

presents on trauma prone mucosal sites. Melanoacanthosis often occurs as a solitary lesion, however multifocal lesions have been reported. Histopathologic characteristics include pigment-laden, cytologically benign melanocytes with prominent dendritic processes scattered throughout acanthotic stratified squamous epithelium. Regression of the lesion has been observed following biopsy, surgical removal, and spontaneously.

Case Description: An 18 year old male presented for evaluation of spontaneous, multifocal oral mucosal pigmentation. The patient's medical history was significant for eczema which was refractory to topical steroid therapy. Extraoral examination revealed multiple eczematous lesions of the skin of the face, neck, limbs and focal involvement of lower lip. Intraoral examination revealed dark brown, well defined, flat pigmentation of the maxillary and mandibular attached gingiva, bilateral buccal mucosae, bilateral retromolar pads, soft palate, and focal involvement of the hard palate. A biopsy of the left buccal mucosa demonstrated classic histopathologic features of melanoacanthosis. He was subsequently referred to dermatology for evaluation and management of eczematous skin lesions. The patient's identical twin brother had no evidence of melanoacanthosis and no eczema.

Conclusion: Melanoacanthosis is a rare pigmented lesion of the oral cavity that often resolves post biopsy. This entity is rarely multifocal. The preferred term melanoacanthosis is used to highlight the reactive, benign nature of the condition.

PHOSPHATURIC MESENCHYMAL TUMOR IN THE MANDIBLE WITH ASSOCIATED ONCOGENIC OSTEOMALACIA: A CASE REPORT.

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Phosphaturic mesenchymal tumor (PMT) is a rare neoplasm that has been associated with oncogenic osteomalacia. This tumor secretes fibroblast growth factor-23 (FGF-23). Although other mesenchymal tumors can cause oncogenic osteomalacia, PMT is the most common mesenchymal neoplasm associated with oncogenic osteomalacia and accounts for 80% of such cases. Most patients are adults and the tumor can affect both men and women. The most common location for the tumor is the lower extremities followed by the head and neck area. Patients typically present with diffuse bone pain, bone fractures, and progressive muscle weakness. The laboratory studies usually reveal increased levels of FGF-23, hyperphosphaturia, increased alkaline phosphatase, normal serum calcium and parathyroid hormone levels, normal to low levels of 1,25-dihydroxyvitamin D and hypophosphatemia. The four common phosphaturic mesenchymal tumor microscopic subtypes are: phosphaturic mesenchymal tumor mixed connective tissue variant (PMTMCT), osteoblastoma-like variant, ossifying fibroma-like variant, and non-ossifying fibroma-like variant. The small size of this slow growing tumor and the non-specific clinical presentation may present a diagnostic challenge to clinicians. We present a case of a 48-year-old Haitian male who was diagnosed with PMT in the right angle of the mandible. Fewer than 15 cases of PMT presenting in the oral cavity have been reported in the literature. The clinical presentation, the laboratory findings, imaging characteristics, and the histopathologic features for this case are discussed along with the molecular genetic aspects, treatment and prognosis for this rare neoplasm.

STUDY OF THE BIOPSIES CONDUCTED IN THE CLINIC OF STOMATOLOGY OF A REFERENCE CENTER IN ORAL PATHOLOGY TREATMENT IN BRAZIL..

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Epidemiological research on maxillofacial lesions establishes and helps in the determination of demographic characteristics of oral pathology. It cooperates in planning the population needs and guiding dental surgeons in determining preventive actions and appropriate treatment.

Objectives: To perform a retrospective analysis of the biopsies done at the Stomatologic clinic of São Leopoldo Mandic Institute and Research Center (Brazil).

Methods: The study of all the biopsies done in the Stomatologic clinic that were performed between January 2012 and December 2017 is the aim of this research.

Results: It was observed that during the evaluated period, 2,892 appointments and 341 biopsies were performed. These biopsies were classified according to the order of higher prevalence of the diagnosed oral pathologies: 1) Reactional lesions (n = 82), 2) Cysts (n = 39), 3) "others" (n = 36), 4) Malignant neoplasms (n = 31), 5) Bone lesions (n = 26), 6) Non-neoplastic epithelial lesions (n = 24), 7) Infectious lesions (n = 20), 8) Inflammatory lesions of the salivary gland (n = 19), 9) Auto-immune conditions (n = 14), 10) Benign neoplasms (n = 10).

Conclusion: The study provided the possibility to observe the profile and prevalence of the pathologies that affected the patients attended in the Stomatologic clinic, in addition to assisting the professionals in future planning of this important service of diagnosis and treatment of oral diseases.

ATTITUDE AND USE OF TRADITIONAL HOME REMEDIES IN THE TREATMENT OF ORAL DISEASES AMONG EDUCATED PEOPLE IN MAKKAH AND MEDINA AREAS, SAUDI ARABIA: A CROSS-SECTIONAL STUDY.

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Objectives: The aim of this study was to investigate the attitude of an educated sample of population towards the use of traditional remedies in the treatment of various oral diseases in Makkah and Medina areas, Kingdom of Saudi Arabia.

Findings: The number of questionnaires answered was 125. The majority of respondents were female (85.6%), with an average age of 30 years (range 15-83 years). Most were highly educated with 75.2% having college education and 10.4% having graduate education, coming from families with variable levels of income, mostly moderate income families. Although 16% stated

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that they “always” and 65.6% “sometimes” believed in effectiveness of traditional medicine, 44% would not try traditional treatment before resorting to dentist for oral conditions. Only 12.8% would always try traditional treatment first. The most widely used products included clove or clove oil, myrrh, *Acacia nilotica* extract, and tahini (sesame seed paste).

Conclusions: Traditional home remedies are still being used for oral conditions by some educated people in the two areas. However, the largest proportion favors modern treatment by dentists.

IMMUNOHISTOCHEMICAL EXPRESSION OF AMELOGENIN AND DENTIN SIALOPHOSFOPROTEIN IN TEETH WITH AMELOGENESIS IMPERFECTA, DENTINOGENESIS IMPERFECTA AND REGIONAL ODONTODYSPLASIA. DR. CLAUDIA CAMACHO, PROF. ANA ORTEGA-PINTO, PROF. BLANCA URZUA. UNIVERSIDAD DE CHILE

Objective: To compare the immunohistochemical expression of amelogenin (Amelx) and dentin sialofosfoprotein (DSPP) in teeth with Amelogenesis imperfecta (AI), dentinogenesis imperfecta (DI) and regional odontodysplasia (RO).

Study Design: In the present study we included patients who signed informed consent and agree to donate exfoliated deciduous teeth and third molars. This study analyzed six teeth with hypoplastic AI (HpAI), five teeth with hypocalcified AI (HcAI) three cases of Hipomature AI (HmAI), two teeth with DI and two teeth with RO and seven normal teeth. All cases were non-syndromic forms. Amelx C-19 and Amelx F-11 antibodies were used to detect amelogenin, and DSPP antibodies LFMB 21 and ab122321 were used for DSPP. For the characterization and diagnosis of each case anamnesis, clinical and radiographic examination was performed.

Results: AI cases: Only in cases of HcAI was sufficient enamel matrix left after decalcification, in these cases Amelx was detected in the interrods region. In dentine Amelx was not detected, DSPP was detected in peritubular dentin in most cases.

DI cases: When decalcifying these teeth, the enamel was lost. In dentin, DSPP was only detected with the Ab122321 antibody in the peritubular area. The antibody LFMB21 was negative in dentin.

RO cases: Temporary tooth enamel marked positive for Amelx and for DSPP. the dentin of the temporal tooth marked scarce marking for DSPP. In the permanent tooth the enamel was lost when decalcifying and in dentine no DSPP was detected.

Conclusions: The teeth with AI lost the enamel when decalcifying, except those with HcAI that presented Amelx in the enamel matrix. Dentin presented normal distribution of DSPP in AI teeth. The teeth with DI did not present DSPP in dentin. The teeth with OR presented anomalous marking of these proteins in enamel and dentin.

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AMELOBLASTOMA: CLINICAL, RADIOGRAPHIC AND HISTOLOGICAL ASPECTS OF 98 CASES.. MS. LARISSA AGATTI^A, MS. MARIANA RAEDER^B, DR. PAULO MORAES^C, MS. GABRIELA SABINO^C, DR. VERA ARAÚJO^C, DR. NEY ARAUJO^C, MRS. NADIR FREITAS^C, DR. VICTOR MONTALLI^C. ^A SÃO LEOPOLDO MANDIC RESEARCH CENTER, ^B UNIVERSITY OF CAMPINAS, ^C SÃO LEOPOLDO MANDIC RESEARCH CENTRE

Ameloblastoma is the most common benign odontogenic tumor of dental epithelial origin in the jaw. Its behavior is variable and the most common types of this neoplasia are the multicystic (MA) and the unicystic (UA) pattern; the latter considered a less aggressive entity when compared to the MA.

Objective: To analyze cases of ameloblastoma with emphasis on the clinical, radiographic and histopathological findings and compare MA to UA.

Methods: This retrospective study was conducted from 98 cases diagnosed from January 2005 to February 2018 in the Oral Pathology Laboratory of the São Leopoldo Mandic Institute and Research Center (Brazil). The cases were classified as MA or UA by the radiographic aspects. Furthermore, characteristics such as anatomical region, cortical expansion, gender, age and histopathological patterns were compared.

Results: The radiographic analysis revealed that the posterior region was the most prevalent one (84.6%), while 15 cases were located in the anterior region and 7 cases were observed in both regions. Moreover, 55 cases were classified as MA and 43 as UA. The cortical expansion was observed in 90 cases; from this amount, 54 cases of ameloblastoma were MA (98.2%) and 36 cases of UA (80%) (p=0,01). The gender distribution was higher in men (55%) than in women. The general average age was 31.3 years (range 9-74 years); the average for MA was 35.6 years and 27.1 years for UA (p=0,007). The painful symptomatology was referred to 21 cases. The predominant histological patterns in MA were the plexiform (36%) and the follicular type (29%) and in UA were cystic (51%) and plexiform (31%).

Conclusion: Radiographs and histopathologic exams are a fundamental aid for the diagnosis of ameloblastoma. It is important for practicing clinicians to know the salient features of this tumor in order to accomplish a correct diagnosis and an adequate therapeutic care.

CLINICAL AND HISTOPATHOLOGICAL CHARACTERIZATION OF HEAD AND NECK CANCER PATIENTS: THE NEED FOR EARLY DIAGNOSIS. DR. BERNARDO VENEGAS^A, DR. OSCAR BADILLO^B, DR. VICTOR MORAGA^B, DR. EDUARDO SAEZ^B. ^A HOSPITAL CARLOS VAN BUREN, UNIVERSITY OF TALCA, ^B HOSPITAL CARLOS VAN BUREN

Objectives: To determine clinical and histopathological characteristics in a group of patients with diagnosis of head and neck cancer.

Findings: A retrospective study of 257 Chilean patients with head and neck cancer was carried out. Clinicopathological, habits and survival rates were registered. Descriptive analysis was performed. Ages fluctuated between 20 and 92 years old, average of 65 years. Sex distribution showed 76.65% of males. TNM analysis showed 82.38% diagnosed in III or IV stages and 27% of lesions were located in oral cavity. Differentiation degree analysis showed 45.58% well differentiated and 46.90% moderately differentiated lesions. 72.15% reported being a smoker and 67.46% reported drinking alcohol. 26.58% of patients were treated with surgery plus radiotherapy and 23.21% only with radiochemotherapy. Survival rates showed 53 % at 5 years.

Discussion: Head and neck cancer is globally considered a health problem. Its impact involves not only affected patients but also the family, health team and society. At present, in spite of growing knowledge and advanced research, poor survival rates are found in the literature, mainly because of late diagnosis.