

20190779

MCCUNE-ALBRIGHT SYNDROME ASSOCIATED WITH ACROMEGALY: A CASE OF FACIAL DISFIGURATION

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McCune-Albright syndrome is characterized by the triad of fibrous dysplasia, café-au-lait spots, and hyperfunctioning endocrinopathies. About 20% of the patients affected by the syndrome have acromegaly. A 36-year-old male patient with McCune-Albright syndrome and acromegaly described a complaint of severe headache and body pain when he was diagnosed with a syndrome by an endocrinologist. He was referred to treatment by maxillofacial surgery with craniofacial involvement associated with fibrous dysplasia, amaurosis in the right eye due to pathologic occlusion of the optic canal, severe facial disfiguration, dental diastemas, and alveolar borders of altered contours. Image exams revealed polyostotic fibrous dysplasia and pituitary adenoma. The patient underwent osteoplasties on the face with the aid of virtual planning. After the surgeries, he had significant improvement of the masticatory function and aesthetics with a balance of the proportions of a third of the face and a better social life.

20190784

CESTODE INFECTION IN THE PAROTID LYMPH NODE

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A 14-year-old patient presented with a complaint of “left ear lump,” associated with a history of fever and 1 month of evolution, and not responding to broad spectrum antimicrobials. At the echoscopic examination, there was evidence of a nodular lesion in the left parietal region, sessile, with a fibroelastic consistency. Initially, the hypotheses were salivary gland inflammation or infectious disease. Exfoliative cytology and hemogram and serum serology for HIV, rubella, cytomegalovirus, toxoplasmosis, and venereal disease research laboratory test were requested, as well as a computed tomography scan of the skull with contrast. The hematologic and serologic tests were normal; however, the cytopathology showed a nonspecific chronic inflammatory infiltrate and structures compatible with eggs and body of a developed cestode. The tomographic examination ruled out neurocysticercosis. The treatment consisted of praziquantel, ceftriaxone, and supportive medications for 15 days, followed by the surgical excision of the lesion. Currently, he is being followed up with complete remission of the lesion, without significant surgical sequelae.

20190828

TOXOPLASMOSIS MIMICKING ACTINIC CHEILITIS: A CASE REPORT

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A 33-year-old man sought treatment after presenting with an ulcerated lesion on the lower lip, symptomatic and associated with a history of fever and 1 year of evolution. The echoscopic examination showed evidence of solar lentigines on the face and symptomatic lymphadenopathy in the right submandibular region. Ulcerative lesions on the lower lip (mimicking actinic cheilitis) and maxillary vestibular fundus were observed by oroscopic examination. The initial hypotheses were infectious disease or an immunologically mediated process. Exfoliative cytology, incisional biopsy and hemogram, serologies for HIV and toxoplasmosis, and venereal disease research laboratory and Mantoux tests were performed. Histopathologically, nonspecific chronic inflammatory infiltrate was observed, and hematologic and serologic tests were normal, except IgM and IgG anti-toxoplasma were both positive. The cytology evidenced structures suggestive of bradyzoites and tachyzoites leading to the final diagnosis of toxoplasmosis. The patient was treated with sulfadiazine, pyrimethamine, and folinic acid. He is currently being followed up with complete remission of the lesions.

20190864

SOLITARY FIBROUS TUMOR MANIFESTING AS AN EXTENSIVE OROFACIAL SWELLING

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An 80-year-old male was referred for evaluation of an extensive swelling on the left side of the face lasting 1 year and with a previous diagnosis of nodular fasciitis. His medical history revealed arterial hypertension, aortic aneurysm, and partial carotid obstruction in clinical control. Clinical examination revealed a swelling in the left side of the face, with mild dystopia, associated with a swelling in the upper anterior and posterior left vestibule. Panoramic radiography showed no alteration in the region. Revision of the histologic slide from the previous biopsy was compatible with solitary fibrous tumor, and a new incisional biopsy was performed, confirming this histologic hypothesis. The patient was submitted to resection of the tumor, and the analysis of the surgical specimen confirmed the diagnosis of solitary fibrous tumor. The patient has been under clinical and radiographic follow-up for 6 months without evidence of local recurrence.

20190867

COSTOCHONDRAL AUTOGENOUS GRAFT AFTER RESECTION OF CENTRAL LESION OF GIANT CELLS IN THE MANDIBLE

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A 15-year-old male patient sought treatment complaining of “swollen face” (according to patient information). Physical examination showed painless swelling, of hard consistency on palpation, involving the regions of the mandibular body and parasymphysis. Imaging examination revealed a hypodense area of poorly defined margins between dental units 41 and 46 and

displacement of teeth 43 and 44. An incisional biopsy followed by histopathologic examination, with hematological examinations, confirmed a diagnosis of central giant cell lesion. The treatment consisted of marginal resection and immediate insertion of a double costochondral autogenous graft. The 36-month follow-up revealed no signs of recurrence of the lesion. The graft is intact and in preparation for prosthetic rehabilitation. The present case shows the importance of the treatment of the illness followed by rehabilitation through autogenous grafting, providing a better quality of life to the patient.

20190868

CARCINOMA CUNICULATUM: IMPORTANCE OF CLINICOPATHOLOGIC CORRELATION

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A 56-year-old male was referred for evaluation of tooth mobility and bone destruction in the anterior mandible. The patient was submitted to removal of tooth 34 three months before. Medical history revealed no alcohol, tobacco intake, or any systemic disease. The clinical examination showed mobility of teeth 33 and 35 and the presence of an infiltrative lesion associated with white plaques in the gingiva and alveolar mucosa of the region. The panoramic and periapical radiographs showed irregular bone destruction in the region of teeth 33 and 35. Clinical diagnosis was squamous cell carcinoma, and an incisional biopsy was performed. Histologic analysis of the specimen was compatible with carcinoma cuniculatum. The patient was submitted for surgical resection of the lesion, and the analysis of the surgical specimen confirmed the diagnosis of carcinoma cuniculatum. The patient has been under clinical and radiographic follow-up for 4 months without evidence of local recurrence.

20190171

AMELANOTIC ORAL MELANOMAS: A SERIES OF 5 CASES JOHN LENNON SILVA CUNHA, THAYNÁ MELO DE LIMA MORAIS, OSLEI PAES DE ALMEIDA, ROMÁN CARLOS, JACKS JORGE JÚNIOR, and, CIRO DANTAS SOARES

Oral melanoma is a very rare tumor resulting from the malignant transformation of the mucosal melanocytes. We report a series of 5 cases of amelanotic melanomas. The mean age was 57.4 years (ranging from 34 to 77 years). Tumors occurred in the tongue, gingiva, lip, and superior alveolar ridge. Histologically, melanomas showed a proliferation of pleomorphic rhabdoid, fusiform, and epithelioid melanocytes with a variable number of mitosis and absent or very focal melanin deposition. In 2 cases, undifferentiated small, blue, round cells were observed. Lymphoma and sarcoma, not otherwise specified, were considered as differential diagnosis. Immunostainings were performed, and all cases were positive for HMB45 and S-100; 2 cases were negative for Melan A. The patients were treated with surgery and/or chemotherapy (paclitaxel and cisplatin). One of them remains disease-free, 3 died, and 1 was lost in follow-up. In conclusion, amelanotic melanomas are aggressive tumors, and immunohistochemical studies are essential for a proper diagnosis.

20190343

PALATAL OBTURATORS PROSTHESIS AFTER MAXILLECTOMY: CHALLENGES AND REWARDS OF THE ORAL REHABILITATION

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The surgical treatment of tumors in the maxilla can cause oroantral communication. Partial or total maxillectomy always impairs the most different degrees of functionality of the oral cavity. Patients who have maxillectomy can be rehabilitated with reconstructive surgery or obturator prostheses with or without osseointegratable implants. Previous radiotherapy contraindicates dental implants, due to the risk of osteoradionecrosis. The morphologic and functional limitations resulting from the oncological surgery require careful, individualized, and integral planning. Rehabilitation of patients with maxillary defects using obturator prosthesis is an appropriate and not invasive treatment modality, allowing easy visualization of possible recurrence. The series of reported cases shows that palatal obturator rehabilitation improves patients' quality of life, reestablishing the masticatory, phonetic, and aesthetic functions, reinserting the oncologic patient into the socio-affective environment with confidence and self-esteem.

20190412

INTRAOSSEOUS XANTHOMA OF THE MANDIBLE: A MULTICENTER STUDY OF 5 CASES

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The aim of this study was to report the clinicopathologic, radiographic, and immunohistochemical features of 5 cases of intraosseous xanthomas of the mandible. Clinical data were collected from records of 3 oral and maxillofacial pathology services in South America. All cases were evaluated by conventional staining with hematoxylin and eosin and immunohistochemistry including CD68 and S-100. The series included 4 females (80%) and 1 male (20%), with a mean age of 23.3 years (range, 13 to 45 years). All cases affected the mandible with predilection for the posterior region (80%). Most lesions presented radiographically as radiolucent (80%) with punched-out margin (80%) and unilocular structure (60%). Immunohistochemistry demonstrated positivity for CD68 and negativity for S-100 in xanthomatous cells in all cases. Recurrences were not observed after complete surgical removal by curettage, with a median follow-up of 27 months.

20190427

ONCOCYTIC SIALOLIPOMA OF THE PAROTID GLAND: A REPORT OF 2 CASES THAYNÁ MELO DE LIMA MORAIS, ROMÁN CARLOS, OSLEI PAES DE ALMEIDA, and, CIRO DANTAS SOARES

Oncocytic sialolipoma is an exceedingly rare tumor of the salivary gland (SG), being considered as a variant of SG lipomas. Clinically, swelling in the SG affected is observed, and this tumor is most common in the parotid gland of men. We report 2 cases of oncocytic sialolipomas affecting a 44-year-old man and