

of variably dense fibrocollagenous connective tissue with small blood vessels and nerve bundles. S100 and CD31 immunohistochemistry showed expected positivity for nerve and vascular tissues. A microscopic diagnosis of simple bone cyst associated with the inferior alveolar canal was rendered.

Conclusion: This case represents an unusual simple bone cyst. Radiographically, the lesion appears to be associated with inferior alveolar canal. Even though simple bone cysts in the posterior mandible are not common, it is very unlikely to involve/arise from the inferior alveolar canal.

REGIONAL ODONTODYSPLASIA: A CASE REPORT. MR. JOSE RAMOS^A, DR. ROBERTO ONNER CRUZ TAPIA^B, MS. ANDREA MESIAS-PEÑAHERRERA^B, DR. JAVIER PORTILLA-ROBERTSON^B. ^ANATIONAL AUTONOMOUS UNIVERSITY OF MEXICO, ^BUNIVERSIDAD NACIONAL AUTÓNOMA DE MÉXICO

Objective: Report a case of regional odontodysplasia in the maxilla of a pediatric patient and the immunohistochemical expression of different types of collagen. Regional odontodysplasia is a rare developmental anomaly, involving the ectoderm and ectomesenchyme of the temporally and permanent teeth. It tends to be localized in only one arch of the jaws.

Case report: A 8-year-old female patient, with no significant hereditary or pathological history. On examination dental agenesis C, D, E is observed. Radiographically revealed 6, 7 and 8 with radiopaque contour and loss of the delimitation between enamel-dentin complex, giving an appearance of ghost teeth. Surgical treatment was performed. Microscopic examination follicular tissue contains scattered collection of enameled congregates and islands of odontogenic epithelium. Immunohistochemical expression of different types of collagens was heterogeneous in the dentin (col. 1,2,3,4,5,6,10 and 11). These results are consistent with an abnormal dentin development.

Conclusion: Regional odontodysplasia is an alteration that develops at a very early age, so the interdisciplinary management and the choice of treatment are fundamental since the treatment must be specific for each patient.

PALATE EPITHEIOD HEMANGIENDOTHELIOMA, CASE REPORT.. DR. YAMELY RUIZ^A, PROF. BEATRIZ ALDAPE^A, PROF. CARLOS LICEAGA^B, DR. LUIS MONTOYA^B, DR. CÉSAR OJEDA^B, DR. ANA MARÍA CANO^C. ^AUNAM, ^BHOSPITAL JUÁREZ DE MÉXICO, ^CINSTITUTO NACIONAL DE CANCEROLOGÍA

Introduction: Epithelioid hemangi endothelioma (EHE) is considered as a borderline vascular neoplasm between hemangioma and angiosarcoma. It represents less than 1% of all vascular tumors and was described in 1975 by Dail and Liebow, but the term EHE was introduced in 1982 by Weiss and Enzinger. EHE is characterized by a proliferation of epithelioid endothelial neoplastic cells. This lesion is rare reported in oral cavity. Clinically, it presents as gingival swelling.

Case Report: 59 years old male presents with asymptomatic left palatal swelling of 3 years of evolution, the lesion was previously diagnosis as granular cell tumor by a hospital Pathologist. Excisional biopsy was done. Microscopically are epithelioid hyperchromatic cells with vacuolated cytoplasm and lumen formation, arranged in nests and closely associated with

blood vessel. Neoplastic cells were positive for the CD31, CD34, D2-40, FVIII and INI1; Ki67<2% and negative for CKAE/CKAE3, S-100, langerina, vimentin, EMA, SMA and FLI1 markers. Tissue electron microscopy was performed and the diagnosis of epithelioid hemangi endothelioma was done.

Discussion: The EHE is an uncommon vascular neoplasm with less of 50 cases reported in oral cavity in the English literature. The most common location is gingiva, in middle age patients. Histologically, the presence of vacuolated cells may cause confusion in the diagnosis and therefore the use of other tools such as immunohistochemistry is important for the appropriate diagnosis of this lesion and correct treatment.

Conclusion: EHE can turn into malignancy and metastasize to regional lymph nodes, therefore wide margins surgical excision and long term follow up of the patient is highly recommended because the 10-15% rate of recurrence, the survival rate is 76% true 5 years of follow-up.

ADENOMATOID ODONTOGENIC TUMOR, THE REPORT OF THREE CASES. PROF. BEATRIZ ALDAPE^A, PROF. CARLOS LICEAGA^B, DR. LUIS MONTOYA^C, DR. CESAR OJEDA^B, DR. CARLOS GARCIA^D. ^AUNAM, ^BHOSPITAL JUÁREZ DE MÉXICO, ^CHOSPITAL JUAREZ DE MEXICO, ^DPRIVATE SURGERON

Adenomatoid odontogenic tumor (AOT) is a rare benign odontogenic tumor. AOT represents 3-7% of all odontogenic tumors. First described by Steensland in 1905 and later by Philipsen and Bin in 1969, AOT is an encapsulated tumor composed by odontogenic epithelium with duct-like structures. Radiographically, it commonly appears as a pericoronal unilocular radiolucency associated with an impacted tooth, more often the maxillary canine. Frequently, the lesion shows focal calcifications. Most cases are discovered in the second decade of life. Some authors have considered AOT as a hamartoma rather than a neoplastic process. A peripheral variant has been described. Here, we report three cases of AOT to illustrate the benign course of this tumor.

Cases: The three cases were found in females at the age of 15, 18 and 33 years. One case was discovered the mandible as periapical lesion and two cases associated with impacted maxillary canines. All cases show well-defined mixed radiolucent and radiopaque appearance. Root resorption was not observed in the mandibular case. Slow growing was reported in all cases. An excisional biopsy was done in the three cases. Microscopically, all cases revealed an encapsulated tumor compose of sheets of solid basaloid epithelium with duct-like spaces. Cystic and solid patterns with dystrophic calcification were also observed. No recurrence has been reported.

Conclusion: Although, the mandibular case was located in an uncommon location and showed an atypical appearance, all cases demonstrated an indolent behavior. These cases confirm the benign nature of this tumor.

CLEAR CELLS TUMORS IN THE ORAL CAVITY: TWO CASES TO SHOW THE CHALLENGING DIAGNOSIS. DR. CATALINA GARCÍA, PROF. IRIS ESPINOZA, PROF. ANA ORTEGA-PINTO. UNIVERSIDAD DE CHILE

Introduction: Clear cell carcinomas in the jaws are very infrequent neoplasms. Differential diagnosis includes metastatic

carcinomas, mucoepidermoid carcinoma, clear cell odontogenic carcinoma, and others. We present two cases of jaw tumors and focus on the diagnostic challenge of each.

Case Reports: The first case is a 65 year-old man without diagnosis of a systemic disease, with a gingival red tumor and a radiolucent image with irregular borders in the incisor area. Histopathology showed proliferation of clear cells with round hyperchromatic nuclei, some with atypia. These cells formed solid nests separated by thin connective tissue septa with marked vascular proliferation. The clear cells presented diastase-periodic acid-Schiff, anti-Vimentin, anti-CD-10 and anti-PAX-8, anti-human Ki-67 positivity (30% of the cells) and it was negative for S-100 and CK-7. The diagnosis was clear cell carcinoma suggestive of clear cell metastatic carcinoma (MRCC). The second case is a 36 year-old woman with an asymptomatic radiolucent lesion in the periapical area of maxillary premolars. Histopathology showed a cellular proliferation formed by nests of clear oval and polygonal cells, with mild atypia separated by fibrous connective tissue septa. The immunohistochemical staining showed positivity for cytokeratin AE1/AE3 and negative for both S-100 and-smooth muscle actin. Mucicarmine and Congo-red stains were negative. This case was diagnosed as suggestive of clear cell odontogenic carcinoma (CCOC); it was indicated to rule out metastasis. The imaging evaluation confirmed a renal neoplasm in the first case and rule out the presence of lesions in the rest of the body in the second case.

Conclusions: CCOC and MRCC are histologically similar and immunohistochemistry studies play an important role in diagnosing clear cell tumors. So it is vital for the pathologist to know histomorphology and histo and immuno-histochemistry staining should be considered.

CD30-POSITIVE T-CELL LYMPHOPROLIFERATIVE DISORDER (TLPD), REPORT OF TWO CASES OF THE TONGUE AND THE POSED DIAGNOSTIC CHALLENGES.

DR. IOANA GHITA^A, DR. AHMED SULTAN^B, DR. ZAID H KHOURY^B, DR. EMILY WILDING^A, DR. ZEBA N. SINGH^A, DR. LEONARD SPECTOR^C, DR. NEAL A. ZABIEGALSKI^D, DR. JOHN BASILE^B, DR. RANIA H YOUNIS^B. ^A UNIVERSITY OF MARYLAND, SCHOOL OF MEDICINE, ^B UNIVERSITY OF MARYLAND, SCHOOL OF DENTISTRY, ^C CHESAPEAKE ORAL SURGERY & DENTAL IMPLANTS, ^D CHESAPEAKE ORAL & MAXILLOFACIAL SURGERY

Objective: The presentation of CD30+ lymphoproliferative disorder can pose a diagnostic challenge, as CD30 expression has been observed in various reactive, inflammatory and neoplastic diseases. In this study we described two case reports with the immunohistochemical (IHC) profile of TLPD and ruled out TLPD mimics such as anaplastic large cell lymphoma.

Findings: Case 1: A 90-year-old female presented with a 6-month history of 3 × 5 mm ulceration of the left ventro-lateral tongue. Case 2: A 52-year-old female presented with a 15 × 20 mm deep submucosal mass of the left dorsum tongue. Histopathologic examination in both cases revealed infiltrate of atypical lymphocytes with some showing mitotic figures, mixed with eosinophils that penetrated deep into the muscle layers. The IHC profile revealed positivity for CD3 and CD2. CD30 was also positive in almost 75% of the atypical infiltrating cells. CD1a, EMA, ALK-1 and GRANZB were negative. Case 2

showed scattered positivity for CD20, and more of plasma cells with non-restricted positivity for Kappa and Lambda. In concert with hematopathology, both cases were reviewed and a diagnosis of TLPD was favored due to the increased strong diffuse positivity for CD30, negative expression of ALK-1 and CD1a, and the lack of trauma history.

Conclusion: As TLPD is managed clinically similar to Traumatic ulcerative granuloma with stromal eosinophilia (TUGSE) and follows an indolent course, it is important to recognize these entities to avoid possible overtreatment from a misdiagnosis of anaplastic large cell lymphoma.

WHERE DO AMELOBLASTIC FIBROMA AND AMELOBLASTIC FIBRO-ODONTOMA FIT IN THE CLASSIFICATION OF ODONTOGENIC TUMOURS?

DR. NORMAN FIRTH^A, DR. OMAR KUJAN^B, PROF. RICHARD LOGAN^C. ^A UNIVERSITY OF WESTERN AUSTRALIA/AUSTRALIAN CLINICAL LABS, ^B UNIVERSITY OF WESTERN AUSTRALIA, ^C UNIVERSITY OF ADELAIDE/CLINPATH LABORATORIES

The 4th edition of the World Health Organization's Classification of Head and Neck Tumours was published in January 2017. In this edition ameloblastic fibroma, ameloblastic fibrodentinoma and ameloblastic fibro-odontoma have been grouped under odontomas as developing odontomas rather than inclusion as mixed odontogenic neoplasms. BRAFV600E mutations and low frequency of fractional allelic loss of tumour suppressor gene loci have been reported in ameloblastic fibroma and ameloblastic fibro-odontoma, indicative of a neoplastic process, however the prevailing view is that once dental hard tissues are produced, these lesions are more likely maturing into odontomas rather than true neoplasms, a view which has some support in the literature. Notwithstanding some of these lesions reach significant size prior to diagnosis and management with bone expansion suggesting a neoplastic process. In addition lesions may recur and malignant transformation has been reported. The purpose of this paper is to present a case of ameloblastic fibro-odontoma, a case of ameloblastic fibroma and discuss the merits of the current classification of these lesions.

EXPRESSION OF CYTOKINES (IL22, IL23, IL17) AND STAT 3 WITHIN METASTATIC LYMPH NODES OF ORAL SQUAMOUS CELL CARCINOMA.

DR. ADIL ALKHARUSI^A, DR. HAIZAL HUSSAINI^A, PROF. ROSNAH ZAIN^B, PROF. ALISON RICH^A. ^A UNIVERSITY OF OTAGO, ^B MAHSA UNIVERSITY

The concept of pre-metastatic niche (PMN) is the process of a tumour preparing the microenvironment at a future metastatic site to facilitate the survival of disseminated tumour cells. The ability to produce a pro-inflammatory response is paramount to prevent the establishment of a PMN. We postulate that establishment of PMN is modulated by specific cytokines and the transcription factor STAT3.

Objectives: The aim of this study was to compare the expression of cytokines interleukin (IL) 22, IL23, IL17 and STAT3 in oral squamous cell carcinoma (OSCC) in lymph nodes with or without metastatic OSCC.

Formalin-fixed paraffin-embedded tissue blocks were obtained from the Oral Cancer Research Coordinating Centre, University