EPIDERMOID CARCINOMA IN MANDIBLE BASE—CASE REPORT *Aracellys Menino Melo, Bruna Luisa Koch Monteiro, Fabiano Gava, and Suéllen Trentin Brum,* Squamous cell carcinoma (SCC) mainly affects the male population and corresponds to most malignant tumors in the mouth. The incidence of SCC in the oral cavity changes considerably between countries, and in Brazil this change also occurs between states, a fact possibly related to local differences in risk factors. A 52-year-old man had a lesion with a 6-month evolution in the base of the mandible, with a gradual growth of the tumor. Clinical examination revealed an ulcerated, sessile, infiltrative nodular lesion, with purulent secretion and measuring approximately 45 mm in diameter. Radiographically, the lesion was radiolucent with irregular edges. The exfoliative biopsy showed different cells, suspected of carcinoma, and an incisional biopsy was performed to confirm the diagnosis. After histopathologic analysis, the hypothesis of SCC was confirmed. The patient was referred to the oncologist for antineoplastic treatment

PLEOMORPHIC ADENOMA OF THE SUBMANDIBULAR GLAND TREATED WITH PARTIAL SIALOADENECTOMY: A CASE REPORT *Julliana Carvalho Rocha, Allan Vinícius Martins-De-Barros, Lucas Nascimento Ribeiro, Arthur Alvez Thomaz De Aquino, Emanuel Dias De Oliveira E Silva, Fábio Andrey Da Costa Araújo, and Marianne De Vasconcelos Carvalho,* Pleomorphic adenomas of the submandibular glands are rare, and their treatment usually involves excision of the whole gland along with the tumor. A 24-year-old male patient presented with the main complaint of an extensive slow-growing painless swelling in the submandibular region. Physical examination showed a palpable, rounded, and mobile mass. Computed tomography showed a well-circumscribed lesion in the topography of submandibular gland. Fine needle aspiration was suggestive of pleomorphic adenoma. Partial sialoadenectomy of the submandibular gland with safety margins was performed through submandibular transcutaneous access. The postoperative period was uneventful and no facial or hypoglossal nerve damage or salivary flow alterations were observed. Histopathologic examination revealed a fragment of encapsulated benign neoplasm of glandular origin, composed of rounded myoepithelial cells in the middle of a predominantly chondromyxoid stroma, confirming the diagnosis of pleomorphic adenoma. Partial sialoadenectomy represents a safe and more conservative approach to benign submandibular gland tumors.

MUCOEPIDERMOID CARCINOMA IN A YOUNG PATIENT—CASE REPORT *Bruna Luisa Koch Monteiro, Aracellys Menino Melo, Fabiano Gava, and Suéllen Trentin Brum,* Mucoepidermoid carcinoma is the most common malignant tumor of the salivary glands and represents 5% of all neoplasms of the head and neck. The main risk factors reported are genetic disorders, radiation, and smoking. A 30-year-old woman presented with a painless swelling in the hard palate region that evolved over a period of 5 months. The lesion was found between the premolars and was an ulcerated nodule measuring about 5 mm in diameter. On extraoral examination, no lymph node changes were found. Tomography revealed a hypodense area with poorly defined margins. To determine the diagnosis, an incisional biopsy was performed, and the immunohistochemical report was positive for proteins CK-7, CK-8, CK-14, periodic acid-Schiff stain (PAS) PAS-clusters of differentiation (CD) and negative for acute myeloyd leukemia (AML) and vimentin, confirming the diagnosis of salivary gland neoplasm. The patient was referred to an oncology center.

ONCOCYTIC LIPOADENOMA: REPORT OF THREE RARE CASES INVOLVING THE PAROTID GLAND *Ericlene Farias De Oliveira, Jonh Lennon Silva Cunha, Marco Antonio Peñalonzo, Oslei Paes De Almeida, Roman Carlos, and Ciro Dantas Soares,* Oncocytic lipoadenoma (OL) is a rare salivary gland tumor characterized by the presence of oncocytic cells and mature adipose tissue. To date, only 30 cases of OL have been reported in the English-language literature. We present 3 additional OL cases involving the parotid. Microscopically, the tumors were composed of a mixed population of oncocytes and adipocytes in varying proportions surrounded by a thin, connective tissue fibrous capsule. Oncocytes were positive for pan-cytokeratins AE1/AE3, epithelial membrane antigen, CK-5, CK-7, CK-14, CK-18, and CK-19. Calponin, p63, smooth muscle actin, and carcinoembryonic antigen were negative. Vimentin and S-100 protein were positive only in adipose cells. Despite distinctive morphologic features, OL is often misdiagnosed, given its rarity. Pathologists and surgeons must recognize OLs to avoid misdiagnoses and provide adequate management through conservative surgical excision.

SURGICAL TREATMENT OF EXTENDED JUVENILE OSSIFYING FIBROMA IN A PEDIATRIC PATIENT: A CASE REPORT *Kathleen Jarmendia-Costa, Raphael Marques Varela, Jacqueline Da Rosa Gonçalves, Fabio Duro Zanini, Maria Cristina De Souza Neto, André Luís Fernandes Andújar, and Levy Hermes Rau,* A 2-year-old male patient presented to a dental clinic with painless swelling on the right side of the face in the zygomatic-orbital region with approximately 2 months of evolution. Computed tomography scan revealed an extensive, solid, expansive lesion inside the right maxillary sinus invading the right maxillary alveolar ridge and ipsilateral nasal cavity, causing elevation of the orbital floor. Incisional biopsy, complementary blood tests, and clinical aspects suggested a diagnosis of central giant cell lesion. The patient underwent surgery for enucleation and curettage of the lesion under general anesthesia. The orbital floor, infraorbital margin, and part of the maxillary alveolar ridge were reconstructed with an autogenous iliac crest graft, and gaps were filled with xenograft. The maxillary sinus antrum was preserved by placing a fibrin sponge inside it. The histopathologic material was sent for analysis and then reviewed, establishing a final diagnosis of trabecular juvenile ossifying fibroma. Postoperative recovery was without complications, with no signs of recurrence.

POLYMORPHOUS LOW-GRADE ADENOCARCINOMA OF THE UPPER LIP: A CASE REPORT *Valesca Sander Koth, Karen Cherubini, Liliane Soares Yurgel, Vinicius Duval Da Silva, Fernanda Gonçalves Salum, and Maria Antonia Zancanaro De Figueiredo,* A 49-year-old female patient presented with a nodule in the upper lip lasting 1 year. The

patient had diabetes and had a 37-year smoking history (had quit 14 months before). On clinical examination, a firm, well-circumscribed submucosal nodule measuring 0.8 cm in diameter was observed in the upper lip, left side. Because it had mobility, an excisional biopsy was performed, under the clinical hypothesis of a benign neoplasm of salivary gland. Hematoxylin and eosin staining of the specimen was compatible with a malignant neoplasm of salivary gland. Immunohistochemical analysis showed positive staining for p63, S-100, CEA, CK and Ki-67, and a diagnosis of polymorphous low-grade adenocarcinoma was established. An investigation of the anatomical region with magnetic resonance imaging did not evidence remaining lesion. The patient has been under clinical and imaging follow-up for 5 years without any sign of recurrence of the neoplasm.

INTRAORAL SEBACEOUS CARCINOMA: REPORT A RARE CASE ON THE TONGUE *Ericlene Farias De Oliveira, Jonh Lennon Silva Cunha, Oslei Paes De Almeida, Maria Goretti Freire De Carvalho, and Ciro Dantas Soares,* Intraoral sebaceous carcinoma (SC) is extremely rare on the tongue. The clinical-pathologic and immunohistochemical characteristics of a rare case of SC in a 59-year-old man is presented. The patient had painful ulcers in the posterior region of the tongue. Microscopically, the tumor was composed of atypical basaloid cells with rounded to oval nuclei and prominent nucleoli arranged in lobes, with prominent sebaceous differentiation and areas of holocrine secretion. Staining with periodic acid-Schiff and staining with mucicarmine were negative in neoplastic cells. By immunohistochemistry, tumor cells were positive for pan-cytokeratin AE1/AE3 and epithelial membrane antigen. The sebaceous cells were positive for adipophilin and perforin. The diagnosis was SC. Ample surgical excision was performed followed by adjuvant chemotherapy and radiotherapy. Careful histopathologic analysis of these lesions is essential to ensure a correct diagnosis and increase the patient's survival time.

DIFFUSE LARGE B-CELL LYMPHOMA OF MAXILLA: A DIAGNOSIS CHALLENGE *Tamara Fernandes De Castro, Jéssica Araújo Figueira, Giseli Mitsuy Kayahara, José Cândido Caldeira Xavier Júnior Sebastião Conrado Neto, Glauco Issamu Miyahara, and Daniel Galera Bernabé,* Primary lymphomas of the oral cavity are rare, and the most common type is diffuse large B-cell lymphoma (DLBCL). A 77-year-old man was referred for evaluation of a palate lesion with 2 months of evolution. Extrabuccal examination showed no abnormalities. Intraoral examination revealed swelling on the right side of the hard palate, with a fibrous consistency, ulcerated surface, painless, and mobility of the upper posterior teeth. Panoramic radiography and computed tomography showed extensive bone destruction on the right side of the maxilla. The diagnostic hypothesis was malignant mesenchymal tumor. Biopsy was performed, and histopathology was suggestive of leishmaniasis. The DNA polymerase chain reaction technique did not identify the presence of the protozoan. A new biopsy was performed and microscopic findings were suggestive of hematopoietic neoplasm. Immunohistochemical analysis revealed positivity for CD20, Bcl2, Bcl6, Ki-67, MUM1, confirming the diagnosis of DLBCL. The patient underwent chemotherapy and is in clinical follow-up.

SKELETAL FACIAL CHANGES IN PEOPLE WITH SICKLE CELL DISEASE: A CASE SERIES *Renata Da Paz Leal Pereira, Emi Suzane De Abreu Dias, Juliana Jorge Garcia, Viviane Almeida Sarmento, and Gabrielly Braga Camargos De Almeida,* Sickle cell disease corresponds to a group of genetic hemoglobinopathies that present as the main characteristic the presence of an altered hemoglobin, hemoglobin S, which is able to polymerize and bring several sequelae to the human organism, substantially in the osteo-articular system. The aim of this study is to report a series of 10 cases of computed tomography exams of the jaw of patients with sickle cell disease. Computed tomography scans showed several maxillary bone changes, such as osteopenia, the presence of hyperdense areas, accentuation of the bone trabeculate, maxillary protrusion, transverse maxillary enlargement, and thinning of the cortical bone. This study showed that computed tomography of the maxillary bones can be an excellent tool to diagnose bone anomalies in the facial bones of patients with SCD.

ADENOID AMELOBLASTOMA: A CASE REPORT *Aline Queiroz, Gabriela Reganin, Marilene Bargas Rodrigues Alves, Soraya Carvalho Da Costa, and Marília Trierveiler,* Adenoid ameloblastoma is a rare variant of ameloblastoma that exhibits adenoid characteristics, resembling an adenomatoid odontogenic tumor. Despite few studies, the clinical, histopathologic, and behavioral aspects of this lesion are still unknown. A 57-year-old White female patient presented with a well-defined unilocular radiolucency between the roots of the right mandibular premolars, without intraoral changes. After an excisional biopsy, microscopic examination revealed islands of odontogenic epithelium surrounded by fibrous stroma. The peripheral columnar cells showed ameloblast-like differentiation with nuclear palisading and reverse polarization. A cribriform pattern was observed, as well as large duct-like spaces lined by columnar or cuboid cells and filled with eosinophilic mucoid material. A diagnosis of adenoid ameloblastoma was made and the patient is currently being followed up.

NECROTIZING ULCERATIVE GINGIVITIS LEADING TO SEPSIS IN ONCOLOGICAL PATIENT: A CASE REPORT FOCUSED ON ORAL DIAGNOSIS *Ana Julia Ribeiro Girardi, Ana Beatriz Aiélo Franco, Ana Luiza Ribeiro De Oliveira Avi, Luciana Coelho Sanches, Victor Tieghi Neto, Renata Freitas Varanda, and Vivian Palata Viola,* Synovial sarcoma is a malignant soft tissue tumor occurring mostly in young adults that is treated with surgery, chemotherapy, and/or radiotherapy. The objective is to report a case of necrotizing ulcerative gingivitis (NUG) as a focus of sepsis in a patient with synovial sarcoma undergoing chemotherapy. A 26-year-old male patient with synovial sarcoma was admitted to the emergency room reporting gingival pain and swelling. Clinical examination showed erythematous and purplish lesions in the gingiva, necrotic tissue and pseudomembranes in the papillae, and purulent exudate, resulting in a diagnosis of NUG. It was necessary to transfer the patient to intensive care unit due to sepsis from the dental focus and febrile neutropenia. Treatment involved antibiotic therapy, improvement of oral hygiene, and photobiomodulation with a low-level laser. We highlight the importance of hospital dentistry