

origin. We present a case of an adenomatoid hyperplasia of minor salivary glands on the palate. A 42-year-old female patient was referred after presenting with a painless swelling of approximately 1.5 cm diameter in the left side of the hard palate. An excisional biopsy was performed. Microscopically, the specimen presented several lobules of minor salivary gland, all almost constituted by mucinous acini. At the periphery, hyperkeratotic stratified squamous epithelium lining, with mild chronic inflammation in the underlying connective tissue, was observed. The patient continues to be observed, and there has been no evidence of recurrence after 6 months' of follow up. The adenomatoid hyperplasia pathogenesis remains unknown; however, clinicians should be aware of this condition, which may mimic a salivary gland neoplasm.

20190045

FUSOCELLULAR NEOPLASM OF THE JAW: A CHALLENGE FOR DIAGNOSIS AND TREAT-

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A female, 21 years old, type-I diabetic, presented with right pre-auricular pain and limited jaw function. Discrete facial asymmetry and swelling were noted. Panoramic radiograph showed a mixed, expansive, multilocular lesion in the right mandibular ramus about 6 cm wide and undefined margins. After incisional bone biopsy, anatomopathologic study revealed a fusocellular neoplasm with osteoid deposition. Immunohistochemistry showed a Ki-67 proliferative index of about 20% with positive ALFA acute myeloid leukemia, vimentin, and CD-34 markers. S-100 and desmin markers were negative. Hypothesis for the diagnosis was ossifying fibroma or low-grade osteosarcoma. After biopsy, the patient had increased pain and swelling. Aggressive treatment through surgical resection and immediate reconstruction with a microvascular free fibula flap was indicated. Final diagnosis after resection was ossifying fibroma. The patient remains disease-free after 6 months. Fibro-osseous lesion diagnoses are often challenging, and aggressive treatment may be indicated when low-grade malignant disease is suspected.

20190048

PYOGENIC GRANULOMA IN THE FLOOR OF THE MOUTH

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Pyogenic granuloma is defined as a non-neoplastic proliferative process, probably due to local irritation or trauma, with the gingiva being the site most affected (75% to 85%). A 64-year-old woman was examined, and the presence of increase in volume in the floor of the mouth on the left side, with a 2-month evolution, extending from the edentulous region of the teeth 34 to 37, painful at palpation, associated ulcer with raised borders and yellowish pseudomembrane was observed. An occlusal radiograph of the mandible was performed, and salivary calculus was not present. The clinical characteristics led to the presumptive diagnosis of squamous cell carcinoma or lymphoma, so an incisional biopsy was performed. In the histopathologic examination submucosa with numerous neofomed vessels with intense

neutrophils infiltration was observed, and the final diagnosis was pyogenic granuloma. The treatment was total surgical excision of the lesion, and the patient was followed up with no recidivism.

20190053

METHOTREXATE-INDUCED MUCOSITIS AFFECTING THE SOFT PALATE: A CASE

REPORT EVÂNIO VILELA DA SILVA, TÚLIO MORANDIN FERRISSE, ANDREIA BUFALINO, LUCIANA YAMAMOTO DE ALMEIDA, HEITOR ALBERGONI DA SILVEIRA, XIOMARA BEATRIZ JIMENEZ POLANCO, and, JORGE ESQUICHE LEÓN

Methotrexate (MTX) is an antimetabolic drug used for treating rheumatoid arthritis (RA), psoriasis, and Crohn's disease, including also lymphoproliferative diseases, among others. At low doses, MTX is beneficial in the management of patients with RA and psoriasis. Here, we report a case of MTX-induced oropharyngeal mucositis. A 75-year-old woman presented in our service complaining of a mouth sore 6 days ago. Her medical history revealed hypothyroidism and RA, the latter in treatment with MTX, 7.5 mg/week. Intra-oral examination revealed an ulceration covered by a fibrinopurulent membrane and erythematous borders, measuring 2 cm in diameter and located in the right side of the soft palate. An incisional biopsy evidenced a nonspecific superficial ulceration. After excluding other possible causes, the final diagnosis was MTX-induced oropharyngeal mucositis, which should be considered in the differential diagnosis of oropharyngeal ulcerative lesions.

20190056

HIGH-POWER LASER TREATMENT FOR PERIPHERAL OSSIFYING FIBROMA IN A

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A 2-month-old girl presented with her parents with a nodular lesion on the anterior lower alveolar ridge, which has lasted for 45 days. The girl had a natal tooth (71), which was removed when she was 15 days old. Moreover, they reported current impairment in sucking, swallowing, and breathing. Physical examination revealed a nodular, firm, and pediculate lesion, measuring 10 × 5 mm, covered by a pink, flat, and smooth mucosa. Radiograph showed the absence of tooth 71 and tooth 81 erupting under the lesion. An excisional biopsy was performed under local anesthesia using a diode laser. Microscopic examination revealed a lesion covered by squamous epithelium, presenting a proliferation of round-shaped mesenchymal cells in the lamina propria, associated with deposits of mineralized material. The final diagnosis was peripheral ossifying fibroma, and the patient is free of recurrence after 9 months. Support: CAPES.

20190059

LARGE DENTIGEROUS CYST ASSOCIATED WITH IMPACTED TEETH IN A GERIATRIC

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