Adenoid cystic carcinoma (ACC) is a malignant epithelial tumor of the salivary glands that commonly affects the minor salivary glands, and the palate is the most recurrent site. Treatment is challenging because this tumor tends to recur with distant metastases and poor prognosis. A 50-year-old woman complained of numbness in the upper left hemimaxilla, extended to the labial region, nose wing, and nasolabial sulcus, with clinical intra-oral alterations similar to an endodontic fistula tooth 25 palatal mucosa and discrete periapical rarefaction on radiologic evaluation. Endodontic treatment was provided with laser therapy administered for persistent numbness. After 3 months a palate volume increase and small ulcerated region were noted encompassing the region of teeth 24 to 27. The panoramic and tomographic examination was performed showing extensive bone destruction, and the patient underwent a biopsy followed by microscopic and immunohistochemistry evaluation and diagnosis as ACC. The patient was forwarded to a head and neck surgeon.

## 20190606

### NONSPECIFIC ULCER IN THE SOFT PALATE: TREATMENT CHALLENGE

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A female patient, 58 years old, presented for consultation with a painful ulcer in the soft palate. She reported a rare dermatologic condition called pyoderma gangrenosum (PG), which was being treated with corticotherapy. Oral exam showed a diffuse ulcer with necrotic areas and a partially destroyed uvula. A biopsy was performed with unspecific results. The diagnosis was compatible with PG. We prescribed topic corticotherapy and pain control. After a month the soft palate showed great improvement but partial tissue was lost. Later, the patient presented with oropharyngeal complaints, and another biopsy was performed with the same unspecific result. The patient developed stomach ulcers, and 6 months after the first visit was diagnosed with acute lymphoid leukemia, an expected complication of the disease. PG incidence is estimated to be 3 to 10 cases per million population, extracutaneous manifestations are an uncommon finding, and diagnosis and treatment are challenging. Differential diagnosis may include other autoimmune diseases.

## 20190689

### A RARE CASE OF BREAST CANCER METASTASIS TO MANDIBLE CONDYLE

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Metastasis of solid tumors to the oral and maxillofacial sites are rare, representing approximately 1% of all oral malignances. A 52-year-old woman with a diagnosis of breast cancer, submitted to radical treatment in 2001 (surgery + radiotherapy + chemotherapy + non hormonal inhibitor), evolved with bone metastasis in the left lower limb 7 years later (2008). In 2014, the patient complained of pain in the temporomandibular joint region associated with left lower lip paresthesia. Due to the clinical features and the fact that the patient had breast cancer history, the hypothesis of metastasis was promptly raised. The patient was submitted to 5 sessions of 400 cGy of radiotherapy and the symptoms regressed completely. The final diagnosis of breast cancer metastasis to mandible condyle was concluded by associating the clinical and imaging data. This case represents a diagnostic challenge due to atypical clinical and radiographic features.

## 20190736

### ORAL MANIFESTATIONS OF OVERLAP SYNDROME ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOUS: A CASE REPORT

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Overlap syndrome (OS) associated with systemic lupus erythematosus (SLE) is characterized for clinical signs synchronic with histopathologic characteristics of lichen planus (LP). We report a case of a female, 39 years old, diagnosed with SLE and melanoderma, who had lesions in her mouth. Intra-oral examination showed whitish plaques in her bilateral buccal mucosa. Clinical diagnosis hypothesis were oral LP (OLP) and SLE. After biopsy, an allergic contact process was diagnosed through histopathology, and amalgam restorations related to the lesion were removed. Three years later the patient returned with other lesions, and a biopsy revealed bullous lesions that were referred to treatment. However, in spite of the established treatment, the patient has returned later with erosive lesions diagnosed through biopsy and direct immunofluorescence as erosive OLP. Corticosteroids were prescribed, and the patient remained without lesions after 2 years' follow-up. This case reinforces that OS is challenging in diagnosis and treatment and involves several professionals to manage it.

## 20190763

### GORLIN SYNDROME SYNCHRONIC WITH ORAL SQUAMOUS CELL CARCINOMA: A CASE REPORT

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The nevoid basal cell carcinoma syndrome (NBCCS) is a genetic disorder that affects the PTCH gene, which is highly associated with tumor suppression. It presents a case of NBCCS diagnosed in a 49-year-old Caucasian male. His medical history has shown a great number of surgical procedures for the removal of lesions that are common to the syndrome. One of the lesions was removed from the mandible and sent for biopsy. The patient was diagnosed by means of a jaw biopsy conducted by a buccomaxillofacial surgeon, and histopathologic sections showed a diagnosis of odontogenic keratocyst (OKC) and squamous cell carcinoma (SCC). Also, in the same section, some calcified materials were found that refer to psammoma bodies. The patient is still under care with an oncologic surgeon for future surgeries given the nature of the disorder. This case illustrates the importance of a multidisciplinary team in the diagnosis and treatment of patients with NBCCS.