Leprosy is a chronic disease caused by infection with Mycobacterium leprae. The disease has an incubation period spanning 1-20 years with an average duration of 5 years. According to the CDC, 150-200 people in the US and 250,000 people worldwide become infected with leprosy yearly. From 2006-2015, Southeast Asia reported the highest number of new cases per year. Here we report an unusual case of intraosseous leprosy of the mandible from a 31-year-old Indian-American female. The woman presented to her oral surgeon with a destructive lesion of the anterior mandible and had associated loose teeth. She reported both prior and recent trips to India. Clinical impression at the time of surgery was a central giant cell granuloma or ameloblastoma. Histopathologic examination revealed granulomatous inflammation composed of histiocytes admixed with lymphocytes, plasma cells, and neutrophils. Discrete granulomas composed of epithelioid histiocytes and multinucleated giant cells were noted. Due to the histologic findings, GMS, PAS, and AFB Ziehl-Nielsen stains were ordered and all were reported as negative. AFB Fite stains demonstrated rare positivity. The case was diagnosed as chronic granulomatous inflammatory reaction with focal Fite stain positivity, suggestive of leprosy. While the histology is suggestive of tuberculoid leprosy, correlation with systemic evaluation and lepromin skin test were recommended. The utility of the lepromin test is to better classify the type of leprosy the patient has with positive results indicating either tuberculoid or borderline leprosy and a negative reaction supporting a diagnosis of lepromatous leprosy. Few extragnathic bony cases and intraoral cases have been reported in the English literature since 1965. This case report illustrates both an unusual and interesting case of gnathic leprosy, as well as the need to recognize that with the ease of travel, lesions that are historically seen in countries other than the United states, can be seen here.

ORAL ULCERATIONS AS THE FIRST INDICATION OF FOLATE DEFICIENCY SECONDARY TO METHOTREXATE THERAPY.

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Methotrexate is a commonly used drug for the treatment of psoriasis, arthritis, and many forms of cancer. Methotrexate inhibits cancer cells from multiplying and reduces inflammation in both psoriasis and rheumatoid arthritis. In cancer, methotrexate inhibits cells access to folate causing folate deficiencies in patients taking the drug. While the mechanism of action of methotrexate in psoriasis and rheumatoid arthritis is unknown, use in these conditions can also result in folate deficiency. We report a patient who was admitted to the hospital with painful oral and esophageal ulcers which ultimately was attributed to folate deficiency in the setting of methotrexate use. The patient was a 63-year-old male with RA who presented to the ED with a 3-week history of mouth and throat pain upon swallowing. He was unable to eat and reported a 12-pound weight loss. Intraoral exam revealed areas of erythema with diffuse ulcerations on the upper and lower left labial mucosa, soft palate and anterior maxillary gingiva. A CT scan of the head, neck, and brain, and upper EGD were all within normal limits. The presentation was consistent with vesiculobullous disease and we recommended ruling out a drug induced etiology. Upon evaluation of the patient's laboratory values, we found he had megaloblastic macrocytic anemia (red cell diameter 11.5-14.5), which is consistent with folate deficiency. The patient's folate level was measured at 6ng/ml. The normal reference range is 7.3-20 ng/ml. 6 is considered quite low. The patient was administered folic acid and methotrexate was discontinued temporarily. The patient's oral lesions resolved, and the patient was discharged. This case illustrates the importance of collaboration between the primary team and the oral healthcare professional as well as the recognition that while methotrexate can cause oral ulcers, in the setting of folate deficiency the severity of oral ulcers may be exacerbated.

INTRAOSSEOUS DERMOID CYST OF THE MANDIBLE: A CASE REPORT AND REVIEW OF LITERATURE.

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Dermoid cysts are uncommon soft tissue lesions considered developmental in origin that may occur in many body sites but predominate in the ovary and scrotal regions. Their etiology is unclear; however, one theory suggests that they may be caused by entrapment of germinal epithelium with potential to differentiate along ectodermal, mesodermal and endodermal lines. Seven percent of dermoid cysts can be found in the head and neck regions. This represents less than 0.01% of all intraoral cysts. Most intraoral dermoid cysts are found as midline masses in the floor of the mouth followed by the submandibular and sublingual region. Dermoid cysts of the jawbones are exceedingly uncommon. To date, only 20 cases have been documented in the English language literature. A small number of extragnathic bony lesions have also been reported. The histologic classification of gnathic dermoid cysts in the current literature is confusing with lesions being described as orthokeratinizing cysts exhibiting sebaceous differentiation, odontogenic keratocysts with sebaceous differentiation, variants of dentigerous cysts and dermoid cysts. Here, we attempt to clarify the literature as well as report an additional case of a gnathic dermoid cyst in a 40-year-old female who presented with a well-defined radiolucency of her left mandible extending from her premolars to the molar region

BENIGN FIBROUS HISTIOCYTOMA OF THE JAWBONES. REPORT OF 2 CASES WITH REVIEW OF THE HISTOLOGIC AND IMMUNOHISTOCHEMICAL FEATURES DISTINGUISHING IT FROM OTHER SPINDLE CELL TUMORS OF THE JAWBONES.

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Benign fibrous histiocytomas of soft tissue are composed of spindled fibroblasts arranged in a storiform pattern admixed with secondary elements including histiocytes, foam cells, and inflammatory cells. These tumors occur equally in males and females and most often arise in the dermis and subcutaneous tissues. Benign fibrous histiocytomas of bone comprise approximately 1% of all benign bone tumors. When they do occur in bone they most often affect the long bones with the femur and tibia being preferred sites. Other sites include the pelvic bones, particularly the ilium. Benign fibrous histiocytoma of the jawbones is an exceedingly rare tumor. As of 2016 there have been only 13 cases reported of this unusual tumor arising in the jawbones. We report two new cases of this tumor arising in the mandible, describe its histologic features and immunohistochemical characteristics, and review the literature. Both of our cases presented in

young males as expansile lesions of the mandible with associated well defined radiolucencies and perforation of the cortical plates. Both tumors demonstrated spindle cells arranged in a storiform pattern. Case 1 had a more collagenized stroma and demonstrated an abundance of secondary elements while Case 2 exhibited a myxoid background, prominent perivascular hyalinization and scattered secondary elements. Immunohistochemical studies revealed Factor XIIIa and CD68 positivity in both tumors. Case 2 also demonstrated positivity for CD10. S100 and SMA were negative in both lesions. The recognition of the appropriate histologic and immunologic features of this common soft tissue tumor will aid in its diagnosis in an uncommon location.

ADENOID AMELOBLASTOMA WITH DENTINOID: A CASE REPORT. *PROF. HYE-JUNG YOON. DEPT. OF ORAL PATHOLOGY, SCHOOL OF DENTISTRY, SEOUL NATIONAL UNIVERSITY*

Adenoid ameloblastoma with dentinoid (AAD) has been considered a very rare variant of ameloblastoma showing histopathologic features similar to adenomatoid odontogenic tumor (AOT) along with apparent dentinoid formation. Since the first use of this term by Brannon in 1994, however, there has been no official recognition of this entity as shown in both the 3rd and 4th edition of WHO classification of odontogenic tumors in 2005 and 2017. Because less than 20 cases of AAD have been reported to date, clinical behavior and optimal treatment modalities of AAD are still uncertain. Here we present an additional case of AAD with recurrence 10 years after the initial treatment. A 39-year-old male was referred to department of oral and maxillofacial surgery, complaining of pain and mobility of teeth in the right posterior maxilla. Panoramic radiograph revealed a uniocular radiolucency with relatively well-defined borders extending from the second premolar to the second molar. Root resorptions of the affected teeth were found. Mass excision was performed and the diagnosis of epithelial odontogenic ghost cell tumor was made. Ten years later, he presented with the recurrent lesion at the same area. CT view showed destructive enhancing mass suspicious for malignancy at the right posterior maxilla. Radically resected mass was diagnosed as adenoid ameloblastoma with dentinoid/osteodentin as it showed lots of duct-like structures with ameloblastoma-like features along with numerous dentinoid formation, but there were no ghost cells.

CANDIDIASIS IN THE PEDIATRIC POPULATION: A CASE REPORT AND REVIEW OF BEST PRACTICES. *DR. ASHLEY CLARK, DR. NGOZI NWIZU, DR. BRETT CHIQUET. UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON*

Candidiasis is a common infection in humans and one of the more common oral alterations in the pediatric population. The incidence of candidiasis in this population is highest in neonates, with 8.7% experiencing the infection. Children up to 12 months of age experience candidiasis at a frequency of 2-5%, while the pediatric population in general has an incidence of 0.8-3.7%. The most easily recognizable form is pseudomembranous candidiasis, which presents as non-adherent, white, plaque-like lesions. Erythematous candidiasis has a variety of presentations; lesions are typically asymptomatic and chronic. Treatment options vary based on the child's preference of medication type (oral suspension, lozenges, or tablet). We present a case of cheilocandidiasis in a 20 month old patient and review the best practices for treatment and follow-up when candidiasis is encountered in a pediatric patient.

PLEXIFORM SCHWANNOMA OF THE ORAL/PHARYNGEAL REGION: REPORT OF FOUR CASES AND A REVIEW OF THE LITERATURE. *DR. ANGELA CHI, PROF. BRAD NEVILLE. MEDICAL UNIVERSITY OF SOUTH CAROLINA*

Plexiform schwannoma represents an unusual schwannoma variant, characterized by multinodular growth grossly and/or microscopically. A review of the English language literature reveals only 30 previously reported cases involving the oral/pharyngeal region, and herein we present 4 additional cases. Among these 34 cases, the average age at diagnosis was 27 years (range 5 to 58 years), with a female-to-male ratio of 1.3:1. The most frequently involved sites were the lips (n=11) and tongue (n=11). Lesion duration prior to presentation was reported in 15 cases and ranged from 6 weeks to 26 years. The average lesion size was 2.1 cm (range 0.4 to 8.5 cm). Three tumors were described as "large" or "giant," including one extending from the sublingual region to the mediastinum. The typical clinical presentation was a solitary/localized, painless, and slowly enlarging swelling. However, 5 patients exhibited other clinical findings (e.g., pain/discomfort, sore throat, dysphagia, dyspnea). Three cases arose in association with neurofibromatosis 2 (NF2). Other neural tumor types (e.g., conventional schwannoma, meningioma) and/or >1 plexiform schwannoma were found in 5 patients (3 with NF2 and 2 who did not fulfill diagnostic criteria for NF2). Microscopic examination typically showed a proliferation of multiple well-circumscribed tumor nodules, each surrounded by a thin capsule. Antoni A and B patterns were evident in varying proportions. Infrequent histopathologic findings included ancient change (n=1) and induction of adjacent surface epithelium/odontogenic epithelial rests (n=1). Immunohistochemical findings included reactivity for S-100 protein among the tumor cells (15/15 cases), reactivity for EMA among capsular perineural cells (3/4 cases), and no reactivity for NFP among the tumor cells (6/6 cases). Most patients (n=22) were treated by excision or enucleation. Among the 14 cases for which follow-up information was provided, 3 recurred. Unlike plexiform neurofibromas, plexiform schwannomas exhibit only a weak association with neurofibromatosis and have no known malignant potential.

HEAD AND NECK RHABDOMYOSARCOMA (RMS) IN CHILDHOOD. *DR. NASSER SAID AL NAIEF[A], DR. ROMAN CARLOS[B], DR. OSLEI PAES DE ALMEIDA[C], DR. PAUL EDWARDS[D]. [A] OHSU MEDICAL CENTER, [B] HOSPITAL HERRERA-LLERANDI, [C] UNICAMP, [D] INDIANA UNIVERSITY*

Objectives: To report 4 pediatric RMS in Guatemala [age range 8-13 years] exhibiting aggressive clinical behavior.

Findings: 2 cases involved sinonasal & paranasal sinuses; one the anterior mandibular facial area & another affecting paraorbital and mid facial region, with previous additional history of radiation therapy & R. ocular exenteration at 2 years of age for retinoblastoma. Rapid, massive growth with nasal obstruction was observed in all 3 cases, leading to gross. R. ocular displacement and facial deformity was noted in one case, while facial and mandibular swelling was reported in another. The period of tumor growth ranged from 2 -6 months. 3/ 4 patients were treated with