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ORAL CANCER IN A PATIENT WITH FANCONI ANEMIA, 28 YEARS AFTER HEMATOPOIETIC STEM CELL TRANSPLANTATION: CASE REPORT. *Joana Leticia VENDRUSCOLO, Waleska Tychanowicz KOLODZIEJWSKI, and Cassius Carvalho TORRES-PEREIRA*

Patients with Fanconi Anemia (FA) have a higher risk of developing oral cancer, particularly after hematopoietic stem cell transplantation (HSCT). In this paper, we present the case of a 42-year-old female patient who underwent allogeneic HSCT from a sibling donor in 1995 and has been under monitoring of the same dental team for over ten years. This year, she received an anatomopathological exam after incisional biopsies, which revealed moderately differentiated squamous cell carcinoma on dorsum of the tongue and a region of moderate dysplasia on the lingual border. After the dysplastic area was removed using a high-potency laser, she was referred to the medical staff for tumor therapy. Constant examination by a specialized dental team is imperative for patients with AF, as HSCT conditioning therapies, such as chemotherapy and/or radiotherapy, can significantly contribute to malignant transformation, and this risk escalates over time.

LOWE SYNDROME: FIRST REPORT OF MULTIPLE ODONTOGENIC KERATOCYSTS. *Ricardo Martinez PEDRAZA, Hélen Kaline Farias BEZERRA, Liliana Curiel MAGAÑA, Laura Carolina Pinzón MONTAÑA, Yenifer Rodríguez LINO, Ana Gabriela Hernández S, and Hercílio MARTELLI-JÚNIOR*

Lowe syndrome (LS; OMIM #309000), recognized as oculocerebrorenal syndrome, is an uncommon (1:500,000) X-linked genetic disorder. It exhibits characteristics affecting the nervous system, kidneys, and eyes. A 25-year-old Mexican male patient sought diagnosis due to the presence of numerous radiolucent lesions evident in panoramic radiography. Cognitive delay, along with eye and kidney complications, constituted the primary indicators supporting the LS diagnosis. Notably, three distinct radiolucent lesions were discerned within the right and left mandibular angle as well as the symphysis. Subsequent to general anesthesia, incisional biopsy and decompression procedures were carried out. Histological analysis uniformly confirmed the presence of odontogenic keratocysts (OKC) for all lesions. While the mandibular angle lesions underwent complete decompression, the symphyseal lesion was enucleated. A 2-month follow-up attested to the ongoing bone healing process. It is noteworthy that oral manifestations remain infrequently documented among LS patients. Furthermore, this marks the inaugural report of multiple OKCs afflicting individuals with LS.

INTRAOSSEOUS NON-HODGKIN LYMPHOMA MIMICKING A PERIAPICAL LESION. *Laryssa Thainá Mello Queiroz CUNHA, Joab Cabral RAMOS, Isabel Schausltz Pereira FAUSTINO, Silvia Maria Paparotto LOPES, Alan Roger dos SANTOS-SILVA, Pablo Agustin VARGAS, and Marcio Ajudarte LOPES*

A 44-year-old man previously reported severe pain in tooth 21, which had received endodontic treatment. Shortly thereafter, swelling developed on the gingiva and hard palate, leading to scaling, root planning, and laser therapy procedures. Despite these efforts, the patient's condition did not improve, prompting a referral for further evaluation. Physical examination revealed a fibroelastic swelling in the anterior region of the left maxilla, exhibiting a purplish hue and a telangiectatic surface. Tomographic examination unveiled an expansile hypodense lesion in the periapical region spanning teeth 21 to 24, characterized by ill-defined boundaries. An incisional biopsy was conducted, and immunohistochemical analysis exhibited positivity for LCA, CD20, PAX5, CD10, and BCL-6 in over 30% of cells. Additionally, BCL-2 was positive in fewer than 30% of cells, while CD3 and MUM-1 antibodies returned negative results. The definitive diagnosis of Diffuse Large B-Cell Non-Hodgkin Lymphoma was rendered, prompting the patient's referral to an oncologist. Subsequent chemotherapy led to a marked improvement in the patient's condition.

CLINICAL AND HISTOPATHOLOGY FEATURES OF UREMIC STOMATITIS. *Katman Bear Toledo SÁNCHEZ, and Wilson Alejandro Delgado AZAÑERO*

A 23-year-old male patient, experiencing general malaise and weight loss over the past three weeks, voiced complaints of xerostomia and oral white patches within the oral cavity. Upon oral examination, evident macroglossia accompanied by lingual indentations was noted. The natural pink hue of the oral mucosa had transitioned to a pallid white shade. Notably, the lips, cheeks, and the dorsal, lateral borders, as well as the ventral surface of the tongue, appeared enshrouded by a whitish membrane. However, the white coating was less pronounced along the vestibular upper and lower gingiva. Furthermore, an aroma reminiscent of ammonia or urine emanated from the patient's breath. The white membrane was found to encompass the complete thickness of the detached epithelium. The epithelial surface showcased two to three layers of para-keratinized cells. Identification of basal cells was possible, while the spinous stratum exhibited polyhedral cells characterized by clear cytoplasm and a centrally positioned vesicular nucleus. Inflammatory cells remained conspicuously absent. The laboratory test results are presented herewith.

ORAL ULCERS ASSOCIATED WITH INFLAMMATORY BOWEL DISEASE. *Rene PANICO, and Gerardo GILLIGAN*

Ulcerative Colitis (UC) represents an autoimmune intestinal disorder characterized by symptoms such as abdominal pain, diarrhea, rectal bleeding, and more. Extraintestinal manifestations, encompassing oral lesions, can potentially aid in diagnosis. This report aims to present a case of rare UC-associated oral manifestations. A 71-year-old woman diagnosed with UC exhibited oral and skin lesions persisting for three months. Painful necrotic ulcers were evident on her tongue and soft palate. Laboratory tests indicated abnormalities, prompting biopsies of both oral and skin lesions. The histopathological findings were