that appeared two years ago. It was slow growing and did not cause him pain. Patient sustained blunt injury to his left face in the past. On intraoral examination a nodular, soft, sessile lesion of 23 mm × 11 × 5 mm covered by normal mucosa adjacent to the alveolar gum of left lower molars was observed. The patient presented no sensorial alteration in the region of distribution of trigeminal nerve. Wide local excision was performed. The histopathology showed irregularly arranged proliferation of nerve fascicles embedded in a fibrotic stroma in the subepithelial stroma. The scarring and histiocytes with foreign body giant cells were noted focally. The diagnosis of TN was made.

Findings: The patient's recovery was uneventful and no recurrence of lesion was observed.

Conclusion: TN are uncommon oral mucosa lesions. We present rare localization of TN related to BN after blunt trauma. The treatment of choice for traumatic neuromas is surgical excision. An optimal technique with minimal manipulation and severance of nerve fibres is essential for an adequate outcome.

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Central giant cell lesion: clinical case report

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Background: Central giant cell lesion (CGCL) is a type of benign, non-odontogenic tumor of maxillomandibular bones. It has a higher incidence in patients younger than 30 years old, female and in anterior region of mandibula.

Objectives: To analyze a case report on the possibilities of treatment of CGCL tumor.

Methods: Patient H.P., male, 16 years old, who after orthodontic treatment noticed inclination of the right upper central incisor. He was assisted by the surgery and traumatology service of the São Leopoldo Mandic College, where the imaging examination showed: uniloculated radiolucent lesion and without delimitation of the cortical bone margin and in the entire hemimaxila on left side. The clinical examination showed: aggressive, rapid growth with bone cortical perforation, root resorptions and painful symptomatology The primary treatment established was surgical decompression accompanied by incisional biopsy. On histopathological examination, the diagnosis was CGCL. In the second stage of treatment, seven corticosteroid infiltrations were performed (solution of 20 mg triaminolone acetate and 2 ml of 0.5% bupivacaine) each week. At the end of this stage, the lesion presented little size regression. Therefore, the last stage of treatment with total surgical excision of the lesion and extraction of the involved teeth was established.

Findings: After eight months, there was oral rehabilitation with bone graft and osseointegrated implants. There are three-year follow-up of the case without recurrence of the lesion.

Conclusion This case report showed a lesion that did not respond satisfactorily to the conservative treatment and, therefore, the total resection was chosen.

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Gorlin-Goltz Syndrome with multiple keratocysts during tooth eruption period – long term follow-up

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Background: Gorlin-Goltz Syndrome (GGS), also known as Nevoid Basal-Cell Carcinoma Syndrome, is an autosomal dominant condition resulting from pathogenic heterogenic variants in any of the PTCH1, PTCH2 and SUFU genes. The syndrome is characterized by recurrent carcinomas of the basal cell type, Odontogenic Keratocysts (OK), calcifications in the sickle of the brain, skeletal anomalies such as bifid ribs, increased cranial circumference, and other heterogeneous symptoms that often make diagnosis difficult.

Objectives: The purpose of this paper is to present the case report of a patient, diagnosed with GGS during the tooth eruption period treated with different approaches

Methods: A 8-year-old female patient sought care at the Oral and Maxillofacial Surgery Service of PUCRS. The patient presented 9 cystic lesions in the gnathic bones. Four were treated with enucleation. The other five lesions were treated with decompression to aid in the eruption of associated teeth. Teeth 27 and 37 were removed due to the presence of infection. In all lesions, histopathological analysis was performed.

Findings: Histopathological analysis confirmed diagnosis of OK. Successful removal of OK was accomplished with no signs of recurrence in an 8-year follow-up. Additionally, teeth involved in the lesion were properly maintained and in occlusion.

Conclusion: The different approaches to treat the OKs were important because they were able to erupt the teeth without tumor recurrence during the 8- year follow-up.

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Dental findings in tonsil carcinoma patients

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Background: The head and neck squamous cell carcinomas are the sixth most common neoplasms world-wide; 70-80% arises from tonsils. Additional to alcohol consumption, smoking and HPV, various bacteria have been found to associate with the head and neck carcinomas. Periodontitis is a common oral chronic inflammation which increases the risk of having oral leucoplakia and oral cancer.

Objectives: The aim of our study was to clarify occurrence and severity of periodontitis in HPV-positive and HPV-negative tonsil carcinoma patients based on their dental radiographs.

Methods: A retrospective radiological study was designed and implemented to evaluate the presence of marginal cortex and the severity of bone loss in tonsil cancer patients treated in Head and Neck Centre, Helsinki University Hospital, Helsinki, Finland between January 1, 2013 and December 31, 2017. Explanatory variables were age, gender, smoking, alcohol consumption and HPV-status.

Findings: Out of 115 tonsil carcinoma patients respecting our inclusion criteria, 24 were HPV-negative and 91 HPV-positive. In 70% of the HPV-positive patients, the marginal cortex, used as marker for periodontal stability, was not identifiable on the