advanced group. These rates were also higher in BCNS than SPO.

Conclusions: Compare to juvenile and advanced groups, Melan-A and HMB45 positive rates were high in juvenile group. It is evident from these findings that the origin of OKC in juvenile group was different from advanced one. It means that the cyst epithelium in juvenile group originated from neural crest cell with melanocytes, and advanced one arose from odontogenic epithelium without melanocyte, for examples epithelial rest of Malassez.

TSH AND TSHR ARE NOT EXPRESSED IN ORAL LICHEN PLANUS LESIONS OF PATIENTS WITH HYPOTHYROIDISM.

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Objectives: An association between hypothyroidism (HT) and oral lichen planus (OLP) has been reported. However, the mechanisms that could explain this association have not been clarified. This study aimed to evaluate the immunohistochemical expression of thyroid-stimulating hormone (TSH) and thyroid-stimulating hormone receptor (TSHR) in healthy oral mucosa and in OLP lesions of individuals with and without HT.

Findings: TSH and TSHR stainings were completely negative in all of the studied specimens.

Conclusions: These results suggest that TSH and TSHR are not involved in the pathogenetic mechanism that could explain the association between OLP and hypothyroidism.

EPITHELIOID HEMANGIOENDOTHELIOMA OCCURRING IN THE PAROTID GLAND: A CASE REPORT AND LITERATURE REVIEW.

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Epithelioid hemangioendothelioma (EH) is an intermediate grade vascular malignancy. EH often exhibits aggressive biologic behavior, frequently metastasizes to regional lymph nodes and rarely, to distant sites. EH most commonly occurs in deep soft tissue, viscera, and bone. Several cases of EH have been reported in the head and neck region; however, development of EH within the parotid gland is extremely rare. To our knowledge, only four cases of EH in the parotid have been reported in the English literature. We present a case of EH of the left parotid gland in a 45-year-old Caucasian woman. The patient had a history of a painless swelling on the left side of her face for several years and imaging studies indicated a neoplasm originated from the left parotid gland. A percutaneous biopsy demonstrated a concern for sarcoma. Therefore, the patient underwent a left parotidectomy with facial nerve preservation and left neck dissection. Histologic examination revealed a well-circumscribed proliferation of epithelioid tumor cells in a hyalinized stroma. Intracytoplasmic vacuoles were noted in some cells. Lymphovascular invasion was present, and a small metastatic tumor focus was identified in one regional lymph node in the ipsilateral neck. Immunohistochemical studies were performed. CD31 and Fli-1 were diffusely positive in tumor cells, while they were negative for AE1/AE3, S-100, SMA and p63. The Ki-67 proliferative index was estimated at 2%. A diagnosis of EH was established based on histological and immunohistochemical findings. No recurrence of the patient's disease has been noted in the 6 months following her surgery.

PLASMABLASTIC LYMPHOMA AS THE PRESENTING SIGN OF HIV INFECTION.

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Plasmablastic lymphoma (PBL) is an aggressive lymphoma that can present both diagnostic and therapeutic challenges. Currently considered a variant of diffuse large B-cell lymphoma by the WHO, it demonstrates overlapping phenotypic features with plasma cell myeloma and other neoplasms exhibiting plasmablastic morphology. The majority of cases arise in immunocompromised patients and a predilection for oral involvement is seen. The underlying etiology is poorly understood, although roles for the MYC oncogene and Epstein-Barr virus are likely. Our patient was a 33-year-old male who presented for evaluation of a left maxillary gingival mass. He reported a one-month history of increasing pain and mobility of the adjacent teeth. Radiographic examination revealed an ill-defined radiolucency located apical to the left lateral incisor and extending to the midline. On questioning, the patient disclosed that he had undergone a routine physical examination one month prior with no abnormal findings. A biopsy was performed which showed sheets of large atypical cells interspersed with tingible body macrophages in a starry sky pattern. The tumor cells were positive for CD10, CD38, CD138, MUM-1, and HLA-DR, and negative for B-cell markers. Kappa and Lambda were negative and Ki-67 expression of >90% was noted. In situ hybridization for EBER was positive and genomic studies confirmed MYC gene rearrangement associated with an additional copy of IgH. A final diagnosis of plasmablastic lymphoma was rendered. Over the course of his oncologic work-up, it was discovered that he was HIV-positive. Despite multiple cycles of chemotherapy, the patient developed pelvic involvement six months later and died one year after his initial diagnosis. PBL is a rare lymphoma that pursues an aggressive clinical course characterized by frequent relapses and high rates of disease progression. No universal treatment protocol exists, although more intensive chemotherapy is currently favored. Bortezomib-based regimens show promise in both frontline and relapsed settings.

A RETROSPECTIVE STUDY OF ORAL LESIONS HISTOPATHOLOGICALLY DIAGNOSED AT FACULTY OF DENTISTRY, SRINAKHARINWIROT UNIVERSITY, THAILAND.

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Incidence of oral and maxillofacial lesions is useful for making differential diagnosis. However, epidemiological studies of oral lesions in Thailand are limited. Most of the studies were from other countries, where nationality, genetic background, environment and life style are different from Thai people.