

evolution and a diagnosis of visceral leishmaniasis (VL). The medical pediatrician team referred to a dentistry team reporting "Painful lesions in the oral cavity with feeding impaired." The mother reported 4 days of evolution, pain for eating, speaking, and tooth brushing. Extra-oral examination showed dry lips and skin. Intra-oral examination revealed multiple ulcers on the right side of the hard palate with erythematous dotting and slight mucosal thickening and a single ulcer on the tongue. The hypothetical diagnoses were herpetic gingivostomatitis and oral manifestation of VL. A biopsy in hard palate was performed. The histopathologic exam revealed vacuolated macrophages and structures compatible with *Leishmania* within the macrophages. This atypical oral manifestation of VL led to the suspicion of other comorbidities, which confirmed by serologic tests that the patient was positive for HIV.

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**SEBACEOUS CARCINOMA OF THE ORAL MUCOSA: A CASE REPORT** AMANDA ALMEIDA LEITE, OSLEI PAES DE ALMEIDA, ROMÁN CARLOS, and, CIRO DANTAS SOARES

We report a rare case of sebaceous carcinoma arising in the buccal mucosa of the mandibular region. A 51-year-old female presented with an ulcerated swelling with 2 months of evolution. Incisional biopsy was performed, and, microscopically, the lesion showed a proliferation of nests and cords of atypical and pleomorphic epithelial cells. The cytoplasm of the cells had clear changes and vacuoles. Some of them demonstrated clearly sebaceous differentiation. Immunohistochemical studies revealed positivity for cytokeratins 14 and 18, epithelial membrane antigen, and adipophilin. The cellular proliferative index (assessed by Ki-67-nuclear expression) was 70%. The patient was undergoing complete surgical excision and received chemotherapy (6 cycles of paclitaxel and carboplatin 3 times weekly) and died 5 months after the treatment. Sebaceous carcinoma is exceedingly rare in the oral mucosa, and the immunohistochemistry, particularly adipophilin, is essential to its diagnosis.

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**CONGENITAL SEBACEOUS CHORISTOMA OF THE TONGUE** LUIZA FIGUEIRA, LILIAN MACHADO, KATRYNE DA COSTA, KARIN CUNHA, ADRIANNA MILAGRES, RAFAELA ROZZA, and, DANIELLE CASTEX

Choristoma is defined as a mass of normal tissues or cells in an abnormal location. Sebaceous glands have been reported to occur in various sites in the oral mucosa in up to 80% of the general population, but the isolated presence of sebaceous glands on the dorsum of the tongue is uncommon and the diagnosis of the sebaceous choristoma has been proposed. We report a case of a 10-year-old boy with an asymptomatic congenital papule on the dorsum of the tongue. The lesion had a smooth surface, was soft, and measured 0.3 × 0.3 cm. An excisional biopsy was performed and the histopathologic exam showed a mucosa fragment covered by parakeratinized and orthokeratinized squamous epithelium. Below the epithelium, sebaceous glands surrounded by lymphocytic inflammatory infiltrate were observed. After 8 months, there was no recurrence. As far as we know, this is the first congenital sebaceous choristoma of the tongue.

**20190383**

**INTRA-ORAL SQUAMOUS CELL CARCINOMA IN A PATIENT WITH XERODERMA PIGMENTOSUM: A CASE REPORT WITH UNPREDICTABLE OUTCOME** ELEN DE SOUZA TOLENTINO, MAILON CURY CARNEIRO, TALITA DE CARVALHO KIMURA, NELI PIERALISI, and, VANESSA CRISTINA VELTRINI

We report a case of a 23-year-old woman with xeroderma pigmentosum (XP) and a painless endophytic ulcer on the mouth floor, measuring approximately 2 cm, with 8 months of evolution. She had a family history of a brother with XP who underwent lower lip resection and denied neurologic disturbances or prior surgical procedures. Weak photophobia and numerous hyperpigmented ephelides throughout the body were observed. Histopathologic examination of the incisional biopsy confirmed the diagnosis of squamous cell carcinoma. It is known that intra-oral carcinomas are uncommon in XP individuals and, when present, are located mainly at the tongue tip. The patient was referred to the oncologist and 2 months after surgical resection underwent a single chemotherapy and radiotherapy session. However, she died in less than 72 hours after this procedure. Considering the unexpected outcome of this case, we also investigated possible exacerbated adverse effects of antineoplastic treatments in XP patients.

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**ORAL ULCERS AS FIRST SIGN OF THE LYMPHOMATOID GRANULOMATOSIS** VANESSA TONETTO MARQUES, LEANDRO DORIGAN DE MACEDO, FABIANO PINTO SAGGIORO, ALFREDO RIBEIRO-SILVA, FERNANDO CHAHUD, ANA CAROLINA FRAGOSO MOTTA, and, LARA MARIA ALENCAR RAMOS INNOCENTINI

A 60-year-old female patient presented after complaining of painful lesions in the mouth for approximately 3 months, recurrent cutaneous lesions and paresthesia in the right arm, and paresis in the left arm. Intra-oral examination revealed deep ulcers associated with erythema and fibrin membrane adhered. An incisional biopsy was performed in the oral lesion. Histopathologic examination showed an ulcerated oral mucosa with a marked diffuse, exudative, nonspecific chronic inflammation. Immunohistochemical analysis demonstrated strong and diffuse positivity for CD20, CD30, and EBV-LMP1 in large and atypical lymphoid cells and CD15 negative. Her radiologic exams showed lung and liver compromised by nodules. After liver biopsy her final diagnosis was lymphomatoid granulomatosis. In this way, the patient evolved with complete improvement of oral lesions after debridement of necrotic areas and presence of bone exposure in the upper alveolar ridge region, implying a buccosinusal communication. However, during the diagnosis process the patient died due to a generalized infection from an abdominal focus.

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**RHINOCEREBRAL MUCORMYCOSIS: DIAGNOSIS, TREATMENT, AND BUCCOMAXILLOFACIAL REHABILITATION** RENNAN LUIZ OLIVEIRA DOS SANTOS, STEPHANIE KENIG VIVEIROS, SUZANA CANTANHEDE ORSINI MACHADO DE SOUSA,