

SURVIVAL AND IMMUNOEXPRESSION OF CD30 OF EXTRANODAL NATURAL KILLER/T-CELL LYMPHOMA, NASAL TYPE: AN

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Extranodal Natural Killer/T-cell Lymphoma, nasal type (ENKTCL-NT) is an aggressive non-Hodgkin lymphoma 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 immunoeexpression of CD30 with Granzyme B, cellular size and sex, it was also statistically significant the time survival with immunoeexpression 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 DERMATOMY-

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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, Granzyme, 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 CARCINO-

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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 μ m 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)

and deeply invasive cancers (> 2 mm). Hierarchical clustering (Euclidean distance, Ward linkage) according to presence of lesions (CIS, papilloma, invasive cancer, deeply invasive cancer) revealed three clusters, each with three animals. Significantly greater numbers of lesions were present in Cluster 3 tongues compared to Clusters 1 and 2 ($p=0.03$ for both comparisons, Ordinary one-way ANOVA, Holm-Sidak multiple comparisons test). Cluster 1 comprised tongues with the deeply invasive cancers, which also showed aggressive features, including perineural invasion. Significantly fewer papillary lesions were present compared to Clusters 2 and 3 ($p=0.004$ and $p=0.0002$, respectively, two-way ANOVA, Tukey's multiple comparisons test).

Conclusions: Our data suggest possible division of the 4NQO model into subtypes. Lesion associated genomic copy number alterations and mutations are being determined to identify molecular and evolutionary relationships among lesion types and possible model subtypes.

PREVALENCE OF DRUG-RESISTANT MICRO-ORGANISMS IN ORAL CAVITY DURING

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Bacterial antibiotic resistance is a steadily growing global problem, which is nowadays compared with issues such as global warming, ozone depletion and extinction of species. Rough surfaces such as brackets in orthodontics treatment can cause biofilm accumulation and maturation, what could advance changes in the oral microbiota, favoring the resistance of these microorganisms.

Objectives: To investigate the prevalence of drug-resistant microorganisms in patients using fixed orthodontic appliance.

Methods: Sample consisted in 22 patients (11 female and 11 male) with mean (SD) of 22.3 (11.0) years with good general and oral health conditions participates in the study. Oral biofilm was evaluated by autofluorescence imaging analysis (using LED light) to indicate mature biofilm and posteriorly collected at the buccal tooth surface around fixed orthodontic appliance. Oral biofilm samples were inoculated into chromogenic medium and screening of representative microorganisms was performed. The CFUs were isolated and tested with antibiogram discs and antimicrobial agents which are common in clinical practice were used.

Results: Oral microorganisms collected around brackets showed a surprising high prevalence of bacterial resistance for all tested drugs: Erythromycin (54.5%), Clindamycin (50%), Amoxicillin (45.5%), Amoxicillin with Clavulanic Acid (31.8%) and Cephalexin (31.8%).

Conclusion: A special attention should be directed to precautions against these microorganisms, particularly in immunosuppressed patients, who are more susceptible to infections.

FOLLICULOSEBACEOUS CYSTIC HAMARTOMA OF THE ORAL MUCOSA: CLINICOPATHOLOGIC ANALYSIS OF 3 CASES OF AN UNCOMMON ENTITY.

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Objective: Folliculosebaceous cystic hamartoma (FSCH) represents an unusual type of cutaneous hamartomatous proliferation, manifesting clinically as an asymptomatic, slow-growing papulo-nodular lesion that most commonly affects the facial skin, primarily around the nose. Microscopically, FSCH is composed of infundibular structures with numerous radiating sebaceous lobules embedded in a mesenchymal stromal component. Despite the nomenclature, significant cystic dilatation is observed in <40% of the cases. Intraoral involvement of FSH is exceedingly rare. We aim to present and analyze the clinicopathologic characteristics of a case series study of 3 intraoral FSCHs.

Results: Three FSCH cases were identified in the archives of the Oral and Maxillofacial Pathology Laboratory, University of Minnesota between 2008-2017 with M:F ratio=2:1 and mean age =42.3 years (age range: 27-61 years). All cases were located in the buccal mucosa and presented as painless, submucosal nodules of long duration measuring 0.6-1.5 cm. No previous history of skin graft in the area of the lesions was reported and none of the patients had a clinically identifiable syndrome. Histopathologically, oral FSCHs showed aggregates of variable number of rudimentary follicular structures and sebaceous lobules. Occasionally, the sebaceous glands were radially arranged and attached to small in size infundibular structures featuring rare microcystic changes, or were scattered in the deeper portions of the oral mucosa. The pilosebaceous units were immersed in a dense, focally desmoplastic, connective tissue stroma with variable amounts of mature adipocytes and vessels. Piloerector muscles were present in 2 out of 3 FSCHs, while inflammation was generally absent.

Conclusions: Oral FSCH is an infrequent lesion which can be misdiagnosed as ectopic Fordyce granules or other sebaceous neoplasms. Similar to a subgroup of cutaneous FSCH, oral lesions fail to show prominent cystic formation. Notably, a predilection for the buccal mucosa is reported. Whether oral FSCH represents late developing stage of trichofolliculoma remains unknown.

ODONTOGENIC TUMORS: A 50-YEAR

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Objectives: Odontogenic tumors are a heterogeneous group of lesions of diverse clinical behavior and histopathologic types, ranging from hamartomatous lesions to malignancy. They are derived from epithelial and mesenchymal elements of the tooth-forming apparatus so they are unique to the jaws. The last update of these tumors was published in 2017 January. According to this classification, benign odontogenic tumors are classified as follows: Epithelial, mesenchymal (ectomesenchymal), or mixed depending on which component of the tooth germ gives rise to the neoplasm. Malignant odontogenic tumors are quite rare and named similarly according to whether the epithelial or mesenchymal or both components are malignant. Epidemiological data on odontogenic tumors within in Turkey is scarce. Our aim is to determine the incidence of odontogenic tumors according to the new classification within a Turkish population. These tumors were identified using the pathology files, Istanbul, about a 50-year period.