

behavior is normally benign. We present a case of a 50-year-old man with an unremarkable past medical history who smokes 20 cigarettes every day. For the last 3 months, he has complained of pain on the gums. Clinical examination showed multiple white plaques on the buccal gingiva of all 4 quadrants, with a verrucous appearance, some of which had a reddish area. Incisional biopsies were performed of the lesions from the gingiva with clinical diagnosis of proliferative multifocal leukoplakia as well as a microbiologic culture intake. Histopathologic analysis, showing a verrucous epithelial hyperplasia with acantholysis, confirmed the diagnosis of verrucous pemphigus vegetans. Indirect immunofluorescence results for desmoglein 1 and 3 were negative. The patient remains under control after treatment with deflazacort and triamcinolone. This research was supported by a research group from UPV/EHU.

TUMOR-INFILTRATING IMMUNE CELLS IN NASOPHARYNGEAL ANGIOFIBROMA: SURGICAL MANAGEMENT AND IMMUNO-HISTOCHEMICAL ANALYSIS. CARLA BENTO NELEM COLTURATO, ELDON GUTTENBERG CARIRI-NETO, RODRIGO NEVES SILVA, LUCAS RIBEIRO TEIXEIRA, SILVIA ELENA YACARINI PAREDES, XIOMARA BEATRIZ JIMENEZ POLANCO and, JORGE ESQUICHE LEÓN

Nasopharyngeal angiofibroma is a benign but locally aggressive tumor of unknown etiology, typically occurring in the nasopharynx of male adolescents. A 21-year-old male patient was referred presenting left facial swelling and a nodular lesion arising from the upper vestibule. The imaginologic analysis showed a large mass occupying the left maxillary sinus. After incisional biopsy, microscopy exhibited a prominent vascular component constituted by vessels of variable size and shape, supported by cellular stroma, as well as collagenized and fibromyxoid areas. Immunohistochemistry showed positivity for vimentin, α -smooth muscle actin, and CD34 and focally for D2-40, desmin, and CD10. Moreover, CD68, CD163, FXIIIa, and CD209 highlighted numerous tumor-infiltrating immune cells, either macrophages or dendritic cells. The Ki-67 was 3%. The Weber Ferguson approach was used to remove the whole lesion. Besides growth factors and androgen receptors, the role of tumor-infiltrating immune cells in nasopharyngeal angiofibroma tumorigenesis should be clarified.

LESION IN THE ANTERIOR MANDIBLE: CASE REPORT OF A GLANDULAR ODONTOGENIC CYST IN AN ELDERLY PATIENT. ARTHUR PIAS SALGUEIRO, JULIANA ROMANINI, ISADORA FOLLAK DE SOUZA, LAURA CAMPOS HILDEBRAND, FERNANDA VISIOLI, MÁRCIA GAIGER DE OILIVEIRA and, PANTELIS VARVAKI RADOS

A 70-year-old white male patient sought care to evaluate an asymptomatic lesion identified on radiographic study for clinical reasons. A radiographic radiolucent defect was located between the lower central incisors roots. A defect in the oral mucosa was observed close to the left side of lingual frenulum, resembling a fistula. An excisional biopsy was performed, and the material sent to microscopic study revealed a cystic cavity lined by non-keratinized squamous epithelial tissue with bundles along the epithelial lining. The presence of goblet cells was also observed, and the epithelial-mesenchymal junction showed a flat union.

There is hyaline material inside the cystic cavity. The lesion was surrounded by fibrous connective tissue. The final diagnosis was suggestive of a glandular odontogenic cyst. The patient is under follow-up without symptoms or signs of radiographic recurrence in the period of 12 months.

GINGIVAL SQUAMOUS CELL CARCINOMA: A CASE REPORT. RAÍSA SALES DE SÁ, ERIKA GRAFF PEDROSO, LEONARDO AMARAL DOS REIS, DIEGO TETZNER FERNANDES, ALAN ROGER SANTOS-SILVA, OSLEI PAES DE ALMEIDA and, MARCIO AJUDARTE LOPES

Squamous cell carcinoma rarely occurs in the gingiva and may be misdiagnosed as inflammatory lesions that most commonly affect this area. A 51-year-old patient was referred for evaluation of a lesion in the gingiva. The patient was nonsmoker and nondrinker, and he reported local symptomatology for 3 years since the lower left first molar was rehabilitated with porcelain crown. On oral examination an erythematous lesion in the vestibular marginal gingiva of the lower left first molar was observed. In addition, white areas in the lower anterior vestibular gingiva were present. In view of the clinical hypothesis of malignant neoplasia, incisional biopsy was performed, and the histopathologic analysis confirmed the diagnosis of squamous cell carcinoma. The patient was referred to a head and neck surgeon, who performed a surgical removal of the tumor. This report emphasizes that although is uncommon, squamous cell carcinoma of gingiva may occur and may mimic an inflammatory process.

ORAL AND MAXILLOFACIAL OSTEOSARCOMA: CASE REPORT. CRISTIANNE KALINNE SANTOS MEDEIROS, RANI IANI COSTA GONÇALO, HUMBERTO PEREIRA CHAVES NETO, GERMANO DE LELIS BEZERRA JÚNIOR, ADRIANO ROCHA GERMANO and, LÉLIA MARIA GUEDES QUEIROZ

A 43-year-old female patient attended the oral maxillofacial and traumatology service presenting volume increase in the right hemiface with painful symptomatology. At the intraoral examination, an exophytic lesion involving the alveolar ridge and palate region was observed, extending to the right nostril. The lesion showed a partially ulcerated surface, with purulent secretion, firm consistency, and normal mucosal color. Computed tomography revealed a mixed appearance of hyperdensity and ill-defined hypodensity in the maxillary region with extension to the zygoma and the right orbit. Because of poor oral hygiene and a history of regression with antibiotic therapy, a clinical diagnosis of actinomycosis was issued, and incisional biopsy of the lesion was subsequently performed. In the microscopic analysis, proliferation of pleomorphic and atypical malignant mesenchymal cells was associated with deposition of osteoid matrix, thus confirming the histopathologic diagnosis of osteosarcoma. The patient was referred to the State Reference Center for appropriate treatment.

IMPORTANCE OF FOLLOW-UP FOR LIP SQUAMOUS CELL CARCINOMA: REPORT OF 2 CASES. PAULA SANTOS FERREIRA, DARCY FERNANDES, ANDREIA BUFALINO, TULIO MORANDIN FERRISSE, AUDREY FOSTER LEFORT