incisional biopsy was performed, which revealed large areas of lymphoid proliferation containing small- to medium-sized immature-appearing cells with scarce cytoplasm. Immunohistochemical analysis was positive for PAX5, CD79 a, TdT, CD10, Bcl-2, Bcl-6, and MUM-1; Ki-67 labeling index >96%. EBER 1/2 was negative. The patient was referred to hematologic and oncology service, but unfortunately died after starting chemotherapy. In conclusion, LBL, although rare, should be included in the differential diagnosis of maxillary osteolytic, expansive lesions, especially in pediatric patients.

20190178

VULVOVAGINAL GINGIVAL SYNDROME: A CHALLENGING DIAGNOSIS

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Vulvovaginal gingival syndrome is defined as a type of lichen planus involving the oral cavity causing desquamative gingivitis with the presence of erythema, pain, halitosis, and bleeding and provoking intensive erythema, pain, loss of the labia minora, vaginal stenosis, and sexual activity impairment due to inflammation and atrophy. A 45-year-old Caucasian woman visited the oral medicine clinic complaining gingival bleeding, lip sores, and severe pain. The patient reported a case of genital candidiasis for more than 10 years without success, with no other diseases reported. She was referred to the gynecology department of the CAISM-Unicamp, São Paulo/Brazil, where a biopsy from the genital mucosa was performed and confirmed genital lichen planus. The oral biopsy had the same result, and lichen planus was confirmed again. With the result of vulvovaginal gingival syndrome, this case is being managed with the use of topical and systemic corticosteroids.

20190209

DISSEMINATED HISTOPLASMOSIS IN A NON-HIV PATIENT: A CASE REPORT

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Histoplasmosis is a systemic infectious disease caused by the fungus Histoplasma capsulatum, which is present in contaminated soils. Infection occurs by inhaling microconidia from the filamentous phase of the fungus, and 1 of the variations of the clinical spectrum of this disease is to affect immunocompromised patients. A female patient, 41 years old, complained of dysphagia and weight loss. Her habits were positive for alcoholism, and she was a nonsmoker, with a medical history of hepatitis B, ganglionar and pulmonary tuberculosis, and intestinal histoplasmosis 4 years ago, negative for HIV infection. Intra-oral examination showed a granulomatous ulcer in soft and hard palate transition on the right and presence of lymphadenopathy at the submandibular region bilaterally. The incisional biopsy was performed, and material was sent for polymerase chain reaction analysis of leishmaniasis, with negative result. Histopathologic examination confirmed histoplasmosis. Treatment with amphotericin B was started, and after 2 months the oral lesion regressed but gut infection persisted.

20190217

MYCOPLASMA SALIVARIUM INFECTION IN THE ORAL MUCOSA 3 YEARS AFTER ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION

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A female patient, 47 years old, presented 3 years after allogeneic hematopoietic stem cell transplantation related to myelodysplastic syndrome in immunosuppression for chronic graft-versus-host (GVHD) disease treatment for the mouth, eyes, and skin grade II lesions. The patient reported significant burning in the oral mucosa. Oral examination showed an erythematous and bleeding mucosa with multiple shallow ulcerations. Anatomopathology identified inflammation without criteria for GVHD. Grocott methenamine silver and Ziehl-Neelsen staining, immunohistochemistry, viral PCR, and fungal and bacteria cultures were negative for infection. Amplification of the 16S rDNA gene for mycoplasma was performed by means of real-time PCR that presented positive results in all triplicates (Ct≅27; 103 genome copies/μL). Sequencing of samples (ABI 3500xL Genetic Analyzer, ThermoFisher Scientific) showed 99% genetic identity with *Mycoplasma salivarium* (MS-accession number NR_113661.1). Seventy-two hours after doxycycline treatment, complete resolution of oral lesions was observed, and PCR for MS after 10 days was negative. MS infections should be considered in nonspecific acute inflammatory processes, especially after HSCT.

20190224

CONGENITAL SIALOLIPOMA ON THE TONGUE DORSUM: A CASE REPORT

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Sialolipoma is a rare benign neoplasm of the salivary glands that was recently described in the literature, and, until now, fewer than 60 cases have been reported. A 9-year-old child presented complaining of tongue injury. Intra-oral examination revealed a pediculus nodulus lesion with fibrous consistence with 15 mm in maximum diameter, located in the posterior dorsum of the tongue. The child's parents reported that they had noticed the lesion since her birth. An excisional biopsy was performed based on the initial clinical diagnosis of a fibroepithelial polyp. Histologic examination of the lesion showed a benign neoplastic proliferation of adipocytes and also serous and mucous acini, involved with dense connective tissue. The definitive diagnosis was sialolipoma of the tongue dorsum. The patient has had no evidence of recurrence at 1 year of follow-up.