIOThERAPY OF THE HEAD AND NECK: A CASE REPORT.** Mônica Pagliarini BULIGON. Isabela Torres Ribeiro da SILVA. Victor de Mello PALMA. Cristiane Cademartori DANESI. Kívia Linhares FERRAZZO. University Hospital, Federal University of Santa Maria, Rio Grande do Sul, Brazil/Department of Pathology, Federal University of Santa Maria, Rio Grande do Sul, Brazil.

Concurrent chemoradiotherapy is used for treating local advanced head and neck cancers and is indicated for patients who are ineligible for surgery. This treatment aims organ preservation. However, several late toxic reactions have been reported. Herein, we report the case of a 67-year-old man, who was an alcoholic and a smoker. He was referred for dental evaluation with the main complaint of tooth pain. Three years ago, he had stage IV squamous cell carcinoma that involved the left retromolar area and oropharynx. He had undergone treatment with cisplatin and concomitant radiotherapy at a total dose of 7,000 cGy. Further examination revealed poor oral health, radiation caries, trismus, dysphagia for solids, and fracture of the left mandible due to osteoradionecrosis. Initial dental treatment involved removal of infectious foci, with teeth extractions and control of radiation caries. Clindamycin for 15 days and daily mouthwash with chlorhexidine was used to control osteoradionecrosis, and surgical removal of the necrotic bone was performed, if required. Occurrence of late complications in cancer patients treated with chemoradiotherapy indicates that these patients should be treated by a multidisciplinary team, in order to prevent or minimize these complications.

**PP - SEVERE TRISMUS AFTER HEAD AND NECK RADIOTHERAPY: A CASE REPORT.** Mônica Pagliarini BULIGON. Luisa Machado BARIN. Fernanda Maia PILLUSKY. Cristiane Cademartori DANESI. Kívia Linhares FERRAZZO. University Hospital, Federal University of Santa Maria, Rio Grande do Sul, Brazil/Department of Pathology, Federal University of Santa Maria, Rio Grande do Sul, Brazil.

Trismus is a late complication of head and neck radiotherapy and is observed in a large number of patients. It is considered trismus an open mouth of 35mm or less, taking into consideration both the interincisal distance, as the distance between the upper and lower alveolar ridges. Trismus interferes with activities of daily life and affects the quality of life of patients. Herein, we present a severe case of trismus in a 64-year-old patient who had squamous cell carcinoma of the right facial skin and was treated with surgery and radiotherapy. The patient was completely edentulous in the maxilla and partially edentulous in the mandible. Maximum mouth opening, measured from the lower incisal edge to the upper groove fund, was 12 mm. He had difficulty eating and communicating and was in pain. A daily exercise program using a jaw exercise device was initiated, and 15 mm mouth opening was achieved. The patient had a negative attitude towards rehabilitation exercises and did not follow the treatment. Currently, there is no evidence in the literature suggesting that an exercise regimen can effectively prevent trismus. Considering the negative effect on the quality of life, early treatment with a practical exercise program is recommended.

**PP - TWELVE-YEAR FOLLOW-UP OF UNILATERAL CONDYLAR HYPOPLASIA.** Gabriela Moura CHICRALA. Izabel Regina Fischer RUBIRA-BULLEN. Paulo Sérgio da Silva SANTOS. Renato Yassutaka Faria YAEDU. Eduardo SANT’ANA. Cassia Maria Fischer RUBIRA. Faculdade de Odontologia de Bauru, Universidade de São Paulo (FOB-USP).

Condylar hypoplasia is a congenital or acquired developmental disorder that affects condylar cartilage growth. This process results in progressive facial asymmetry, mandibular deviation, and dental malocclusion. The diagnosis is established through medical history, physical examination, and image exams. The treatment for condylar hypoplasia is surgery, which may be associated with orthodontic treatment. In this case report, a male patient, 4 years old, was referred to the clinic of oral medicine. The main complaint reported by parents was "difference on the left side of his face when he opens his mouth." Through extra oral
physical examination, asymmetry of the face and jaw deviation to the left during the opening of the mouth were observed. There were no reported complications or trauma at birth and childhood. Panoramic and anteroposterior radiographs revealed shortening of the left condyle with changes in the anatomy of mandibular notch and coronoid process of the mandible, confirmed by computed tomography. Bone scintigraphy identified asymmetry in metabolic activity in the projection of the growth cartilage of the condyles, revealing greater osteoblastic activity at the right condyle. A follow up at 12 years of orthodontic treatment of the patient revealed osseous growth and development by recent cone beam computed tomography.

**PP - A MASSIVE RADIOPAQUE LESION IN THE POSTERIOR MANDIBLE: A REPORT OF AN UNUSUAL CASE AND RELATED COMPUTED TOMOGRAPHY FINDINGS.** Vivian Narana Ribeiro EL ACKHAR. Mônica Ghislaine Oliveira ALVES. Lais Morandini CARVALHO. Sérgio Lucio Pereira de Castro LOPES. Janete Dias ALMEIDA. Yasmin Rodarte CARVALHO. Ana Lia ANBINDER. São José dos Campos, SP; Institute of Science and Technology, UNESP - Univ Estadual Paulista.

A 57-year-old Caucasian man was referred for radiographic examination before implant planning. A panoramic radiograph showed a well-circumscribed, massive radiopaque lesion involving left mandibular angle, retromolar triangle, and ipsilateral mandibular ramus and extending to coronoid process. An oval radiolucency was observed within the radiopacity. Clinical examination revealed only slight facial asymmetry. Cone beam computed tomography revealed an extensive hyperdense mass containing hypodense spots, translating aspect of invagination, with involvement of the coronoid process, ramus, angle, retromolar trigone, posterior region of the mandibular body, and the left mandibular third molar and cortical bone expansion. Incisional biopsy revealed globular and dysplastic dentinoid material without tubules that contained several clefts. Eosinophilic areas compatible with predentin were also observed. These findings indicated a dilated odontoma, which is considered to be an aggressive version of dens invaginatus and is an inverted structure of hard tissue associated with sharp invagination and accompanied by soft tissue in the central region. A review of the literature published since 1950 revealed three reports of this lesion in the posterior mandible, thus confirming their rarity. Furthermore, none of those lesions surpassed the present lesion in size. The patient refused to undergo a repeat biopsy for confirming the diagnosis and treatment.


Radiopaque images of the gnathic bones are usually found in diseases associated with the production of mineralized material, but can also be associated with artefactual situations. A 68-year-old female was referred for evaluation of a radiopaque image seen on panoramic radiograph taken for conventional dental treatment. The patient was asymptomatic and oral examination revealed no alterations. Regional examination showed a hard swelling measuring 3,0 cm covered by normal skin on the right mastoid area. Medical history revealed systemic hypertension controlled by the use of losartan and hydrochlorothiazide. Panoramic radiograph showed a radiopaque ground-glass image on the left maxilla, superimposed to the area of the left maxillary sinus. Provisional diagnosis was poliostotic (maxilla and mastoid) fibrous dysplasia and the skull and maxillary bones’ computed tomography images showed a well-defined hyperdense lesion on the right mastoid but no alterations on the left maxilla. Final diagnosis was a mastoid osteoma which produced an artefactual image superimposed to the left maxilla. The patient was referred for evaluation of a head and neck surgeon that suggested clinical follow-up with no intervention at this time. The present case reinforces the importance
of considering artefactual images in the differential diagnosis of radiopaque images on the gnathic bones.

**PP - IMMUNOEXPRESSION OF MMP-25 IN KERATOCYSTIC ODONTOGENIC TUMORS INDICATES A NEOPLASTIC PHENOTYPE.** Virgínia Dias UZÊDA e SILVA. Daniella Vieira ALVES. Lia Pontes Arruda PORTO. Jean Nunes dos SANTOS. Luciana Maria Pedreira RAMALHO. Katiúcia Batista Silva PAIVA. Flávia CALÓ Aquino XAVIER. School of Dentistry, UFBA - Federal University of Bahia.

Search for biological markers to improve diagnosis and prognosis is a valuable tool in oral pathology. Matrix metalloproteinase (MMP)-25 is a glycosylphosphatidylinositol-anchored MMP on the cell membrane, and its role in keratocystic odontogenic tumors (KOTs) is unknown. This study aimed to compare MMP-25 immunoexpression in KOTs, radicular cysts (RCs), and dental follicles (DFs). Immunohistochemistry for MMP-25 was performed for 28 formalin-fixed paraffin-embedded sections of KOTs, 16 RCs, and 8 DFs. Immunoexpression was evaluated in the tumor epithelium and adjacent stroma by considering the extent and intensity of MMP-25 staining, staining of MMP-25 in the cellular compartment, and the presence of inflammation.

There was no significant difference between the groups considering the extent and intensity of MMP-25 immunoexpression. Inflammation was associated with an increased intensity of MMP-25 staining in KOTs, while it was not associated with the expression of MMP-25 in RCs and DFs (p = 0.046). Staining of the cell compartments in the stroma (p = 0.05) and epithelium (p = 0.0006) of KOTs showed a translocation of MMP-25 to the nucleus. Conclusion: MMP-25 may contribute to the neoplastic phenotype but additional studies are required to better understand its role in KOTs. Keywords: Odontogenic Neoplasm, Keratocystic Odontogenic Tumor, MMP-25, Immunohistochemistry.

**PP - PRIMARY CUTANEOUS CD8+ T-CELL LYMPHOMA: A CASE REPORT WITH UNUSUAL FACIAL INVOLVEMENT AND AN AGGRESSIVE CLINICAL COURSE.** Daphine Caxias TRAVASSOS. Darcy FERNANDES. Elaine Maria Sgavioli MASSUCATO. Claudia Maria NAVARRO. Mirian Aparecida ONOFRE. Jorge Esquiche LEÓN. Andreia BUFALINO. UNESP - Univ Estadual Paulista, Campus Araraquara, Department of Diagnostic and Surgery/USP - University of Sao Paulo, Campus Ribeirao Preto, Department of Morphology, Stomatology and Physiology.

Primary cutaneous T-cell lymphomas are a heterogeneous group that exhibit clinical and biological behaviors and are different from systemic lymphomas. The recent WHO-EORTC classification has proposed a consensus framework for some lymphoma entities that are yet to be characterized; some of them are classified provisionally as "rare subtypes." Recently, unusual cases of primary cutaneous CD8+ small/medium-sized pleomorphic T-cell lymphomas (CD8+ SMPTL) have been reported. A majority of the CD8+ SMPTL cases, presenting a single lesion, show an indolent clinical behavior; however, cases with multiple lesions possibly lead to an aggressive clinical course. A 33-year-old man presented with both lower lip and bilateral eyelid swelling for over one year. His medical history was not remarkable, and the blood test results were normal. Incisional biopsy revealed an atypical small/medium-sized lymphoid cell proliferation on the dermis and subcutis. The atypical cells were immunopositive for CD3, CD8, and granzyme B, whereas CD4, perforin, CD20, CD30, and CD56 were negative. The MIB-1 proliferation index was 80%. During the diagnostic procedures, the patient suffered from malaise, and generalized facial edema and was referred to hematopathology services. Further reports on future cases are required for better understanding of the clinicopathological features of this rare CD8+ SMPTL subtype.
To improve oral cancer prognosis, biomarkers are needed to detect an increased risk of malignant transformation. Cytology is a non-invasive and simple tool, and in this study, it was used to evaluate the relationship between proliferation rate and loss of heterozygosity (LOH) for the 9p21 locus. For this cross-sectional, observational study, cytological samples from 95 individuals were collected and divided into the following groups: control (n = 25), alcohol-smoking consumption (n = 26), leukoplakia (n = 18), and oral squamous cell carcinoma (n = 20). For each sample, the average silver staining of nucleolar proteins associated with nucleolar organizer regions (AgNORs) was determined by two calibrated and blinded examiners (ICC ≥ 0.75). The remaining available cells were subjected to DNA extraction for 9p21 amplification by PCR, followed by DNA sequencing. The mAgNOR values were compared with the Kruskal-Wallis test and there were no significant differences between the groups. However, a significant increase in pAgNOR>3 was observed for the leukoplakia group compared with the control group. In the carcinoma group, until now, 50% of the samples exhibited LOH of 9p21, while no association between 9p21 LOH and AgNOR quantification was observed. Financial support: CAPES and UFRGS.

A 59-year-old male complained of edemas and pain in the left mandibular buccal gingiva and mobility of the lower molar. The patient then had already developed multiple lesions in the body, including in the mandible. He underwent a Surgical Tooth Extraction with soft tissue biopsy, which confirmed the disease progression. Velcade has been administered for 6 months and the jaw lesion has decreased. Multiple myeloma (MM) is the second most common hematological malignancy disease that generally presents itself with disseminated bone marrow involvement. It affects more male patients between the sixth and seventh decades of life, and it reveals monoclonal protein (M-protein) on the immunohematological test. Head and neck are commonly impacted, with rare involvement of the jaws. Conclusion: Although jaws lesion is rare, attention regarding the progress of the disease and the oral evidences of this tumor are required, given that the maxillofacial manifestations may be the reflection of an advanced stage of MM.

Primary hyperparathyroidism is characterized by excessive operation of one or more parathyroid glands, leading to an increased production of parathyroid hormone in circulation, which is the main cause of hypercalcemia. In almost all cases, hyperfunction of the gland is caused by adenoma (benign tumor) or by parathyroid hyperplasia (swelling) of the gland. It is rarely caused by malignant tumors. Patient VCFSP , female, 33, came to the Clinic of Semiology at the Dentistry College at UNIARARAS, with increased swelling in the gums. The intraoral examination showed masking in gutter area in the following regions: 24-25, 33-34 and 42-43. All consistency bone lesions covered with normal mucosa. Radiographic examination showed radiolucent lesions in their respective areas. Incisional biopsy was performed, resulting in giant cell granuloma. With the diagnosis hypothesis of Hyperparathyroidism, PTH dosage was requested, with results of 242 pg/ml, and CT with frosted glass image observed in the referred areas. The patient was sent to the medical clinic and underwent surgery to remove the parathyroid glands. After 5 months, the patient returned with remission of the lesion.
A 67-year-old Caucasian woman presented with a painless swelling in the tongue, with twenty years of evolution. Besides the difficulty in speech, which got worse over the years, she sought treatment complaining about a discomfort in the recovering mucosa the last fifteen days before clinical examination. She has a history for hypertension, hypercholesterolemia, and hypothyroidism. Extraoral examination showed no alterations. Intraoral examination revealed a firm multilobular submucosal lesion covered by a richly vascularized mucosa, measuring approximately 5cm in its greater axis. Clinical diagnosis was neural or muscular tumor. Incisional biopsy was performed. Microscopically, the tumor showed an intense proliferation of spindle cells with fascicular arrangement. Cells exhibited ovoid nuclei and scarce cytoplasm with indistinct edges. It was also observed the presence of numerous blood vessels with a hemangiopericytoma-like vascular pattern. Strong cytoplasmatic immunohistochemical expression of CD34 and moderate reactivity for bcl-2 were observed. Tumor cells were negative for S-100 and smooth muscle actin. The histological diagnosis was solitary fibrous tumor. Despite being a well-circumscribed lesion, patient’s systemic condition, the large size of the lesion and the proximity to large-caliber vessels were contraindications for the surgery in the outpatient clinic. Patient was referred to hospital.

Kindler Syndrome (SK) is considered a subtype of the epidermolysis bullosa. It’s an autosomal recessive genodermatosis, whose genetic disorder was identified on the short arm of chromosome 20, loco 12.3, and the mutations are found in the gene that encodes Kindlin-1. Patients with KS present great diversity of the lesions in tissues and body systems, which are characterized by blisters, atrophic scarring, granulations tissue, keroderma, and, particularly, poikiloderma and photosensitivity. By age 30 the risk of squamous cell carcinoma increases. The present report aims to comment the clinical aspects and interdisciplinary treatment of oral cancer in a family member with SK. A 59 year old female arrived to radiotherapy (RT) with relapse of the cancer in jaw, after the second resection surgery. She denied use of tobacco or alcohol. She had already been to some radiotherapy centers, but because of the SK’s photosensitivity, the radiation oncologists were uncomfortable to treat with radiation. The patient was treated with radiation doses of 66 Gy (2.0 Gy/fraction; daily Monday-Friday in 7wk). Currently, the patient is being monitored by staff and the oral lesions caused by the syndrome remain in oral mucosa.
Intravascular papillary endothelial hyperplasia (IPEH) is a benign lesion of the skin and mucosa that is characterized as an unusual organizing thrombus with reactive proliferation of endothelial cells. A 76-year-old woman with a painless nodule on the lower lip was referred to our clinic. Her medical history revealed rheumatoid arthritis and hypercholesterolemia. Intraoral examination revealed a bluish submucosal nodular proliferation measuring 10 x 5 x 5 mm in the lower labial mucosa. The lesion had a firm consistency and was not fixed to the adjacent tissues. The main differential diagnoses were mucocele/mucus retention cyst, sialolith, and salivary gland neoplasia. An incisional biopsy was performed. During the intraoperative procedure, an encapsulated dark red nodular mass was observed. Microscopic analysis revealed a papillary endothelial proliferation in the center of the lesion and fibrin admixed with peripherally organized cell elements. No nuclear atypia, hyperchromasia, mitotic figures, or necrosis was observed. The final diagnosis was IPEH associated with an organizing thrombus. Dentists should be familiarized and aware, and have knowledge about this rare benign vascular lesion, whose final diagnosis is achieved only after histopathological analysis. Surgical removal is the treatment of choice, and no recurrence is expected.

PP - SUBACUTE NECROTIZING SIALADENITIS: A CASE REPORT AND IMMUNOHISTOCHEMICAL ANALYSIS. Andreia BUFALINO. Túlio Morandin FERRISSE. Darcy FERNANDES. Elaine Maria Sgavioli MASSUCATO. Cláudia Maria NAVARRO. Mirian Aparecida ONOFRE. Jorge Esquiche LEÓN. Department of Diagnosis and Surgery, Araraquara Dental School, Univ Estadual Paulista (UNESP), Araraquara, SP, Brazil/Department of Stomatology, Public Oral Health, and Forensic Dentistry, School of Dentistry of Ribeirão Preto, University of São Paulo, São Paulo (USP), Ribeirão Preto, Brazil.

Subacute necrotizing sialadenitis (SANS) is a self-limiting, inflammatory condition of the minor salivary glands. The etiology of SANS is unknown, but traumatic, infectious, and allergic etiologies have been suggested. This lesion typically presents as a localized swelling with abrupt onset of pain, preferentially affecting the palate. A 78-year-old woman presented with a slightly symptomatic ill-defined submucosal nodule on the left side of the buccal mucosa. An incisional biopsy of the lesion was performed, and the final diagnosis was SANS. At follow-up, the lesion healed without complications. In addition to the typical presence of granulocytes and plasma cells, immunohistochemical analysis highlighted a heterogeneous inflammatory cell population, mostly consisting of macrophages, interstitial and plasmacytoid dendritic cells, and T-lymphocytes with a cytotoxic phenotype. Additional SANS cases are necessary to better define the condition and characterize their inflammatory components. Additional SANS cases are necessary to better define the condition and characterize their inflammatory components which can provide useful information for delineating SANS from necrotizing sialometaplasia, the main differential diagnosis.

PP - EFFECT OF LOW LEVEL LASER THERAPY ON RADIOTHERAPY-INDUCED ORAL MUCOSITIS. Raquel Richelieu Lima de Andrade PONTES. Wagner Pereira COUTINHO FILHO. Gustavo Romão dos SANTOS. Nancy de Assis FERREIRA. Renato Liess KREBS. Rio de Janeiro State University/Pedro Ernesto University Hospital.

Oral mucositis (OM) is a common complication in patients undergoing antineoplastic therapy; it is the most common buccal alteration in patients subjected to head and neck radiotherapy and constitutes an important factor determining morbidity. It can manifest in various forms, such as ulcers, bleeding, exudate and pain. The use of low-level laser therapy (LLLT) has been evaluated due to its analgesic and anti-inflammatory potential and its bio-modulating effect. This study is aimed at evaluating the use of LLLT in the prevention and treatment of OM in patients undergoing head and neck radiotherapy with or without adjuvant therapy. The low-power laser device used was the GaAlAs and InGaAlP Semiconductor laser. The prevention protocol used 660nm wave length and an energy dose of 7,5J / cm² across the oral mucosa and lips, and for treatment there was used a dose of 7,5J / cm² at 660nm and
780nm wavelengths. Individuals undergoing prophylactic laser treatment did not develop or did not show severe degrees of mucositis. Individuals treated for OM with laser therapy evidenced remission of symptoms and / or stabilization without the need to suspend the antineoplastic treatment, thereby evidencing the effectiveness of prevention and treatment of oral mucositis.

**PP - GRP78 EXPRESSION IS NOT ASSOCIATED WITH PROGNOSIS IN ORAL CARCINOCENESIS.**

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GRP78 is a chaperone protein and its expression increases in response to stress-induced damage to the endoplasmic reticulum. High levels of GRP78 have been found to correlate with an aggressive tumor phenotype, tumor recurrence, and lower survival rates for certain types of cancers. Thus, an evaluation of GRP78 expression may facilitate the prognosis of patients with oral squamous cell carcinoma (OSCC). This study aimed to evaluate immunohistochemical staining of GRP78 in OSCC sections from three different sites: the center of the tumor, the invasive front of the tumor, and the normal epithelium adjacent to the tumor. These stainings were subsequently correlated with TNM stage, tumor differentiation, and patient's prognosis. The average percentage of positively stained cells at each site for 61 OSCC cases was retrospectively analyzed. For these samples, the five-year survival rate was 60% and no recurrence was detected. A positive association between GRP78 expression and tumor size was observed, while no significant correlation between GRP78 expression and tumor differentiation or disease progression was observed. Taken together, these data suggest that GRP78 expression should not be considered a prognostic biomarker for patients with oral cancer.

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**PP - LOCALIZED AMYLOIDOSIS OF THE TONGUE: AN UNCOMMON PRESENTATION.**

Jeconias CÂMAR. NAÍZA MENEZES MEDEIROS ABRAHIM. SILVIA CRISTINA OLIVEIRA BRANDÃO. LIA MIZOBE ONO. FÁBIO ARRUDA BINDÁ. LUCILEIDE CASTRO OLIVEIRA. TATIANA NAYARA LIBÓRIO-KIMURA. Federal University of Amazonas/Cancer Hospital of Amazonas.

Oral amyloidosis is a rare and debilitating disease, in which the tongue is affected most severely. A 43-year-old woman was referred to a cancer hospital with a 6-month history of lingual swelling as the chief complaint. Intraoral examination revealed a nodular neofomation on the dorsum of the tongue, measuring 2 cm in diameter and painful on palpation, similar to that observed in median rhomboid glossitis. It had a smooth surface with yellowish spots. The patient's medical history was unremarkable. An incisional biopsy was performed and histological examination showed stratified squamous epithelium and interstitial deposition of eosinophilic amorphous masses of hyaline material in the lamina propria, separated by fibrous vascular connective tissue. The deposits, which showed apple-green birefringence under polarized light, were stained by crystal violet and Congo red. Given that there was no evidence of systemic involvement or associated disease, the case was diagnosed as that of localized amyloidosis of the tongue. As there is no consensus regarding the management of lingual amyloidosis, surgical excision was considered, but the lesions may persist or recur. The prognosis is uncertain, owing to the rarity of the condition, regular follow-up and monitoring are recommended.

**PP - PROGNOSTIC SIGNIFICANCE OF SUBPOPULATIONS OF TUMOR ASSOCIATED MACROPHAGES IN TONGUE SQUAMOUS CELL CARCINOMA.**

Thalita Santana CONCEIÇÃO. Natália Guimarães BARBOSA. Melka Cöelho SÁ. Lélia Batista de SOUZA. Hébel Cavalcanti GALVÃO. Leão Pereira PINTO. Roseana de Almeida FREITAS. FEDERAL UNIVERSITY OF RIO GRANDE DO NORTE.
In tumor microenvironment, subpopulations of macrophages named "tumor associated macrophages" (TAMs) have been detected. Depending on stimulation, two different macrophage phenotypes may be identified: M1 and M2. M1 macrophages have potent effect on cells that can destroy tumor cells through the production of nitric oxide and reactive oxygen and M2 macrophages are characterized by their ability to inhibit cytotoxic and inflammatory functions from M1 macrophages. This study aimed to investigate the presence of TAMs in tongue squamous cell carcinoma (SCC) with and without metastasis. Through immunohistochemical staining technique, positive responses to anti-CD68 and -CD163 antibodies were evaluated, which are markers for M1 and M2 macrophages, respectively. Higher percentage of CD68+ macrophages when compared to CD163+ macrophages in all specimens was found. No significant associations were observed between the presence of metastasis and immunostaining of CD68 and CD163 (p=0.45 and p=0.09, respectively); however, when comparing the immunoeexpression of CD68 and CD163 in each group, it was observed that most cases without metastasis (65%) showed higher CD68+ cell percentage when compared to CD163+ (p <0.001). These results suggest that the predominance of M1 macrophages in cases of tongue SCC without metastasis indicates the important role of these cells in the biological behavior of the lesion.

PP - POSTPRANDIAL CAPILLARY GLYCEMIA (PCG) COMPARED WITH BODY MASS INDEX (BMI) A WAY TO IDENTIFY POSSIBLE CASES OF DIABETES I. Ruth Tramontani RAMOS. Luciana Armada DIAS. Manuella Pereira Nova de AMORIM. Gabriela Pereira FONTES. Amanda Amaral MAGANO. Estácio de Sá University - Brazil/Dental School UNESA.

Diabetes mellitus (DM) is a very prevalent disease worldwide. To assess the role of postprandial capillary glycemia (PCG) in the diagnosis of early DM, 159 subjects (100F/59M) were studied in a stomatology unit of University Dental School. The patients aged between 18 and 80 years old were apparently healthy, and were recruited in a clinic where they came to accompanying patients or to undergo a routine stomatology examination. After an anthropometric evaluation, a PCG was obtained and the cases with PPCG >126 mg/dl after a postprandial period of over 2 hours, were compared as regards their BMI. The mean BMI was 27.05 m/kg and mean PPCG was 108.7 mg/dl. The incidence of suspected cases of DM was 9.43%; glucose intolerance (PCG >100 and <126) was present in 40% of subjects. In conclusion, PCG and BMI were found to be a valuable tool for triage of suspected cases of early DM. The importance of the screening method and consequent finding of change in glucose tolerance of the individuals showed that this type of detection procedure is easy to perform, capable of being used, and should be intensively applied in stomatology units departments clinics.

PP - CALCIFYING EPITHELIAL ODONTOGENIC TUMOR . Letícia Drumond de Abreu GUIMARÃES. Gabriela NAGATA. Décio dos Santos PINTO JÚNIOR. School of Dentistry - University of Sao Paulo.

Calcifying epithelial odontogenic tumor (CEOT) is a rare benign odontogenic neoplasm, locally aggressive, characterized by sheets and nests of polyhedral epithelial cells exhibiting eosinophilic cytoplasm or, less often, clear cytoplasm. Additional features include nuclear pleomorphism without mitotic activity, concentric calcifications, and amyloid deposits. This case is an additional example of clear cell variant of CEOT occurring in a 28-year-old male patient, presenting discomfort in the third molar right region. No clinical signs were observed. Image exams revealed a well-delimited unilocular mixed radiolucent-radiopaque lesion with displacement of bone cortical and teeth. Incisional biopsy was performed and the microscopic examination showed a tumor consisted of proliferation of epithelial cells with eosinophilic, clear vacuolated cytoplasm interspersed with focal areas of amyloid deposition. Tumor cells were immunopositive for AE1/ AE3. Surgical excision was performed, and no tumor recurrence has been observed after three years of follow-up.
CALCIFYING EPITHELIAL ODONTOGENIC TUMOR (PINDBORG TUMOR) WITHOUT CALCIFICATION: A RARE PATHOLOGICAL TYPE. Lorena Castro MARIANO. Antonio Márcio Teixeira MARCHIONNI. Alena Peixoto MEDRADO. Patrícia de Castro VEIGA. Jorge Esquiche LEON. Silvia R A REIS. Escola Bahiana de Medicina e Saúde Pública.

Calcifying epithelial odontogenic tumor (CEOT) or Pindborg tumor is a locally invasive benign lesion that originates from the remnants of dental tissue. The histopathology is characterized by the presence of polygonal epithelial cells, calcification, and deposits of amyloid-like material. However, CEOT without calcification is rare and poorly documented in literature. A 20-year-old patient visited the stomatology department with swelling in the lower one-third of her right cheek. Clinical examination revealed facial asymmetry. A panoramic radiograph showed a radiolucent, multilocular lesion involving the third molar and extending from the branch of the mandibular body to the distal portion of the lower right second molar. Histopathological diagnosis based on an incisional biopsy of the lesion confirmed CEOT; however, we were no able to rule out malignancy. Histopathological examination of the surgical specimen revealed odontogenic neoplasm made up of polygonal epithelial cells, most of them with obvious pleomorphic and intercellular bridges. Calcifications were absent, but amyloid-like material was observed. Immunohistochemical analysis revealed anti-CD 138 expression. Despite the intense cellular and nuclear pleomorphic antibody reaction, few cells expressed Ki-67. After three years of surgical treatment, there was no recurrence. Our key point of discussion is the histopathological aspects of non-calcified CEOT.

MALT LYMPHOMA IN LABIAL SALIVARY GLAND: A RARE MANIFESTATION OF SJOGREN´S SYNDROME. Lara Maria Alencar RAMOS. Tatiane Cristina FERRARI. Vanessa Rocha Lima SHCAIRA. Karina A. M. Grecca PIERONI. Fabiano Pinto SAGGIORO. Hilton Marcos Alves RICZ. Leandro Dorigan de MACEDO. Dentistry and Stomatology Service, Ribeirão Preto Medical School, University of São Paulo/Pathology and Legal Medicine, Ribeirão Preto Medical School, University of São Paulo.

Primary Sjögren’s Syndrome (SS) is a chronic autoimmune disease that affects the exocrine glands and produces circulating antibodies. Although mucosa-associated lymphoid tissue (MALT) lymphoma may be detected in patients with SS, manifestations in labial salivary glands are rare. A 68-year-old woman with the diagnosis of primary SS was referred to our Dentistry and Stomatology Service, complaining of progressive thickening of lower left lip in the past four years. Previous biopsies were consistent with chronic sialadenitis with a dense mononuclear infiltrate containing lymphocytes and plasma cells. Extraoral examination revealed a fibrous aspect of lower lip and its significant asymmetry to the left. An incisional biopsy was performed, and the microscopic examination showed a dense, diffuse lymphoplasmacytic infiltration of salivary glands, with partial plasmacytic differentiation. Immunohistochemical analysis revealed diffuse positivity of neoplastic cells for CD20, bcl-2, and negativity for CD5, CD23, CD10, and cyclin D1. Areas with plasma cell differentiation were positive for CD138, lambda, and negative for kappa, consistent with extranodal marginal zone lymphoma of MALT type. Surgery was the treatment of choice, without complete remission. The patient then underwent chemotherapy with rituximab, followed by radiotherapy due to poor response to chemotherapy, with complete regression of the lesion.

ORAL MUCOSAL LESIONS IN PSORIATIC PATIENTS. Marianne de Vasconcelos CARVALHO. Daniele Melo OLIVEIRA. Maria Luisa Soares RIBEIRO. Silvia CARVALHO. Ana Paula Veras SOBRAL. Faculdade de Odontologia de Pernambuco - Universidade de Pernambuco, Universidade de Pernambuco, Campus Arcoverde.

Recent studies have shown that psoriasis can give rise to oral mucosal lesions. The aim of the present study was to analyze the association of oral mucosal lesions with psoriasis and to determine the characteristics of the association with regard to psoriasis type, family medical
history, and stress level. Thirty-one patients with psoriasis were enrolled in the present study using simple nonrandom (sequential) sampling. Oral mucosal lesions were detected in five (16.1%) patients with psoriasis and were associated with the plaque type. Three patients had only fissured tongue (FT) and two patients concomitantly had FT and geographic tongue (GT). Further, stress levels were assessed in patients, and 80% of the patients were found to have a moderate (resistance) stress level. In addition, it was observed that 40% of the patients had a family medical history of psoriasis. On the basis of this study and studies found in the literature, FT and GT can be suggested as oral manifestations of psoriasis. Thus, a detailed oral examination may contribute to the early diagnosis of systemic diseases that cause buccal manifestations.

**PP - INFLUENCE OF AGE, SEX, SMOKING AND DRINKING ON SURVIVAL RATES IN PATIENTS WITH PHARYNGEAL CANCER: A RETROSPECTIVE ANALYSIS.** Lara Maria Alencar RAMOS. Alisson Henrique TEIXEIRA. Matheus Corrijo ANDRADE. Hilton Marcos Alves RICZ. Luciana Assirati CASEMIRO. Tatiane Cristina FERRARI. Leandro Dorigan de MACEDO. Dentistry and Stomatology Service, Ribeirão Preto Medical School, University of São Paulo/School of Dentistry, University of Franca.

The importance of age, sex, smoking and drinking habits in the incidence of pharyngeal cancer is well known. However, there is little information about their influence on the disease prognosis. This study evaluated the influence of these factors on the disease-free survival (DFS) and overall survival (OS) in the first 5 years after the diagnosis of pharyngeal cancer. Medical records of 80 patients were reviewed for age, sex, disease staging, personal habits, treatments, relapse and death. Data analysis was performed by Kaplan Meier curves, log-rank test and Cox regression. Age older than 60 years was associated with a 96% (p = 0.02) and 80% (p = 0.04) increased risk of relapse and death within 5 years, respectively. Smoking and non-drinking patients had a 43% lower risk of disease recurrence (p: 0.005) when compared with smoking and drinking patients. Alcohol consumption increased by 2.2 times the risk of death within 60 months (p = 0.01). Although a trend of shorter DFS and OS was observed in women, gender did not significantly influence survival rates in pharyngeal cancer patients.

**PP - CENTRAL MYOEPITHELIOMA OF THE MAXILLA.** Augusto César Leal da Silva LEONEL. Flávia Maria de Moraes RAMOS-PEREZ. Jurema Freire Lisboa de CASTRO. Andrea dos Anjos PONTUAL. Amanda Almeida LEITE. Oslei Paes de ALMEIDA. Danyel Elias da CRUZ PEREZ.

Oral Pathology Section, School of Dentistry, Federal University of Pernambuco.

Central myoepithelioma of the maxilla is extremely rare. The aim of this report is to describe a case of central myoepithelioma in an adolescent. The patient, a 14-year-old girl was referred for diagnosis because of a maxillary swelling with duration of approximately 8 months. Intraoral examination showed a painless swelling in the maxillary anterior region, covered by normal color mucosa. Panoramic radiography revealed a multilocular, radiolucent image located in the maxillary anterior region, which caused divergence of the right maxillary central and lateral incisor roots. Thin septa were observed within lesion. Incisional biopsy was performed under local anesthesia. Microscopically, there were plasmacytoid cells presenting round, eccentric nuclei, and abundant, homogeneous eosinophilic cytoplasm, arranged in trabeculae forming a solid pattern, surrounded by a loose stroma. The tumor cells presented strong positivity for AE1/AE3 and S-100 protein. Based on these features, the diagnosis of central myoepithelioma was established. The patient was underwent surgical excision of the tumor and no recurrence was observed after 24 months of treatment. In conclusion, central myoepitheliomas are extremely rare and may affect patients during the adolescence.

**PP - MYXOMA OF THE MANDIBULAR CONDYLE.** Amanda Almeida LEITE. Rômulo Oliveira de Hollanda VALENTE. Jurema Freire Lisboa de CASTRO. Jorge Esquiche LEON. Paulo Rogério
Myxoma of the mandibular condyle is extremely rare. This report aims to describe a case of myxoma of the mandibular condyle. The patient, a 42-year-old woman was referred for diagnosis because of a radiolucent lesion in the left mandibular condyle identified in routine radiographic examination. Panoramic radiography revealed a well-circumscribed, multilocular, radiolucent image located in the left mandibular condyle. Computed tomography showed a well-delimited, hypodense image located in the left mandibular condyle, causing enlargement of the anterior and posterior cortical bone. In a focal region, thinning of the cortical bone was also observed. Incisional biopsy was performed under general anesthesia. Microscopically, loose fibrovascular tissue with myxoid appearance was observed, composed of spindle-shaped, oval and stellate cells immersed in abundant myxoid/mucoid matrix. No atypia, mitoses or necrosis were noted. Tumor cells presented strong positivity for vimentin and focal positivity for alpha-smooth muscle actin. The diagnosis of myxoma was established. The patient was treated by curettage of the tumor and no signs of recurrence were observed after 12 months of treatment. Although extremely rare, myxomas should be considered in the differential diagnosis of condylar radiolucent images.


Aims Assess the quality of the oral health of elderly individuals and to compare the self-perception and the clinical reality of patients who wear removable partial dentures. Study steps The elderly individuals included in the study were over 60 years of age and had physical autonomy. The patients were selected based on clinical criteria after an oral inspection. The study participants were divided into two groups consisting of those with partial/removable dentures and those with complete dentures. Personal data, hygiene and oral health habits, and Geriatric Oral Health Assessment Index (GOHAI) scores were obtained using questionnaires. Results For partial/removable denture users, no significant differences were observed between these items. Complete denture users appeared to care about their contact with other people. Conclusions According to their satisfaction (yes or no) with the use of dentures and the reality of the conditions found in the examinations, the self-perception of complete or partial/removable denture users did not correspond to the clinical reality observed by the researcher. The study showed that the oral health status of these patients was unsatisfactory as evidenced by the clinical data, including a high prevalence of periodontal disease and non-functional dentures.

PP - CHERUBISM: THE IMPORTANCE OF DETAILED CLINICOPATHOLOGICAL CORRELATION FOR CORRECT DIAGNOSIS. Leticia Drumond de Abreu GUIMARÃES. Rafael Rodrigues DIAS. Estela Kaminagakura TANGO. Maria Cândida de Almeida LOPES. Luciana Yamamoto de ALMEIDA. Jorge Esquiche LEÓN. Camilla Borges Ferreira GOMES. School of Dentistry - University of Sao Paulo/Riberao Preto Dentistry School - University of Sao .

Cherubism is a rare autosomal dominant disease which primarily affects younger patients. It is presented as a symmetrical swelling affecting the jaws, usually appearing as multilocular radiolucent spaces. These features often result in marked facial abnormalities. To date, approximately 250 cases of cherubism have been reported, mostly affecting males. Cherubism lesions are not distinctive microscopically and are difficult to differentiate from other jaw disorders containing giant cells, such as giant cell lesion, aneurysmal bone cyst, jaw tumor of hyperparathyroidism, and Noonan-like multiple giant cell lesion syndrome. Thus, cherubism diagnosis depends on strict correlation between clinical, laboratorial, imaginological and microscopical features. A 5-year-old female patient was referred to us by a general dental practitioner presenting bilateral central giant cell lesions in the mandible and delayed tooth
eruption. After clinical and imaging examination, bilateral expansion of the maxillary and mandibular cortical bone and early closure of the sagittal and metopic suture were observed. The mandibular bone biopsy revealed fibrous connective tissue admixed with multinucleated giant cells - a diagnosis of cherubism. The patient presented no family history. Her parents were warned about the benign course of the condition and were advised to conduct regular follow-up.

PP - FINE-NEEDLE ASPIRATION BIOPSY FOR DIFFERENTIAL DIAGNOSIS BETWEEN OSTEONECROSIS AND JAW METASTASIS: CASE REPORT. Leandro DORIGAN de MACEDO. Tatiane Cristina FERRARI. Vanessa Rocha Lima SHCAIRA. Karina Alessandra Michelao Grecca PIERONI. Carlos BATALHAO. Hilton MÂrcos Alves RICZ. Lara Maria Alencar RAMOS. Hospital das Clínicas de Ribeirão Preto/University of São Paulo.

Due to the risks of bone exposure, necrosis and infectious complications, indication of bone biopsy for differential diagnosis between bisphosphonates-related osteonecrosis of the jaw (BRONJ) and jaw metastasis in cancer patients is controversial. This case report aims to present the use of fine-needle aspiration biopsy (FNAB) as a minimally invasive method for the differential diagnosis between metastasis and BRONJ. A 67-year-old woman diagnosed with mixed breast carcinoma was referred to our clinic with a history of pain in the mandibular anterior region for 3 weeks. The patient was undergoing chemotherapy and monthly administration of zoledronic acid for one year. Oral examination revealed edentulous jaw, normal mucosa, slightly increased volume of anterior jaw, and pain on palpation of right anterior and right posterior mandible. Computed tomography showed radiolucent areas in the anterior and posterior regions of mandible, and cortical disruption in isolated areas. Due to the risks of bone exposure and necrosis FNAB was used for diagnosis, and the hypothesis of bone metastasis was confirmed by anatomopathological examination. The patient had no complications from the FNAB.

PP - INFLUENCE OF AGE, SEX, SMOKING AND DRINKING ON SURVIVAL RATES OF LARYNX CANCER PATIENTS: A RETROSPECTIVE ANALYSIS. Leandro DORIGAN de MACEDO. Matheus Carrijo ANDRADE. Alisson Henrique TEIXEIRA. Luciana Assirati CASEMIRO. Tatiane Cristina FERRARI. Hilton MÂrcos Alves RICZ. Lara Maria Alencar RAMOS.

Due to the risks of bone exposure, necrosis and infectious complications, indication of bone biopsy for differential diagnosis between bisphosphonates-related osteonecrosis of the jaw (BRONJ) and jaw metastasis in cancer patients is controversial. This case report aims to present the use of fine-needle aspiration biopsy (FNAB) as a minimally invasive method for the differential diagnosis between metastasis and BRONJ. A 67-year-old woman diagnosed with mixed breast carcinoma was referred to our clinic with a history of pain in the mandibular anterior region for 3 weeks. The patient was undergoing chemotherapy and monthly administration of zoledronic acid for one year. Oral examination revealed edentulous jaw, normal mucosa, slightly increased volume of anterior jaw, and pain on palpation of right anterior and right posterior mandible. Computed tomography showed radiolucent areas in the anterior and posterior regions of mandible, and cortical disruption in isolated areas. Due to the risks of bone exposure and necrosis FNAB was used for diagnosis, and the hypothesis of bone metastasis was confirmed by anatomopathological examination. The patient had no complications from the FNAB.

PP - LICHEN SCLEROSUS IN THE LIP: A CASE REPORT. Leticia de Freitas CUBA. Fernanda SALUM. Karen CHERUBINI. Ruchielli Loureiro BORGHETTI. Maria Antonia Zancanaro de FIGUEIREDO. Division of Oral Medicine, Pontifical Catholic University of Rio Grande do Sul (PUCRS), Porto Alegre, Brazil.

Lichen sclerosus is a chronic mucocutaneous inflammatory disorder of uncertain etiology. It rarely involves the mouth, and lesions limited to the oral mucosa are even less
common. We report here a case of a 14-year-old Caucasian girl with a 1-year history of an asymptomatic white patch on her upper lip. She came to our service with complaints about a white lesion on the lip and large aphthous ulcerations. The patient was healthy and not taking any medication. Skin and anogenital warts were not reported. There was no family history of similar lesions. Examination revealed an orthodontic device and a macular, white lesion affecting the left upper lip (vermillion and labial mucosa) with intraoral extension to the gingiva of tooth 21, with erythema and hyperplasia. After results of initial blood tests, we performed an incisional biopsy that demonstrated, on the lower mucosa on the connective tissue, a lymphocyte band in a homogeneous eosinophilic zone lined by a parakeratinized stratified squamous epithelium. These findings were consistent with a diagnosis of lichen sclerosus. The patient was given oral health care instructions, and no treatment was performed because she was otherwise asymptomatic. She has been under surveillance with clinic visits every 6 months.

**PP - GINGIVAL MANIFESTATION OF BACILLARY ANGIOMATOSIS IN AN IMMUNOCOMPETENT PATIENT.** Paula Verona Ragusa da SILVA. Rafael Rodrigues DIAS. Kamila Prado Pereira GRACIANO. Matheus Henrique Lopes DOMINGUETE. Luciana Yamamoto de ALMEIDA. Florence Juana Maria Cuadra ZELAYA. Jorge Esquiche LEÓN. School of Dentistry - University of Sao Paulo /Ribeirão Preto Dentistry School - University of Sao Paulo.

Bacillary angiomatosis (BA) is a disease caused by gram-negative bacteria of the genus Bartonella, which are characterized by the proliferation of blood vessels, resulting in tumor-like mass formation in the skin, mucosal surface and other organs. BA is the second most common cause of vascular skin lesions in patients infected with the human immunodeficiency virus; however, patients with organ transplantation, leukemia or chemotherapy can also be affected. Interestingly, BA can be observed in immunocompetent patients as a nodule mimicking pyogenic granuloma at the site of cat scratch. Moreover, visceral involvement by BA may be present in the liver and spleen, which, in the absence of antibiotic treatment, can lead to death. We present a case of BA affecting a 58-year-old male patient, without any known immunodeficiency state, who presented an erythematous nodular lesion on the gingiva of the left maxillary canine, clinically resembling Kaposi’s sarcoma, pyogenic granuloma or angiosarcoma. Biopsy revealed a vascular proliferation admixed with a macrophagic and neutrophilic infiltrate. Warthin-Starry silver stain highlighted numerous organisms consistent with Bartonella species. After oral erythromycin treatment, the injured site healed without sign of residual disease. BA should be considered in the differential diagnosis of vascular lesions, even in immunocompetent patients.

**PP - EXPRESSION OF E-CADHERIN, β-CATENIN AND KI-67 IN CONVENTIONAL ORAL SQUAMOUS CELL AND BASALOID SQUAMOUS CELL CARCINOMAS.** Carlos Henrique PEREIRA. Marilia Oliveira MORAIS. Mariana Quirino Silveira SOARES. Allison Filipe Lopes MARTINS. Cláudio Rodrigues LELES. Elismauro Francisco de MENDONÇA. Federal University of Goias-Dental School.

The objective was to investigate the expression of the molecules E-cadherin (E-cad), β-catenin (β-cat), and the proliferation index (Ki-67) in Squamous Cell Carcinoma (SCC) and basaloid squamous cell carcinoma (BSCC). Thirty-five SCC and 16 BSCC cases were evaluated by immunohistochemistry. Clinicopathological data and survival data were evaluated. There was a low expression of E-cad in the cytoplasmic membrane (p= 0.50) as well as in the nucleus (p=0.31) for both SCC and BSCC. A high expression of E-cad was seen in the cytoplasm for the SCC group (80%) compared to the BSCC group (25%) (p<0.01). The expression of β-cat in the nucleus (p=0.03), cytoplasmic membrane (p=0.28), and in the cytoplasm (p=0.44) was low in both SCC and BSCC. The Ki-67 expression was low irrespective of tumor variant. There was no significant association of E-cad, β-cat, or Ki-67 with the other clinical variables. In terms of disease-free survival and overall survival, there were no significant differences between SCC
and BSCC. In conclusion, the E-cad-β-cat system was found to be dysregulated in both oral SCC and oral BSCC. The low index of Ki-67 cell proliferation had no prognostic value. Support: Foundation for Research Support in the State of Goias-FAPEG.

PP - MULTIPLE JUVENILE XANTOGRANULOMA IN ADULT WITH ORAL PRESENTATION. Erika Martins PEREIRA. Melaine de Almeida LAWALL. Eduardo SANT’ANA. Carlos Eduardo BACCHI. Alberto CONSOLARO. Universidade Federal do Maranhão/Faculdade de Odontologia de Bauru - Universidade de São Paulo.

Juvenile xanthogranuloma (JXG), a non-Langerhans cell histiocytosis (nonLCH), is a benign and self-healing disorder normally observed in infants and children. Oral lesions in adult patients are rare, although the microscopic findings are similar to those in other locations. A 56-year-old Caucasian man presented with a chief complaint of a gradually enlarging gingival mass that had appeared 6 months before. An intraoral examination revealed a solitary, soft gingival mass in the mandibular lingual gingiva at the right central incisor. Lesion biopsy showed multiple large macrophages and numerous Touton-type giant cells. A positive immunohistochemistry result for CD68, fascin, factor XIIIa, and α-antitrypsin and a negative result for S-100, β-actin, CD1a, and desmin confirmed a diagnosis of JXG. One year later, the patient presented with a solitary yellow nodular lesion in his left leg. Lesion biopsy showed histopathological and immunohistochemical findings similar to those found in the oral cavity lesion, which led to the diagnosis of multiple JXG in adults. The occurrence of an oral JXG associated with skin lesions is extremely rare. A nonLCH may present variable clinical and microscopic aspects, which can lead to clinical misdiagnoses. Correct diagnosis of these lesions requires accurate evaluation of the clinical, microscopic, and immunohistochemical features.

PP - PRIMARY INTRAOSSEOUS SQUAMOUS CELL CARCINOMA ARISING IN KERATOCYSTIC ODONTOSTIC TUMOR. Viviane Palmeira da SILVA. Bruna Jalfim MARASCHIN. Liana Preto WEBBER. Marina CURRA. Leonilson GAIÃO. Manoel SANT’ANA FILHO. Márcia Gaiger OLIVEIRA. UFRGS.

In rare situations, the epithelial lining of an odontogenic lesion can undergo dysplastic transformation and give rise to primary intraosseous squamous cell carcinoma (PISCC). The literature shows that this kind of transformation takes place mainly in radicular and dentigerous cysts. This report describes a rare case of PISCC arising from a keratocystic odontogenic tumor. A 56-year-old man presented to the ambulatory service complaining of pain, purulent discharge, lingual paresthesia, and limited mouth opening 11 months after tooth #38 had been extracted. Clinical examination revealed bone exposure and computed tomography showed a loss of trabecular bone definition and disruption of the buccal and lingual cortical bone, suggesting chronic osteomyelitis. During the surgical removal of necrotic bone, the presence of friable tissue similar to squamous cell carcinoma was observed. The material was sent for microscopic analysis, which revealed invasion of the connective tissue by epithelial tissue in some areas and island-like forms with cell pleomorphism, loss of adhesion, dyskeratosis, and atypical mitosis. In focal areas, the cyst epithelium was a few layers thick, with basilar palisading, parakeratinization, and surface corrugation. The final diagnosis was PISCC arising in a keratocystic odontogenic tumor.

PP - THE IMPORTANCE OF ACCURATE DIAGNOSIS IN THE EARLY DETECTION OF PEMPHIGUS VULGARIS. VANESSA JULIANA GOMES CARVALHO. RENAN CAPOBIANCO VIEIRA. CARINA DOMANESCHI. The University of São Paulo - School of Dentistry (FOUSP). Pemphigus vulgaris is an autoimmune disease characterized by the appearance of intraepidermal vesicles that rupture, exposing the tissue. Their initially occurs in the membranes of the oral and genital mucosae. This case study addressed a non-white, non-alcoholic, non-smoking, 36-year-old female patient forwarded by an outside dentist with HD Severe Periodontitis, attended in the Clinic of Stomatology, simultaneously performing
gynecological treatment with HD Vaginal Candidiasis. She denied having any systemic disease. Intra oral examination showed painful ulcerated lesions with 3 cm in diameter, erythematous, located in the lip vermilion, soft palate, hard palate, gingival tissues inserted in the upper and lower arches, floor of the mouth, lower tongue, and belly trine region retromolar; all present for approximately 2 months. Faced with this situation, the diagnosis hypothesis was pemphigus vulgaris. The patient was sent to the dermatologist who confirmed the hypothesis by clinical examination and direct immunofluorescence. The patient was hospitalized with profound anemia and was submitted to a new treatment for pemphigus vulgaris. Despite the improvement of mucosal lesions, other multiple lesions in the scalp, abdomen, chest and breasts were observed. Currently, the patient is waiting to undergo routine dental treatment.

PP - A CASE SERIES OF CALCIFYING CYST ODONTOGENIC TUMOR DIAGNOSED IN 4 YEARS IN A ORAL DIAGNOSIS CENTER. Vanessa Juliana Gomes CARVALHO; Juliane Pirágine ARAUJO; Thais Gimenez MINIELLO; Wellington Hideaki YANAGUIZAWA; Celso Augusto LEMOS; Carina DOMANESCHI. School of Dentistry, University of São Paulo

Calcifying cystic odontogenic tumor is a rare lesion of unknown origin. It represents 2% of all odontogenic cysts and tumors. Clinically, it is presented as a painless swelling of slow growth, affecting the jaws equally, with predominance in the anterior region. It affects young adults of both genders, with average age of 33 years. Radiographically, it may be presented as uni- or multi-locular radiolucent area, and might contain irregular radiopaque areas. Some studies report that these lesions could be related to non-erupted teeth, with root resorption not commonly observed. This study addresses seven patients treated between 2010 and 2014, with average age of 29.9 years, 57% men, 70% Caucasian. In all cases, the intraosseous images showed a unilocular radiolucent circumscribed lesion; scattered radiopaque focuses were found in 71% of the cases. The lesions were associated with impacted teeth in 42% of the cases investigated. Swelling and pain were the clinical features more commonly observed. The most affected region was the mandible in the canine region, and in one case, the posterior region of the mandible presented root resorption in three teeth. All cases were treated with enucleation with no recurrence.

PP - GRANULAR CELL TUMOR: AN UNCOMMON LESION IN TWO ORAL ANATOMIC SITES - A CASE REPORT. Luciana Castro NÔBREGA; Marianna Sampaio SERPA; Hugo Costa NETO. Patrícia Teixeira de OLIVEIRA. Éricka Janine Dantas da SILVEIRA; Ana Miryam Costa de MEDEIROS. Federal University of Rio Grande do Norte.

Granular cell tumor (GCT) is an uncommon benign neoplasm that represents approximately 0.5% of all soft tissue tumors. Its occurrence is rare in children and is usually a solitary lesion that involves especially the tongue. However, multiple lesions can occur in up to 25% of the cases and frequently affect intradermal or subcutaneous tissue, with few cases being reported in the oral cavity. This report aims to describe an uncommon case of multiple oral GCT in a young patient. A 12-year-old female patient presented two asymptomatic lesions with nodular aspect, sessile implantation and firm consistence located in the dorsal surface and lateral border of the tongue. Surgical excision of lesions was performed. Histologically, both lesions were composed of polygonal cells with large and granular cytoplasm with indistinct margins, presenting small, ovoid and picnotic nuclei. Immunohistochemical analysis of both lesions revealed strong positivity of tumor cells for S-100 protein and periodic acid-Schiff (PAS) was performed to further characterize this cell population. Thus, the diagnosis of GCT was established. GCT is an uncommon lesion with few cases being reported in more than one oral site. It is important to know their clinical and histopathological characteristics so that they are correctly diagnosed, treated and followed.
PP - EFFECTS OF PHOTODYNAMIC THERAPY MEDIATED BY NANOEMULSION CONTAINING CHLORO-ALUMINUM PHTHALOCYANINE. Luciana Castro NÓBREGA. Maiara de MORAES. Roseane Carvalho de VASCONCELOS. João Paulo Figueiró LONGO. Ricardo Bentes de AZEVEDO. Antônio de Lisboa Lopes COSTA. Federal University of Rio Grande do Norte. The aim of the present work was to evaluate the effects of local application of nanoemulsion chloro-aluminum phthalocyanine (AlClPc) with a specific type of light on human gingiva and analyze by means of immunohistochemistry the expression of VEGF in a split-mouth model. Eight healthy volunteers with clinical indication for extraction were included in the study. Seven days before the extraction, 40µl of nanoemulsion containing AlClPc 5µM was injected into gingival tissue followed by irradiation with diode laser (660nm, 7J/cm2). Tissue specimens were removed seven days after PDT and divided into two groups for histological and immunohistochemical analysis. Patients were monitored at days 0, 7, 14 and 30 to assess adverse effects of the therapy. Areas of edema, vascular congestion, and intense vascularization were viewed in gingival samples that received PDT. Dystrophic calcification was observed in the subepithelial region of the test group. VEGF showed moderate to strong immunostaining in specimens from the test group. The therapy was well tolerated by all patients. Taken together, the results showed that the protocol used in this study mediated by nanoemulsion containing AlClPc is safe for clinical application in gingival tissue and suggests that VEGF is increased after PDT application.

PP - PRIMARY MANIFESTATION OF ERYTHEMATOUS LUPUS . Alessandra Dutra da SILVA. FERNANDO BORBA DE ARAÚJO. VIVIANE PALMEIRA DA SILVA, PANTELIS VARVAKI RADOS. FERNANDA VISOI. MANOEL SANT'ANA FILHO,. MÁRCIA GAIGER DE OLIVEIRA. Federal University of Rio Grande do Sul. Lupus erythematosus is a chronic autoimmune disorder characterized by the production of autoantibodies directed against nuclear and cytoplasmic antigens. This disease can cause oral lesions manifesting as white striae and erythematous atrophic areas, as well as erosions and ulcerations. These signs are sometimes misdiagnosed as other oral diseases, such as lichen planus. This report describes the case of a 23-year-old woman, leukoderma, who presented with painful erosive lesions on the gingiva, hard palate, and skin. The lesions had been diagnosed previously as erosive lichen planus. The patient also reported xerophthalmia and xerostomia, suggesting Sjogren’s syndrome. She was referred to a rheumatologist, and the results of hematological tests established the diagnosis of erythematosus lupus with the primary manifestation of oral lesions. This case report discusses better management of such patients to obtain a definitive diagnosis and implement therapy to control the symptoms of this autoimmune disease.

PP - OSTEONECROSIS OF THE JAWS ASSOCIATED WITH THE USE OF INTRAVENOUS ZOLEDRONIC ACID: WHAT’S THE BEST PROCEDURE?. Roberta de ALMEIDA. Ana Carolina Uchoa VASCONCELOS. Ana Paula Neutzling GOMES. Adriana ETGES. Sandra Beatriz Chaves TARQUINIO. Federal University of Pelotas. Bisphosphonates (BPs) are drugs used in the prevention and treatment of bone metabolism diseases which have intense resorption activity (1,2,3). Bisphosphonate-related osteonecrosis of the jaws - now called medication-related osteonecrosis of the jaw (MRONJ) - is an important side effect associated with this class of medications. A 68-year-old man was referred to the School of Dentistry at UFPel, Brazil, in August 2014, complaining of one-year-old mouth lesions. The patient's medical and dental history revealed a primary prostatic cancer and lower anterior tooth extractions. He also reported the use of zoledronic acid (for a 6-year period), prednisone and gabapentin. Intraoral examination revealed 0,4 x 0,4 cm bilateral exposed bone areas in the lower jaw (premolar area). Treatment consisted of mouth rinse with an antimicrobial solution and laser therapy. Regular imaging examinations have been conducted to monitor cortical involvement extension. The patient is being monitored monthly, and so far
there has been no evidence of disease progression.

**PP - METASTASIS OF BREAST CANCER TO CONDYLE: CONSIDERATIONS ABOUT THE DIAGNOSIS.** Bruna Fernandes do Carmo CARVALHO. Leticia Oliveira TONIN. Renata Mendonca MORAES. Matheus Henrique Alves de LIMA. Maria Fernanda Bortholo SILVA. Rodrigo Nascimento LOPES. Andre Caroli ROCHA. Stomatology Department, A.C. Camargo Cancer Center, Sao Paulo, Brazil.

Metastases to oral the region are rare and those affecting the condyle, even rarer. Breast cancer is the most frequent tumor related to oral metastasis followed by tumors of the lung, kidney, and prostate. The purpose of this report is to present a rare case of a metastatic breast carcinoma in the condyle. A 51-year-old woman with a 14-year history of invasive ductal carcinoma of the breast was referred to our department complaining of pain in the left temporomandibular joint (TMJ) associated with paresthesia of the lower lip. Extra oral examination showed evident deviation of the mandible to the left. Skeletal scintigraphy showed presence of abnormal bone metabolic activity in TMJ and costovertebral joint. Diagnosis was suggestive of degenerative diseases. Additional imaging exams (X-ray, CT and NMR) showed osteolytic bone and expansive lesion involving the left mandibular ramus extending to the condyle. Bone metastasis was diagnosed based on clinical history and imaging aspects. The medical team proposed palliative 3D radiotherapy (20 Gy) treatment. In this case, a stomatologist participated in the process of diagnosing a rare entity. Moreover, early diagnosis of this condition enabled increased patient survival and quality of life.

**PP - HISTOPATHOLOGICAL AND IMMUNOHISTOCHEMICAL ANALYSIS OF WNT/β-CATENIN SIGNALING PATHWAY PROTEINS IN ACTINIC CHEILITIS.** Sabrina Nogueira DUTRA. Ademar TAKAHAMA JUNIOR. Karla Bianca Fernandes da Costa FONTES. Adriana Dibo da CRUZ. Rebeca Souza AZEVEDO. Universidade Federal Fluminense. Faculdade de Odontologia - Campus Universitário de Nova Friburgo. Departamento de Formação Específica - Patologia Oral e Estomatologia/Faculdade de Odontologia de Piracicaba - Universidade Estadual de Campinas - FOP/UNICAMP.

Actinic cheilitis (AC) is a potentially malignant disorder of the lips that is caused by chronic exposure to ultraviolet radiation. The Wnt/β-catenin signaling pathway - also named the canonical signaling pathway - acts in cell proliferation and is involved with tumor development and progression. Some of these molecules have already been identified in AC. Thus, the aim of this study was to comparatively evaluate the histopathological features and the presence of Wnt/β-catenin signaling pathway proteins in AC. For this purpose, immunohistochemical reactions against Wnt1, Wnt5a, β-catenin, axin, APC and cyclin D1 were performed and evaluated in accordance with histopathological epithelial dysplasia grading, using the World Health Organization classification and the binary classification system. The results showed positivity for Wnt 1 (96.7%), cyclin D1 (75.4%), APC (96.7%), axin (95%) and cytoplasmic β-catenin staining (81.9%) and negativity for Wnt 5a (100%). Furthermore, Wnt1, cyclin D1, APC and axin showed an increased labeling index related with the degree of epithelial dysplasia using the binary system. In conclusion, it was possible to state that Wnt 1, cyclin D1 and β-catenin seems to act as tumor promoters by activating the canonical signaling pathway, whereas APC and axin seems to act as tumor promoters by activating the non-canonical signaling pathways.

**PP - RUNX1 AND ETV5 EXPRESSION IN ORAL POTENTIALLY MALIGNANT LESIONS AND ORAL SQUAMOUS CELL CARCINOMAS.** Marcondes SENA-FILHO. Felipe Paiva FONSECA. Pablo Agustin VARGAS. Oslei Paes de ALMEIDA. Jacks JORGE. Piracicaba Dental School - University of Campinas (Unicamp).

Oral cancer accounts for 7% of all human cancers, and squamous cell carcinoma (SCC) is the most common type of oral cancer. The transition from normal mucosa to invasive
carcinoma has a complex multistep and multifactorial etiology. The mucosal changes that precede malignant transformation are important, where oral potentially malignant lesions (PMLs) are the target of several current studies. Several studies have shown a possible interaction between the transcription factors Runx1 and ETV5 and a series of intra- and extracellular events, that culminates in neoplastic progression and invasion in skin SCC and endometrial carcinomas. Thus, it is suspected that this interaction may be related to malignant transformation of PMLs, as well as the progression of oral SCC. This study aimed to evaluate the expression of the transcription factors Runx1 and ETV5 in oral PML and SCC. Immunohistochemistry and western blot were used in frozen PML, SCC, and normal oral mucosa tissue samples.

PP - AN UNUSUAL CASE OF POLYMORPHOUS LOW-GRADE ADENOCARCINOMA EX-PLEOMORPHIC ADENOMA INVOLVING A MINOR SALIVARY GLAND: A DIAGNOSTIC CHALLENGE. Monica Ghislaine Oliveira ALVES. Yonara Maria Freire Soares MARQUES. Adriana Rocha de CARIS. Celso Muller BANDEIRA. Suzana Cantanhede Orsini Machado de SOUZA. Ana Lia ANBINDER. Yasmin Rodarte CARVALHO. Department of Biosciences and Oral Diagnosis, Institute of Science and Technology, UNESP - Univ Estadual Paulista, São José dos Campos, São Paulo, Brazil. /Department of Oral Pathology, School of Dentistry, University of São Paulo, São Paulo, Brazil.

A 62-year-old woman was referred to the Brazilian Air Force Dental Clinic in São José dos Campos with a 5-month history of a painless mass on the palate. Physical examination revealed a 1-cm, slightly lobular, firm mass on the left palate. Histological examination revealed a partially encapsulated neoplasm with two different histological patterns: that of pleomorphic adenoma (PA) and that of polymorphous low-grade adenocarcinoma (PLGA). Immunohistochemical analysis revealed positive staining for CK-7 and S-100 in all tumor cells, positive staining for vimentin in a few papillary and cribriform areas, and strong positive staining in oncocytic and sebaceous-like cells. Positive SMA staining was observed in some papillary areas, with strong positive staining in nonluminal cells in the ductal structures of the PA component. On the basis of the presence of PLGA and PA components, infiltration of the surrounding minor salivary gland in focal areas, and the immunohistochemical profile, a diagnosis of minimally invasive PLGA ex-pleomorphic adenoma was made. The patient was referred to a head and neck surgeon for further treatment. PLGA as a malignant component of carcinoma ex-PA can be misdiagnosed because of an innocuous cytological appearance, thus increasing the risk of nerve and adjacent bone infiltration.

PP - 10 YEAR FOLLOW-UP OF A SINGLE-SYSTEM LANGERHANS CELL HISTIOCYTOSIS - MULTIFOCA L BONE INVOLVEMENT. Renata Mendonça MORAES. Joyce Gimenez MENON. Juliana Rocha VERRONE. José Divaldo PRADO. Fernando Augusto SOARES. Ana Paula Molina VIVAS. Graziella Chagas JAGUAR. Stomatology Department, A.C. Camargo Cancer Center, São Paulo, Brazil.

Langerhans cell histiocytosis (LCH) is a rare neoplastic lesion, accounting for less than 1% of all osseous lesions. It may affect single or multiple systems. This study aims to present a long term follow-up of the oral and maxillofacial features of multifocal bone LCH involvement. A 29-year-old man was referred to the Stomatology Department with a medical history of persistent pain in the mandible one year in duration. Panoramic x-ray and computerized tomography showed osteolytic lesions in the mandible, temporal and left sphenoid bones extending to the soft tissues. Bone scintigraphy showed hypercaptation in the tibia, femur, humerus, rib and mandible. On clinical evaluation, only tooth mobility was observed. The differential diagnosis included LCH and infectious diseases. A biopsy was performed and after histopathological and immunohistochemical analyses, a diagnosis of LCH was reached. The patient was referred to the Clinical Oncology Department and treated with chemotherapy. The patient has been followed-up for 10 years and the image exams shows clinical stabilization.
This case emphasizes the role of a stomatologist within a multidisciplinary team in the diagnosis and management of LCH.

**PP - SOLID LEIOMYOMA OF THE LOWER LIP: A CASE REPORT.** Wellington Hideaki YANAGUIZAWA, Camilla Vieira Esteves dos SANTOS, Giovanna Piacenza FLOREZI, Paula Verona Ragusa da SILVA, Síntique Nunes Schulz MORAES, Décio dos Santos PINTO JÚNIOR, Camila de Barros GALLO. Dentistry School, University of Sao Paulo.

A 35-year-old black female patient was attended at the Stomatology Department complaining of an 18-month-old asymptomatic lesion in the lower lip. Clinical examination revealed an 8-mm yellowish round-shaped nodular lesion in the lower lip mucosa, which was firm and mobile on palpation. Excisional biopsy was performed with the clinical hypothesis of lipoma or benign salivary gland tumor. Histopathological examination showed fusiform muscle cell proliferation with elongated nucleus in fasciculate disposition. Mitosis was scarcely observed, and the lesion was diagnosed as solid leiomyoma. Leiomyoma is a rare tumor in oral cavity due to the scarcity of smooth muscle in this region. The etiology of this benign tumor is possibly related to the proliferation of smooth muscle cells of the arteries, or local embryonic tissue remains. For the solid type of leiomyoma, the etiology could be associated with the latter cited source, since this subtype is a non-vascular lesion. Treatment comprises local excision. The recurrence rate is low. A remarkable precaution is the establishment of the differential diagnosis with its malignant counterpart, low-grade leiomyosarcoma. The number of mitosis differentiates these lesions, over 10 mitoses per high-magnification field (x40) point to the malignant lesion, whereas fewer mitoses indicate a benign behavior.

**PP - NEURILEMMOMA OF THE MOUTH - REPORT OF THREE CASES.** Maria Fernanda Bartholo SILVA, Leticia Oliveira TONIN, Bruna Fernandes do Carmo CARVALHO, Louise de Brot ANDRADE, Celso Augusto LEMOS, José Divaldo PRADO, Fábio de Abre ALVES. A C CAMARGO CANCER CENTER, Sao Paulo, Brazil.

Neurilemmoma, a rare, benign, encapsulated and slow-growing tumor of the nerve sheath, is an unusual entity showing no gender predilection, and there are no reports of recurrence after surgical excision. Approximately 25-40% of all cases occur in the head and neck region, with 1% being located in the oral cavity. This study aims to describe clinical features of cases of neurilemmoma in the mouth. In the last 2 years, three cases of intraoral neurilemmoma were diagnosed by the Stomatology Department. Patients ranged from 13 to 40 years old, with mean age of 24, including two females. The smallest lesion measured 1cm, and the largest 3.5cm. Clinically, all cases involved asymptomatic, well-defined nodules, two being in the tongue, the other in the palate. Diagnostic hypotheses for tongue lesions were granular cell tumor, pyogenic granuloma, myofibroma and neural tumor. For the palate, salivary gland tumor was considered. Excisional biopsy for the tongue lesions, and incisional for the palate were performed. Histopathological and immunohistochemical analysis contributed to diagnosis of neurilemmoma. This case series emphasizes that neurilemmoma should be considered in differential diagnosis of oral nodular lesions, particularly in the tongue.

**PP - IMMUNOHISTOCHEMICAL ANALYSIS OF RANK, RANKL AND OPG IN REIMPLANTED TEETH OF RATS.** Andréia Ferreira do CARMO, Conceição Aparecida Dornelas Monteiro MAIA, Márcia Martins MARQUES, Rejane Andrade de CARVALHO, Ana Luiza Dias Leite de ANDRADE, Roseana de Almeida FREITAS, Hébel Cavalcanti GALVÃO. Federal University of Rio Grande do Norte.

The RANK / RANKL / OPG system plays an important role in bone formation and resorption. This finding has been regarded as one of the most important advances in the understanding of bone biology with respect to osteoclastogenesis. This study aimed to investigate the immunoexpression of ANK/RANKL/OPG in reimplanted teeth and to observe
the relationship between expression of these markers and tooth and bone resorption. Thirty male Wistar rats had their right maxillary incisors extracted and divided into 2 groups according to the period that the extracted teeth were kept in dry air before reimplantation: G1 (n=15/5 minutes) and G2 (n=15/60 minutes). After reimplantation, teeth were analyzed at intervals of 1, 3 and 7 days to the aforementioned markers. The results showed that the RANK/RANKL/OPG system actively participates in the repair process, as well as in tooth and bone resorption. Extra-alveolar time of 60 minutes before replantation caused minor expressions of RANKL and OPG, not influencing the expression of RANK; RANKL immunostaining was higher in both groups when compared to other biomarkers, participating in all phases of bone and tooth resorption; RANKL was associated both with osteoclastogenesis and cell proliferation.


Oral squamous cell carcinoma (OSCC) accounts for 90% of oral malignancies, which may be preceded by oral epithelial dysplasia (OED). The progression of cancer involves the downregulation of epithelial markers (E-cadherin) and upregulation of mesenchymal markers (N-cadherin), which characterize the epithelial-mesenchymal transition. This study aimed to analyze the immunexpression of E-cadherin and N-cadherin in the different stages of carcinogenesis in order to identify reliable biomarkers that are useful in the prediction of malignant potential. E-cadherin and N-cadherin expressions were evaluated in 15 normal oral mucosa (NOM), 14 OED, and 33 OSCC formalin-fixed paraffin embedded specimens by using immunohistochemistry. Clinicopathological parameters (age, sex, size, location, and pathological grade) were also assessed. E-cadherin immunexpression was significantly reduced during the progression of the oral carcinogenesis (p = 0.0053, Fisher exact test), as NOM, OED, and OSCC showed 87%, 50%, and 36% positivity, respectively. N-cadherin immunexpression did not show statistical relationship on these groups. However, a representative number of N-cadherin-positive OSCC cases did not express E-cadherin (n = 12, 70.5%). These findings indicate a possible negative correlation between these proteins and suggest that cadherin switching may be a regulatory event in oral carcinogenesis. Financial Support: PRODOC-UFBA 02/2011.

PP - VIMENTIN IMMUNOEXPRESSION IN DENDRITIC CELLS AND THE TUMOR MICROENVIRONMENT OF KERATOCYSTIC ODONTOGENIC TUMORS. Raísa Cavalcante DOURADO. Lia Pontes Arruda PORTO. Jean Nunes dos SANTOS. Luciana Maria Pedreira RAMALHO. Andreia Leal FIGUEIREDO. Katiúcia Batista Silva PAIVA. Flávia Caló Aquino XAVIER. Universidade Federal da Bahia.

The tumor microenvironment plays a regulatory function in tumorigenesis. The real role of mesenchymal markers such as vimentin in the progression of keratocystic odontogenic tumors (KOTs) is unclear. This study aimed to analyze the vimentin immunexpression in KOTs in comparison with radicular cysts (RCs) and dental follicles (DFs). We evaluated 32 formalin-fixed paraffin-embedded cases of KOTs, 15 cases of RCs, and 8 cases of DFs by using immunohistochemistry. Staining was measured in the epithelial compartment and stromal microenvironment. The groups were statistically analyzed by using the Fisher exact test. In the KOTs, epithelial immunostaining was absent in most cases (65.6%). Positive cases were limited to dendritic cells in the epithelial layers. Of the cases of RC, 86.7% presented moderate and high epithelial immunexpression, but also predominantly occurred in dendritic cells and DFs. A total of 84.4% of KOTs showed moderate and high stromal immunexpression, mostly observed in the stromal cells adjacent to the epithelium interface. In the RCs, the inflammation markedly influenced the stromal staining (p = 0.000). Furthermore, increased expression of...
vimentin in the stroma was associated with KOTs being located in the mandible (p = 0.036). Vimentin was demonstrated to be a marker of dendritic cells in odontogenic lesions and is differentially expressed in KOTs, RCs, and DFs.


Benign fibrous histiocytoma is a rare neoplasm composed of fibroblasts and histiocytes that affects common soft tissues of the dermis and subcutaneous layers. It has been rarely reported in the oral cavity. We present a case of fibrous histiocytoma of the tongue in a 30-year-old man. The physical examination revealed a small, asymptomatic, white nodule in the anterior dorsum of the tongue. An excisional biopsy was performed under local anesthesia. The histopathological examination revealed a non-encapsulated proliferation of spindle-shaped cells somewhat disposed in a storiform pattern. In addition, some giant multinucleated cells occupied the periphery of the lesion. The immunostaining was positive only for vimentin in the spindle-shaped cells and for CD68 in the giant multinucleated cells. According to these characteristics, we established a diagnosis of benign fibrous histiocytoma.

PP - CLINICOPATHOLOGICAL ANALYSIS AND MMP2 EXPRESSION IN PERiapICAL LESIONS. Danielle NOBRE LOPES. Isabel Schausltz Pereira FAUSTINO. Rebeca de Souza AZEVEDO. Ademar TAKAHAMA JÚNIOR. Faculdade de Odontologia- Campus Universitário de Nova Friburgo Departamento de Formação Específica- Patologia Oral e Estomatologia Universidade Federal Fluminense.

Periapical lesions represent a local immune response to the progression of microorganisms from an infected root canal space to the periapical area that results in bone resorption. During periapical inflammation, inflammatory cells release matrix metalloproteinases (MMPs) for bone resorption. MMP2 is one of these MMPs, which is probably involved in the development of periapical lesions. The purpose of this study was to evaluate the main clinicopathological features and the immunohistochemical expression of MMP2 in periapical lesions. To do this, 53 periapical lesions were collected and analyzed. The mean age of the patients was 42.2 years with a slightly female predominance. The histopathological examination revealed 29 granulomas and 24 cysts. The radiographic areas of the lesions were measured with a mean of 12.9 mm2, averaging 18.4 mm2 for cysts and 10.8 mm2 for granulomas, but this difference was not statistically significant (p=0.09). The presence of pain was more common in patients with granulomas (p=0.04), and the MMP2 expression was higher in granulomas (85.2%) than in cysts (75%) (p=0.003). Periapical granulomas and cysts had a similar frequency and size. The presence of pain was more common in granulomas, and MMP2 may be involved in the development of periapical lesions, mainly in granulomas.


Congenital epulis is a rare benign soft tissue tumor almost exclusively situated on the alveolar ridge of newborns. In recent years, prenatal detection of congenital oral tumors has facilitated differential diagnosis and proper treatment planning through multidisciplinary approach. This is a case report of congenital epulis in a female newborn discovered by obstetric ultrasound at 30 weeks of gestation. Antenatal diagnosis was epignathus. After birth,
clinical examination revealed a round, ulcerated, bleeding, soft and pedunculated mass of 4cm in diameter located on the alveolar ridge. After five days, the lesion was completely removed by simple excision. Histologic examination showed lesional tissue comprising large sheets of polygonal or rounded cells with a centrally placed small dark basophilic nucleus with abundant eosinophilic granular cytoplasm, abutting the overlying parakeratinized stratified squamous epithelium. Epithelial atrophy was observed. There was no evidence of mitosis or necrosis. These findings were consistent with the diagnosis of congenital epulis. Epignathus and congenital epulis are both rare; however, origin, clinical manifestations and histopathology are distinct. Due to the potential risk of neonatal respiratory difficulties and feeding associated with these lesions, prenatal detection is valuable for safe childbirth.

**PP - LEIOMYOMA OF THE ORAL CAVITY: A CASE REPORT.** Victor Perez TEIXEIRA; José Narciso Rosa ASSUNÇÃO JÚNIOR; João Alberto Lopes SOUZA JÚNIOR; Ricardo Camillo DE ALMEIDA; Celso Augusto LEMOS. School of Dentistry, Metropolitan University of Santos; School of Dentistry, University of São Paulo;

Leiomyomas are benign smooth muscle tumors that are rare in the head and neck and oral cavity, with only 0.42% occurring in intraoral location. Oral leiomyomas can appear at any age, but the highest prevalence is between 40 and 59 years. They occur more frequently in men, with a 1.43:1 ratio, and usually present slow growing, asymptomatic, submucosal masses in the tongue, hard palate or buccal mucosa. A Caucasian 82-year-old female with unremarkable past medical and familial history was referred to us presenting a growing asymptomatic tongue swelling first detected two months before. Intraoral examination showed a single, well-defined, 3 cm large lesion on the right border of tongue, firm and symptomatic to palpation. CT scan showed a lesion with regular borders surpassing the midline. A biopsy was performed and the histological examination revealed a diagnosis of leiomyoma. Resection under general anesthesia was conducted and the histopathological and immunohistochemical analyses of the specimen confirmed the leiomyoma diagnosis. The patient was kept in postoperative follow-up with no recurrence after 3 months.
Adenomatoid odontogenic tumor (AOT) is a benign odontogenic lesion with a slow and non-invasive growth, often affecting the anterior maxillary bone. Radiographically, it shows a radiolucent area with radiopaque spots associated with teeth. We report a case of pain and swelling in the anterior left mandible of a 16-year-old girl who presented to the dental clinic of a public college. She had been experiencing the symptoms since 1 month. Clinical examination showed swelling and loss of definition of the oral vestibule. The panoramic radiographic image showed a well-defined, radiolucent area involving the crown of the retained elements 33 and 34, suggesting a dentigerous cyst. Therefore, the lesion was marsupialized and the material sent for histopathological analysis, which confirmed a dentigerous cyst. The patient did not comply with the post-surgical instructions, resulting in closure of the surgical wound. An additional procedure was performed, and a larger sample specimen was sent for histopathological analysis; the results confirmed adenomatoid odontogenic tumor. Owing to this change in the histopathological report, the patient was referred to a maxillofacial surgeon for total lesion removal. She is currently being treated in the outpatient clinic.

Dosimetric distribution to dental structures can provide correlations with oral complications of radiotherapy and may be useful in dental treatment planning before, during and after radiotherapy (RT) for head and neck cancer. A cross-sectional, retrospective and analytical study is presented, aiming to quantify the incidence of mean and maximum doses of radiation in different groups of teeth in 30 patients with head and neck cancer (oral cavity, oropharynx, and nasopharynx) treated with intensity-modulated radiotherapy (IMRT) and compare with clinical variables. Clinical and pathological data were obtained from medical records. From the computed tomography structures, dental volumes were contoured using the radiotherapy planning software. For posterior mandibular regions, the mean maximum radiation doses for oral cavity, oropharyngeal and nasopharyngeal tumors were 48, 72Gy, 52Gy and 43Gy, respectively. When tumor staging was considered and compared, the mean maximum radiation doses in posterior mandibular regions were: T1-T2 = 36,1Gy; 36,6Gy; 38,5Gy and T3-T4 = 59GY; 62,9GY; 42,4Gy, for oral cavity, oropharyngeal and nasopharyngeal tumor sites, respectively. It was concluded that in addition to the primary tumor site, some clinical variables, such as laterality, tumor and lymph node staging should be considered, since they may directly influence the amount of radiation received.

Paracoccidioidomycosis (PCM) is a systemic fungal infection with high rates of mortality and morbidity in some tropical countries. This study aimed firstly to assess multinucleated giant cell (MGC) morphology and obtain MGC counts in the oral lesions of 26 chronic PCM patients and secondly to examine the association of MGCs with granulomas and fungal cells. The cases were classified as loose- or dense-granuloma type and the MGCs were
classified as Langhans or foreign-body type. Fungus quantitation was performed by counting Paracoccidioides brasiliensis (Pb) immunopositive cells. It was determined that our cohort included 12 cases of predominantly dense-granuloma type PCM and 14 cases of loose-granuloma type PCM. MGCs were more numerous in loose than in dense granulomas, and most MGCs were of the Laghans type. Pb immunolabelling was predominately membranous with some labelling within MGCs. Pb-positive cells were found in connective tissue and within microabscesses. Dense granulomas were associated with the presence of numerous foreign body MGCs \( p = .001 \). Pb-positive cell counts did not correlate with MGC counts. In conclusion, PCM patients who exhibited a dense granulomatous inflammatory response showed a tendency toward foreign-body MGC predominance in their oral lesions. Acknowledgments: CAPES AUX PE PNPD 2386/2011

**PP - IMMUNOEXPRESSION OF EGFR AND EMMPRIN IN A SERIES OF CASES OF HEAD AND NECK SQUAMOUS CELL CARCINOMA.** Ana Luiza Dias Leite de ANDRADE; Stefânia Jeronimo FERREIRA; Sonia Maria Soares FERREIRA; Camila Maria Beder RIBEIRO; Andréia Ferreira do CARMO; Roseana de Almeida FREITAS; Hébel Cavalcanti GALVÃO. Federal University of Rio Grande do Norte.

**OBJECTIVE:** To evaluate the immunoexpression of the epidermal growth factor receptor (EGFR) and the extracellular matrix metalloproteinase inducer (EMMPRIN) in cases of head and neck squamous cell carcinoma (HNSCC), considering the histological grade of malignancy, clinical stage, and anatomical location. **STUDY DESIGN:** Forty-five HNSCCs were submitted to morphological and immunohistochemical analysis. The percentage of positive cells was categorized as follows: score 1 (0-50%), 2 (51-75%), and 3 (>75%). Immunostaining intensity was graded as follows: score 1 (absent/weak) and 2 (strong). **RESULTS:** For EGFR, a predominance of high median scores was observed in cases of both histological grades of malignancy and in different clinical stages \( p>0.05 \). For EMMPRIN, a statistically significant difference was observed between the histological grades of malignancy \( p=0.030 \). With regard to the immunostaining intensity of EMMPRIN, a predominance of score 1 in cases with stages I/II was observed, whereas most cases with stages III/IV presented score 2 \( p=0.032 \). Most cases of buccal floor cancer presented a higher median EMMPRIN score than other anatomical sites \( p=0.015 \). **CONCLUSIONS:** Our findings suggest that both proteins are potential targets for cancer therapy and EMMPRIN can be used as a prognostic marker of a more aggressive biological behavior in patients with HNSCC.

**PP - IMMUNOEXPRESSION OF MMP-13 AND ANALYSIS OF TRYPTASE-POSITIVE CELLS IN CHRONIC PERIAPICAL LESIONS.** Ana Luiza Dias Leite de ANDRADE. Edilmar de Moura SANTOS. Roseana de Almeida FREITAS. Hébel Cavalcanti GALVÃO. Federal University of Rio Grande do Norte.

**OBJECTIVE:** To evaluate the immunoexpression of tryptase and matrix metalloproteinase-13 (MMP-13) in periapical lesions, correlating them with the type of lesion, intensity of the inflammatory infiltrate and thickness of the cystic epithelial lining. **STUDY DESIGN:** Twenty periapical granulomas (PGs), 20 radicular cysts (RCs) and 20 residual radicular cysts (RRCs) were submitted to morphological and immunohistochemical analysis using anti-tryptase and anti-MMP-13 antibodies. **RESULTS:** The number of tryptase-positive mast cells increased from PGs, followed by RCs, and finally by RRCs \( p=0.002 \). Similarly, the PGs and RCs showed higher expression of MMP-13 than the RRCs \( p<0.001 \). In comparison with lesions with inflammatory infiltrates grades I and II, lesions with inflammatory infiltrate grade III exhibited higher immunoexpression of MMP-13 \( p=0.003 \). No statistically significant differences were observed between the expression of both markers and the epithelial thickness \( p>0.05 \), and no positive correlation was identified between the immunoexpression of tryptase and MMP-13 in periapical lesions \( p=0.076 \). **CONCLUSION:** Tryptase-positive mast cells and MMP-13 stained cells were present in chronic periapical lesions in a larger number in PGs and RCs than in RRCs.
Our findings also suggest that a high enzymatic activity of MMP-13 is closely related to the intensity of the inflammatory infiltrate in these lesions.

PP - KAPOSI’S SARCOMA: A HIV-POSITIVE PATIENT CASE REPORTED. Laudenice de Lucena PEREIRA. Gilka Soares Sampaio ANDRADE. Laura Priscilla Barbosa CARVALHO. Maria Cristina Tavares de M. HONORATO. Marcus Setally Azevedo MACENA. Roseana de Almeida FREITAS. UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE/CENTRO UNIVERSITÁRIO DE JOÃO PESSOA.

Kaposi’s Sarcoma (KS) is an opportunistic endothelial cancer associated with human herpesvirus 8 being common in Acquired Immune Deficiency Syndrome (AIDS), infection by immunodeficiency virus (HIV). This case reported a SK in male patient, 38 years old, dark skin, homosexual, with clinical presentations by skin lesions like nodules of fibroelastic consistency, asymptomatic, with larger diameter of 4 cm and intraoral lesions like clinical aspects multinodular, erythroleukoplastic, bleeding, located on the palate, upper and lower ridges and retromolar region. The patient had reported spontaneous pain in the palate and difficulty in chewing. Incisional biopsy of oral lesions was forwarded to histopathological analysis, and blood tests for HIV, viral load and CD4 lymphocyte counts were performed. The results were, respectively, consistent with SK, positive HIV with viral load 450 million copies / ml and CD4 count was 163 cells / µl. The patient was subjected to multiprofessional treatment for HIV and SK by chemotherapy and surgery. There was a decrease in viral load and CD4 rate, as well as remission of the intraoral and skin lesions. The periodic proservation has been made and verified improvement in the quality of life of the patient.

PP - CLINICAL AND FAMILIAL FEATURES OF WHITE SPONGE NEVUS. Joyce Gimenez MENON. José Saturnino da SILVA. Renata Mendonça MORAES. Ana Paula MOLINA. Ana Claudia SCARAFICCI. José Divaldo PRADO. Hospital A.C. Camargo Cancer Center.

White Sponge Nevus (WSN) is a rare, benign, autosomal-dominant disorder characterized by white spongy plaques, which affects non-keratinizing oral mucosa and less frequently other sites including the nasal, esophageal, laryngeal, vaginal and anal mucosa. The aim is to report a case of WSN. The patient, a 36-year-old man was referred to the Stomatology Department for evaluation of a lesion in oral mucosa, with duration of 35 days. On intraoral examination, white, spongy desquamated plaques were observed affecting the entire buccal mucosa, both lateral borders of the tongue, and lower lip mucosa. There was also a round, pedunculated ulcerative lesion measuring 1 cm in left buccal mucosa. WSN was the diagnostic hypothesis for the first-mentioned lesion, and pyogenic granuloma (PG) for the second. Considering the possibility of WSN, family history was collected. The patient reported his 2 sisters (3 out of 5 siblings), his father and some nephews had similar characteristics. WSN was thus confirmed, the second lesion was removed and histopathological analysis confirmed diagnosis of PG. In conclusion, the clinical features and family history were important to confirm the diagnosis of WSN and such lesion could facilitate the appearance of PG.

PP - ORAL HISTOPLASMOSIS IN AN HIV-NEGATIVE ELDERLY MAN: REPORT EMPHASIZING THE RELATIONSHIP WITH IMMUNOSENESCENCE. Rose Mara ORTEGA. Andréia BUFALINO. Luciana Yamamoto ALMEIDA. Patrícia do Socorro Queiróz FEIO. Darcy FERNANDES. Rafael Ferreira e COSTA. Jorge Esquiche LEÓN. University of São Paulo - USP- Ribeirão Preto - Brazil/Paulista State University – UNESP, Araraquara, Brazil.

Histoplasmosis is a global systemic mycosis caused by Histoplasma capsulatum, a dimorphic fungus, isolated from soil contaminated with bird or bat droppings. The clinical manifestations of histoplasmosis differ based on host immunodeficiency and degree of fungal exposure. Oral lesions are usually a manifestation of the disseminated form of the disease and are most frequently observed in immunocompromised patients. Immunosenescence is defined as an age-related immune function deregulation, which impairs inflammatory systemic
responses and causes predisposition to infections. Although rare, there have been some reports of oral histoplasmosis among immunocompetent patients. However, the immunological mechanisms and/or predisposing factors are unclear. Herein, we present a rare case of oral histoplasmosis affecting a 72-year-old white male smoker, who was both diabetic and hypertensive. He had a painful lingual lesion with approximately 1-year of evolution. The laboratory tests and hemogram did not show any alterations, and serological HIV investigation was negative. After starting antifungal medication, the patient recovered with regression of the lesions. This case illustrates that immunosenescence could be considered a predisposing factor for histoplasmosis in elderly patients.

PP - ODONTOGENIC MYXOMA TREATMENT OF THE MANDIBLE WITH ATYPICAL RADIOGRAPHIC FEATURES. Ana Claudia SCARAFICCI. André Luis CAROLI. Paulo André Gonçalves de CARVALHO. Roberta Cardim LESSA. Leticia Oliveira TONIN. José Saturnino da SILVA. Bruna Fernandes do Carmo CARVALHO. Stomatology Department, A.C. Camargo Cancer Center, São Paulo, Brazil.

Myxoma is a benign, aggressive, odontogenic tumor that occurs in young adults (mean age, 30 years) and mainly affects the posterior mandibular region; it is believed to originate from the ectomesenchyme. No gender predominance has been observed. Treatment comprises surgery, and the recurrence rate is approximately 30%. We reported a case of odontogenic myxoma with radiographic features similar to osteosarcoma. A 35-year-old woman presented with an asymptomatic increased volume in the left mandibular body, with expansion of the lower mandibular border within 4 months. Intraoral examination revealed expansion of the lingual cortical erosion and tooth mobility (n° 37). Imaging findings showed radiolucent images with no cortical limits, extending from 38 to 35, with lingual cortical erosion. A sunshine aspect image was observed protruding from the base of the jaw. Incisional biopsy was performed, and the patient was diagnosed with odontogenic myxoma. The treatment involved a combination of intra- and extraoral access, followed by surgical excision, curettage, and peripheral osteotomy, thereby preserving the inferior alveolar nerve. The patient recovered well, with no evidence of recurrence during the follow-up period of 18 months.

PP - MELANOTIC NEUROECTODERMAL TUMOR OF INFANCY. Roberta Cardim LESSA. Matheus Henrique Alves de LIMA. José MAGRIN. Rodrigo Nascimento LOPES. André Caroli ROCHA. Clóvis Antônio Lopes PINTO. Fabio de Abreu ALVES. A.C.Camargo Cancer Center.

The Melanotic Neuroectodermal Tumor of Infancy (MNTI) is a rare disease that affects children in their first years of life. There are only 325 cases reported in the literature. It is a fast-growing, pigmented, osteolytic tumor usually located in the facial bones of an infant. This study aims to present a rare case of MNTI, as well as its treatment and follow-up. A 4-month-old female infant was admitted at the Stomatology Department with a tumor in left maxilla which was present since birth. The child presented a healthy condition, but the extraoral examination showed facial asymmetry. The clinical evaluation revealed that the tumor was smooth, dark in color and of firm consistency, involving the maxillary alveolar ridge which invaded the middle line, deforming the dental arch and promoting anterior displacement of the skin and subcutaneous adjacent tissue. Tomography and magnetic resonance imaging studies showed an expansive lesion with lytic, insufflation characteristics, with components of soft tissue, measuring 28 x 17 mm. A biopsy confirmed our hypothesis of MNTI. The treatment consisted of complete resection of the lesion and complementation with curettage and peripheral osteotomy. Six years after tumor excision, the child is well and without recurrence.

PP - A RARE CASE OF ORAL HEMANGIOLYMPHANGIOMA. Rafaela Elvira ROZZA-DE-MENEZES. Adriele Ferreira GOUVÊA. Ademar Takahama JUNIOR. Danielle Nobre LOPES. Karla Bianca Fernandes da Costa FONTES. Rebeca de Souza AZEVEDO. André BOZIKI. Universidade Federal
Defects in vasculogenesis can cause hemangiomas and lymphangiomas, benign tumors of the blood and lymphatic vessels with predilection for the head and neck region. Hemangiolymphangiomas (HLA) are very rare lesions that constitute a variant of lymphangioma with a vascular component. The authors present a congenital HLA case in a 6-year-old girl, highlighting the histopathological aspects of the case. On oral exam, a submucosal, asymptomatic, sessile nodule on the upper lip was observed. A fine needle aspiration biopsy showed no liquid content. At a hospital, a surgical resection was performed under general anesthesia, and a histopathological examination showed numerous endothelial lined vascular spaces that were diffusely infiltrating the adjacent soft tissues. There were lymphocytes, erythrocytes and proteinaceous fluid within the lumen of vascular vessels. The endothelial cells were D2-40 and CD34 heterogeneously positive, supporting the nature of the lymphatic and blood vessels, respectively. The diagnosis of HLA was made. HLA has been scarcely reported in the head and neck region (e.g., in buccal mucosa and the parotid gland) and it can mimic other congenital lesions. This case emphasizes the necessity of clinical and microscopic/immunohistochemical correlation for making a correct, final diagnosis.

Cowden Syndrome (CS) is a rare autosomal-dominant inheritance with variable expressivity, characterized by multiple hamartomatous lesions. The most affected organ is the skin, with high risk to develop breast and thyroid cancer. Case report: Female gender, 40 years old, teacher. History of venous angioma, bilateral multifocal follicular thyroid carcinoma (total thyroidectomy), multiple breast cysts, polycystic ovaries and HPV positivity. Patient was evaluated by the Dermatology Ambulatory Hospital in June/2010. Clinically, multiple papules were observed in the anterior region of the attached gingiva, vestibular surface (upper and lower) and the upper and lower lip, normochromic lesions, with fibrous consistency on palpation, papillomatous surface, painless. A biopsy was performed, diagnosing Fibrous Focal Hyperplasia (FFH) with evidence of viral infection. Clinical treatment was chosen, with application of topical trichloroacetic acid (60%), for 1 minute, twice a day. There was clinical control of the lesion growth. Similar lesions emerged on the soles of the feet and palms of the hands. Skin lesion biopsies were performed. The association of this result with FFH and the previous history confirmed the syndrome diagnosis. Actuation of a multidisciplinary team is necessary to realize the exact disease diagnosis.

Immune Thrombocytopenic Purpura (ITP), an autoimmune disease where autoantibodies target proteins from the platelet membrane. The main signs and symptoms are: petechia and ecchymosis in the skin/mucosa, gastrointestinal and urinary tract bleeding. It affects 1 in 10,000 people, mainly women in fertility age. Case report: Female, 18 years old. Periodontal scaling procedure and gum surgery in the anterior/lower teeth region were performed. The procedures caused gum bleeding with significant blood loss and syncope. There was previous history of bleeding by menstruation and skin cuts. Hematologic exams showed alterations (Platelet count = 8.000 p/mm3; Hemoglobin = 12.00 g/dl; Hematocrit =36.40%). Patient was assessed by the Hematology Department diagnosing ITP. There was a favorable respond to corticoid therapy (prednisone 60mg/day), and the platelet counts
increased to 86.000p/mm³ after 2 days of treatment. The oral gingival lesion progressed to tissue necrosis with bone exposure. It was treated with antibiotics, local professional cleaning, photodynamic therapy (PDT), infrared laser (weekly for 2 months) and mouthwash with chlorhexidine (0.12%). Ten months after, a splenectomy was performed on the patient. The professional should assess the patient`s general health, especially when surgical procedures are indicated and request appropriate preoperative exams.

PP - GINGIVAL LESIONS: A CLINICOPATHOLOGICAL STUDY OF A CASE SERIES. Alberes Kenio da Silva de ANDRADE. Maria Fernanda Muniz ARAUJO. Victor Hugo Albert PIRES. Augusto César Leal da Silva LEONEL. Jurema Freire Lisboa de CASTRO. Elaine Judite de Amorim CARVALHO. Danyel Elias da Cruz PEREZ. Oral Pathology Section, School of Dentistry, Federal University of Pernambuco.

This study aimed to analyze and establish the frequency and distribution of gingival lesions in an Oral Pathology Laboratory in Brazil. Between 2000 and 2013, all gingival lesions diagnosed in the Oral Pathology Laboratory, Federal University of Pernambuco, Brazil, were selected for the study. The clinical data were obtained from the patient charts filed in the Laboratory. All cases were microscopically reviewed, and diagnoses classified into seven categories. Of the 3230 lesions, 538 (16.6%) occurred in the gingiva. There were inflammatory/reactive lesions (407 - 75.6%), potentially malignant disorders (78 - 14.6%), pigmented lesions (22 - 4.0%), malignant neoplasms (17 - 3.2%), immunological-mediated diseases (7 - 1.3%), benign neoplasms (6 - 1.1%) and infectious lesions (1 - 0.2%). Overall, 367 cases occurred in female patients (68.5%) and 217 in male (31.5%). Mean age of patients was 46.1 years. Site of the lesions showed the maxillary gingiva was affected in 227 cases (51.1%) while the mandibular mucosa was affected in 217 cases (48.9%). Because of the high frequency of gingival lesions, professionals should pay attention to detailed clinical examination in order to accurately identify and diagnose these lesions.

PP - ATYPICAL RADIOGRAPHIC FEATURE OF OSTEOSARCOMA IN THE MANDIBLE. Thaís Gimenez MINIELLO; Paula Verona Ragusa SILVA; Vanessa Juliana Gomes CARVALHO; Marília Trierveiler MARTINS; Celso Augusto LEMOS. University of São Paulo.

Osteosarcoma is the most frequent malignant bone tumor in the first decades of life. However, the etiology of this tumor is still unknown. Its main risk factors include prior radiotherapy, Paget`s disease, fibrous dysplasia and chronic osteomyelitis, among others. It rarely affects the head and neck region, with only 4% occurrence in the jaws. A 36-year-old male patient was referred to our institution presenting a swelling in the lower right alveolar ridge with 6 months of duration. He also reported hypoesthesia in this region. He had undergone a biopsy whose outcome showed a benign fibro-osseous lesion. Extraoral examination showed a hogback in the right mandibular region. Oroscopy showed a tumor lesion measuring approximately 3 cm, sym pathetic, ulcerated, with undefined edges and increased oral volume. X-ray examination showed a radiopaque lesion with no defined borders, no evidence of bone destruction, and an evocative image of the mesial root resorption of tooth 47. The patient underwent a new biopsy whose outcome was osteosarcoma. Currently, the patient is under treatment at an oncological institute. Radiographic features not always suggest malignancy as a primary diagnosis, and this fact delays the correct diagnosis, treatment and prognosis of the patient.

PP - SOLITARY INFANTILE MYOFIBROMA. Victor Hugo Albert PIRES. Alberes Kenio da Silva de ANDRADE. Thalles M SUASSUNA. Elaine Judite de Amorim CARVALHO. Jurema Freire Lisboa de CASTRO. Danyel Elias da Cruz PEREZ. Oral Pathology Section, School of Dentistry, Federal University of Pernambuco.

Infantile myofibroma is a rare benign mesenchymal tumor mostly found in the head and neck region. This study aims to describe a case of solitary infantile myofibroma. The
patient, a 6-year-old girl was referred for diagnosis because of a subcutaneous nodule, with duration of approximately 4 months. Extraoral examination revealed a painless, mobile, subcutaneous nodule situated adjacent to the basal mandibular cortical bone. The lesion measured approximately 3.0 cm. Computed tomography scan demonstrated a well-circumscribed, homogenous nodule with soft tissue density, but without bone invasion. Benign mesenchymal neoplasm was the main clinical diagnostic hypothesis. Under general anesthesia, the lesions was excised. Microscopically, a spindle cell tumor showing alternating hypercellular and hypocellular areas with large numbers of collagen fibers was observed. Hypercellular areas were composed of spindle-shaped cells arranged in short fascicles or bundles set in a fibrous stroma. Tumor cells were positive for vimentin and alpha-smooth muscle actin. Rare cells were positive for Ki-67. Based on these features, the diagnosis of infantile myofibroma was established. No recurrence was observed after 18 months of treatment. In conclusion, the association of clinical, histopathological and immunohistochemical features is essential for the final diagnosis.

PP - JUVENILE MANDIBULAR CHRONIC OSTEOMYELITIS: THE DIFFICULTY OF CLINICAL MANAGEMENT. Caroline ZIMMERMANN. Inês Beatriz da Silva RATH. Maria Inês MEURER. Jussara Maria GONÇALVES. Emanuell da Silva CHRUN. Liliane Janete GRANDO. Federal University of Santa Catarina, University Hospital of Federal University of Santa Catarina.

Girl, nine years old, referred with history of right parotid swelling for a year, diagnosed with mumps. After two months, she was hospitalized for suspicion of cytomegaloviruses. Clinical status regressed and recurred after a month. She was unsuccessfully treated with antibiotics and had monthly episodes of severe pain. Extraoral examination showed a slight increased volume in the right face, firm consistency and painful on touch. Intraoral examination showed intact mucosa, normal color, slight expansion of the right mandibular ramus and lockjaw. Ultrasonography showed mild heterogeneity and nonspecific right parotid increase. Panoramic radiograph revealed diffused radiopacity increase in the right mandibular ramus, irregular contour and mandible canal increase. In the computed tomography, buccolingual and density increase; cortical remodeling and periosteal bone formation; suspect areas of disrupted cortical were observed; and no evidence of mandibular canal corticalization. Based on these features, the diagnosis was Juvenile Mandibular Chronic Osteomyelitis. Two capsules daily of Indomethacin 25mg and Omeprazole 10mg were prescribed. Clinical status improved and drugs were suspended. With drug suspension, new pain episodes and swelling occurred. Interspersed maintenance periods and suspension of drug therapy have kept the clinical status stable. It is believed that the lesion will disappear as the child grows.

PP - CO2 LASER SURGERY IN PATIENTS WITH ORAL LEUKOPLAKIA: OUTCOME AND FOLLOW-UP OF TWO STUDY CASES; Camila Cabral de Medeiros MARINGOLI; Ana Maria Hoyos CADAVID. Celso Augusto LEMOS. School of Dentistry, University of Sao Paulo.

Oral leukoplakia is a thickened white patch formed in the mouth lining that cannot be rubbed off. The majority of the authors recommend surgical removal as treatment, which can be carried out with a cold knife, electrocautery, cryosurgery or laser. This article addresses the study cases of two patients treated with CO2 Laser Surgery: Case 1 - A male patient, Caucasian, 67 years old, presenting a 4 cm x 3 cm large, asymptomatic, white plaque on the gingiva, buccal mucosa and vestibular fornix for one year; Case 2 - A female patient, 80 years old, Caucasian, non-smoker and non-alcoholic presenting a 2 cm x 3 cm large, white plaque on the border of the tongue for 4 years. Both patients were treated with CO2 Laser; all the visible lesions were removed. The immediate postoperative period presented only minor symptoms; Paracetamol was used only during the first 24 hours. After follow-up periods of one and two years, no recurrence was observed. Although Laser surgery presented good results, the follow-
up of patients must be constant, and the technique does not seem to interfere with the natural course of oral leukoplakia.

**PP - A PRESENTATION OF CHONDROBLASTIC OSTEOSARCOMA IN A PREGNANT PATIENT.** Leticia Oliveira TONIN; Matheus Henrique Alves de LIMA; Maria Fernanda Bartholo SILVA; Joyce Gimenez MENON; Ana Cláudia SCARAFICCI. Antônio Geraldo do NASCIMENTO; Fábio de Abreu ALVES. AC Camargo Cancer Center.

Osteosarcoma is a malignant bone tumor, uncommon in jawbones. Although the relationship of this tumor with pregnancy is not well established, some cases of osteosarcoma have been presented in pregnant patients. This study aims report an advanced case of osteosarcoma in a 31-year-old woman patient, referred to the Stomatology Department in the 31st week of pregnancy, to evaluate a gingival lesion with duration of 4 months. The lesion increased gradually after she visited a dentist, who diagnosed it as granuloma gravidarum. Extraoral examination showed left facial asymmetry. On intraoral examination, an extensive tumor affecting the left maxilla was observed. Magnetic resonance showed an expansive tumor involving the maxilla, extending into the infra orbital region, compressing the orbital nerve. The diagnostic hypothesis of osteosarcoma was confirmed by incisional biopsy. A multidisciplinary team agreed on interrupting pregnancy in the 33rd week. Treatment consisted of chemotherapy with the purpose of achieving tumor regression for later resection. In conclusion, this case showed a misdiagnosed osteosarcoma that compromised the patient's prognosis. Reports have shown fast development of osteosarcoma in pregnant patients.

**PP - A CHALLENGING CASE OF GIANT CELL GRANULOMA.** Caroline ZIMMERMANN. Maria Inês MEURER. Jussara Maria GONÇALVES. Elena Riet Correa RIVERO. Filipe Modolo SIQUEIRA. Emanuelle da Silva CHRUN. Liliane Janete GRANDO. Federal University of Santa Catarina/University Hospital of Federal University of Santa Catarina.

Man, 61, referred (March/2010) due to jaw swelling for 20 days which hindered prosthesis use. Radiographs showed radiolucent lesion of unclear limits between 33-43, cortical expansion and slight periosteal reaction. Physical examination revealed an anterior increased volume in the jaw (6cm), smooth and continuous surface, purplish, painful on touch. Incisional biopsy was performed with histopathological diagnosis of Giant Cell Granuloma. Hematological exams were within normality. Intrarasesional dexamethasone and calcitonin spray (800 IU/day) was used. Follow-up radiographs showed internal bone formation and peripheral corticalization. Computed Tomography (CT) was requested and lesion enucleation was performed (April/2012), maintaining the calcitonin for 3 more months. Imaging exams revealed significant bone repair. In March/2013, another increased volume was observed on the left side of the jaw, without color alteration, osseous palpation and cortical disruption, confirmed by CT, which showed hypodense areas in different regions of the jaw. New hematological exams showed slight increase of parathyroid hormone. Excisional biopsy with bone margin treatment was performed. Calcitonin and dexamethasone were restarted. The patient was referred to endocrinology, diagnosing a benign thyroid lump. Radiograph (March/2015) revealed increased alveolar cortical radiopacity and internal bone formation. A multidisciplinary team in our service is already treating the patient.

**PP - CALCIFYING EPITHELIAL ODONTOGENIC TUMOR WITH UNUSUAL CLINICOPATHOLOGICAL FEATURES: A CASE REPORT.** Breno Luiz de OLIVEIRA. Diego Antonio Costa ARANTES. Jorge Elias Kaluf TOMEH. Elismauro Francisco de MENDONÇA. Maria Alves Garcia SILVA. UFG.

Calcifying epithelial odontogenic tumor (CEOT) is an uncommon odontogenic neoplasm of unusual clinical behavior and distinctive histopathology. A 30-year-old patient came to the Department of Oral Medicine, School of Dentistry at the Federal University of Goiás with the "puffy face right" complaint. He reported previous episodes of swelling with spontaneous improvement. The latest swelling showed no regression. The extra- and intraoral
physical examination showed asymmetry in the lower face, swelling in the right jaw region, and absence of the right second molar. The panoramic radiography and computed tomography revealed the presence of an osteolytic lesion (around 3.5 cm), root resorption of the second and third molars, and cortical bone erosion/perforation. An incisional biopsy was performed. The histological findings revealed a proliferation of islands of polyhedral epithelial cells with cell pleomorphism and nuclear intensity, permeated by a fibrous stroma and amyloid deposits. An immunohistochemical panel was performed and the final diagnosis was a CEOT. Patient underwent surgical excision of the lesion. A clinical and radiographic follow-up two years later presented no signs of recurrence.

**PP - EXACERBATION OF OVARIECTOMY-INDUCED BONE LOSS BY PERIODONTAL DISEASE IN MICE.** Ana Lia ANBINDER, Renata Mendonça MORAES, Gabriela de Morais Gouvêa LIMA, Rodnei Dennis ROSSONI, Felipe Eduardo de OLIVEIRA, Yun MA, Florent ELEFTERIOU. Institute of Science and Technology- São José dos Campos-Univ. Estadual Paulista-UNESP, São José dos Campos, SP, Brazil/Center for Bone Biology, Vanderbilt University Medical Center, Nashville, TN, USA.

Osteoporosis is a known risk factor for periodontal disease (PD); however, the effects of PD on systemic bone remodeling are not well established. The aim of this study was to evaluate the effects of PD on systemic bone loss in mice. Forty female mice (BALB/c) were divided into four groups: PD+OVX group, comprising mice with induced PD and ovariectomy; PD group, comprising mice with induced PD and sham surgery; OVX group, comprising mice with ovariectomy without PD; and control group, comprising mice with sham surgery only. PD was induced by the insertion of a ligature around the mandibular first molars and Porphyromonas gingivalis infection. The animals were sacrificed 51 days after ovariectomy or sham surgery, when blood was collected to quantify serum levels (ELISA) of tumor necrosis factor (TNF)-α, interleukin (IL)-4, IL-6, and IL-17. Mandibles and femurs were removed and analyzed by microtomography. Following statistical analysis, the PD+OVX group showed lower femoral and mandibular bone volume fraction (BV/TV) compared with the other groups. The PD+OVX and PD groups showed significantly higher levels of TNF-α compared with the OVX and control groups and higher levels of IL-17 and IL-6 compared with the control group. These findings suggested that PD is not an isolated risk factor for systemic bone loss, although it can exacerbate bone loss induced by ovariectomy.

**PP - ODONTOGENIC MYXOMA OF THE MAXILLA: A CASE REPORT.** Shajadi Carlos Pardo KABA; Marcelo Martinson RUIZ; Fernando Kendi HORIKAWA; Bruno Henrique de OLIVEIRA; Celso Augusto LEMOS. School of Dentistry, University of Sao Paulo; Oral and Maxillofacial Surgery Department, University Hospital, University of Sao Paulo.

Odontogenic myxoma is defined as a non-metastatic benign neoplasm of dental ectomesenchyme. It is characterized as an asymptomatic lesion with local invasion causing destruction of adjacent structures and displacement of teeth. In gnathic bones, its relative distribution shows predominance in the mandibular posterior portion (28% of cases). It is the second most frequent odontogenic lesion, with an incidence of 0.07 new cases per million people a year. Due to its benign characteristic (non-metastatic), treatment options vary from less invasive procedures, curettage in cases of small lesions, to resection in cases of larger tumors. In view of the non-encapsulated characteristic of this lesion, along with various surgical treatments, odontogenic myxoma has a recurrence rate of 25%, thus requiring periodic evaluation for at least five years. This poster presents the case study of a 33-year-old female patient with a 4-month history of progressive facial swelling diagnosed as myxoma of the maxilla with gross invasion of the maxillary sinus. She was submitted to a left partial maxillectomy through Weber-Ferguson approach and adaptation of a titanium mesh to maintain facial contour. The patient has remained in follow-up for 3 years with no signs of recurrence.
A 20-year-old white female presented at FAESA Dental School, with the chief complaint of a painless swelling at the right mandible. The lesion was present since she was 12 years old and progressed in the last 2 years. Her medical history was unremarkable. Intraoral examination evidenced a firm, round swelling at the right inferior premolar region, with slight teeth displacement. Occlusal radiography and computed tomography showed low radiopacity and evident cortical expansion at both buccal and lingual aspects of the mandible. An incisional biopsy was performed and the specimen analyzed at the Pathology Service of the Bauru School of Dentistry. Histopathological analysis revealed extensive areas of mature, S-100 positive adipose tissue, interspersed with trabecular viable bone without capsular tissue. Based on clinical, radiographic and microscopic findings, the final diagnosis was of intraosseous lipoma. The patient was submitted to surgical removal of the lesion, preserving the teeth, and is being monitored regularly. Although extremely rare in the jaws, the histopathological analysis is of utmost importance in differential diagnosis of intraosseous lipoma and similar pathologies of the jaws.
Histopathological analysis revealed presence of fungal hyphae, compatible with Aspergillus. After surgery, patient had no more pain and presented full healing in the area. It has been suggested that the extrusion filling materials for root canal maxillary sinus may predispose to aspergillosis, since filling materials containing zinc oxide promotes the growth of Aspergillus fumigatus and can allow its proliferation and metabolism. This case report highlights the importance of investigating the possible causes of persistent chronic sinusitis as well evaluate endodontic procedures and presence of filling materials near the sinuses.

PP - COLLAGENOUS FIBROMA: A CASE REPORT. Roberta de ALMEIDA. Eduardo Souza ABDUCH RODRIGUES. Sandra Beatriz Chaves TARQUINIO. Adriana ETGES. Ana Paula Neutzling GOMES. Carolina Uchoa VASCONCELOS. Federal University of Pelotas.

Collagenous Fibroma (CF), also known as desmoplastic fibroblastoma (DF), is a rare slow-growing benign fibroblastic or myofibroblastic tumor of the soft tissue first described by Evans in 1995(1). Very few cases of CF have been reported in the oral cavity(2,3). A 48-year-old female patient was referred to the School of Dentistry at UFPe, Brazil, in August 2014 complaining of a 10-year asymptomatic swelling in the hard palate. The patient’s medical and dental history was irrelevant. Intraoral examination revealed a well-defined 5.0 x 2.0 x 1.0 cm bilateral submucosal mass. An excisional biopsy was performed. Dense homogeneous eusinophilic connective tissue lined with normal mucosa was observed under microscopic examination. The connective tissue consisted of dense collagen bundles in which scarcely distributed spindle and stellate-shaped fibroblastic cells, as well as a few blood vessels and inflammatory cells, could be seen. Immunohistochemical staining was positive for vimentin and negative for S-100 and CD-68. So far there has been no evidence of relapse.

PP - SAFETY ASSESSMENT OF A PHYTOMEDICATION BASED ON BIDENS PILOSA L. AND CURCUMA LONGA L. FOR PATIENTS WITH ORAL MUCOSITIS. Diego Antonio Costa ARANTES. Edvande Xavier dos Santos FILHO. Eliismauro Francisco de MENDONÇA. Marize Campos VALADARES. Ricardo Neves MARRETO. Angélica Ferreira OTON-LEITE. Aline Carvalho BATISTA. School of Dentistry, Federal University of Goiás.

Chemoradiotherapy-induced oral mucositis (OM) is a debilitating inflammatory response to the treatment of head and neck cancer (HNC). To date, there is no pharmacological protocol for the prevention and treatment of OM. This study aimed to evaluate the safety of a mucoadhesive formulation associated to Curcuma longa L. and Bidens pilosa L. extracts in healthy volunteers (n=20) administered as mouthwash in two different concentrations. Volunteers were block-randomized into two groups, according to the concentrations to be tested. Clinical, cytological (morphology of oral epithelial cells), and salivary (oxidative stress markers) assessments were performed 24h before starting the exposure to mouthwash in the fifth and tenth day of exposure and five days after exposure. The formulation in the tested concentrations did not cause clinical or cytotoxic changes in the oral mucosa, which is considered clinically safe. From these results, a phase II study with HNC patients undergoing chemoradiotherapy will be performed.

PP - CALCIFYING CYSTIC ODONTOGENIC TUMOR ASSOCIATED WITH ODONTOMA: A CASE REPORT. Diego Antonio Costa ARANTES; Alexandre BELLOTTI; Eliismauro Francisco de MENDONÇA. Rejane Faria RIBEIRO-ROTTA; Nádia do Lago COSTA. School of Dentistry, Federal University of Goiás.

Calcifying cystic odontogenic tumor (CCOT) is an uncommon, odontogenic neoplasm with unusual clinical behavior and diverse histopathology. It may be associated with ameloblastic odontoma or fibro-odontoma and has a predilection for the anterior segment of the maxilla and mandible. The clinical case reported here is of an 11-year-old girl seen in the Department of Oral Medicine, Faculty of Dentistry at the Federal University of Goias with a
chief complaint of "injury found by the dentist" and referred for evaluation radiographs for orthodontic purposes. The panoramic radiography and cone beam computed tomography revealed the presence of well-defined mixed injury, located in the region of the right second molar and without cortical bone of commitment. During intraoral physical examination, oral mucosa was found within the normal range. Under local anesthesia, an excisional biopsy of the lesion was performed. The histologic findings revealed a capsulated lesion with the presence of odontogenic epithelial tissue, permeated with lots of ghost cells and structures reminiscent of denticles in development. The final diagnosis was a CCOT associated with odontoma. After two years of radiographic follow-up, there were no signs of recurrence of the lesion. The clinical, radiological and microscopic features will be discussed in light of literature.

PP - AN UNUSUAL OSSIFIED STYLOHYOID COMPLEX IN AN UNUSUAL PART OF THE MOUTH.
Ivna Albano LOPES; Gustavo Zanna FERREIRA; Eduardo SANT´ANA; José Humberto DAMANTE. Bauru School of Dentistry, University of São Paulo (FOB-USP).

Stylohyoid complex is an anatomic structure that connects the temporal bone to the hyoid bone. It is formed by I) the styloid process, II) the stylohyoid ligament, and III) the lesser cornu of the hyoid bone. The most common anatomical variations of the stylohyoid complex are increased length of the styloid process - when it assumes large proportions, i.e. over 30 mm, it is considered elongated - and ossification of the stylohyoid ligament. This report shows a rare case of an ossified stylohyoid complex in a 58 years old male, with an atypical clinical manifestation in which a digital palpation revealed a hard fusiform swelling, moving, well-defined, and approximately 30 mm in length, on the floor of the mouth next to the left edentulous alveolar ridge. Panoramic radiography and cone beam computer tomography revealed a thick ossified stylohyoid complex with the end close to the angle of the mandible. Although the patient denied any symptoms, the stylohyoid complex was removed by intraoral surgical procedure because the patient needed to have a dental prosthesis.

PP - DIFFERENTIAL EXPRESSION OF HSA-MIR-21 SUGGESTS FIELD EFFECT IN ORAL CANCER.
Camile de Barros LOPES. Carolina Rodrigues TEÓFILO. Raquel Carvalho MONTENEGRO. Ana Paula Negreiros Nunes ALVES. Massimo NEGRINI. Ândrea kely Campos Ribeiro dos SANTOS. Federal University of Para/Federal University of Ceara.

Cancerization describes formation of genetically and epigenetically altered area, with histologically normal area around the primary tumor. These genetic and epigenetic changes could contribute to altered epithelial homeostasis characterized by increased cell proliferation, and could predispose to the development of cancer in morphologically normal tissue adjacent to tumor. We compared the differential expression profile of hsa-miR-21 in 14 samples of oral cancer tissues, 7 samples adjacent to cancer and 8 samples of gingival of patients without cancer. For analysis purposes, we used qRT-PCR normalized to RNU6b. Statistical analysis was performed using ANOVA (p<0.05). We found lower expressions of hsa-miR21 in normal tissues compared to tissues with cancer (p=0.001) and tissues adjacent to cancer (p=0.003). When compared the expression levels between oral cancer tissue and around the cancer tissue, we observed that there was no statistically significant difference. Our results demonstrate that hsa-miR-21 is upregulated in oral cancer tissues and adjacent to cancer tissues when compared to tissues of patients without oral cancer. Therefore, this modified expression profile of hsa-miR-21 does not consider the adjacent region to oral cancer as a normal tissue. Our data point to the hsa-miR-21 corroborating the hypothesis of the area effect.

PP - CONSERVATIVE MANAGEMENT OF A LARGE KCOT: REPORT OF ONE CASE WITH A LONG-TERM FOLLOW UP. Rafael NETTO. Maria Elisa Rangel JANINI. Valdir MEIRELLES JÚNIOR.
A keratocystic odontogenic tumor (KCOT) is a benign uni or multicystic, intraosseous tumor of odontogenic origin, with a characteristic lining of parakeratinized stratified squamous epithelium and potential aggressive, infiltrative behavior. We report the case of a large osteolytic lesion extending from the mandibular right second molar up to the mandibular ramus, which was pushing the third molar back and upward, in a 17-year-old girl. An incisional biopsy confirmed KOTC. Initially, marsupialization was performed to allow lesion decompression. Three months later surgery was performed, after determining that the lesion size had decreased and the third molar was back to its original position. The tooth was extracted using enucleation combined with peripheral ostectomy. One year later, the patient was healing well, except for a radiolucent area near the second molar. An additional surgery was performed similar to before, but associated with second-molar removal. In the seven years since the surgeries, the patient has shown no clinical or radiological signs of recurrence.

Squamous cell carcinoma (SCC) commonly occurs in oral cavity, with the lower lip and tongue being common sites of involvement. This research aimed to elucidate the reason why lip SCC (LSCC) is considered to have a better prognosis compared with tongue SCC (TSCC). The following immunohistochemical markers were used: Ki-67, which is involved in cell proliferation; HER-3, receptor of the tyrosine kinase family that controls angiogenesis and extracellular invasion of the head and neck region and is considered a predictive factor for neoplastic behavior; MMP-2 and MMP-9, which are proteins responsible for the degrading components of the extracellular matrix and basement membranes. In total, 30 cases of LSCC, 29 cases of TSCC, and 18 controls (C) were included. Ki-67 was quantified in a total of 900 cells per case, while HER-3, MMP-2, and MMP-9 were quantified according to the percentage of positively stained cells. The collected data were subjected to statistical analysis (alpha=5%). The results revealed no significant differences in the expression of HER-3, MMP-2, and MMP-9 between LSCC and TSCC. Cell proliferation was higher in LSCC than in TSCC, despite the former being considered to exhibit a better prognosis. Further studies are necessary to clarify this issue.

The oral cancer is among the ten most frequent in the world, with more than 90% of oral tumors are squamous cell carcinoma (SCC) while 9% are represented by the carcinomas of salivary glands and not originally epithelial as sarcomas and lymphomas and the remaining 1% or less are represented by metastatic tumors in other regions of the body. Its treatment in most cases consist of surgical safety margin with cancer in combination with radiation therapy, which can be neoadjuvant or adjuvant. With respect to radiotherapy in head and neck region, it's usually done in neck and face parallel opposed fields, with high voltage devices (such as cobalt bomb and the linear accelerator) at doses ranging 5000-8000cGy. Radiotherapy in tumoricidal doses causes reversible and irreversible side effects in all affected structures skin (radiodermatitis), muscle (fibrosis and trismus), mucosa( mucositis), bones (chance in repair capacity), salivary glands ( xerostomia and qualitative changes saliva) and teeth (radiation decay) . Given the importance of these changes in the quality of life of cancer in
patients, and a positive impact on it when there is the participation of a dental surgeon in a multidisciplinary context, the proposal of the authors is to present a literature revision illustrated with clinical cases, with emphasis in preventing and controlling dental practice.

PP - A CASE REPORT ON CEMENTOBLASTOMA: A RARE ODONTOGENIC TUMOR. Pedro Henrique Mattos de CARVALHO. Maria Elisa Rangel JANINI. Valdir MEIRELLES JÚNIOR. Rafael NETTO. Aline Corrêa ABRAHÃO. Thais Gomes AMARAL. Rafael FRÓES. Universidade Federal do Rio de Janeiro.

Cementoblastoma is a relatively rare benign neoplasm of the cementum, derived from the ectomesenchyme of odontogenic origin and represents less than 1% of all odontogenic tumors. Cementoblastomas generally involve the permanent mandibular molars or premolars. It grows slowly, tends to expand the overlying cortical plates, and is usually asymptomatic. This benign tumor affects the buccal and lingual aspects of the alveolar ridges. As a cementoblastoma is a benign neoplasm, it grossly forms a mass of cementum-like tissue as an irregular or round mass attached to the roots of a tooth, usually the permanent mandibular first molar. Radiographically, it appears as a well-defined, markedly radiopaque mass with a radiolucent peripheral line, which overlies and obliterates the tooth root. We report herein, a 38-year-old woman who presented with a slight swelling within the buccal aspect of the mandible, near the left first molar. The panoramic and periapical radiographs revealed a sclerotic mass surrounding the root of the affected tooth, clearly attached to it. The entire tooth with both cortices was surgically removed. Histopathological examination confirmed the hypothesis of cementoblastoma. The patient has since shown no clinical or radiological signs of recurrence.

PP - MAMMARY ANALOGUE SECRETORY CARCINOMA: TWO CASES WITH HISTOPATHOLOGICAL APPROACH. Priscila TOBOUTI. Bruno SEDASSARI. Nelise LASCANE. Maria Isete FRANCO. Suzana SOUSA. School of Dentistry - University of São Paulo.

Mammary analogue secretory carcinoma (MASC) is a rare salivary gland neoplasm displaying ETV6 gene translocation. Microscopically, this tumor shares morphological features mainly with acinic cell carcinoma and mucoepidermoid carcinoma. We present two study cases of MASC with emphasis on the morphological aspects for the diagnosis: a 33-year-old woman and a 55-year-old man. Both neoplasms were located in the parotid salivary gland and were clinically characterized by asymptomatic swelling. Histologically, the tumors were circumscribed but not encapsulated, composed of low-grade eosinophilic cells arranged in ductform, microcystic, macrocystic and follicular structures associated with secreted material, with bubbly aspect. In one case, signet ring cells and perineural invasion were observed. The final diagnoses of MASC were established based in morphological and immunohistochemical findings. The patients are under close follow-up.

PP - THREE-YEAR FOLLOW-UP OF A KERATOCYSTIC ODONTOGENIC TUMOR TREATED BY MARSUPIALIZATION AND ENUCLEATION. Emanoele Paixão da Silva SILVA; Ingrid de Araújo Oliveira SOUZA; Alberto CONSOLARO; Paulo Sérgio da Silva SANTOS. Faculdade de Odontologia de Bauru, Universidade de São Paulo; Hospital Infantil Dr. Juvêncio Matos.

A keratocystic odontogenic tumor (KCOT) is a benign intraosseous tumor of odontogenic origin with a characteristic lining of parakeratinized stratified squamous epithelium and is characterized by a potential for aggressive, infiltrative behavior. An 11-year-old boy complained of delayed eruption of a lower second molar. Clinical examination revealed intra- and extraoral soft, painless swelling. The mandibular right second molar was impacted. The panoramic image showed a large radiolucency lesion extending from the mandibular posterior right body to the ascending ramus of the mandible. The unerupted mandibular right third molar was dislocated to the mandibular ramus. A computed tomography scan showed expansion of the buccal and lingual bone plate in the right
mandibular body. After the incisional biopsy, we diagnosed KCOT. We performed to marsupialization of lesion for decompression and consequent lesion size reduction. After 1 year, we performed enucleation for complete KCOT removal and the extraction of the third mandibular molar. This treatment protocol was an effective and conservative approach for the management of the KCOT. After 3 years, we observed no signs of recurrence.

PP - VERSICAN EXPRESSION IN ORAL LEUKOPLAKIA, IN SITU CARCINOMA AND SQUAMOUS CELL CARCINOMA: AN IMMUNOHISTOCHEMISTRY STUDY. Patricia Rocon Bianchi MOLINI. Sandra Ventorin VON ZEIDLER. Karine Gadioli OLIVEIRA. Fabricio PASSADOR-SANTOS. Ney Soares ARAÚJO. Vera Cavalcanti de ARAÚJO. Andrea Borges SOARES. Universidade Federal do Espírito Santo/Centro de Pesquisas São Leopoldo Mandic.

Versican is a large chondroitin sulphate proteoglycan component of the extracellular matrix. Its increased expression in several tumors implies that it is involved in the development and progression of cancer. The aim of this study was to evaluate versican expression in oral leukoplakia without dysplasia (OL), carcinoma in situ (CIS) and oral squamous cell carcinoma (OSCC). The analysis of versican expression was based on the percentage of positive staining stromal cells, on a scale of 0 to 3 (0 = less than 10%, 1 = 10-25%, 2 = 25-50%, 3 = more than 50% of cells). Increased versican expression was observed in CIS and OSCC, whilst reduced scores were seen in OL (OL: score 0= 23%, 1=41%, 2=30% and 3=6% of cases; CIS: score 0= 0%, 1=5%, 2=11% and 3=84% of cases; OSCC: score 0= 3%, 1=20%, 2=18% and 3=58% of cases). Inflammatory cells were strongly stained in all groups, particularly CIS and OSCC. Some tumor cells were also positive. In conclusion, increased versican expression was seen in CIS and OSCC, which was most likely due to the greater number of inflammatory cells present in these groups.

PP - DIALYSIS-RELATED AMYLOIDOSIS OF THE TONGUE: A CASE REPORT. Michelle SCALERCIO; Bruno Ribeiro SERTÓRIO; Fábio Ramõa PIRES; Sarah ANTERO; Mônica ISRAEL. Nathália de Almeida FREIRE; Rosemiro de Menezes MACIEL. Faculdade de Odontologia da Universidade do Estado do Rio de Janeiro.

Because of the increasing aging population in Brazil and across the world, a progressive increase in the number of patients with chronic kidney diseases and, consequently, hemodialysis treatment for long periods is expected. Furthermore, this also serves as a requisite for the appearance of dialysis-related amyloidosis of the tongue. Amyloidosis is a rare disease that is generally difficult to diagnose and is related to the deposition of an extracellular proteinaceous substance called amyloid. This case report presents a case of lingual amyloidosis associated with hemodialysis in a 69-year-old man. CASE REPORT: Although physical examination and patient history showed treatment for renal dialysis for 24 years and the presence of multiple whitish yellow papules with sessile, firm bases measuring about 1-3 cm in diameter, a diagnosis of amyloidosis was not considered because of the rarity of the condition compared with other more commonly suspected pathological entities, namely, pyostomatitis vegetans and paracoccidioidomycosis. CONCLUSION: Biopsy and histopathological examination confirmed the diagnosis of amyloidosis, and the patient was referred for medical follow-up because it was essentially a systemic condition.

PP - PERIPHERAL SQUAMOUS ODONTOGENIC TUMOR: A RARE CLINICAL CASE. Patricia Rocon Bianchi MOLINI; Tânia Regina GRÃO-VELLOSO; Rosa Maria Lourenço Carlos MAIA; Teresa Cristina Rangel PEREIRA; Daniela Nascimento SILVA; Rossiene Motta BERTOLLO; Liliana Aparecida PIMENTA DE BARROS. Universidade Federal do Espírito Santo.

Squamous odontogenic tumor (SOT) is a rare, benign, locally invasive odontogenic neoplasm consisting of islands of well-differentiated squamous epithelium within a fibrous stroma. Fewer than 50 cases have been reported in the literature. Whilst intraosseous SOT is
its commonest form, its peripheral variant has also been reported. The origin of peripheral SOT is uncertain, however it may arise from the surface epithelium of the gingiva or from remnants of the dental lamina. This case report describes a peripheral squamous odontogenic tumor presenting as a painless swelling of the buccal aspect of the gingiva of the right deciduous central incisor in a 5-year-old boy. Clinical, radiographic and histopathologic features are discussed.

**PP - CYSTADENOMA IN THE UPPER LIP: A CASE REPORT IN EARLY STAGE DEVELOPMENT.**
Mateus Gehrke BARBOSA; Diego Antonio Costa ARANTES; Marcio Tadashi TINO; Gabriela Pereira de RESENDE; Thyago Rodrigues PEREIRA; Eneida Franco VENCIO. Federal University of Goias.

Cystadenoma is a rare benign salivary gland tumor, also affecting other anatomic sites, such as ovarian, appendices, pancreas and kidney. It represents 5.3 to 8.1% of all benign minor salivary gland tumors. Here, a 71-year-old male complained of a slow-growing "lump in the mouth." Clinically, it appeared as an asymptomatic, smooth-surface nodule in the upper lip, measuring 1 cm in diameter. An excisional biopsy was performed under local anesthesia. Microscopically, it showed a cystic lesion covered by a thin, uniform epithelium with sparse, intraluminal ductal formations. A hyalinized stroma was seen within intraluminal projections. A final diagnosis of cystadenoma was made. No recurrence was registered after a 3-month follow-up. Differential diagnosis with intraductal papilloma, basal cell adenoma, ductal metaplasia, and obstructive disease will be discussed.

**PP - DIAGNOSIS OF THE AGGRESSIVE FORM OF PEMPHIGUS VULGARIS IN THE FORM OF ORAL MANIFESTATIONS.**
Michelle SCALERCIO. Rosemiro de Menezes MACIEL. Wagner CHAGAS. Nathália de Almeida FREIRE. Maria Eliza Barbosa RAMOS. Raphaela CAPELLA. Mônica ISRAEL. Faculdade de Odontologia da Universidade do Estado do Rio de Janeiro.

The general designation "pemphigus vulgaris" encompasses a number of autoimmune disorders characterized by the development of squamous intraepithelial blisters on the skin and mucous membranes. It primarily affects people aged above 50 years, irrespective of gender. Oral lesions may develop well before the development of cutaneous manifestations.

**CASE REPORT:** This study reports a case of pemphigus vulgaris in a 31-year-old woman with lesions in her mouth and throat, resulting in pain, burning, and loss of taste. The oral lesions were concomitant with lesions in the genital area and skin. Biopsy of the bullous lesion confirmed the diagnosis of pemphigus vulgaris. **CONCLUSION:** The patient was referred for treatment using oral and systemic corticosteroids that eventually resulted in the cessation of the development of new lesions.

**PP - ORAL CANCER PATHWAY AND SCREENING PROGRAM.**
Allan Vinícius Martins de BARROS; Ana Maria Ipólito BARROS; Marcos Antonio Pacheco Silva FILHO; Allan Alves ANDRADE; Stefânia Jeronimo FERREIRA; Leonardo CARNUT; Marianne de Vasconcelos CARVALHO. Faculdade de Odontologia de Pernambuco - Universidade de Pernambuco; Universidade de Pernambuco, Campus Arcosverde.

Oral cancer is a public health problem and is usually diagnosed at an advanced stage. Studies have focused on the strategies for improving the early detection of oral cancer, reduce the cost and morbimortality. An oral cancer referral pathway with a screening program is an effective instrument for achieving this goal. In addition, it promotes a consistent and standardized approach for providing care, and managing to ensure that people affected with oral cancer experience coordinated care. The aim of the present study was to develop a referral pathway to the lesions suspected to be associated with an oral cancer through a screening program in the Northeast area region of Brazil. A total of 1088 individuals over 40 years of age belonging to the group of biological risk group were identified. Of these subjects, 101 subjects have been examined for suspected lesions, of which 17 subjects cases presented
with suspected lesions. The screening program and referral pathway are a statement of consensus based on the current evidence and accepted approaches for the management of patients with oral cancer and suspected lesions suspected.

PP - LYMPHANGIOMA: AN ATYPICAL CASE REPORT. Raquel Machado ANDRADE-LOSSO; Isadora Follak de SOUZA; Lilian Machado de ALMEIDA; Adrianna MILAGRES; Eliane Pedra DIAS; Karin Soares Gonçalves CUNHA; Arley SIILVA JUNIOR. Universidade Federal Fluminense.

Lymphangiomas are benign hamartomatous tumors of lymphatic origin. The tumors affecting the head and neck account for 50%-75% of all cases, and appear during the second year of life. Cavernous lymphangiomas are commonly found in the anterior two-thirds of the tongue, and their stony surface presents an aspect of "frog eggs." The current study describes a case of cavernous lymphangioma with atypical symptoms and clinical features. The patient was a 50 year-old female admitted to the Stomatology Clinic with a nodular lesion on the right side of the tongue. The violet lesion developed over a period of 8 years, with episodes of bleeding and pulsating sensation. Clinical examination revealed a sessile, broad-based, multilobulated nodule measuring 1 × 1 cm. The diascopy test was positive, thereby supporting the clinical diagnosis of hemangioma. However, size reduction of the lesion was not observed after six sessions of sclerotherapy. An excisional biopsy was performed because angiography indicated a lack of involvement of the carotid or jugular veins. The histopathological analysis identified the lesion to be a cavernous lymphangioma. Therefore, this case emphasizes the importance of laboratory tests to generate the correct diagnosis, management, and treatment plan for lymphangiomas.

PP - NASOLABIAL CYST. Augusto César Leal da Silva LEONEL. Thalles M SUASSUNA. Victor Hugo Albert PIRES. Flâvia Maria de Moraes RAMOS-PEREZ. Elaine Judite de Amorim CARVALHO. Jurema Freire Lisboa de CASTRO. Danyel Elias da Cruz PEREZ. Oral Pathology Section, School of Dentistry, Federal University of Pernambuco.

Nasolabial cyst is an uncommon non-odontogenic cyst of unknown pathogenesis. This report describes a case of nasolabial cyst. The patient, a 67-year-old woman was referred for diagnosis because of a nodule in the upper lip with duration of approximately 12 months. Clinical examination revealed a painless, submucous, mobile swelling, located in the upper lip. The lesion measuring approximately 2.5 cm in diameter, also lifted the ala nasi. Nasolabial cyst was the main clinical diagnosis. Under general anesthesia, transoral surgical excision of the lesion was performed via the sublabial approach. Microscopically, a cystic cavity, lined with stratified and pseudostratified columnar epithelium was observed. Mucous cells were often observed. Thus, the final diagnosis was nasolabial cyst. The patient is now being clinically followed-up and no signs of recurrence were observed after 12 months of treatment. In summary, the nasolabial cyst appears typically as swelling in the upper lip and occurs most frequently in women.

PP - ORAL MANIFESTATIONS OF SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT. Isadora Follak de SOUZA. Thays Teixeira de SOUZA. Áquila Almenara CURTY. Lucas Fernandes LEAL. Thiago Moreira PESSÔA. Bruna Lavinas Sayed PICCIANI. Eliane Pedra DIAS. Programa de Pós Graduação em Patologia HUAP/UFF.

Systemic lupus erythematosus is a chronic autoimmune disease that affects the connective tissue and several organs. Oral manifestations of this disease are rare and characterized by different features. The differential diagnoses include lichen planus, leukoplakia, erythema multiform, and pemphigus vulgaris. This report aims to describe a case of systemic lupus erythematos diagnosed by oral and skin biopsies and to demonstrate its various clinical presentations. A 46-year-old female patient reported at our Stomatology Clinic with a complaint of lesions in the hard palate and lip. The extraoral examination revealed a well-delimited hypochromic area in the facial skin. Previous biopsy and histopathological
examination results revealed a diagnosis of systemic lupus erythematosus. The vermillion of the lip exhibited intense desquamation, ulcers, and an extensive leukoplakic area suggesting lupic cheilitis. The intraoral examination revealed radiating, keratotic striae surrounding an irregular erythematous area with an atrophic center on the hard palate suggesting oral manifestation of lupus. An incisional biopsy was performed on both areas and histopathological findings confirmed systemic lupus erythematosus. Conclusion: Adequate knowledge of the oral manifestations of systemic lupus erythematosus and their differential diagnoses is essential because the presence of oral mucosa lesions may precede the onset of systemic manifestations.

PP - BISPHOSPHONATE-RELATED OSTEO NECROSIS OF THE MANDIBULAR TORUS FOLLOWING TRAUMA CAUSED BY DENTAL MOLDING: A CASE REPORT. Fernando Claudio Machado VAZ; Michelle da Silva SCALERCIO; Rosemiro de Menezes MACIEL; Sarah ANTERO; Maria Eliza Barbosa RAMOS; Nathália de Almeida FREIRE; Mônica ISRAEL. Faculdade de Odontologia da Universidade do Estado do Rio de Janeiro.

Osteonecrosis of the jaw bones is the main complication in patients using bisphosphonates for the treatment of osteoporosis, multiple myeloma, and prostate cancer. CASE REPORT: Here we report a case of osteonecrosis of the mandibular torus in a 66-year-old woman receiving oral bisphosphonates (alendronate) for a year. The patient presented with injury on the surface of the mandibular torus after successive dental moldings. CONCLUSION: In patients receiving continuous bisphosphonate therapy, any treatment procedure (invasive or non-invasive) that compromises the integrity of the tissue should be performed with caution owing to the possibility of developing osteonecrosis.

PP - GRANULAR CELL TUMOR: REPORT OF CASE IN THE BUCCAL MUCOSA. Alberes Kenio da Silva de ANDRADE. Victor Yuri Nicolau FERREIRA. Táci o Candeia LYRA. Laudenice Lucena PEREIRA. Jurema Freire Lisboa de CASTRO. Danyel Elias da Cruz PEREZ. Paulo Rogério Ferreti BONAN. Oral Pathology Section, School of Dentistry, Federal University of Pernambuco, Oral Semiology, School of Dentistry, Federal University of Paraiba.

The granular cell tumor is an uncommon benign neoplasm, which most commonly occurs in the head and neck region. In the oral cavity, the tongue is the most common site. This report describes a case of granular cell tumor of the buccal mucosa. The patient, a 60-year-old woman was referred for evaluation of a nodule located in the buccal mucosa, with duration of approximately 3 months. Intraoral examination revealed a slightly yellowish, painless, binodular lesion measuring approximately 0.5 cm, located in the buccal mucosa. A mesenchymal benign neoplasm was the main diagnostic hypothesis. Under local anesthesia, the lesion was excised. Microscopically, numerous round cells with small central nuclei, and large, granular eosinophilic cytoplasm were observed. No cellular atypia, mitoses or necrosis were noted. However, perineural invasion was observed. Thus, the final diagnosis was granular cell tumor. Although uncommon, the granular cell tumor should be considered in the differential diagnosis of submucosal nodules located in the buccal mucosa.

PP - CYTO-HISTOPATHOLOGICAL ASPECTS OF HPV CYTOPATHIC EFFECTS IN THE DIAGNOSIS OF CONDYLOMA ACUMINATUM IN AN HIV positive patient. Raquel Machado ANDRADE - LOSSO. Thays Texeira de SOUZA; Ivi Gabriele Souza CABRAL; Flávia Lima KLEINSORGEN MOTT A; Eloá Borges LUNA; Bruna Lavinas Sayed PICCIANI; Eliane Pedro DIAS. UNIVERSIDADE FEDERAL FLUMINENSE.

Condyloma acuminatum is a sexually transmitted, infectious lesion caused by the human papillomavirus (HPV). The lesion has papular or warty growth and is typically located in the anogenital region, and it may occasionally involve the oral mucosa. The literature reveals a higher frequency of these lesions in patients that are seropositive for HIV (HIV+). This report aims to demonstrate the cyto-histopathological correlation aspects of suspected infectious
lesions caused by HPV. Case report: A 52-year-old, female, African American, HIV+ patient presented at our Stomatology Clinic with a chief complaint of onset of lesions three months ago. The lesions were bilaterally located in the retro-commissural mucosa, were asymptomatic, and were of esthetic concern to the patient. On physical examination verrucous-like, normochromic exophytic areas were observed. A scrape was collected from all lesions, and the cytopathology examination showed candidiasis and cytopathic effects consistent with HPV. After antifungal treatment, an excisional biopsy was performed and the histopathological diagnosis revealed condyloma acuminatum. Conclusion: Histopathological examination is the method of choice for the diagnosis of HPV lesions. Furthermore, cytopathology is a simple and non-invasive method and should be considered in the diagnosis and monitoring of those lesions, particularly in immunocompromised patients.

PP - SOLITARY NEUROFIBROMA OF THE TONGUE: A CASE REPORT. Fernando Claudio Machado VAZ. Michelle da Silva SCALERCIO; Fábio Ramôa PIRES; Rosemiro de Menezes MACIEL; Sarah ANTERO; Nathália de Almeida FREIRE; Mônica ISRAEL. Faculdade de Odontologia da Universidade do Estado do Rio de Janeiro.

Neurofibroma is the most common type of peripheral nerve neoplasm that originates from a mixture of cell types, including Schwann cells and perineural fibroblasts. Solitary neurofibromas present as painless, soft lesions of variable sizes and are more common in young adults. Case Report: Here we report a case of solitary neurofibroma in a 35-year-old woman who presented with a nodular lesion, on the dorsum of the tongue. The lesion, measuring 0.5 cm in diameter following 7 years of evolution, was sessile, and firm on palpation, and had been previously diagnosed as a lipoma. Conclusion: Excisional biopsy and subsequent histopathological examinations, confirmed the diagnosis of neurofibroma. The patient is under observation for a year with, no signs of relapse, and has no other features suggestive of neurofibromatosis.

PP - ANALYSIS OF THE SURGICAL MARGINS OF ORAL POTENTIALLY MALIGNANT DISORDERS. Fabiano de Azevedo RIBEIRO; Letícia Nogueira da Gama DE SOUZA; Rosa Maria Lourenço Carlos MAIA; Tânia Regina Grão VELLOSO; Daniela Nascimento SILVA; Liliana Aparecida Pimenta de BARROS. Federal University of Espírito Santo. Health Science Center. Odontologic Clinic Post Graduate Program.

Although surgical excisions remove oral potentially malignant disorders (OPMDs), their management is debated. The epithelium adjacent to the lesion with normal clinical appearance can exhibit histological and molecular changes which can form new lesions or oral squamous cell carcinoma (OSCC). Microscopic analysis of clinically normal tissue adjacent to the lesion has aided our understanding of the carcinogenesis. Objective: To analyze OPMD histological profiles and their clinically normal margins. Methods: Retrospective study of 25 OPMD biopsies in a one-year period. The histological slides containing the lesion and clinically normal margin were reviewed by one researcher and graduated by the presence or absence of oral epithelial dysplasia (OED) in accordance with WHO-proposed criteria. Results: Histopathological analysis showed 10 cases without dysplasia, 8 mild, 5 moderate and 2 severe OED. The majority of the lesions (76%) did not present any degree of epithelial dysplasia in their clinically healthy margins. Conclusion: Although most of the lesions did not show any involvement of their clinically normal surgical margins, dysplastic changes were identified. Thus, the management of OPMDs should consider normal clinical margins with surgical or therapeutic approaches. Molecular studies have greater potential for guiding the prognosis and the appropriate treatment of OPMDs.

PP - AGGRESSIVE SQUAMOUS ODONTOGENIC TUMOR IN THE ANTERIOR REGION: A CASE REPORT. Nathalia de Almeida FREIRE; Rosemiro de Menezes MACIEL; Sarah ANTERO;
The Squamous odontogenic tumor is a rare benign neoplasia that probably originated from the cell rests of Malassez, in the periodontal ligament. Because it is asymptomatic in most cases, it can be associated with dental mobility and sensitivity to percussion and palpation. It is equally common in the maxilla and mandible. It’s does show predilection in female or male individuals and occurs across a wide radiographic age range, the most common image is a triangular or circular radiolucent area associated with the roots of the involved teeth, thus, it is possible to present a multilocular image. The differential diagnosis can be a periodontal disease or more aggressive injuries such as ameloblastoma. Histologically, the tumor is characterized by the formation of variable sized nests and cords of uniform, benign-appearing, squamous epithelium with occasional vacuolization and keratinization. A 17-year-old male presented with gingival hyperplasia with a firm consistency for approximately 1 year and 6 months. Further, painless, mobile normochromic teeth were extracted. Radiographic images showed a well-defined unilocular radiolucency in the region of 23. The hypothesis was a dentigerous cyst. The incisional biopsy confirms STO and the treatment involves conservative local excision, curettage, enucleation, and scaling of the adjacent teeth.

Introduction: Complete resection with negative surgical margins is one of the treatment modalities for oral squamous cell carcinoma (OSCC). The oncologic implication of the presence or absence of dysplastic epithelium in the surgical margin of an OSCC is important for establishing a prognosis. Objective: To microscopically analyze OSCC lesions and their clinically healthy margins. Methods: Retrospective study of 10 biopsies with an OSCC diagnosis in a one-year period. The free margins were reviewed and graded by a single researcher according to the presence or absence of oral epithelial dysplasia (OED) following WHO-recommended criteria (2005). Results: In the histological grading of the malignancy of 10 OSCC cases, the category "moderately differentiated" was prevalent in 7 cases (70%). The degree of OED in the OSCC free margin showed 5 severe cases (50%), 3 (30%) mild and 2 (20%) moderate, but upon analysis of the "moderately differentiated", polarity was found in the degree of OED between mild and severe. Conclusion: There was no direct correlation between the malignancy of the OSCCs and the degree of OED, however all showed some degree of OED in healthy perilesional tissue, which may be a key factor to be considered in the diagnosis and proposed treatment of OSCC.

The nasopalatine duct cyst is the most common non-odontogenic cyst of the oral cavity. It is believed to originate from remains of the nasopalatine duct. It occurs in increased frequency in patients of the male sex, in the fourth and sixth decades of life. The definitive diagnosis must be based on clinical, radiological and histopathological findings. This study aims to report a clinical case of a 53-year-old patient, who was referred to the FOA-UNESP Stomatology Clinic for evaluation of a volume increase in the upper lip. Intraoral examination showed a limited swelling with a clear, smooth surface measuring approximately 3cm, located in the vestibular fornix of the maxillary anterior region. In the swollen region there was a whitish line compatible with scar fibrosis, which the patient reported to be the result of
undergoing an incisional biopsy in the region. The radiological exam revealed a uniform, clearly delimited radiolucent area in the anterior maxillary region. In addition to the differential diagnosis of nasolabial, residual and nasopalatine cysts, aspiration puncture was performed, which revealed a citrus yellowish liquid compatible with cystic injury, which was later enucleated. The histopathological diagnosis was nasopalatine duct cyst.

PP - MUCOUS MEMBRANE PEMPHIGOID: A CHALLENGING DIAGNOSIS. Pedro Henrique Mattos de CARVALHO. Maria Elisa Rangel JANINI. Valdir MEIRELLES JÚNIOR. Rafael NETTO. Márcia GRILLO CABRAL. Thais Gomes AMARAL. Bruna Neves de FREITAS. UNIFLU - Centro Universitario Fluminense/Universidade Federal do Rio de Janeiro.

Mucous membrane pemphigoid (MMP) is a group of rare chronic autoimmune disorders characterized by blistering lesions that primarily affect the various mucous membranes of the body, especially those of the mouth and eyes. The symptoms of MMP vary among affected individuals depending upon the specific sites involved and the progression of the disease. Blistering lesions eventually heal, sometimes with scarring. Progressive scarring may potentially lead to serious complications affecting the eyes and throat, which is why this condition is also called cicatricial pemphigoid. The exact cause of MMP is unknown. We report a case of disseminated oral pemphigoid-like lesions involving the tongue, alveolar ridge, lips, and oropharynx in a 56-year-old woman. The patient’s chief complains were a painful large erythema over the oral mucosa and intermittent ulcers. Two incisional biopsies were performed one month apart, but the diagnosis could not be confirmed; hence, a third biopsy was performed. Immunofluorescence examination of the third biopsy specimen confirmed the clinical hypothesis of MMP. The patient is under medical management and healing well, although with sporadic lesions.

PP - ORAL PARACOCCIDIOIDOMYCOSIS: A CASE REPORT. Catarina Rodrigues Rosa de OLIVEIRA. Fernanda Braga PEIXOTO. Karine Cássia Batista Lúcio e SILVA. Laís Brandão NOBRE. Camila Maria Beder RIBEIRO. Ana Paula Fernandes BARBOSA. Sonia Maria Soares FERREIRA. CESMAC University Center/Secretaria de Saúde do Municipio de Maceió.

Paracoccidioidomycosis is a mucocutaneous disease that often involves the oral mucosa and may clinically resemble other infectious and neoplastic processes. The present report describes a Brazilian patient from the northeast region of the country who developed oral manifestations due to Paracoccidioides brasiliensis infection. A 59-year-old black male presented with a symptomatic ulcer, with a granular purpuric surface, which appeared four months before the appointment. The patient has been a heavy smoker and an alcohol addict for 44 years. No productive cough was observed, but the patient was much debilitated. Palpable and symptomatic submandibular lymph nodes were observed. The oral examination showed ulcerated lesions with granular surface, in the form of mulberry-like granulomatous lesions, located in the lower lip vermilion border, and on the gingival, tongue and buccal mucosae. Characteristic fungal cells with characteristic granulomatous inflammatory reaction were present in HE and Grocott-Gomori methenamine silver stain. The patient was referred to and treated at the infectology center. The whole diagnostic process was conducted by a stomatologist. The patient presented undiagnosed pulmonary involvement. This case shows that the stomatologist has an important role in the early diagnosis of this condition because adequate therapy can prevent extensive tissue destruction. Keywords: Mouth Diseases. Paracoccidioidomycosis.

PP - IMMUNOEXPRESSION OF VEGF-C, VEGF-D AND ANALYSIS OF LYMPHATIC DENSITY IN SALIVARY GLAND NEOPLASMS. Rodrigo Porpino MAFRA; Keila Martha Amorim BARROSO; Cassiano Francisco Weege NONAKA; Leão Pereira PINTO; Roseana de Almeida FREITAS; Lélia Batista de SOUZA. Federal University of Rio Grande do Norte.
Salivary gland neoplasms exhibits great morphological diversity and varied biological behavior, which increase the interest in the study of these lesions. In the progression of malignancies, neoformed lymphatic vessels contribute to tumor dissemination. Vascular endothelial growth factor (VEGF) is a family of proteins involved in lymphangiogenesis. However, in salivary tumors, there is limited information regarding its expression. The expression of VEGF-C and VEGF-D, lymphatic microvessel density (LMVD) was assessed by single-staining D2-40, and lymphatic endothelial proliferation (double labeling D2-40/Ki-67) in 20 cases of pleomorphic adenoma (PA), 20 cases of mucoepidermoid carcinoma (MEC), 20 cases of adenoid cystic carcinoma (ACC) and 10 tissue samples of normal salivary gland. All cases showed positive expression of VEGF-C in the intratumoral and peritumoral region; no differences in immunoreactivity were found between groups. Nevertheless, ACC showed higher expression of VEGF-C by cribriform and solid pattern. Most cases showed weak immunoreactivity for VEGF-D in the intratumoral and peritumoral region. Concerning peritumoral, intratumoral and total LMVD, the groups showed increasing gradient with lower values for PA, followed by MEC and ACC. LMVD was higher in malignant tumors. No correlation was observed for immunoreactivity between VEGF-C and VEGF-D in relation to LMVD and lymphatic endothelial proliferation.

**PP - PERIPHERAL OSSIFYING FIBROMA IN GINGIVA: A CASE REPORT OF AN UNUSUALLY LARGE LESION;** Isadora Follak de SOUZA; Nathalia de Almeida FREIRE; Juliana Tristão WERNECK; Karin Soares Gonçalves CUNHA; Adrianna MILAGRES; Eliane Pedra DIAS; Arley SILVA JUNIOR. Programa de Pós Graduação em Patologia HUAP/UFF.

Peripheral ossifying fibroma is a gingival overgrowth that is considered a reactive lesion of unknown pathogenesis. It usually originates from the interdental papillae, presenting as a sessile or pedunculated nodular mass, pink to red in color, and frequently ulcerated surface. Occasionally, it can reach large size. Aim: To report a case of an unusually large peripheral ossifying fibroma. Case report: A 45-year-old male came to the stomatology clinic, complaining of limited mouth opening and difficulty in eating. Extraoral exam revealed facial asymmetry and trismus, and intraoral exam showed a red, multilobular, sessile mass, approximately 7.0 cm in size, extending from the upper right pre-molar to the upper left lateral incisor and causing teeth dislocation. Panoramic radiography revealed radiopacity in the lesion area and interdental bone destruction. The clinical diagnostic hypothesis was peripheral ossifying fibroma. An excisional biopsy was performed, and histopathologic analysis confirmed the diagnosis. Conclusion: Although peripheral ossifying fibroma is relatively common, the size of the lesion in this patient is uncommon, leading to a concern with respect to the esthetic and functional factors.


Myoepithelioma is a benign salivary gland neoplasm, predominantly composed of myoepithelial cells of varying morphology, individually arranged or in combination with scarce ductal structures. It usually affects patients aged 30-50 years, rarely affecting children. This is a case report of a 12-year-old female patient with a nodular lesion in the hard palate with one year of evolution. CT scan showed circumscribed hypodense lesion associated with osseous resorption in the palatal portion of the maxilla. Based on the diagnosis of pleomorphic adenoma, incisional biopsy of the lesion was performed. Histopathological diagnosis was myoepithelioma. Considering this diagnosis, the lesion was completely removed and the material was sent for microscopic analysis. Histopathological examination revealed proliferation of myoepithelial cells, including plasmacytoid, fusiform and clear cells, arranged in sheets, nests and cords. The sheets occasionally showed pseudocystic spaces. The stroma
was composed of fibrovascular tissue with areas of hyalinization. The neoplasm was circumscribed by fibrous capsule containing rare ductiform structures. Based on these findings, diagnosis of myoepithelioma was confirmed. We emphasize the importance of knowledge concerning histopathologic features of salivary gland neoplasms in order to contribute to a correct diagnosis and appropriate treatment, as well as the possibility of occurrence of myoepithelioma in pediatric patients.

Cystadenoma is a salivary gland epithelial tumor characterized by predominantly multicystic growth. It is a rare benign lesion in which the epithelium demonstrates adenomatous proliferation. The tumor is composed of cystic spaces of variable number and size. It occurs predominantly in women aged 57 years on average. Most tumors are located in minor salivary glands; only approximately 45% of all cases of cystadenoma arise in the parotid gland. This report presents the study case of a 52-year-old Brazilian female that was admitted in our clinic presenting a slow-enlarging painful mass located on the mandibular gingiva for approximately 6 months. Intraoral examination showed a single, firm to the touch, smooth-surfaced with marked borders nodule located on the lingual gingiva between dental elements 41 and 42. Pathological examination revealed multiple small cystic spaces with lumens often containing eosinophilic material with scattered epithelial, inflammatory cells and a cuboidal lining epithelium. A diagnosis of major salivary gland cystadenoma was made. The patient has been under follow-up for one year, and no recurrence was observed. Keywords: gland, salivary, neoplasia, benign. Cystadenoma.

Osteosarcomas, rare malignant neoplasms with a high rate of mortality, are malignant connective tissue tumors originating from undifferentiated mesenchymal cells capable of forming bone or osteoid tissue. Approximately 7% of all osteosarcomas arise in the jawbones, with the peak age for jaw tumors being 30-39 years. This report concerns an aggressive and fatal case of osteosarcoma of the mandible in a 21-year-old male. The patient was admitted to general hospital due to rapid growth of the lesion and severe pain. The patient presented with facial asymmetry in the lower third of the face, and intraoral clinical aspect of erythematous lesions with whitish areas. Computed tomography showed an osteolytic lesion in the mandibular body and branch region, with cortical expansion and destruction. After incisional biopsy, intense proliferation of oval and pleomorphic cells was observed. Immunohistochemical analysis showed positivity for vimentin, S-100, D2-40, CDK-4 and Ki-67 (high) and was negative for muscle and epithelial markers. Osteosarcoma was diagnosed. The oncology team requested review of the case, but the diagnosis was confirmed. The patient was treated with neoadjuvant chemotherapy and radical surgery, but died three months later from local complications of the disease.

Intravascular fasciitis is an uncommon variant of nodular fasciitis with an intraluminal, intramural and extramural involvement of arteries and/or veins. There are few reports of intraoral intravascular fasciitis. Hence, the patient, a 14-year-old girl was referred to the oral diagnosis service with a painless, rapidly growing nodular swelling in the upper lip mucosa, of approximately one month. Excisional biopsy was performed and the histological sections revealed a well-demarcated but not encapsulated area presenting numerous spindle cells with storiform pattern and few mitotic figures. The central region was hypocellular and hyalinized. Vascular spaces and a recognizable vessel wall, with elastic lamina and smooth muscle, were peripherally observed. Immunohistochemistry revealed spindle cells with immunomarkation for SMA/1A4, but not for desmin, β-catenin and S-100. A strong positivity for HHF-35 antibody was also observed in an exuberant vascular network. A final diagnosis of intravascular fasciitis was determined. This case report provides an important insight to accurate diagnosis of the lesion, due the similarity between its intravascular pattern and a sarcoma with vascular invasion.

PP - AN UNCOMMON ASSOCIATION BETWEEN GLANDULAR ODONTOGENIC CYST AND AMELOBLASTOMA - A CASE REPORT. José Burgos PONCE; Heliton Gustavo de LIMA; Bruno Aiello BARBOSA; Carlos Renato FRANCO; Vanessa Soares LARA. Department of Stomatology - Bauru School of Dentistry - University of São Paulo.

The patient, a 30-year-old male sought dental treatment and reported localized pain in the first right mandibular molar. Radiographically, a well delimited and radiolucent lesion was present and vitality test was negative, suggesting a radicular cyst. Incisional biopsy was performed and microscopic examination revealed islands of epithelial cells, with columnar peripheral cells and loosely arranged central cells, resembling the stellate reticulum of the enamel organ. In addition, acanthomatous and basaloid patterns were observed. Extensive regions of hyaline material and odontogenic epithelium associated with melanin pigments were observed. Interestingly, in other sections, there was capsular fibrous connective tissue, partially lined by stratified epithelium presenting mucous cells, intraepithelial microcysts and focal thickening. The definitive diagnosis was of ameloblastoma associated with glandular odontogenic cyst. This case report provides clinical and microscopic features about the association of these two odontogenic lesions; an uncommon finding in the literature.