

with duration of diabetes mellitus. Majority of patients with oral lesions were above the 5th decade of life. Only 13(11.7%) of the patients with oral features of diabetes mellitus had average fasting blood glucose within the normal range.

Significant oral features of diabetes mellitus found in control cases were hyposalivation ( $\chi^2 = 49.531$ ,  $df=1$ ,  $p<0.05$ ), Burning mouth; ( $\chi^2 = 5.587$ ,  $df=1$ ,  $p<0.05$ ), Halitosis ( $\chi^2 = 13.384$ ,  $df=1$ ,  $p<0.05$ ), Coronal caries ( $\chi^2 = 14.937$ ,  $df=1$ ,  $p<0.05$ ) and Periodontitis; ( $\chi^2 = 24.383$ ,  $df = 1$ ,  $p<0.05$ ).

A total of 105 cases (79.5%) and 95 (72.0%) control subjects were unaware that diabetes mellitus has oral manifestations, 19 cases (14.3%) and 33 (25%) controls were able to name at least one oral feature of diabetes. Cases having higher awareness (>3 oral features) had significantly better mean glucose level. Awareness was unrelated to educational level of cases but directly related to education of controls.

**Conclusion:** There was significant difference in oral features among diabetics compared to control and features were directly proportional to glycemic as diabetics with poor glycemic control showed more oral features than those that attained euglycemic status. Overall, there was low awareness of oral features of diabetes amongst study cohort which was worse amongst diabetics compared to control.

#### **PRIMARY XANTHOMA OF THE MANDIBLE: A CASE REPORT OF A RARE ENTITY.. DR.**

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**Objective:** Central xanthoma of the jaw is an extraordinarily rare entity with less than 30 cases reported in the English literature so far. This benign lesion is often associated with endocrine and metabolic diseases (e.g. hyperlipidemia, diabetes mellitus, etc.). When those conditions are ruled out, primary xanthoma of the jaw is the appropriate diagnostic term. Adult males are most commonly affected, and the lesion is most frequently reported in the mandible. The classic microscopic features include the presence of histiocytic-like cells with foamy cytoplasm that stain positive by immunohistochemistry for CD68, but are negative for S100 and CD1a. Due to the microscopic similarities of histiocytic-like cells in H/E slides, Erdheim-Chester disease and Rosai-Dorfman disease are two systemic conditions that should be considered in the work-up.

**Findings:** We present a case of a 15 years-old male patient with multiple, ill-defined, non-corticated, radiolucent entities in the left ramus of the mandible. The lesions appear to be coalescing in some views. There is no evidence of bucco-lingual expansion and cortical destruction of bone. An excisional biopsy is performed. Microscopic examination reveals mixed soft and hard tissues. The hard tissue is composed of reactive vital bone. Sheets of foamy cells with dark, centrally placed vesiculated nuclei, prominent nucleoli and well-defined cytoplasmic membrane are noted between the bony trabeculae. In some areas, epithelioid cells with more amphophilic cytoplasm and less distinct cytoplasmic membrane are identified. Chronic inflammatory infiltrate with extravasated erythrocytes within the background of the connective tissue is also observed.

**Conclusion:** The appropriate diagnosis of central xanthoma of the jaw requires the work-up for systemic diseases in

association with immunohistochemical profile. The recommended treatment is excision and curettage, which has been associated with excellent prognosis and extremely low recurrence rate.

#### **CANDIDA SPECIES AND STRAINS IN THE ORAL CAVITIES OF THE ELDERLY: A COM- PARISON BETWEEN PEOPLE IN HOME- BASED CARE AND IN AGED-CARE FACILITIES. DR.**

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Oral candidiasis is prevalent in the elderly population due to medical conditions, use of systemic medications and the presence of oral appliances such as dentures. It is uncertain whether residing in an aged-care facility contribute to Candidacarriage and has an impact on the Candida species or strains colonizing elderly patients.

**Objective:** The aim of this study was to investigate the presence and abundance of Candida species and strains in saliva and from the oral mucosal swabs and smears of people living in institutional rest homes and those living at home.

**Findings:** A higher proportion of elderly people living in rest homes had PAS+Candida hyphae present in smears (9/25, 36%) compared to those living in their own home (5/21, 24%). CFU were present in 17/25 (68%) palatal swabs, 20/25 (80%) tongue swabs and in saliva from 21/25 (84%) of elders living in rest homes compared with 4/21 (19%) palatal swabs, 6/21 (28%) tongue swabs and from saliva in 12/21 (57%) of elderly living in their own home.

**Conclusion:** The results indicate that elderly people living in aged-care facilities are more likely to have Candidahyphae detected on PAS stained smears and have a higher Candida carriage rate compared to elderly living at home. This may be due to the presence of co-morbidities which led to the need for residential care and/or may be related to the rest home environment.

#### **LUNG CARCINOMA METASTASIS TO THE MAXILLA AFTER RECURRENT IMPLANTS FAILURE. DR. SAVERIO CAPODIFERRO<sup>A</sup>,**

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TAL PRACTICE

Metastatic tumours involving the oro-facial tissues are infrequent, with an incidence ranging between 1-8% of oral malignant tumours. The peak incidence is in the 5-7th decades and they can be the first sign of an occult cancer or manifest during the follow-up of a patient with a known primary tumour.

We describe a case of metastasis from unknown lung adenocarcinoma occurring in the maxilla, around dental implants, causing recurrent implants failure. A 62 year-old male without relevant clinical history was referred for dental implant failure in the left maxilla. New dental implants were positioned in the same maxillary area, but an additional implant failure occurred one month later; implants removal with an accurate bone curettage was performed and the surgical sample sent for histological