trismus, and pain on performing mandibular movements, with a 3-year progression. Additionally, an increase in volume in the left preauricular region was noted. On tomographic examination, he had an irregularly contoured growth of the left condyle and active growth was observed by scintigraphy. Findings were compatible with osteochondroma as the main diagnostic hypothesis. Tumor excision was performed under general anesthesia, through preauricular access. It was also possible to perform arthroplasty and suture of the disc in the remaining stump. The patient is in 45 days of postoperative follow-up and presents normal and painless mandibular movements. The treatment protocol varies according to the size of the tumor and the need to correct the sequelae caused in the stomatognathic system.

MUCOCELE IN THE MAXILLARY SINUS: CASE REPORT *Larissa Ramos De Almeida, Edval Reginaldo Tenório Júnior Ananda Pereira Oliveira, Gabrielly Braga Camargos De Almeida, Vinícius Fernandes Frois Da Silva, Natália Passos Da Silva, and Patrícia Leite Ribeiro,* Mucoceles are benign cystic formations that can affect the paranasal sinuses, because of obstruction in the sinus drainage, resulting in an accumulation of secretion. They occur more frequently in the frontal (60%-65%) and ethmoid (20%-25%) sinuses. The aim of this study is to report the case of a 70-year-old woman, hypertensive, asymptomatic, who was referred to the dental clinic because of an intraoral volume increase in the vestibule background in the posterior region of the left maxilla, with evolution of 2 years. Computed tomography showed the presence of a slightly hyperdense lesion, with corticalized borders, involving the maxillary sinus and causing oroantral communication. The procedure of choice was excisional biopsy, and during the intraoperative period, a yellow gelatinous secretion and cortical resorption were observed. Anatomopathologic exam showed fibrous tissue partially covered by respiratory epithelium and the presence of mucoid material, positive for Alcian blue, conclusive for mucocele. The patient is in periodic follow-up, without signs of recurrence.

ACUTE NECROTIZING ULCERATIVE GINGIVITIS IN ONCOPEDIATRIC PATIENTS: CHALLENGES IN TREATMENT *Vanessa Einsfeld, Maria Carmen Pereira Silva, Kariana Wan-Dall Gonçalves, William Phillips Pereira Da Silva, Mara Albonei, Laurindo Moacir Sassi, and Bruna Da Fonseca Wastner,* Acute necrotizing ulcerative gingivitis (ANUG) is a serious complication that can occur in children with neutropenia after chemotherapy. Early diagnosis and assertive treatment can prevent fatal progression due to sepsis. Our goal is to report the case of a 2-year-old female patient undergoing treatment for acute lymphoid leukemia who developed ANUG in the attached gingiva of the maxilla and hard palate after the first block of chemotherapy with daunorubicin and vincristine. The patient had progressive and quick worsening even with local hygiene measures, photobiomodulation, and broad-spectrum antibiotic therapy. Her general health condition did not allow surgical debridement because she was severely neutropenic and thrombocytopenic. On the sixth day after the appearance of the first spot of gingival necrosis, the patient died from sepsis of pulmonary and oral foci that culminated in cardiorespiratory arrest.

AGGRESSIVE ORAL MELANOMAS: REPORT OF TWO CASES INVOLVING HARD PALATE *Carolina Emerick, João Figueira Scarini, Erika Said Abu Egal, Luccas Lavareze, Lívia Ramalho Crescencio, Albina Altemani, and Fernanda Viviane Mariano,* A 51-year-old woman and a 73-year-old man reported to the hospital presenting extensive dark lesions on the right and left hard palate, respectively. Histopathologic analysis showed fragments of squamous mucosa with large rounded and spindle cell infiltration. Cells presented with a clear cytoplasm, nuclei with granular chromatin, and evident eosinophilic nucleoli. In some foci, there was an abundance of intracytoplasmic brownish pigmentation. Immunohistochemistry reactions presented positive results for MelanA, S-100, HMB45, and SOX-10. The Ki-67 index showed moderate cell proliferation. After the diagnosis of malignant mucosal melanoma, partial maxillectomy was performed in both cases. The male patient underwent postoperative radiotherapy, with no recurrence of the lesion to date. The female patient, however, had cervical metastasis 1 year after surgery. Unilateral lymph node dissection was performed, and the patient is currently undergoing chemotherapy for breast cancer.

DIAGNOSIS OF ODONTOGENIC KERATOCYST IN ANTERIOR REGION OF THE MAXILLA: CLINICAL CASE REPORT *Isabela Teixeira Fernandes, Tagna Oliveira Brandão, Diego Maia De Oliveira Barbosa, Andressa Teixeira Martiniano Da Rocha, and André Sampaio Souza,* Odontogenic keratocyst (OKC) is an aggressive behavioral cyst, which has a predilection for men and usually affects the posterior mandibular region (49%). The aim of this study is to report a case of OKC in the anterior maxillary region. Physical examination showed a slight increase in volume in the anterior maxillary region. Panoramic radiography showed a radiolucent image at the apices of units 21 and 22, treated endodontically, suggestive of an inflammatory cyst. Computed tomography showed the presence of a hypodense, well-defined area with spacing and disruption of the buccal cortex and growth in the anteroposterior maxillary direction. An incisional biopsy was performed, resulting in an OKC diagnosis. The treatment instituted was enucleation and curettage under general anesthesia and exodontia of teeth 21, 22, and 23 associated with the lesion. The anatomopathologic was confirmatory for the previously obtained report and the patient is being followed up with no signs of recurrence so far.

ORAL PLASMABLASTIC LYMPHOMA IN A PATIENT WITH AIDS: A CASE REPORT *Gabriela Weirich Neculqueo, Everton Adriano Wegner, Giovana Prediger Maccari, Karen Cherubini, Maria Antonia Zancanaro De Figueiredo, Valesca Sander Koth, and Fernanda Gonçalves Salum,* Plasmablastic lymphoma is a rare and aggressive large B-cell lymphoma, commonly associated with acquired immunodeficiency syndrome. A 31-year-old man reported a painful and bleeding lesion in the oral cavity that had evolved over 3 weeks. The patient had human immunodeficiency virus infection and was not undergoing antiretroviral therapy. On examination, we observed a swelling on the left side of the face, caused by an exophytic mass in the upper gingiva extending from the anterior region to the tuberosity. The lesion was reddish with areas of necrosis.

Radiographic exams showed an extensive osteolytic lesion in the left maxilla with involvement of the maxillary sinus. An incisional biopsy was performed, and the microscopic exam revealed a lymphoid malignant neoplasm with intense pleomorphism and abundant mitosis. Immunohistochemistry showed positivity for CD45, CD10, MUM1, CD38, CD138, and CD30, confirming the diagnosis of plasmablastic lymphoma. Antiretroviral therapy was started, and the patient was referred for cancer treatment.

SQUAMOUS CELL CARCINOMA OF THE PAROTID GLAND: CASE REPORT *Camilla Siqueira De Aguiar, Lohana Maylane Aquino Correia De Lima, Victor Leonardo Mello Varela Ayres De Melo, Rodrigo Henrique Mello Varela Ayres De Melo, Milena Mello Varela Ayres De Melo Pinheiro, Deise Louise Bohn Rhoden, and Ricardo Eugenio Varela Ayres De Melo,* The objective of this study is to report a case of a resection of a squamous cell carcinoma in the left parotid, highlighting aspects related to diagnosis and treatment in a 72-year-old White female patient who attended the maxillofacial service reporting an increase in volume in the preauricular region, hard to palpation, with painful symptomatology and approximately 1 year of evolution. After previous biopsy, the patient underwent tumor resection in the left preauricular region under general anesthesia. The pathologic part was referred to the histopathology service of the hospital, which provided a conclusive diagnosis. The patient was followed postoperatively by the maxillofacial team and the medical team without any complications or signs of recurrence. It is concluded that due to the uniqueness of this neoplasm, early diagnosis and appropriate treatment led to a better prognosis of the disease and better quality of life for the patient.

AGGRESSIVE PRIMARY INTRAOSSEOUS CARCINOMA AMELOBLASTOMA-LIKE INVOLVING ANTERIOR REGION AND MANDIBULAR BODY: CASE REPORT *Tassia Caroline Da Costa Mendes, Luis Felipe Alves Deip, Gustavo Cavalcanti De Albuquerque, Raimundo Monteiro Maia Filho, Naíza Menezes Medeiros Abrahim, Tatiana Nayara Libório-Kimura, and Jeconias Câmara,* Primary intraosseous carcinoma of the jaw is a rare malignant tumor with poor prognosis. A 66-year-old male smoker presented with swelling in the anterior region and right body mandibular, with extraoral fistula and palpable cervical lymph nodes. Intraoral examination evidenced an ulceration with a hard consistency. Panoramic radiograph and computed tomography revealed a large lesion with bone destruction in the region. After incisional biopsy, microscopic examination revealed a proliferation of epithelial cells sometimes similar to squamous cells, forming keratin pearls, or similar to the odontogenic epithelium, arranged in nests and islands of basaloid cells with peripheral palisading. Atypia, pleomorphism, and mitoses were observed, leading to the diagnosis of primary intraosseous carcinoma ameloblastoma-like. The patient underwent mandibulectomy, partial glossectomy, and removal of the floor of the mouth muscles. Follow-up is still being carried out and 1 month after surgery the patient is in stable condition without pain.

POLYMORPHOUS ADENOCARCINOMAS WITH CLINICAL PRESENTATION SHOWING STIPPLED SURFACE *Fernanda Aragão Felix, Maria Carolina Versieux Magalhães, Ricardo Alves Mesquita, Tarcília Aparecida Silva, and Sílvia Ferreira De Sousa,* Polymorphous adenocarcinoma (PAC) is a rare malignant neoplasm that primarily originates from minor salivary glands. Surface changes with a rough or stippled overlying mucosa in clinical presentation of PAC have been reported. We present 2 cases of PAC in middle-aged female patients with clinical presentation showing a stippled surface. The lesions were slow-growing asymptomatic masses located in the hard palate exhibiting a stippled surface mucosa. Incisional biopsy was performed, and histological examination showed tumor infiltration of the superficial lamina propria with neoplastic cells arranged in single layer tubules, cribriform structures, and solid nests. Immunohistochemical examination showed positivity for S100, CK7, and p63. The Ki-67 index was <1%. The diagnosis was PAC, and the patients were referred to an oncologic hospital. The overlying mucosa in PAC could show clinical features of a rough or stippled surface, which might help to differentiate minor salivary gland neoplasms.

ERYTHEMA MIGRANS—AN UNCOMMON CASE *Anna Beatriz Andrade Mateus, Luana Elisa De Castro Gonçalves, Giovanna Lopes Lanza, Soraya De Mattos Camargo Grossmann Almeida, Martinho Campolina Rebello Horta, and Leandro Junqueira De Oliveira,* Erythema migrans (EM) is frequently reported in the tongue but rarely mentioned in other areas of the oral mucosa. Diagnosis of EM relies on clinical signs and symptoms and natural history of the condition. This case report presents a 66-year-old female patient who was referred for evaluation of a slight burning sensation and intraoral patches. Intraoral examination showed reddish well-defined patches surrounded by a whitish irregular border affecting the soft palate and buccal mucosa on the left side. Despite the suggestion of a biopsy by the referring professional, we decided on follow-up, because clinical differential diagnosis included EM. After 15 days the lesions were observed in different areas, which confirmed the diagnosis as EM. The patient was oriented about the nature of the pathology and advised to avoid spicy and citric foods and beverages. The patient is under clinical follow-up for months, showing episodes of cyclic onset and mild burning symptoms.

AMYLOIDOSIS OF THE TONGUE: A CASE REPORT *Adriana Gomes Santos, Gabriela Sepêda Dos Santos, Larisse Bianca Brito Magno, Leticia Marucia Barata Da Costa, Daniel Cavalléro Colares Uchôa, Lucas Lacerda De Souza, and Flavia Sirotheau Correa Pontes,* Amyloidosis is characterized by the deposition of amyloid fibrils in tissues and organs. This study presents a case of amyloidosis of the tongue. A 65-year-old male patient presented with an irregular and hardened swelling in the lateral tongue, causing significant macroglossia. The patient also demonstrated significant dyspnea and lower extremity edema. Diagnostic hypotheses were malignant tumor and oral manifestation of systemic disease. An incisional biopsy was performed and revealed extracellular deposition of amorphous, eosinophilic, hyaline-like material in the submucosal connective tissue. To confirm the presence of amyloid, staining with Congo red was performed, which showed peach red color on light microscopy and apple green birefringence on polarized light microscopy. The patient was referred to the rheumatology department but died 15 days after diagnosis. Amyloidosis is a