

was consulted, and physical examination of the patient demonstrated lingual gingival tissue swelling of the lower left molars. The mass was nonfluctuant with ulceration causing malalignment of tooth number 18. Bone biopsy revealed squamous mucosa with hemorrhagic foci, ulceration, and ectatic blood vessels with fragments of necrotic bone consistent with osteonecrosis. At the patient's 2-week follow-up visit, a small area of exposed necrotic bone was noted in the affected area. Maxillofacial CT without IV contrast showed mixed radiolucency and sclerosis with dehiscence along the lingual cortex of the posterior mandibular body and along the cortex of the retromolar trigone. Chlorhexidine gluconate 0.12% oral solution was prescribed, and debridement of the left posterior mandible and extraction of the lower left molars with local flap reconstruction were recommended by an oral and maxillofacial surgeon. The patient did not return for follow-up management.

Conclusions: Acute pain and chronic vasculopathy are significant complications of SCD. Jaw involvement in SCD is very rare, as illustrated in this case. It is important for oral health care professionals to understand the pathophysiology and clinical manifestations of SCD.

THE FIRST REPORTED CASE OF PROLIFERATIVE FASCIITIS IN THE ORAL CAVITY

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Background: Proliferative fasciitis is a benign and reactive lesion involving fibroblasts in the subcutaneous tissues and deep fascia, with a rare occurrence in the head and neck region. It is considered a variant of nodular fasciitis, which could involve trauma as an etiology. Proliferative fasciitis mostly occurs in adults, but cases in children have been reported. Clinically, it can present as an aggressive lesion with pain or no symptoms, mimicking sarcomas.

Case Summary: We report a case of a 53-year-old woman who presented to our clinic for an evaluation of a reddish lesion of the right mandibular gingiva around the molar areas with a relatively rapid onset. The patient had prediabetes with moderate oral hygiene and no other significant medical history. Intraoral examination revealed a poorly circumscribed gingival lesion on the posterior, <1 cm in diameter with no pain on palpation, and soft to firm in texture with no bleeding. A biopsy of the lesion was performed for histologic examination, and the microscopic differential diagnosis included benign and malignant spindle cell tumors; thus, immunohistochemistry was performed for more accurate diagnosis, and a specimen was sent to the pathology lab at Ohio (Central Ohio Skin and Cancer). The immunohistochemical findings were positive for vimentin and smooth muscle actin and negative for CD34, S100, and pancytokeratin. The lesion was diagnosed as proliferative fasciitis on the basis of histologic and immunohistochemical features. The feature that differentiates proliferative from nodular fasciitis is the basophilic component that closely resembles ganglion cells without Nissl substance. The treatment rendered was conservative surgical excision with 1-year follow-up, and no recurrence was observed.

Conclusions: Because proliferative fasciitis has not been reported in the oral cavity, to our knowledge, and because it poses a diagnostic challenge and can mimic malignancies, it is essential

to know the salient diagnostic features to avoid aggressive treatment in patients presenting with such lesions in the oral cavity.

MASSON TUMOR OF THE LINGUAL TONGUE: A CASE REPORT

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Background: Intravascular papillary endothelial hyperplasia, or Masson tumor, is a benign lesion of the head and neck region. The etiology of the lesion arises within a blood vessel and is thought to be reactive and associated with vascular injury. Masson tumors comprise approximately 2% of all vascular tumors of skin and subcutaneous tissues; however, this is rarely seen intraorally. It is important to consider at the time of differential diagnosis to distinguish from malignancy and avoid aggressive surgery or unnecessary treatment.

Case Summary: We describe a case of a patient who presented to the Erie County Medical Center Department of Oral Oncology for evaluation of a soft, nontender, mobile mass in the right side of the ventral tongue. The patient first presented in June 2019 with an approximately 5-mm round mobile mass on the right side of the ventral tongue of 6 days' duration. The patient opted for no treatment in June 2019 and returned in December 2019 after the mass had grown in size and had begun to affect his everyday activities. Treatment options included excisional biopsy under general anesthesia or under local anesthesia. The patient opted for excision under local anesthesia. The vascular component was identified and tied off, and the tumor was removed in total. The tumor was a bluish lesion with a thick intact capsule. The final pathology revealed a thrombosed blood vessel with papillary endothelial hyperplasia consistent with Masson tumor. Immunostains for CD31 and D2-40 supported this diagnosis. The patient has some residual tethering of the right side of the tongue resulting from establishing primary closure.

Conclusions: The majority of tumors with this diagnosis have an excellent prognosis with complete excision. Malignant transformation and metastasis have not been reported.

"RINGLIKE HARD MASS" SURROUNDING THE ROOT OF A PRIMARY TOOTH IN A YOUNG CHILD: REPORT OF AN UNUSUAL CASE

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Background: Several lesions of diverse origin may be detected in the oral cavity of young children, affecting the oral mucosa, jaws, or teeth. Their clinicopathologic features may show considerable overlap. We present an interesting case of a "ringlike hard mass" of initially unknown nature around the cervical area of a primary tooth in a young child, and we discuss the diagnostic challenges.

Case Summary: A 2-year-old girl presented for evaluation of a painless lesion surrounding a primary tooth, first noticed before she was 5 months of age. Her medical history was unremarkable without any history of trauma. The clinical examination revealed a yellowish cylindrical mass, hard in consistency, completely surrounding the cervical area of the left first primary lower incisor. It was nonremovable, strongly adhered to the root surface. With a provisional clinical diagnosis of a tooth abnormality (eg, hypercementosis), a periapical radiograph revealed a

cylindrical radiopacity of mild intensity enveloping the tooth cervix, extending approximately 2 mm apically. Based on an expert oral and maxillofacial radiologist's consultation, a diagnosis of a foreign body around the tooth was favored, although no relevant anamnesis was given. A watch-and-wait policy was adopted, and the patient was observed regularly in follow-up for the next 4 years with mild but progressive gingival recession, revealing a larger part of the ringlike structure. Radiographically, the "lesion" did not show any changes; however, a progressive but overall limited resorption of the alveolar bone in the cervical area was observed. At age 6 years, the tooth was extracted, and, on gross examination, a cylindrical structure was detached with difficulty from the tooth, confirming its nature as a foreign body, most likely an accidentally misplaced rubber ringlike toy part. Subsequent follow-up confirmed uneventful eruption of the permanent central incisor.

Conclusions: Accidental impregnation of a foreign body in the oral soft tissues is an unusual but not rare event in children. However, the occurrence of a foreign body completely surrounding the cervix of a tooth, eventually becoming inseparable possibly due to calcification, is probably very rare. Although harmless, the peculiar clinical and radiographic appearance may cause diagnostic dilemmas.

ORAL ABSTRACT PRESENTATIONS

RELATIONSHIPS BETWEEN SUBJECTIVE TASTE SENSATIONS AND ELECTROGUSTOMETRY

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Objectives: The purpose of this study was to examine the relationships between subjective taste sensations and electrogustometry (EGM) results in patients with taste disorders according to the presence of burning mouth symptoms.

Methods: Forty-six patients (11 men, 53.5 ± 19.5 years; 35 women, 52.9 ± 12.9 years) with taste disturbances as a chief complaint were included. They were asked to complete a questionnaire including subjective taste sensations of 4 basic taste qualities and the pattern of taste disorders such as ageusia, hypogeusia, and dysgeusia. EGM was performed to measure detection thresholds of the chorda tympani, glossopharyngeal, and greater petrosal nerve areas in both sides. To examine the influence of burning mouth symptoms, they were divided into 2 groups: patients with (20 patients; 2 men and 18 women) and without (26 patients; 9 men and 17 women) burning mouth symptoms. The Mann-Whitney *U* or Kruskal-Wallis test was used to compare variables between the groups. The chi-square test or Fisher exact test for categorical variables and the Spearman correlation analysis for continuous variables were used to investigate associations.

Results: There were no significant differences in age and sex distribution according to the presence of burning mouth symptoms. Compared with the patients with burning mouth symptoms, those without burning mouth symptoms reported significantly lower levels of subjective taste sensations in all taste qualities and showed higher correlation levels between subjective taste sensations and EGM thresholds. Hypogeusia was the most common in both groups. Dysgeusia was more common than ageusia in those patients with burning mouth symptoms and vice versa in those without burning mouth symptoms. The pattern of taste disorders also showed more significant associations with the levels of subjective taste sensations in the patients without burning mouth symptoms than those with burning mouth symptoms.

Conclusions: Patients with taste disorder without burning mouth symptoms had a more severe level of taste disturbances than those with burning mouth symptoms. The pathophysiology of taste disturbances could differ according to the presence of burning mouth symptoms.

RECONSIDERATION OF THE NOMENCLATURE AND DISEASE DEFINITION OF BURNING MOUTH SYNDROME: AN INTERNATIONAL DELPHI SURVEY

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Objectives: We sought to determine whether the nomenclature, disease definition, and diagnostic criteria for burning mouth syndrome (BMS) should be revised on the basis of expert agreement using the Delphi method of consensus.

Methods: An international group of 30 BMS experts was invited to participate (April 2019). The study consisted of 3 iterative survey rounds, and findings were presented and participant feedback obtained in a fourth round. Qualtrics^{XM} survey software (Qualtrics, Provo, UT) was used to create an electronic self-administered questionnaire. The first survey included closed-ended and open-ended questions intended to generate suggested changes and gauge each participant's agreement (predefined as 70% in agreement) with the existing International Classification of Diseases, 11th Revision (ICD-11), nomenclature, diagnostic criteria, and disease definition for BMS. Subsequent rounds summarized and presented data from the previous round. Round 2 presented suggested changes and asked if participants agreed or disagreed (dichotomous variable); open-ended questions were for additional changes, comments, and rationales for their selections. Round 3 presented items that met with >50% but <70% agreement and new items that were suggested. Data were summarized using both quantitative (percentage agreement) and qualitative methods (thematic coding). This study was determined to be exempt by the Case Western Reserve University Institutional Review Board (20190366).

Results: Thirty screening e-mails were sent to international experts in BMS, and 22 expressed interest in participating. Nineteen experts completed round 1, 17 completed round 2, and 15 completed round 3 for 86%, 89%, and 88% response rates, respectively. Consensus was reached that BMS should not be classified as a syndrome (15 of 17) and that it should be renamed (15 of 19) "burning mouth disorder." Consensus included that the following should be removed from the diagnostic criteria: (1) emotional distress or functional disability and (2) the number of hours per day that symptoms occur. All other items that reached consensus clarified the disease definition and diagnostic criteria, including delineating the local and systemic causes of oral burning that should be evaluated before diagnosis.

Conclusions: International consensus among selected experts indicated that the proposed ICD-11 nomenclature,