

SURGICAL TREATMENT OF STAGE III BILATERAL MAXILLARY OSTEONECROSIS IN AN ONCOLOGIC PATIENT. ANA CAROLINA ORGANISTA CORNER, ABEL SILVEIRA CARDOSO, HERNANDO VALENTIM DA ROCHA JÚNIOR, NICOLAS HOMSI, EDUARDO SEIXAS CARDOSO.

Bisphosphonate-induced maxillary osteonecrosis is characterized by an exposed bone area in the jaws. The bisphosphonates are widely used in the treatment of osteoporosis and other diseases that may cause bone loss. The disease is classified in 3 stages, with the third, the most severe, characterized by necrotic bone exposure beyond the alveolar ridge region and observed on x-ray and computed tomography exams. This report described a stage III clinical case of bilateral maxillary osteonecrosis. A buccal fat pad was used for bucosinusal fistulae closure and occlusion of the bone defect after resection of the meso and infrastructure of the upper jaw in the surgical treatment of a large area of jaw osteonecrosis after teeth extractions in a patient using aminobisphosphonate to control the progression of bone metastasis of adenocarcinoma of the prostate. The follow-up continued for 5 years, and the patient died due to the primary disease.

JUVENILE PSAMMOMATOID OSSIFYING FIBROMA: A CASE REPORT WITH 12 MONTHS OF FOLLOW-UP. BEATRIZ VENTURI, ANA CARPI MICELI, NATHÁLIA DE ALMEIDA FREIRE, FÁBIO RAMOA PIRES, RACHEL ALBUQUERQUE, LUIS FABIANO SOARES, ESTELA NUNES.

Juvenile psammomatoid ossifying fibroma (JPOF) is a type of ossifying fibroma with a unique histopathological pattern. We report a case of JPOF in a 12-year-old girl, causing an asymptomatic swelling in the posterior right mandibular region, which is a rare site for this tumor. The lesion was misdiagnosed as fibrous dysplasia, 5 years prior, at another hospital. On a physical examination, we also observed the absence of second premolars. There was no history of trauma, pain, or extraction of any teeth. An orthopantomograph revealed an extensive multilocular radiolucency occupying the entire mandibular body on the right side, with well-defined borders. An incisional biopsy was performed and the histopathological examination revealed psammomatoid ossifying fibroma as a final diagnosis. The complete excision of the tumor, osteotomy, and extraction of teeth 33, 34, 36, 75, 74, and 73 were performed, and the inferior alveolar nerve was preserved. There was no recurrence after a 12-month follow-up.

IMPORTANCE OF THE STOMATOLOGIST FOR A DIAGNOSIS OF NEUROFIBROMATOSIS 1 AND SEXUAL ABUSE. LILIAN MACHADO DE SOUSA ALMEIDA, ELOÁ BORGES LUNA, LUIZA DE MOURA CARVALHO FIGUEIRA, BRUNA LAVINAS PICCIANI, ELIANE PEDRA DIAS, RAFAELA ELVIRA ROZZA-DE-MENEZES, KARIN SOARES CUNHA.

We describe the case of a 6-year-old boy who was evaluated at our clinic for a lip lesion. A general physical examination revealed axillary "ephelides" and cafe-au-lait macules on the face, trunk, and arms. We queried the child's mother on the diagnosis and family history of neurofibromatosis 1 (NF1); she affirmed that the child's father and paternal grandmother had NF1, but she was unaware of her son being affected. The oral examination showed a sessile, normochromic, exophytic lesion, with blunted projections on the surface, on the lower lip mucosa. The lesion was clinically diagnosed as a condyloma acuminatum. It was surgically removed and the diagnosis was confirmed after a histopathological evaluation. The patient was referred to a social service unit and a psychologist to investigate a possibility

of sexual abuse, and to a multiprofessional team, including a pediatrician, neurologist, ophthalmologist, and dermatologist, and the clinical diagnosis of NF1 was established.

DECOMPRESSION AS AN INITIAL APPROACH FOR ODONTOGENIC KERATOCYST IN THE MANDIBLE: A CASE WITH 12 MONTHS OF FOLLOW-UP. CESAR WERNECK NOCE, ANA CARPI MICELI, NATHALIA DE ALMEIDA FREIRE, MARIA JULIANA NETTO VILELA MAIOLI, LUIS FABIANO SOARES, JULIANA POLLIS, ISABELA SUSINI.

Odontogenic keratocyst (OKC) is a unique cyst with locally aggressive behavior, high recurrence rate, characteristic histological appearance, and is usually diagnosed in young people. Thus, less aggressive treatment modalities are seldom studied. We report the case of a 24-year-old black man presenting with an osteolytic lesion on the mandibular body associated with 48. Orthopantomography revealed a well-defined unilocular radiolucency, anteroposterior growth, measuring approximately 18 mm in its largest diameter. An incisional biopsy was performed and the histopathologic analysis revealed OKC. A decompression was performed for 4 months, followed by enucleation with peripheral osteotomy and associated tooth extraction. The lesion did not recur during a follow-up period of 12 months after surgery. Preserving important structures of the bone and soft tissue decompression is a method with low morbidity. In addition, according to literature, decompression has a success rate at least as high as that of 1 of the most aggressive treatments.

ADENOID CYSTIC CARCINOMA IN THE TONGUE: A CASE REPORT. JULIANE DE QUADROS DE BORTOLLI, DIENI DA SILVEIRA TEIXEIRA, GABRIEL CAMPOS LOUZEIRO, LETICIA DE FREITAS CUBA GUERRA, KAREN CHERUBINI, MARIA ANTONIA FIGUEIREDO, FERNANDA GONÇALVES SALUM.

A 35-year-old white man, a smoker, was referred with the complaint of a swelling and discomfort in the posterior third of the tongue, reporting a 2-month duration. Clinically, there was an infiltrative submucosal lesion, similar in color to the adjacent mucosa, solid, involving the posterior third of the tongue, on the right side, with an exophytic area, measuring 2.0 cm. A magnetic resonance image showed an infiltrative expansive lesion in the right posterodorsal tongue. An incisional biopsy was performed and the microscopic evaluation revealed a malignant neoplasia consisting of a proliferation of basal-shaped glandular epithelial cells, with a small, hyperchromatic nucleus, and scarce cytoplasm with poorly defined limits. Pseudocystic formations containing either eosinophilic or basophilic material were also observed. The diagnosis of adenoid cystic carcinoma was established and the patient was referred for head and neck surgery and submitted to right base glossectomy with reconstruction and complementary radiotherapy.

ORAL MANIFESTATION OF DISSEMINATED HISTOPLASMOSIS IN A PATIENT WITH CROHN'S DISEASE: CASE REPORT. RENATA DE ALMEIDA ZIEGER, MARINA GIRARDI SHCHUEIGARD, ANDRESSA CRISTINA HASHIGUSHI DE ALMEIDA, LUAN SANTANA NATANIEL KOVALSKI, MANUELA DOMINGUES MARTINS, VINÍCIUS COELHO CARRARD, MARCO ANTÔNIO TREVIZANI MARTINS.