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 SIALOFOSFOPROTEIN IN TEETH WITH AMELOGENESIS IMPERFECTA, DENTINOGENESIS IMPERFECTA AND REGIONAL ODONTODYSPLASIA.

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Objective: To compare the immunohistochemical expression of amelogenin (Amelx) and dentin sialofosfoprotein (DSPP) in teeth with Amelogenesis imperfecta (AI), dentinogénesis 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 Amlex 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..

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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.

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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.