tumor overall. Among the malignant tumors, mucoepidermoid carcinoma was the most common type, followed by secretory carcinoma and acinic cell carcinoma.

KI67 IS AN INDEPENDENT PROGNOSTIC MARKER FOR RECURRENCE AND RELAPSE IN ORAL SQUAMOUS CELL CARCINOMA
PATIENTS. *DR. YUE JING, DR. QIAN ZHOU, DR. HUI-DONG ZHU, MS. YE ZHANG, DR. YUXIAN SONG, DR. ZHANG XIAOXIN, PROF. XIAOFENG HUANG, MS. YAN YANG, DR. YANHONG NI, PROF. QINGANG HU. NANJING STOMATOLOGICAL HOSPITAL, MEDICAL SCHOOL OF NANJING UNIVERSITY*

Objectives: Ki67 expression was associated with the prognosis of several tumors and played a key role in the choice of medical treatments. However, the diagnostic value of Ki67 in oral squamous cell carcinoma (OSCC) has not been fully-evaluated. In this study, we aimed to elucidate the prognosis value of Ki67 in large number of OSCC patients.

Findings: Ki67 expression was detected by immune-histochemical staining methods in 298 OSCC samples and 98 none-tumor oral mucosa samples (62 dysplasia mucosa and 26 normal mucosa), which were acquired from Nanjing Stomatological Hospital, Medical School of Nanjing University. Expression of Ki67 was assessed independently by two professional pathologists. Expression of Ki67 in normal mucosa, mucosa with dysplasia and OSCC tissue was compared. Correlations between Ki67 expression and clinicopathological parameters were analyzed by Chi-square test. Kaplan-Meier survival curves and cox progression analysis were used to assess the diagnostic value of Ki67 for OSCC. We found that Ki67 expression was higher in OSCC tissues than in non-tumor tissues, and it increases with the progression of dysplasia in oral mucosa tissues. In addition, high Ki67 expression in OSCC patients was associated with poorer tumor differentiation (P=0.001), more lymph node metastasis (P=0.006), and inferior worst pattern of invasion type (WPOI) (P<0.0001). Kaplan-Meier survival analysis demonstrated that patients with higher Ki67 expression was correlated with poorer OS (P=0.0333), RFS(P=0.003), MFS (P=0.0032) and DFS (P=0.003). Further, multivariate analysis also demonstrated Ki67 expression remained an independent negative prognostic factor for survival for OS, DFS, RFS and MFS.

Conclusions: Ki67 overexpression is associated with the progression of OSCC and can serve as an independent prognostic factor for OSCC patients

METASTASIS TO THE MANDIBLE FROM AN UNDIAGNOSED PULMONARY ADENO-CARCINOMA: A REPORT AND REVIEW OF
THE LITERATURE. *DR. PATRICIA DEVILLIERS[A], DR. KELSEY MANSHEIM[B], DR. JON HOLMES[C], DR. LINDSAY MONTAGUE[D], DR. JOHN VOSS[E]. [A] UNIVERSITY OF ALABAMA AT BIRMINGHAM, DEPARTMENT OF PATHOLOGY, [B] BROOKWOOD BAPTIST HEALTH ANATOMIC AND CLINICAL PATHOLOGY RESIDENCY PROGRAM, BIRMINGHAM, AL, [C] CLARK HOLMES ORAL FACIAL SURGERY, BIRMINGHAM, AL, [D] DYNAMICPATHOLOGY, BRADENTON, FL, [E] MERIDIAN ONCOLOGY ASSOCIATES, MS*

Objective: Metastatic lesions account for 1% of all oral and maxillofacial malignancies. A quarter of gnathic metastases are discovered before the primary tumor is known. We present a case of adenocarcinoma of the mandible, as first evidence of advanced lung cancer.

Findings: A 65-year-old male presented to the oral surgeon with a 6-month history of lower left jaw pain. Panoramic radiograph showed an ill-defined radiolucency inferior to the mandibular canal. A biopsy revealed a scattered glandular proliferation, with a few areas consisting of cribriform architecture and foci of back to back glandular lumens. No features of mucoepidermoid carcinoma were identified. A subsequent PET CT scan showed an ill-defined nodule in the left upper lobe of the lung measuring up to 2.5 cm in greatest dimension. Multiple hilar, subcarinal, and paratracheal nodules were also identified, concerning for nodal metastasis. Immunohistochemical stains were then performed on the original biopsy from the mandible and the tumor cells stained positive for TTF1, Cytokeratin 7, and Napsin A, suggestive of adenocarcinoma of pulmonary origin. Consequently, MRI of the brain identified lesions in the parietal and frontal lobes, measuring up to 3.4 cm. Treatment for the patient included chemotherapy with Pemetrexed (Alimta) and carboplatin, immunotherapy with Keytruda, and once tapered off, palliative radiotherapy.

Conclusion: Primary adenocarcinoma of the jaw is extremely rare, except for 2−3% central mucoepidermoid carcinomas. The possibility of a metastatic tumor should be a consideration when encountering unusual histomorphology of an adenocarcinoma in the jaw bone.

FASCIN EXPRESSION IN AMELOBLASTOMA, ODONTOGENIC KERATOCYST AND DEN-
TIGEROUS CYST. *DR. SAMIRA DERAKH-SHAN[A], DR. SEDIGHEH RAHROTABAN[B], DR. NARIMAN NIKPARTO NIKPARTO[C]. [A] FASCIN EXPRESSION IN AMELOBLASTOMA, ODONTOGENIC KERATOCYST AND DENTIGEROUS CYST, [B] DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY, SCHOOL OF DENTISTRY, TEHRAN UNIVERSITY OF MEDICAL SCIENCES, [C] ORAL AND MAXILLOFACIAL SURGERY RESIDENT, TEHRAN UNIVERSITY OF MEDICAL SCIENCES*

Objectives: The purpose of this study was to assess and compare fascin expression in 4 lesions which differ in aggressiveness: odontogenic keratocyst (OKC), dentigerous cyst (DC) and two types of solid and unicystic ameloblastoma, and to find out whether fascin expression is associated with aggressiveness of these lesions or not.

Methods: 9 solid ameloblastomas (SA), 12 unicystic ameloblastomas (UA), 13 OKC and 12 DC were assessed in this study. The slides were examined at x400 magnification. Finally the lesions were divided into two groups based on microscopic examination, "low expression" and "high expression".

Findings: There were no significant differences between the lesions, except that fascin expression was slightly higher in UA in comparison to other groups in intensity and count of the immunostaining cells.

Conclusions: The results of this study suggest that fascin might be more involved in cell invasion and migration (as in carcinomas) than local aggressiveness. We suggest more studies