

A radiographic examination showed an extensive radiolucent lesion at the apex of tooth 22. An incisional biopsy was performed along with surgical decompression that allowed for lesion reduction and bone neoformation. The final diagnosis based on the histopathological examination was a periapical cyst. Subsequently, the reduced lesion was completely removed.

HYPOLIDROTIC ECTODERMAL DYSPLASIA: A CASE REPORT WITH A 23-YEAR FOLLOW-UP. MARIANA KLEIN, LETÍCIA DE FREITAS CUBA GUERRA, LETÍCIA SPINELLI JACOBY, JULIANE DE BORTOLLI, FERNANDA GONÇALVES SALUM, KAREN CHERUBINI, MARIA ANTONIA FIGUEIREDO.

Hypohidrotic ectodermal dysplasia (HED), a genetic disease characterized by anomalies in 2 or more structures of ectodermal origin, results in hair, nail, sweat gland, and tooth alterations. We report the case of a 28-year-old woman with HED, under follow-up since 5 years of age. Extraoral examination showed thin hair, hypotrichosis with scarce eyebrows and eyelashes, saddle nose, and dry skin, especially in the periorbital area and hands. Oral clinical and radiographic examinations revealed oligodontia, conoid teeth, and maxillary/mandibular hypoplasia. Noninvasive oral rehabilitation with removable partial dentures was initiated during childhood. Dentures were replaced over the years, as she was growing, to avoid discouraging socialization. The patient also received dermatological, ophthalmological, and gynecological attention for other complaints. Early diagnosis of HED allows for appropriate management; a dentist has an important role in the multidisciplinary team since oral health is the determinant for re-establishing the quality of life for these patients.

SECONDARY SYPHILIS IN THE ORAL CAVITY: CASE REPORT OF A YOUNG PATIENT. PRISCILA LAIZA RUBIM LEÃO, HELENICE DE ANDRADE MARIGO GRANDINETTI, SORAYA DE MATTOS CAMARGO GROSSMANN, GIOVANNA RIBEIRO SOUTO.

Syphilis is a chronic infection caused by the bacterium *Treponema pallidum*. A 15-year-old girl was examined for an asymptomatic lesion in the hard palate, with undetermined evolution. The medical history was not contributory. An intraoral examination showed a condylomatous lesion, firm, irregular, delimited, with irregular borders, reddish color, and measuring approximately 1.5 cm, on the right side. Erosive whitish plaque lesions, on the left lip commissure and right ventral surface of the tongue, were observed. The patient reported to have initiated sexual activities 2 years prior. The diagnostic hypotheses were secondary syphilis and acuminated condyloma. Exams, VDRL, anti-HIV-1 and -2, anti-HBS, HBS AG, anti-HCV, and complete blood count were requested. VDRL was negative up to a dilution of 1/128. The patient was referred for medical treatment, and antibiotic therapy with benzathine penicillin was initiated. On a return-visit after 1 month, the case was concluded, with complete oral lesion remission.

DIAGNOSTIC CHALLENGE IN A CASE OF MALIGNANT SALIVARY GLAND NEOPLASM ON THE FLOOR OF THE MOUTH. MOYARA MENDONÇA LIMA DE FARIAS, LIA MIZOBE ONO, LUCIANA BOTINELLI MENDONÇA FUJIMOTO, MARCO ANTÔNIO ROCHA, MARIA ISABEL VIEIRA SAID, KETLEN MARIA COELHO BIER, NAÍZA MENEZES MEDEIROS ABRAHIM.

A 56-year-old woman complained of an exophytic nodular lesion on the floor of the mouth, causing paresthesia of the tongue. An incisional biopsy was performed and revealed a neoplasia composed of nests of clear-cytoplasm cells permeated by bundles of hyalinized stroma. The diagnosis of hyalinizing clear cell carcinoma was established. The patient underwent a complete excision of the lesion, with neck dissection; the histopathological examination revealed an undifferentiated carcinoma with a nodular architecture composed of solid clusters of cells with a broad and clear cytoplasm in an abundant fibrous stroma, presence of necrosis, with perineural and angiovascular invasion. The immunohistochemical test was positive for AE1/AE3, CK5, and p63, and negative for CD20, CD3, CDX-2, p16, S-100, estrogen receptor, and TTF-1. For a better classification of this undifferentiated carcinoma, amplification of the immunohistochemical panel is required. The patient showed no signs of recurrence over 2 months of follow-up.

ACANTHOLYTIC SQUAMOUS CELL CARCINOMA: AN UNUSUAL HISTOLOGICAL ENTITY. HUGO COSTA NETO, GLÓRIA MARIA DE FRANÇA, LUIZ ARTHUR BARBOSA DA SILVA, LARISSA SANTOS AMARAL ROLIM, MARIA LUIZA DINIZ DE SOUSA LOPES, ROSEANA DE ALMEIDA FREITAS, HÉBEL CAVALCANTI GALVÃO.

Acantholytic squamous cell carcinoma (ASCC) is an uncommon aggressive histological variant of squamous cell carcinoma. The present report described the case of a 71-year-old man, referred to our service for examination of a painful swelling in the palate. An intraoral examination revealed an exophytic, sessile, red and white lesion with ulcerated areas on the hard and soft palate, extending to the left maxillary alveolar ridge and oropharynx. An incisional biopsy was performed under local anesthesia. The microscopic examination revealed nests of malignant squamous cells showing cystic degeneration, acantholytic cells with intense eosinophilic cytoplasm, keratin pearls, and pseudovascular structures lined by highly pleomorphic neoplastic cells. Numerous mitotic figures were observed. The immunohistochemistry demonstrated positivity for pancytokeratin (AE1/AE3), cytokeratin-19, p63, and high Ki-67 proliferation index in the malignant cells. Based on the histological and immunohistochemical findings, the final diagnosis was ASCC. The patient was referred to a cancer center for long-term treatment.

TREATMENT OF RANULA WITH MARSUPIALIZATION TECHNIQUE: A CASE REPORT. KANANDA NATIERI OLIVEIRA MARCARINI, BRENDA LAMÔNICA RODRIGUES, ESTHER SCHUAB FARIA DE PAULA, RENATA PITTELLA CANÇADO, ROBSON ALMEIDA DE REZENDE, ANDRÉ ALBERTO CAMARA PUPPIN.

Mucus extravasation into surrounding soft tissues in the mouth floor is diagnosed as ranula. It is a benign lesion and occurs as a result of trauma or obstruction of the salivary gland excretory duct and spillage of mucin into the surrounding soft tissues. The surgical treatment alternatives are marsupialization or complete surgical excision of the affected salivary gland. This report describes the case of a young white man complaining of an asymptomatic, 3-cm translucent bluish swelling, with a relatively rapid onset, on the right side of the floor of his mouth. The treatment of choice was marsupialization of the ranula. Post-operative follow-up consultations revealed adequate healing at the surgical site and normal