physicians or dentists do not inspect the oral mucosa appropriately. The differential diagnosis includes amalgam tattoos, smoker's melanosis, and mucosal melanotic macule. The main treatment is surgery followed by chemotherapy and radiotherapy, which our patient underwent; he has shown good recovery until the present day.

AN AGGRESIVE PRESENTATION OF PYOGENIC GRANULOMA: PHARMACOLOGIC AND SURGICAL CASE REPORT. *ISABELA VICÊNCIA MENEZES CASTELO BRANCO, LUIS FELIPE OLIVEIRA MACIEL, MARIANA BARROS ROCHA, ALLANCARDI DOS SANTOS SIQUEIRA, ADRIANA LINS MORAIS, EMANUEL DIAS DE OLIVEIRA E SILVA, ANA CLÁUDIA AMORIM GOMES.*

A pyogenic granuloma (PG) is a proliferative lesion of non-neoplastic nature, relatively common in the oral cavity, usually located in the gingiva. The differential diagnosis includes lesions, such as peripheral ossifying fibroma, peripheral giant cell granuloma, Kaposi sarcoma, and metastases of malignant tumors. A 12-year-old boy, referred by the oncology department, had a lesion in the posterior region of the mandible, with a reddish color, ulcerative surface, spontaneous bleeding, and painful symptoms for about 6 months. A radiographic examination, arteriography of the face, and histopathological examination were performed to obtain the diagnosis. A diagnosis of PG was obtained. The treatment of the lesion involved sclerosis with bleomycin sulfate, embolization, and subsequent surgical treatment. The patient is currently without recurrence of the lesion for 3 years. PG in children may be more aggressive and fast-growing, causing bone resorption, and interfering with tooth eruption.

RELAPSED PYOGENIC GRANULOMA TREATED WITH CRYOSURGERY AND ETHAMOLIN. *PAULA CRISTINA TEIXEIRA SAMPAIO, LARISSA ARAÚJO AGATTI, ISADORA PEDROTTI LEME DE ANDRADE, ISABELLA SPERANDIO GARÓFALO, LUIZ ALEXANDRE THOMAS, VICTOR ANGELO MARTINS MONTALLI, PAULO DE CAMARGO MORAES.*

Pyogenic granuloma is a reactive lesion after trauma and is characterized by ulcerated, bleeding, sessile, or pedicled nodules, painless, and varied in size. The diagnosis is obtained using biopsy and the treatment is surgical removal. However, relapses are frequent and alternative treatment with cryosurgery and sclerotherapy has been successfully used. This was a 35-year-old white-skinned woman, with 4 histological diagnoses of pyogenic granuloma, recurrent 3 times. The patient had a reddish-purple nodule located in the upper right lateral incisor region that extended to the palatine that was bleeding, painless, measuring 20 mm, friable, and sessile. Due to a history of 4 relapses and gingival retraction, treatment with 4 sessions of cryosurgery was indicated, reducing the lesion by approximately 80%; however, it persisted. Three sessions of sclerotherapy with Ethamolin were carried out, leading to total cure.

GARDNER'S SYNDROME: A CASE REPORT WITH 16 YEARS OF FOLLOW-UP. *MARIA EDUARDA BALDINO, VALESCA SANDER KOTH, MARIA NOEL MARZANO RODRIGUES PETRUZZI, FERNANDA SALUM, MARIA ANTONIA FIGUEIREDO, DANIELA NASCIMENTO SILVA, KAREN CHERUBINI.*

Gardner's syndrome is a rare autosomal dominant disease characterized by intestinal polyposis, connective tissue tumors, and multiple osteomatosis. A 14-year-old boy reported a complaint of a 1-year duration, painless, bilateral face swelling. Radiographic investigations revealed a circumscribed, radiopaque lesion in the posterior region of the left base of the mandible, 0.5 cm in diameter, compatible with osteoma. Initially, a clinico-radiographic follow-up was conducted. However, as the panoramic radiograph showed a lesion enlargement owing to continuous osseous growth, an excisional biopsy was performed. The histopathological examination confirmed an osteoma diagnosis. A colonoscopy was also performed and showed multiple intestinal polyps, which were revealed to be tubular adenomas with mild dysplasia, in the histopathological examination. Sixteen years later, the patient is without oral complaints; however, recently, a total colectomy was performed due to multiple polyposis. This case reinforces the role of a dentist in the early diagnosis of Gardner's syndrome.

METASTATIC BREAST CANCER ON THE PALATE. *NATHÁLIA TUANY DUARTE, MARIA LUIZA VELOSO DE ALMEIDA, STEPHANIE KENIG VIVEIROS, FÁBIO DAUMAS NUNES, KAREM LOPEZ ORTEGA.*

A 67-year-old man with a metastatic left breast cancer, presented with a nodular, vascularized oral lesion, soft on palpation, in the posterior region of the hard palate, extending to soft palate, measuring 2 cm in its largest diameter. The patient was hospitalized due to worsening of the general clinical condition, and an oral biopsy was performed in the hospital bed. The histological sections showed neoplastic fragments with glandular differentiation, characterized by coalescing of cellular blocks, and a group of cells infiltrating the depths of the mucosae. The stroma of the lesion was dense, with desmoplastic reaction zones. Atypical mitosis was observed, as well as perineural invasion and lymphatic and vascular carcinomatous groups. Immunohistochemical examination was requested, and the final diagnosis was metastatic adenocarcinoma. The patient died a few weeks after the oral lesion had been diagnosed.

CHONDROSARCOMA MIMICKING PERIAPICAL LESION. *PAULO DE CAMARGO MORAES, RUBENS GONÇALVES TEIXEIRA, ANDRESA BORGES SOARES, NEY SOARES DE ARAÚJO, VERA CAVALCANTI DE ARAÚJO, LUCAS NOVAES TEIXEIRA, VICTOR ANGELO MARTINS MONTALLI.*

A 48-year-old patient with leukoderma, showed a discrete radiolucent area in the region of the inferior central incisors, on a routine radiographic examination. There was no symptomatology, no bone cortical ablation, but a positive dental vitality test; a clinical, radiographic follow-up was suggested. The patient did not return, but consulted other professionals who, with the increase of the lesion, performed endodontic treatment of the lower incisors; however, the lesion continued to progress. Another professional performed surgery, curettage, and a bone graft placement. The lesion was highly increased thereafter, which immediately indicated an incisional biopsy that confirmed the diagnosis of a chondrosarcoma. The patient was referred to A. C. Camargo Hospital, and tumor resection was performed with a vascularized graft of the fibula. A protocol was established with adjuvant chemotherapy, but the patient had an allergic reaction and is currently under clinical follow-up, with excellent general health status.