benzathine penicillin 1,200,000 UI (2 applications/3 weeks) was proposed, and the patient remains in follow-up.

OROPHARYNGEAL DIFFUSE LARGE B-CELL LYMPHOMA: A CASE REPORT *Everton Adriano Wegner, Giovana Prediger Maccari, Gabriela Weirich Neculqueo, Maria Antonia Zancanaro De Figueiredo, Fernanda Gonçalves Salum, Valesca Sander Koth, and Karen Cherubini,* A 64-year-old male patient presented with a complaint of a painful lesion in the mouth lasting 2 months, and he had lost 10 kg during this time. The patient reported previous treatment attempts with amoxicillin/clavulanic acid and clindamycin with no response and a medical history of diabetes. On clinical examination, a tumor mass about 6 cm in diameter was observed in the oropharynx, and the dorsum of the tongue was atrophic. Laboratory tests showed anemia, lymphopenia, anisocytosis, erythrocyte sedimentation rate of 120 mm/h, fasting blood glucose of 140 mg/dL, and a negative HIV test. An incisional biopsy was performed, where hematoxylin/eosin (H&E) examination was compatible with lymphoma, and immunohistochemical analysis confirmed the diagnosis of diffuse large B-cell lymphoma. The patient was referred to the oncology service and started chemotherapy (R-CHOP) but then developed septic shock, was sent to the intensive care unit, and died a month later.

BURKITT'S LYMPHOMA: MULTIPROFESSIONAL DIAGNOSTIC VIEW OF A DIFFICULT CASE *Pedro Henrique Cossu Vallejo, Iago De Paiva Silva, Isabela Siqueira Castro, Júlia Lopes Ferigatto, Victor Tieghi Neto, Fábio Luiz Coracin, and Fernanda De Oliveira Lemos,* Burkitt's lymphoma (BL) is an aggressive form of non-Hodgkin's B-cell lymphoma that presents 3 forms: endemic, sporadic, and immunodeficiency-associated types. The objective is to report a case of BL diagnosed in the mandibular gingiva based on the initial manifestation of right axillary lymph node enlargement (>15 cm). Upon examination, an exophytic lesion was noted in the mandible, posterior region, bilateral, invading masticatory space. A head and neck computed tomography scan revealed a homogeneous solid expansive lesion in the right buccinator space, extending to retromaxillary fat. The anatomopathologic report was compatible with BL. The patient was treated with R-dose adjusted rituximab, etoposide, prednisone, vincristine, cyclophosphamide and doxorubicin and is being followed up with a reduction in the mass of lymph nodes and oral lesions. We concluded that the multiprofessional approach in conducting diagnosis is important for the best treatment. Also, it showed that the diagnosis of hematological neoplasm must include several professionals, making the treatment more individualized for the patient.

CONGENITAL EPULIS—A RARE TUMOUR *Cíntia De Souza Freire, Gabriela Ribeiro, Gustavo Gaffree, Roberto Gomes, Adriana Terezinha Novellino, Alexandre Chaia, and Aguida Miranda,* Congenital epulis is a rare, benign soft tissue condition with a female preponderance that is only seen in newborns. It arises from the alveolar mucosa and occurs more frequently in the maxilla and protrudes out of the infant's mouth. This condition may interfere with feeding, lip closure, or respiration and even potentially obstruct the airway. This work presents the case of a female infant with a solid ovoid mass protruding from the oral cavity. Treatment of this lesion was surgical, and histopathologic examination confirmed clinical diagnosis of congenital epulis. Postsurgical follow-up was without complications; examination of the infant 2 months later revealed no sign of recurrence.

ORAL CHRONIC GRAFT-VERSUS-HOST DISEASE IN A COVID-19 PATIENT: A CASE REPORT OF A RAPID AND PROGRESSIVE DISEASE *Pedro Henrique Cossu Vallejo, Victor Tieghi Neto, Ademilton Couto Do Nascimento, Emilze Mafra De Lima, George Maurício Navarro, Renata Freitas Varanda, and Fabio Luiz Coracin,* Chronic graft-versus-host disease (cGVHD) is a common complication in patients undergoing haploidentical hematopoietic stem cell transplantation (haploHSCT). The aim was to relate a recent case of a rapid and progressive oral cGVHD after COVID-19. A 35-year-old man developed oral cGVHD only in the lips 190 days after haploHSCT for acute myelomonocytic leukemia. COVID-19 was diagnosed 263 days after haploHSCT and 5 days after donor lymphocyte infusion with improvement in his clinical condition after 1 week. Moreover, the patient reported rough changes in oral mucosa in 24 hours. Oral clinical exam showed extensive lichen planus–-like changes in the whole oral mucosa in association with xerostomia, leading to a clinical oral cGVHD diagnosis. Both cGVHD and COVID-19 share high levels of inflammatory markers in their physiopathology, including interleukin 6 and TH-17 immune response. COVID-19 could contribute to oral lesions in association with donor lymphocytes.

A GIANT TONSILLOLITH IN A 13-YEAR-OLD PATIENT *Giovana Prediger Maccari, Éverton Adriano Wegner, Gabriela Weirich Neculqueo, Maria Antonia Zancanaro De Figueiredo, Fernanda Gonçalves Salum, Valesca Sander Koth, and Karen Cherubini,* Tonsillar stones or tonsilloliths are polymicrobial biofilms formed in the crypts of palatine tonsils, which become calcified by mineral deposition, especially of calcium salts. Large calcifications can cause odynophagia, dysphagia, and otalgia and are rare in young patients. A 13-year-old male patient was referred by the orthodontist for investigation of an extensive radiopaque area in the region of the left ascending ramus of the mandible observed on panoramic radiograph. The patient was asymptomatic and did not report any other disease. On clinical examination, no alterations in the parotideomasseteric region or oral lesions were observed. Blood tests and ultrasonography of the parotideomasseteric and submandibular regions and fan beam tomography were requested. Ultrasonography and blood tests were unremarkable, whereas tomography revealed a large, calcified mass in the soft tissues of the parapharyngeal space, measuring 1.9 × 2.5 cm and compatible with a tonsillolith. The patient was then referred for tonsillectomy.

DIAGNOSTIC AND THERAPEUTIC CHALLENGE OF JUVENILE MANDIBULAR CHRONIC OSTEOMYELITIS: CASE REPORT *Lorena Rosa Silva, Kaique Leite De Lima, Fernanda Ferreira Nunes, Mozar Andrade Mota Neto, Douglas*