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