

examination showed a discrete swelling in the maxilla, extending from tooth #25 to #27, associated with a fistula draining yellowish material. Computed tomography analysis revealed an expansion and rupture of the lateral wall and floor, and partial opacification of the left maxillary sinus. The treatment consisted of the complete removal of the oroantral fistula, sinusectomy, and reconstruction of the maxillary sinus using a titanium mesh and buccal fat pad. A histopathological analysis disclosed a connective tissue with chronic inflammatory infiltrate. Several ovoid homogeneous/fibrillary hyaline masses and round structures enclosing amorphous eosinophilic material, associated with multinucleated giant cells, could also be observed. These findings indicated HRGs. The patient remains under close follow-up.

CLEAR CELL ADENOCARCINOMA IN THE ORAL MUCOSA: CASE REPORT. DIENI DA SILVEIRA TEIXEIRA, GABRIEL CAMPOS LOUZEIRO, JULIANE DE BORTOLLI, MARIANA KLEIN, KAREN CHERUBINI, MARIA ANTONIA FIGUEIREDO, FERNANDA GONÇALVES SALUM.

Clear cell adenocarcinoma, a rare tumor of the head and neck region, affects mainly the minor salivary glands. A 47-year-old woman presented with a submucosal nodule on the upper labial mucosa that was firm on palpation, with an ulcerated surface, which had evolved approximately 3 years earlier. Ultrasonography showed an oval shaped nodule, well delimited, measuring $10 \times 17 \times 15$ mm, moderately vascularized. Preoperative tests were requested, and an incisional biopsy was performed. The histopathological examination showed neoplasia constituted by monomorphic clear cells. The immunohistochemical evaluation of neoplastic cells disclosed positivity for CK (34 β E12), CK 5 (XM26), p63, and EMA (GPI.4), leading to a diagnosis of clear cell adenocarcinoma (hyalinizing). The patient was referred to a head and neck surgeon, and complete removal of the lesion was performed, with a safety margin, without the need for complementary therapy. The patient has been followed up for 9 months without relapse.

ORAL FOCAL MUCINOSIS ON THE UPPER GINGIVA: A CASE REPORT. BRENDA DE SOUZA MOURA, MÔNICA DIUANA CALASANS MAIA.

Oral focal mucinosis (OFM) is a rare pathology of uncertain etiology, which occurs more frequently in adult women and on the gingiva and palate. Its clinical aspects are not pathognomonic, and its diagnosis is determined by the histopathological characteristics, when a connective tissue of myxoid aspect, slightly cellular, is observed, resulting from the excessive production of hyaluronic acid by fibroblasts. We report a case of oral focal mucinosis on the upper gingiva of a woman, reporting its clinical and histopathological characteristics, and thus, establishing the characteristic pattern of OFM. The initial clinical diagnosis was of fibrous hyperplasia based on the clinical intraoral aspect. After an excisional biopsy, the sections used for a histopathological analysis were stained in HE, Masson's trichrome, Gomori's reticulin, and Alcian blue, and the definitive diagnosis of oral focal mucinosis was established.

SOLITARY FIBROUS TUMOR: A RARE LESION WITH ORAL MANIFESTATIONS. RAFAELA SABOIA RAMOS, RAFAEL NETTO, HELENA AYRES ALONSO DOS SANTOS, ANA CAROLINE AGUIAR BRUNO, ELISA RANGEL JANINI, BRUNO BENEVENUTO, VALDIR MEIRELLES JUNIOR.

Solitary fibrous tumor is a rare soft tissue tumor, initially described as a pleural neoplasm and subsequently found in other places, including the head and neck region. A 53-year-old Caucasian woman came to a stomatology outpatient unit with an increase in the face volume for about 1 year. An extraoral examination revealed a submerged tumor covered by an intact and normochromic skin; intraorally, this lesion could be palpated. The mucosa was intact and normochromic. The increase was mobile, of fibrous consistency, with about 2 cm in its largest diameter, located in the left buccal mucosa. The diagnostic hypotheses were accessory salivary gland adenoma, fibrolipoma, or neurilemmoma. Due to the clinical characteristics and size of the lesion, an excisional biopsy was conducted at the same time as the final treatment. The histopathological report was of solitary fibrous tumor. The patient is in outpatient control and does not present any intercurrent.

MARSUPIALIZATION AND ENUCLEATION OF ODONTOGENIC KERATOCYST WITH CARNOY'S SOLUTION: CASE REPORT. JULIANA MARIANO BERALDO, SOLIMAR DE OLIVEIRA PONTES, WINNIE SOUSA BARBIER, VANESSA SOUSA MECCATTI, FÁBIO RICARDO LOUREIRO SATO, FERNANDO VAGNER RALDI, MICHELLE BIANCHI MORAES.

A 14-year-old boy visited the department of oral maxillofacial surgery and traumatology, presenting with facial asymmetry, with a complaint of asymptomatic growth in the left side of the jaw, which was also noticed in the intraoral clinical examination. Panoramic radiograph and computed tomography analyses demonstrated that the patient had a bone alteration with a cystic aspect related to element 38. Puncture and incisional biopsy were performed and the histopathological analysis resulted in diagnosis of odontogenic keratocyst. The patient underwent marsupialization with installation of an acrylic resin button for 1.5 years. Once lesion reduction was achieved, element 38 was extracted and peripheral osteotomy and chemical enucleation were performed with Carnoy's solution, which reduced the odds of recurrence. The patient will be closely monitored during the healing period and should return for evaluation and follow-up over the years.

LAUGIER-HUNZIKER SYNDROME: A CASE REPORT. MARIA SISSA PEREIRA SANT'ANA, RAFAELA NOGUEIRA MOREIRA GONÇALVES, ESMERALDA MARIA DA SILVEIRA, ANA TEREZINHA MARQUES MESQUITA.

Laugier-Hunziker syndrome is a rare disorder characterized by macular hyperpigmentation of the oral mucosa and is frequently associated with longitudinal melanonychia. Its pathophysiology is unknown, and it has no genetic, systemic, or malignant association. We present the case of a 34-year-old woman, with asymptomatic hyperpigmentation in the oral mucosa, nails, and ocular conjunctiva. The diagnosis was obtained on the basis of anamnesis, clinical examination, and exclusion of other systemic pathologies with oral pigmentation. Complementary tests such as complete blood count, ACTH and cortisol levels, and digestive endoscopy were carried out. The patient refused biopsy. No treatment is needed in case of Laugier-Hunziker syndrome; however, Q-switched lasers are an option. No intervention was conducted on our patient. One year after her diagnosis, we carried out another clinical examination, and no lesion changes were noticed.