

showed that the HIT score could detect lesions that transformed to OSCC independently of the histopathological diagnosis with a sensitivity of 84% and specificity of 61.76%, PPV= 0.61 and NPV=0.84, AUC= 0.7653, likelihood ratio of 2.1, $p < 0.005$. The HIT score was also able to distinguish transforming from non-transforming dysplasias with a sensitivity of 63.4% and specificity of 73.9%, PPV=0.7, NPV=0.68, likelihood ratio of 2.4, $p < 0.01$.

Conclusion: The HIT scores can predict malignant transformation in oral biopsies independent of the histopathological diagnosis. Larger prospective studies are needed to validate and assess the applicability of this test in combination with conventional histopathology.

GRANULAR CELL TUMOR S-100 NEGATIVE

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Granular cell tumor is a benign mesenchymal lesion that occurs more often in the oral cavity and skin. Its cell origin is controversial, including muscle, fibroblasts, neural crest, neural sheath and histiocytes. Granular cell tumors composed of larger and polygonal cells with abundant eosinophilic granular cytoplasm. Classic granular cell tumor shows positive immunostaining for S-100 and vimentin, and in some cases, positive CD68 staining is also reported positive. However, three cases of S100 negative granular cell tumor in oral mucosa and several cases in skin have also been reported in the literature recently. Therefore, the purpose of this study is to report a case of oral S100 negative granular cell tumor to increase the awareness of this entity. A 79-year-old female patient presented with a small asymptomatic, circumscribed mass lesion in the posterior lateral aspect of the palatal torus. Histologically, the specimen was covered by keratinized stratified squamous epithelium showing no pseudoepitheliomatous hyperplasia. The lamina propria consisted of fibrous connective tissue with chronic inflammation and cluster or sheet of large polygonal cells with granular cytoplasm. Immunohistochemistry showed that the granular cells stain positive for CD68 but negative for S100. Currently there is no difference in recommended treatment or in prognosis of S100 negative from S100 positive granular cell tumor. However, it is important to be aware of this rare variant of granular cell tumor for establishing correct diagnosis.

CALCIFYING ODONTOGENIC CYST PRESENTING ODONTOGENIC KERATOCYST-LIKE AREAS.

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Odontogenic cysts showing features of two or more distinct types of cysts are rare. Particularly, calcifying odontogenic cyst (COC) associated with odontogenic keratocyst (OKC)-like areas have been not reported. The patient, an 81-year-old man, was referred for diagnosis of a mandibular radiolucent lesion of unknown duration. On cone-beam

computed tomography, sagittal views revealed a well-delimited, unilocular, and hypodense lesion located in the right edentulous mandibular body, which caused enlargement of the buccal and lingual cortical bone. Panoramic reconstruction revealed that there was thinning of the superior cortical bone. Residual radicular cyst was the clinic-radiographic diagnosis. Under local anesthesia, an incisional biopsy was performed. Microscopically, a cystic cavity lined by ghost cells was observed, with basal cells showing reverse nucleus polarity. Solid areas were also noted. Moreover, there were cystic cavities lined by epithelium presenting a corrugated parakeratin surface and prominent basal cells disposed in a palisaded fashion. Cytokeratins 14 and 19 were positive in both areas, COC and OKC. However, bcl-2 was positive only in COC areas. Thus, the diagnosis was of COC with OKC-like areas. The lesion was excised, confirming these histopathological findings. Currently, the patient is under follow-up, without clinical or imaging signs of recurrence after 2 years of treatment. In conclusion, COC with OKC-like areas is rare and this association seems present a good prognosis.

RARE INFECTIONS OF THE HEAD AND

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Protozoal, invasive fungal and mycobacterial infections in the head and neck region are exceedingly rare in the developed world. However, in developing countries, endemic infections may involve the oral mucosa or facial skin. Here we present three unusual infections involving these sites. Case 1: A 48-year-old male presented with difficulty in swallowing for a couple of months. Intraoral exam showed ulceration on the palate extending down to the oropharynx. Although a malignant diagnosis was favored initially, that was ruled out since a destructive lesion involving the left auricle and helix was also present. Histopathologically the case was diagnosed as leishmaniasis following identification of small oval organisms in macrophages which was confirmed with Giemsa stain. Case 2: A 38-year-old female presented with multiple nodules on the temporal skin that had been progressively enlarging over the past 2 years and hypo-pigmented skin patches. A prior biopsy was inconclusive. The repeat biopsy of the largest nodule showed presence of bright red colored bacilli on Fite staining confirming a diagnosis of leprosy. Case 3: A 19-yr-old male presented with a one year history of an extra-oral draining sinus after extraction of mandibular posteriors. Following a radiographic diagnosis of osteomyelitis, multiple courses of antibiotics were administered with no resolution and increase in the size of sequestrum. During surgical removal of sequestrum, a soft tissue mass was also noted in the vicinity. Sections from the necrotic bone and tumor-like mass showed chronic granulomatous inflammation along with septate hyphae, consistent with aspergillosis. All patients were referred to an infectious disease expert for further care. Each of this case enforces the need for histopathological awareness of infectious entities, so that appropriate treatment can be rendered.