SURVIVAL AND IMMUNOEXPRESSION OF CD30 OF EXTRANODAL NATURAL KILLER/ T-CELL LYMPHOMA, NASAL TYPE: AN ONCOLOGICAL CENTRE EXPERIENCE IN MÉXICO. *MS. ALMA AVILA-HERNÁNDEZ[A], DR. ABELARDO MENESES-GARCÍA[B], DR. JAVIER PORTILLA-ROBERTSON[C]. [A] NATIONAL AUTONOMOUS UNIVERSITY OF MEXICO, [B] NATIONAL CANCER INSTITUTE OF MEXICO, [C] UNIVERSIDAD NACIONAL AUTÓNOMA DE MÉXICO*

Extranodal Natural Killer/T-cell Lymphoma, nasal type (ENKTCL-NT) is an aggressive non-Hodgkin lymphom with poor prognosis, is predominant in Latin-America and Asia, whose validated prognostic model have not yet defined, and the prognostic value of CD30 in this disease remains controversial.

Objective: The purpose of this study was to describe clinical, pathological and sociodemographic features and evaluate the survival and prognostic implications of CD30 expression of patients treated at National Cancer Institute, México.

Methods: The medical records and slides histological were reviewed of ENKTCL-NT patients seen between 1999 and 2013; we used immunohistochemical method to investigate the expression of CD30.

Statistical analysis: The survival curves was performed by the Kaplan-Meier method, the difference was computed by the log-rank test, and was used a multivariate Cox regression model.

Results: A total 66 patients were seen, 32 met the selection criteria. The media age was 43 years (20−81 years), the male to female ratio was 3.6:1. The 5-year Overall Survival (OS) rate was 15% (95% CI, 0.05-0.30), with nine patients (28.1%) died during follow-up of 14 years. CD30 positive expression was detected in 71.9% cases. Univariate analysis showed statistical significance ($p<0.05$) for immunoexpression of CD30 with Granzyma B, cellular size and sex, it was also statistically significant the time survival with immunoexpression of Granzyme B, sex and status. Multivariate analysis showed CD30 expression was not a prognostic factor for OS (p=0.492) and patients without tumor have 81% lower probability of death (RM=0.190, 95% CI, 0.0415-0.875).

Conclusions: Data on epidemiology was similar to that seen in other Asia countries, and CD30 was not a prognostic factor for OS but was frequently expressed in ENKTCL-NT. We suggest new reports with bigger samples.

ATYPICAL DISSEMINATED NECROTIZING AND EXTENSIVE ORAL ULCERATIVE LESIONS IN PATIENT WITH DERMATOMYOSITIS. *DR. SARAY ARANDA ROMO[A], DR. VICTOR TORAL RIZO[B], DR. REYNALDO FALCÓN ESCOBEDO[C], DR. FRANCISCO TEJEDA NAVA[A], DR. JUAN ANTONIO CEPEDA BRAVO[A]. [A] STOMATOLOGY SCHOOL, UNIVERSIDAD AUTÓNOMA DE SAN LUIS POTOSÍ, [B] STOMATOLOGY SCHOOL UNIVERSIDAD AUTÓNOMA DEL ESTADO DE MÉXICO, [C] HOSPITAL LOMAS DE SAN LUIS INTERNACIONAL*

Objectives: Oral ulcerative stomatitis may be seen in patients with autoimmunity in treatment with methotrexate, demonstrating a wide clinical and histopathologic spectrum that ranges from non-specific ulceration to EBV (+/-) lymphoproliferative disorders, disseminated necrotizing and ulcerative lesions affecting the gingiva extensive to the tongue has not been previously reported, we present a rare oral manifestation of methotrexate and summarize the clinicopathologic features of previously published cases.

Clinical presentation: A 62-year-old female patient with a 5-year history of Hodgkin lymphoma in remission, and one year of dermatomyositis in treatment with prednisone, colchicine and methotrexate, presented with burning and pain in the gingiva, which lasted 10 days. Physical examination revealed that there was multiple necrotic ulcers located in the upper and lower marginal gingiva, including the interdental papillae that extend to the palate. The inserted gingiva shows edema and petechiae, there is radicular exposure without dental mobility or bone destruction. In the left lateral border of the tongue, a crater-like ulcer is detected, irregular and indurated edges. Intervention and outcome: It was decided to suspend methotrexate previous medical interconsultation and take a biopsy. The result of pathology reported B-cell diffuse lymphoma, the large-sizes lymphoid cells were positive for CD20, CD3, CD30, EBV, Ki67 and negative for CD2, CD56, Grandzima, CD15, CD1a, k and l. After 15 days of having stopped the methotrexate there is total remission of the lesions. Based on the clinical-histological correlation, lymphoproliferative lesion associated with methotrexate was established.

Conclusion: Oral necrotizing and disseminated ulcerative lesions are part of the wide clinical presentation of lymphoproliferative disorders associated to methotrexate. Clinical, histopathologic and immunohistochemical evaluation, may provide the correct diagnosis.

DEFINING PATHOLOGIC AND MOLECULAR CHARACTERISTICS OF TONGUE LESIONS IN THE 4NQO MOUSE CARCINOGENESIS MODEL. *DR. ADITI BHATTACHARYA[A], DR. RATNA VEERAMACHANENI[A], DR. BAUKE YLSTRA[B], DR. BRIAN SCHMIDT[A], DR. DONNA ALBERTSON[A]. [A] BLUESTONE CENTER FOR CLINICAL RESEARCH, DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY, NEW YORK UNIVERSITY COLLEGE OF DENTISTRY, [B] VU MEDICAL CENTER AMSTERDAM*

Oral cancer patients experience function-related pain, whereas patients with oral epithelial dysplasia rarely report pain. To study pain and model its onset with progression to cancer, we use the 4-nitroquinoline-1-oxide (4NQO) rodent carcinogenesis model that recapitulates oral cancer progression. Consensus is lacking regarding histopathologic definition of 4NQO-induced lesions.

Objective: Our objective was to determine histopathologic and genomic alterations of 4NQO-induced tongue lesions to better model human oral cancer pain and improve understanding of cancer progression and evolution.

We offered C57BL/6 mice 4NQO or vehicle in the drinking water for 16 weeks. At 32+ weeks, animals were sacrificed. Fifty 5 μm longitudinal sections were obtained from formalin fixed paraffin embedded tongues. Every tenth section was stained with H&E and examined for lesions.

Findings: Vehicle treated animals lacked lesions (n=5). Tongues from 4NQO treated animals (n=9) bore multiple lesions, including field changes, dysplasia, papillomas, carcinoma in situ (CIS) and invasive cancers distinguished by depth of invasion − superficially invasive (< 2 mm depth of invasion)