

Angiolipoma is a histopathologic variant of lipoma and may occur on the labial mucosa, jugal mucosa, tongue, palate, and mandible. Microscopically, it is characterized by mature adipocytes interspersed by connective tissue and blood vessels containing fibrin thrombi. A 29-year-old man presented with a blue nodule on the lower lip that appeared approximately 2 months after a trauma, without painful symptomatology. Intraoral examination revealed an ill-defined submucosal nodule on the lower lip, covered by a smooth surface and showed bluish coloration. The provisional diagnoses were mucocele and fibrous hyperplasia. Excisional biopsy was performed; microscopic analysis revealed mature adipocytes interspersed with fibrous connective tissue, blood vessels with formation of thrombus, and infiltration of mast cells into the connective tissue. The final diagnosis was angiolipoma. We concluded that histopathologic examination is fundamental to confirm the diagnosis of angiolipoma, which should be included in the differential diagnosis of nodular lesions.

**BENIGN LYMPHOEPITHELIAL LESION AFFECTING MINOR SALIVARY GLAND. TATIANA WANNMACHER LEPPER, LEONARDO DIEL, NATALIA BATISTA DAROIT, MARCIA GAIGER DE OLIVEIRA, MYRIAM PEREIRA KAPCZINSKI, ARTHUR PIAS SALGUEIRO, PANTELIS VARVAKI RADOS.**

Benign lymphoepithelial lesions predominantly affect women and are mostly (85%) located in the parotid glands, whereas occurrence in minor salivary glands is infrequent. This report presents a case with a clinical and histopathologic diagnosis compatible with benign lymphoepithelial lesion in a minor salivary gland. A 62-year-old woman was diagnosed with Sjogren syndrome. Intraoral examination showed sessile lesion, measuring 1 cm in diameter, in the region of the soft palate; the lesion had reddish coloration, fibrous consistency, oval shape, and smooth surface and was asymptomatic. After excisional biopsy, the lesion was observed to show histopathologic features of intense inflammatory infiltration associated with destruction of the salivary acinari and presence of myoepithelial islands. Benign lymphoepithelial lesion is a rare condition that may be related to or be part of Sjogren syndrome and has a favorable prognosis.

**UNUSUAL PRESENTATION OF NON-HODGKIN LYMPHOMA OF THE PALATE AND PAROTID GLANDS. NATÁLIA RANGEL PALMIER, CELESTE SÁNCHEZ-ROMERO, MARIANA DI PAULI PAGLIONI, JÉSSICA MONTENEGRO FONSECA, OSLEI PAES DE ALMEIDA, MARCIO AJUDARTE LOPES, ALAN ROGER DOS SANTOS-SILVA.**

A 57-year-old man was referred with a swelling of 10 months' evolution in the right preauricular region. Extraoral examination revealed bilateral fibroelastic preauricular swellings and a supra-auricular lymph node on the left side. Intraoral examination revealed large bilateral swellings of the hard palate, with evident surface telangiectasia. Computed tomography analysis showed hyperdense nodular images in both the superficial parotid glands. Incisional biopsy under local anesthesia was performed in the hard palate nodules, and fine-needle aspiration was performed in the right preauricular mass. Histopathologic and cytopathologic analyses were compatible with non-Hodgkin lymphoma (NHL), follicular type. Immunohistochemical positivity was detected for CD-20, CD-10, CD-79A, Bcl-2, and Ki-67. The patient was referred to a clinical oncologist and is currently undergoing the second chemotherapy

cycle with rituximab. After 15 months of follow-up, he no longer exhibits the head and neck manifestations of NHL.

**LOW GRADE MUCOEPIDERMOID CARCINOMA OF THE SOFT PALATE: CASE REPORT. IANKA QUEIROZ LIMA, ISADORA ALICE FACHINI DOS SANTOS, LAURA VITÓRIA CALDEIRA TINOCO, DANIEL FROTA SOUZA, TIAGO NOVAES PINHEIRO.**

Mucoepidermoid carcinoma is one of the most common salivary gland malignancies. Clinically, the lesion presents with asymptomatic volume increase, with the palate as the second most common location. The case report is of a 51-year-old man with a hard, reddish, circumscribed, sessile lesion on the palate, with soft consistency. The patient reported that the lesion appeared and increased in size within a period of 1 month. Fine-needle aspiration was performed because the features suggested a diagnosis of pleomorphic adenoma. Subsequently, incisional biopsy was performed. Microscopically, pseudocystic formations of corneous beads, microcystic areas containing amorphous eosinophilic material with mucinous appearance, hyperchromatism, pleomorphism, and eventual mitoses were observed. An atypical histopathologic diagnosis of well-differentiated low-grade mucoepidermoid carcinoma was made. The patient was referred to the oncology service for treatment and is under follow-up for 8 months.

**VERMILIONECTOMY FOR DIAGNOSIS AND TREATMENT OF ACTINIC CHEILITIS: A CASE REPORT. IANKA QUEIROZ LIMA, ISADORA ALICE FACHINI DOS SANTOS, LAURA VITÓRIA CALDEIRA TINOCO, DANIEL FROTA SOUZA, TIAGO NOVAES PINHEIRO.**

Actinic cheilitis, a common premalignant alteration of the vermilion of the lower lip, results from excessive, progressive exposure to the ultraviolet spectrum of sunlight, and presents a predilection for males above 45 years of age. The case report is of a 60-year-old male patient with leukoderma, presenting with a soft tissue lesion in the lower lip; the lesion had elastic consistency, ellipsoid form, and whitish coloration. A vermilionectomy was performed, and the obtained material, measuring 6.4 cm, was sent for histopathologic analysis; a diagnosis of actinic cheilitis with moderate dysplasia was made. After 8 months of follow-up, there was no relapse.

**MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA: CASE REPORT. ISADORA ALICE FACHINI DOS SANTOS, IANKA QUEIROZ LIMA, LAURA VITÓRIA CALDEIRA TINOCO, DANIEL FROTA DE SOUZA, TIAGO NOVAES PINHEIRO.**

Squamous cell carcinoma is the most common oral malignancy, which affects mostly men over 50 years of age, and 95% of the cases occur after 45 years of age. The present case report refers to a 46-year-old male patient with melanoderma, who was a smoker and an alcoholic. He had sought dental care for pain in the mouth and dysphagia 4 months earlier. Intraoral clinical examination revealed an ulcerated region, measuring 2.8 × 2.6 cm, which was firm with irregular consistency and showed whitish points. Initially, incisional biopsy was performed, with histopathologic examination revealing a buccal mucosal fragment partially covered by parakeratinized squamous epithelium with atypical mitoses. The diagnosis of moderately differentiated squamous cell