20190227

SUBMANDIBULAR GLAND EXCISION AS A FINAL APPROACH TO SIALOADENITIS: A CASE SERIES *ISABELLA ROMÃO CANDIDO, ADRIANO LIMA GARCIA, BRUNO REINOSO NORONHA OLSEN, RUBENS CALIENTO, THIAGO IAFELICE DOS SANTOS, ANDRÉ LUÍS FERNANDES DA SILVA, and, ALEXANDRE MEIRELES BORBA*

Recurrent submandibular sialadenitis unresolved after more conservative approaches may have no other option than submandibular gland excision. Three cases of repetitive sialadenitis illustrate a history of swelling of the submandibular region as well as the floor of the mouth and tomographic findings of submandibular gland increase and presence of calculi. In spite of more conservative attempts, recurrence of sialadenitis determined the need for a more aggressive approach, which was accomplished by submandibular gland excision under general anesthesia. Histologic analysis confirmed the diagnosis of sialadenitis secondary to sialolithiasis. Postoperative control of all patients displayed normal sensibility, adequate tongue movement, and preserved facial expression. This case series represents submandibular gland final stage treatment to illustrate that, in spite of conservative attempts, surgical submandibular gland excision might be the only alternative in a recurrent sialadenitis case.

20190240

MALIGNANT PERIPHERAL NERVE SHEATH TUMOR AFFECTING THE MANDIBLE: A CASE REPORT AND IMMUNOHISTOCHEMICAL ANALYSIS *TÚLIO MORANDIN FERRISSE, ANALÚ BARROS DE OLIVEIRA, HEITOR ALBERGONI SILVEIRA, LUCIANA YAMAMOTO ALMEIDA, ALEXANDRE ELIAS TRIVELLATO, CÁSSIO EDVART SVERZUT, and, JORGE ESQUICHE LEÓN*

Malignant peripheral nerve sheath tumor (MPNST) is a rare sarcoma, originating from peripheral nerves or cells associated with nerve sheath. Consequently, MPNST can originate from several neural cell types, with its histomorphology varying from case to case. These tumors are mainly located in the extremities and paraspinal region. A 61-year-old female patient was referred after presenting with a tumor mass on the right mandibular body, diagnosed previously as odontogenic fibromyxoma. A new biopsy was performed, which revealed large areas of predominantly myxoid, spindle cell neoplasm of low-grade, focally forming perivascular cell aggregates and heterologous elements. Immunohistochemical analysis showed positivity for vimentin, CD34, CD56, CD57, and focally for S100 and alpha-SMA. Ki-67 was <5%. This case illustrates that MPNST should be included in the differential diagnosis of osteolytic lesions affecting the jaws, being a detailed anatomopathologic and immunohistochemical analysis essential to establish the correct diagnosis, especially in low-grade MPNST cases.

20190244

EXTRAMEDULLARY B-CELL ACUTE LYMPHOBLASTIC LEUKEMIA/LYMPHOMA MANDIBLE INFILTRATION IN A VENEZUELAN CHILD REFUGEE *PAOLA ARISTIZÁBAL ARBOLEDA, SERGIO TAKASHI KUSSABA, REGINA MARIA HOLANDA DE MENDONÇA, IZILDA APARECIDA CARDINALLI, MARCIO AJUDARTE LOPES, OSLEI PAES DE ALMEIDA, and, ALAN ROGER SANTOS-SILVA*

A 10-year-old female was referred for investigation of a 4-month history of a swelling in the anterior mandible producing facial asymmetry, accompanied by joint pain, vomiting, and weight loss. Intra-oral examination revealed nonpainful submucosal swelling with telangiectasia areas on the overlying mucosa and teeth mobility. Panoramic radiograph showed a poorly defined radiolucent image in a "floating teeth pattern." Computed tomography revealed buccal and lingual cortical bone destruction without root resorption. Incisional biopsy was performed and histopathologic analysis revealed a diffuse proliferation of "small round blue cells" displaying angiocentricity. The tumor cells showed positivity for LCA, CD79 a, CD99, TdT, FLI-1, and Ki-67(90%). The patient was referred to an oncology center with a suggestive diagnosis of B-cell lymphoblastic lymphoma. Bone marrow aspiration demonstrated 50% of lymphoblast infiltration, leading to the final diagnosis of extramedullary B-cell acute lymphoblastic leukemia/lymphoma infiltrating the mandible. The patient is undergoing oncology treatment, and disease is currently controlled.

20190302

METASTATIC ORAL MELANOMA: A CASE REPORT *ANA RAPHAELA MAIA DEZAN COUTO CURVO, LEANDRO DORIGAN DE MACEDO, HILTON MARCOS ALVES RICZ, ALFREDO RIBEIRO DA SILVA, CRISTINA BUENO BRANDAO, CRISTIANE APARECIDA NOGUEIRA BATAGLION, and, LARA MARIA ALENCAR RAMOS INNOCENTINI*

Oral melanoma represents an unusual type of malignant tumor that is extremely aggressive, with poor prognosis that usually develops distant metastases, local recurrence, and low overall survival in 5 years. A 66-year-old female patient, ex-smoker, complained of palate lesion after a dental procedure 1 year ago, weight loss of 10 kg in 6 months, and cervical lymphadenopathy. The oroscopy evidenced a bleeding blackened lesion of approximately 10 cm located on the palate, affecting left gingival border and ipsilateral lymphadenopathy. Incisional biopsy was performed with a positive result for invasive melanoma and positive immunohistochemical profile for HMB-45, Melan-A, and S-100. Thorax tomography presented suspect image of secondary involvement, and clinical staging was defined as T4 BN1 M1, grade IVb. Surgical treatment was contraindicated due to metastatic lesions. Oncologists are waiting the result of c-Kit for therapeutic definition.

20190352

ATYPICAL ORAL MANIFESTATION OF VISCERAL LEISHMANIASIS IN HUMAN IMMUNODEFICIENCY VIRUS–INFECTED CHILD *REYNA AGUILAR QUISPE, BRENA RODRIGUES MANZANO, ALOIZIO PREMOLI MACIEL, CÁSSIA MARIA FISCHER RUBIRA, DENISE TOSTES OLIVEIRA, EDNA YAYOI SAEKI, and, PAULO SÉRGIO DA SILVA SANTOS*

A 7-year-old white boy presented with weight loss, coughing, hepatosplenomegaly, and pancytopenia with 2 months of

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.

20190357

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.

20190375

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.

20190385

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.

20190432

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