

side of the tooth, about 2 months prior to presentation. Intraoral examination revealed a large tumor in the left oral cavity, measuring about 20 × 10 cm, with a probable epicenter in the lower left gum, which extended later to a retromolar area, and previously at the level of the lower left canine. Computed tomography showed a massive tumor with an epicenter in the left mandible, with images in the sun rays suggestive of osteosarcoma, confirmed in the histopathologic report. The patient underwent left hemimandibulectomy, reconstruction with local flap, and adjuvant chemotherapy. After 1 year of clinical and radiographic follow-up, no recurrence was observed.

#### **GLANDULAR ODONTOGENIC CYST: A CASE REPORT.**

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A glandular odontogenic cyst is a rare cyst of development that may exhibit an aggressive behavior and has predilection for the anterior region of the mandible. This cyst has a pluripotent epithelium, conferring glandular and odontogenic characteristics. This case is of a 78-year-old woman presenting with swelling and paresthesia on the mental skin since 3 months prior to presentation. Intraoral clinical examination showed a swelling in the mandible anterior region, in the inferior vestibule. Panoramic radiography showed a well-circumscribed radiolucent image in the region between the lower canines. Computed tomography showed a hypodense image. The diagnostic hypotheses were radicular cyst and unicystic ameloblastoma. Enucleation with curettage was performed, and the material was sent for histopathologic analysis. The histopathologic diagnosis was glandular odontogenic cyst. The patient remained in follow-up for 5 months, and bone repair could be observed in the radiographic examination.

#### **PERIPHERAL T-CELL LYMPHOMA OF THE ORAL CAVITY DIAGNOSED IN THE BUCCAL MUCOSA WITH RELAPSED-REFRACTORY LESION IN THE LIP: A RARE CASE REPORT.**

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Peripheral T-cell lymphoma consists of a rare and generally aggressive non-Hodgkin lymphoma group that develops from mature T cells; its primary oral manifestations are rare. A 35-year-old Caucasian man presented with swelling, of 2 months' evolution, on the right side of the buccal mucosa, close to the tooth #16, recently treated endodontically; the swelling was painless, with numbness and anesthesia. Upon palpation, a fibrous cord in the buccal mucosa, from the region of tooth #16 to the incisor, was observed. Anatomopathologic and immunohistochemical analyses revealed peripheral T-cell non-Hodgkin lymphoma with CD3-positive markers and Ki-67 positive in 60% of the nuclei. Imaging examinations showed an enlargement of right level IB and bilateral IIA lymph nodes. The tumor was rated according to the Ann Arbor staging as IIB/E and treated with CHOP. The tumor relapsed and was refractory to treatment after 5 months, manifesting swelling in the lower right lip. The case is under follow-up.

#### **CONCOMITANT PERIPHERAL GIANT CELL LESION AND TRAUMATIC BONE CYST IN THE MANDIBLE: A RARE CASE REPORT.**

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Synchronous lesions of the jaws are reported here. A 14-year-old girl presented with a reddish sessile nodule in the mandibular left premolar gingival region. Radiographically, a well-defined radiolucent area involving the left mandibular body was observed. Incisional biopsy of the extraosseous lesion was performed, and a giant cell lesion was histopathologically diagnosed. Another surgical intervention was planned. However, the patient returned 2 years later with both intra- and extraosseous lesions with increased sizes. A surgical exploratory procedure in the bone lesion revealed an empty cavity; curettage to stimulate bleeding was performed, in addition to excision of the extraosseous lesion. The final diagnosis was synergistic peripheral giant cell lesion and traumatic bone cyst. The 12 month follow-up did not show any relapse. Besides, neof ormation of the entire bone was observed. The pathogenesis of both the lesions remains uncertain; one hypothesis is local trauma leading to development of a reactive disease.

#### **ODONTOGENIC KERATOCYST IN AN ELDERLY PATIENT: A CASE REPORT.**

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Odontogenic keratocyst (OKC) was defined by the World Health Organization in 2005 as a benign intraosseous odontogenic tumor; however, in 2017, it was reclassified as an odontogenic cyst. A 70-year-old man attended the stomatology clinic after an incidental discovery on radiographic examination. The panoramic image showed a multilocular, well-circumscribed, radiolucent area surrounded by a sclerotic border in the posterior mandibular region on the right side. Based on the radiographic features, a diagnostic hypothesis of OKC and ameloblastoma were suggested, and incisional biopsy was performed. The pathologic findings indicated OKC. Because of the patient's age, surgical treatment with severe curettage, peripheral osteotomy, and cauterization of the bone, in combination with insertion of a titanium plate to reduce the risk of mandibular fracture, was carried out. A histopathologic diagnosis of OKC was confirmed in the surgical tissue, and the patient is in follow-up.

#### **CASE REPORT PLASMA BLASTIC LYMPHOMA.**

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Plasmablastic lymphoma (PBL) is a rare and aggressive subtype of non-Hodgkin lymphoma that commonly occurs in human immunodeficiency virus (HIV)-positive individuals and affects oral sites. The aim of this work was to report a case of a 57-year-old female patient diagnosed with HIV infection, presenting with a purplish exophytic lesion, which was bleeding, painful, friable, located in the maxilla, and affecting the alveolar ridge of teeth #23 to #27, hard palate, and vestibule. Panoramic radiography was