a 49-year-old woman. Partial parotidectomy was performed in both cases. The histopathologic examination revealed well-circumscribed tumors with a biphasic pattern: the oncocytic epithelial component showing cells with different sizes organized in nests or ductal structures and a well-recognized adipocytic background. Immunohistochemical reactions were performed, and the oncocytic epithelial component was positive for CK7, CK14, and anti-mitochondrial antigen. After the surgical excision, no sign of recurrence was observed. As these tumors may have a clinical presentation similar to other benign and malignant SG tumors, histopathologic examination is mandatory to establish the proper diagnosis.

20190650

INTRA-ORAL PLEOMORPHIC ADENOMA IN THE PALATE: A REPORT OF 4 CASES *MARIA IZABEL RIBEIRO, MILKLE BRUNO PESSOA SANTOS, DANLYNE EDUARDA ULISSES DE QUEIROGA, VANESSA DE CARLA BATISTA DOS SANTOS, CLAYTON CLENISSON DE CARVALHO SILVA, CATARINA RODRIGUES ROSA DE OLIVEIRA, and, SONIA MARIA SOARES FERREIRA*

Pleomorphic adenoma (PA) is the most common salivary glands tumor, mainly involving the parotid gland. The aim of this study was to report a PA series of cases, which were diagnosed intra-orally, and their relation to clinical, epidemiologic data and histopathologic findings. The age ranged from 30 to 60 years, being observed mainly in the female gender. All cases were located on the palate, and only 1 was painful. The most common histopathologic findings were epithelial and myoepithelial cells distributed in several morphologic patterns of mesenchymal differentiation. Epithelial cells formed ducts and cystic structures and had islands or sheets of neoplastic cells. Excisional surgery was the treatment of choice, with excellent prognosis. In conclusion, it is always necessary to perform incisional biopsy in intra-oral PAs, because these lesions occur preferentially on palatal minor salivary glands, which could be a challenge to diagnosis due to their similarity with malignant salivary glands tumors.

20190859

METASTASIS OF COLON AND LUNG CANCER IN SOFT TISSUES OF THE ORAL CAVITY *VICTOR MONTALLI, MAURO HENRIQUE MELO DA COSTA, MARCELO HENRIQUE NAPIMOGA, REGINA GARCIA DORTA, VERA CAVALCANTI DE ARAÚJO, NEY SOARES DE ARAÚJO, and, PAULO MORAES*

Tumor metastasis to the oral cavity is rare and can occur in both soft and hard tissue. Diagnosis is a challenge because it can mimic reactional lesions such as pyogenic granuloma and giant cell peripheral lesion. When they occur, the gingiva is the site of higher frequency followed by maxillary bones and, more rarely, soft tissues. Edema, bulging, and paresthesia that appear abruptly should be suspected for metastasis. In this study we present a serial of 2 cases of metastasis to the soft tissues of the mandible, one of colorectal tumor and 1 of lung cancer, with clinical and histopathologic images. In 1 case (colorectal metastasis), despite the extensive expansion in the alveolar ridge, no bone reabsorption was observed on radiographic examination. Paresthesia and asymmetry of the soft tissues of the face were observed as a common clinical feature of both cases.

20190004

EXTENSIVE UNICYSTIC AMELOBLASTOMA IN THE MANDIBLE WITH MURAL AND LUMINAL PROLIFERATION *JOÃO CÉSAR GUIMARÃES HENRIQUES, LUCIANO LEITE DE CASTRO, GABRIEL ALBUQUERQUE GUILLEN, SÉRGIO VITORINO CARDOSO, GABRIELLA LOPES DE REZENDE BARBOSA, ADRIANO MOTA LOYOLA, and, CLÁUDIA JORDÃO SILVA*

A male patient with leukoderma, 12 years old, was referred to a stomatologic clinic of a public university due a notable swelling on the right side of the face. The patient was painless, and the oroscopy indicated no eruption of the tooth 47. The panoramic radiography showed an extensive multiloculated lesion ranging from tooth 46 to the upper part of the ascending ramus. Computed tomography with multiplanar reconstructions elucidated buccal-lingual growth with fenestrations and bone thinning. Aspiration puncture was positive for yellowish liquid. Thus, marsupialization was performed followed by an incisional biopsy that revealed a microscopy compatible with ameloblastoma with connective tissue free of epithelial invasion, suggesting a probable diagnosis of unicystic ameloblastoma. The good cooperation and youth of the patient resulted in an excellent bone neoformation at 6 months' of follow-up, allowing the lesion to be resected in a hospital surgical center, with luminal and mural final microscopy.

20190007

XANTHOMATOUS CELLS AND ASSOCIATED LESION: A CASE REPORT *SARAH F.M. PILATI, AIRA BONFIM, ALESSANDRA CAMARGO, ELENA CORRÊA RIET RIVERO, LEE I.-CHING, MARIAH LUZ LISBOA, and, LILIANE JANETE GRANDO*

Xanthomatous cells have lipid droplets in their cytoplasm. They may be associated with xanthomas that are cutaneous lesions of variable morphology, due to deposition of lipids in the skin. These deposits are inside histiocytes, which acquire a frothy appearance. They can be associated with disturbance of lipid metabolism, especially hyperlipemia and hypercholesterolemia. A female patient, white, 59 years old, presented with a submucosal lesion in the lower lip, approximately 2 cm, with purplish coloration of yellowish background, with no precise limits and with 2 years of evolution. The lesion was removed, and the patient was referred for histopathologic analysis in which sheets of foamy-looking histiocytes (xanthomatous cells) present in connective tissue and permeating muscle fibers and adipose tissue were observed. Immunohistochemistry was performed, with positivity for CD68 antigen and negativity for CD1a and protein S100. The patient is under medical investigation of metabolic syndrome that may be associated with the presence of these cells.

20190008

ORAL AND MAXILLOFACIAL ALTERATIONS IN PATIENTS WITH PYCNODYSOSTOSIS: 2 CASE REPORTS *GLÓRIA MARIA DE FRANÇA, JOAQUIM FELIPE-JÚNIOR, ANA CLÁUDIA DE MACEDO ANDRADE, LUIZ CARLOS MOREIRA-JÚNIOR, PETRUS PEREIRA GOMES, ADRIANO ROCHA GERMANO, and, HÉBEL CAVALCANTI GALVÃO*

Pycnodysostosis is a rare, autosomal recessive genetic condition that causes a decrease in bone remodeling due to a mutation in the cathepsin K gene, resulting in clinical and radiographic manifestations, characteristic of the syndrome. This report aims to describe 2 clinical cases of pycnodysostosis with orofacial involvement. The patients had a short stature, height ranging from 134 cm to 152 cm, stunted extremities, open fontanelles and cranial sutures, osteosclerosis, and medical history of repeated fractures in the left tibia, associated with small impact traumas. In the buccomaxillofacial complex, absence of pneumatization of the facial sinuses, maxillary osteomyelitis after dental extraction, maxillary atresia, increased mandibular angle, and enamel hypoplasia were related. It is concluded that the knowledge of clinical, radiographic, and oral and maxillofacial findings of this syndrome are important for the diagnosis and treatment of patients in the multiprofessional context, thus avoiding complications arising from dental procedures.

20190010

SOFT PALATE FISTULA: A CASE REPORT

SARAH F M PILATI, ALANA ISABEL DA MATA, ANA CAROLINE MULLER, CAROLINA SIMÃO FLAUSINO, and, PATRICIA DE OLIVEIRA CESA DOS PASSOS

Soft palate fistulas are rare anomalies of doubtful pathogenesis. Many cases appear to be congenital, possibly related to a defect in the development of the second pharyngeal pouch. Some fistulas may result from infection or surgery in the tonsillar region. The lateral soft palate fistulas are usually bilateral but may occur only on 1 side. They are more common in the anterior tonsillar pillar but may also involve the posterior pillar. Classically, the perforations are asymptomatic, ranging from a few millimeters to more than 1 cm. Few cases have been associated with other anomalies. A 17-year-old female patient sought care due to a "hole in the mouth." She reported having the lesion from birth and was asymptomatic. At the clinical examination, a blind bottom perforation was observed, on the left, with a depth of about 6 mm. The patient was referred for genetic counseling, and no local treatment is required.

20190018

HYBRID CENTRAL GIANT CELL LESION AND AMELOBLASTOMA OF THE MANDIBLE

RUBIA TEODORO STUEPP, LUIZ HENRIQUE GODOI MAROLA, FILIPE MODOLO, and, ROGÉRIO GONDAK

Hybrid lesions encompass the occurrence of different entities in 1 lesion. A 67-year-old woman was referred to the oral and maxillofacial surgery service for treatment of mandibular central giant cell lesion (CGCL) previously diagnosed. Intra-oral examination revealed edentulism and a painless swelling extending to the buccal vestibule with hard consistency, without fluctuation and covered with normal mucosae, for an unknown period. Panoramic radiograph revealed a large, multilocular, and well-defined radiolucent lesion extending from the region of teeth #32 to #46, with no evidence of osseous perforation. Initial treatment with intralesional corticosteroids was performed. After 18 months, an increase of the osteolytic lesion extending from the anterior to the posterior left side of the mandible was noted radiographically. After incisional biopsy, the microscopic examination revealed an ameloblastoma associated with CGCL. Marsupialization was performed, and later the enucleation of the residual lesion. The follow-up is still being conducted.

20190019

CLEAR CELL ODONTOGENIC CARCINOMA: A RARE CASE REPORT

EVERTON FREITAS DE MORAIS, KATIANNE SOARES RODRIGUES, HUMBERTO PEREIRA CHAVES NETO, ADRIANO ROCHA GERMANO, HÉBEL CAVALCANTI GALVÃO, LÉLIA BATISTA DE SOUZA, and, ROSEANA DE ALMEIDA FREITAS

Clear cell odontogenic carcinoma (CCOC) is a rare malignant neoplastic process originating from the odontogenic epithelium presenting high aggressive potential. The patient, a 45-year-old male, was referred to an oral and maxillofacial surgery and traumatology referral service, reporting painful symptoms after a local anterior mandible region fracture. A histopathologic examination revealed epithelial neoplasia fragments characterized by cell proliferation in islands, cords, nests, and, occasionally, cystic spaces. The proliferating cells were pleomorphic, with a markedly clear cytoplasm. An immunohistochemical analysis was then performed, and a strong immunohistochemical reaction to CK14 and CK19 antibodies was detected for the neoplastic epithelial cells. Immunostaining was consistent with a neoplastic process of odontogenic origin. The established diagnosis was, thus, determined as CCOC. The patient was then referred to a cancer treatment reference service to undergo surgical treatment. The patient is currently in regular follow-up, without any clinical-radiographic signs of recurrence.

20190024

CALCIFYING ODONTOGENIC CYST: A CASE SERIES

LAÍS DE BARROS PINTO GRIFONI, MATHEUS HENRIQUE LOPES DOMINGUETE, CASSIO EDVARD SVERZUT, ALEXANDRE ELIAS TRIVELLATO, LUCIANA YAMAMOTO DE ALMEIDA, HEITOR ALBERGONI DA SILVEIRA, and, JORGE ESQUICHE LEÓN

Calcifying odontogenic cyst (COC) is a rare odontogenic lesion derived from the remaining odontogenic epithelium of the jaws. Radiographically, it is a destructive lesion, and the cortical plates of bone are thin and expanded. Here, we report a case series of 3 patients diagnosed with central COC. Microscopic and immunohistochemical analyses were performed. Two cases occurred in women, with mean age of 34.3 years. All cases occurred in the maxilla, without symptomatology, presenting as an expansive tumor-like mass. The differential diagnosis included residual cyst, ameloblastoma, Pindborg tumor, adenomatoid odontogenic tumor, odontogenic fibroma, developing odontoma, and fibro-osseous lesion. Immunohistochemistry supports an odontogenic origin with low proliferative index. COC is an uncommon lesion that should be considered by clinicians in the differential diagnosis of odontogenic cysts or tumors, especially when mineralized deposits are detected on imaginologic exams. Intraosseous COC is mainly treated by enucleation, with rare or low rate of recurrence.

20190026

FIBROUS DYSPLASIA AFFECTING MAXILLARY SINUS AND ZYGOMA: A CASE REPORT

FERNANDA MARCELLO SCOTTI, GILBERTO MELO, LUIZ HENRIQUE GODOI MAROLA, MURILLO CHIARELLI, and, ROGÉRIO GONDAK