from VC to SCC-WD to SCC-PD (p=0.002). The CD8:CD4 ratio was highest in VC followed by SCC-WD then SCC-PD, but the difference was not statistically significant. No significant difference in B: T cell ratio was observed between diagnostic groups.

Conclusions: This study demonstrated a lower level of CD4 positive lymphocytes and a slightly increased CD8:CD4 ratio within the VC infiltrate as compared to SCC. B lymphocyte involvement did not appear to differ between VC and SCC in this sample. Further studies may help elucidate the clinical implications of these differences.

ORAL SYPHILIS: A REPORT OF TWO CASES AND A LITERATURE REVIEW OF THIS RE-EMERGING ENTITY.

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Objective: Syphilis is a sexually transmitted, infectious disease caused by Treponema pallidum. It can manifest clinically in three stages: primary, secondary, and tertiary. While rare, oral syphilis cases are starting to re-emerge. Our objective is to report 2 additional cases of oral syphilis—one case of primary syphilis and 1 case of secondary syphilis—to highlight the need to consider this entity in the histopathologic differential diagnosis of nonspecific mucositis.

Findings: Both cases presented to outside oral surgeons in separate geographic regions. In case 1, a 25-year-old male presented with a six-week history of a 1.0 cm non-healing ulcer of the right lateral tongue. In case 2, a 28- year-old male presented with welt-like, slightly raised, red/white lesions of the lateral tongue, buccal mucosa, and hard and soft palates. The clinician reported no other lesions on the body and a negative STD test. An excisional biopsy was performed for case 1 and an incisional biopsy for case 2. Histopathologically, case 1 showed an ulcer with an underlying lichenoid lymphoplasmacytic infiltrate with perivascular plasma cells. Case 2 showed epithelial spongiosis and prominent neutrophilic microabscesses with an underlying lichenoid lymphoplasmacytic infiltrate. Perivascular and perineural plasma cells were also present. Because of the perivascular plasma cells in both cases, Treponema immunohistochemistry was ordered, and it highlighted many spirochetal organisms in the epithelium and superficial lamina propria in both cases. Given their respective clinical presentations, case 1 was diagnosed as a chancre of primary syphilis, while case 2 was diagnosed as a mucous patch of secondary syphilis.

Conclusion: Due to the resurgence of oral syphilis cases, clinicians should be aware of the histopathologic features and order the appropriate ancillary studies in suspected cases. Proper histopathologic diagnosis is important to prevent the spread and further re-emergence of this treatable infection and avoid misdiagnosis as nonspecific mucositis.

ODONTOGENIC MYXOMA: A 23-YEAR RETROSPECTIVE SERIES OF 38 CASES.

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Introduction: Odontogenic myxoma (OMX) is an uncommon benign tumor arising in the jaw. Though it has some histologic overlap with other entities, correct diagnosis is imperative considering the aggressive nature, high recurrence rate, and necessity of radical surgical intervention in large sized lesions.

Materials and Methods: With IRB approval, a retrospective search of the University of Florida College of Dentistry Oral Pathology Biopsy Service archives from 1994-2017 for diagnosis of OMX of the mandible or maxilla was performed. Biopsy reports and original slides for each case were assessed and reviewed along with any accompanying radiographs to confirm the diagnosis. Immunohistochemical (IHC) staining was utilized to exclude entities with histologic overlap such as intraosseous myxoid neurofibroma.

Results: A total of 38 cases were included. The patients' ages ranged between 13 to 82 years, with a mean age of 38.5 years. Females comprised two-thirds of the cases (n=25) versus males (n=13). The mandible was the most affected at 56% (n=21), followed by maxilla 34% (n=13) with 10% (n=4) not specified. Posterior jaw involvement was higher than anterior in both the mandible (n=17 versus n=1) and the maxilla (n=8 versus n=4). The right side was more commonly affected than the left side in both arches. Most lesions presented clinically as expansile masses with variable radiographic appearance, and the submitting providers' clinical impressions included gelatinous masses, reactive gingival lesions, abscess, odontogenic lesions, fibro-osseous lesions, and soft tissue or bone neoplasms. In 30 cases (79%) the histologic diagnosis was compatible with OMX, while in 8 cases (21%) a more fibrous stroma was identified with diagnoses of fibromyxoma.

Conclusion: OMX may exhibit varied demographic and clinical profile and wide spectrum of histologic presentation. Oral and maxillofacial pathologists and surgical pathologists should be sentient of this variability of presentation for accurate diagnosis and management.

IMMUNOHISTOCHEMICAL EXPRESSION OF EZH2 IN ATYPICAL PAPILLARY EPITHELIAL PROLIFERATIONS OF THE ORAL CAVITY: A POTENTIAL MARKER FOR MALIGNANT TRANSFORMATION.

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Background: Enhancer of zeste homolog-2 (EZH2) is a member of the polycomb group PcG of proteins; the genes that are involved in transcriptional repression. Cell cycle regulation and cell proliferation is associated with EZH2 expression and EZH2 overexpression stimulates cell proliferation and invasiveness. Conversely, inhibition of EZH2 precludes cancer cell invasiveness through inhibition of cell proliferation. Atypical papillary epithelial proliferation (AEP) is a histologic diagnosis rendered for oral lesions with confounding microscopic features, neither overtly benign nor unequivocally malignant.

Aim: To evaluate EZH2 antibody expression through immunohistochemical testing to delineate the potential of malignant transformation in AEP by comparing and contrasting with unequivocally benign papillary lesions represented by inflammatory papillary hyperplasia (IPH) and malignant papillary lesions represented by papillary well differentiated squamous cell carcinoma (PSCC).