

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. DR.

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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. DR.

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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, SRI-NAKHARINWIROT 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.

Objective: This study aimed to evaluate incidence of oral lesions histopathologically diagnosed at Faculty of Dentistry, Srinakharinwirot University, Thailand.

Materials and Methods: The data was collected retrospectively from histopathology reports. Demographic data including age, sex of patients and types and locations of lesions were recorded. The data were analyzed by descriptive statistics. The results were then compared with other studies in Thailand and other countries.

Findings: A total of 701 cases were analyzed. The specimens were from female (61.4%) more than male (38.4%). Mean age of the patients was 40 years old. The lesions were predominantly found in mandible (24.4%) and buccal mucosa (17.3%) for hard and soft tissue, respectively. The six most common lesions were lichen planus (12.1%), radicular cyst (8.8%), dentigerous cyst (7.6%), fibroma (7.6%), mucocele (5.4%) and pyogenic granuloma (4.9%). The most common location, sex predilection and incidence of the six lesions mentioned above were similar to other studies, except for the higher incidence of lichen planus in our study.

Conclusions: Nationality, genetic background, environment and life style may influence the occurrence of oral and maxillofacial lesions.

GINGIVAL AND ALVEOLAR MUCOSAL OVERGROWTHS IN A UNIVERSITY BIOPSY SERVICE IN SAUDI ARABIA. DR. IBRAHIM O BELLO, DR. AHMED QANNAM. COLLEGE OF DENTISTRY, KING SAUD UNIVERSITY, RIYADH

Objectives: Majority of the lesions of the gingiva and alveolar mucosa are inflammatory in origin and usually their management is under the domain of the periodontist. Focal tissue overgrowths in these sites are associated with a variety of lesions (wide clinical differential diagnoses) and often require biopsy and microscopy for definitive diagnosis. This study aimed to review the gingival and alveolar mucosal biopsies seen at the Oral Histopathology Laboratory, College of Dentistry, King Saud University, Riyadh, Saudi Arabia over a 33-year period. Histopathology records and slides of patients with focal gingival enlargement other than those due to gingivitis and periodontitis between 1984 and 2016 were retrieved and analyzed according to age, gender and location.

Findings: In all, 624 patients were found with a mean age of 35 years (range: 1 week – 91 years), peak incidence in the second to sixth decade (highest peak was third decade), male to female ratio of 1.4: 1, and a slightly higher prevalence in the mandible. Majority of the lesions comprised reactive/hyperplastic lesions (88% of all lesions) followed by malignant lesions (10%) and benign tumors constituting only 2% of total lesions. A total of 24 distinct histological entities encompassing all the three groups were diagnosed. The most frequent histologically diagnosed lesions were pyogenic granuloma (236 cases; 38% of all cases), fibroma (208 cases; 33%), peripheral ossifying fibroma (56 cases; 9%), squamous cell carcinoma (44 cases; 7%), peripheral giant cell granuloma (38 cases; 6%), and neurofibroma and non-Hodgkin lymphoma (both 6 cases, 1%) respectively.

Conclusion: Like in most previous reports, reactive hyperplastic lesions are the most prevalent lesions seen as focal overgrowths in gingival and alveolar mucosa. Carcinoma at these sites may be an understated but clinically and epidemiologically significant problem in Saudi Arabia.

EPULIS FISSURATUM: COMPARISON OF CLINICAL IMPRESSION TO HISTOPATHOLOGIC DIAGNOSIS. DR. TANYA WRIGHT^A, DR. NAGAMANI NARAYANA^B. ^A TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE, ^B UNIVERSITY OF NEBRASKA MEDICAL CENTER, COLLEGE OF DENTISTRY

Objective: This study evaluated the percentage of cases correctly identified as epulis fissuratum based on the clinical impression and histopathologic diagnosis and evaluated the percentage of cases identified as a malignancy by the histopathologic diagnosis with a clinical impression of epulis fissuratum.

Findings: A search in the database systems at the biopsy services of University of Nebraska Medical Center College of Dentistry and Tufts University School of Dental Medicine for the clinical impression term epulis/epulis fissuratum from January 1, 2012 until July 1, 2017 was performed which identified 187 cases. The Fisher's exact test measured the similarity between dental practitioners' clinical impression of epulis fissuratum and histopathologic findings. Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of the dental practitioners' clinical impression about the malignancy of epulis fissuratum were calculated. P value < 0.05 was considered statistically significant. From the 187 cases, there was a female predilection (67%), more than half of the cases (55%) were in the maxillary region (palate, vestibule), and patients wearing ill-fitting dentures were identified at sixty percent. Seven cases (3%) were identified as malignant by the histopathologic diagnosis which included squamous cell carcinoma and melanoma, but malignancy was not suspected in two of the seven cases. Epulis fissuratum was listed as the only clinical impression. More than half of the cases (54%) were correctly identified as epulis fissuratum based on the clinical impression and histopathologic diagnosis.

Conclusion: Based on the collected data, dental practitioners should remove and submit excised tissue for microscopic analysis to rule out malignancy in suspected cases of epulis fissuratum.

IRON DEFICIENCY PREDISPOSES TO ORAL MUCOSA ALTERATIONS AND CANDIDA INFECTION. PROF. SHIN-YU LU. ORAL PATHOLOGY AND FAMILY DENTISTRY SECTION, DEPARTMENT OF DENTISTRY, KAOHSIUNG CHANG GUNG MEMORIAL HOSPITAL AND CHANG GUNG UNIVERSITY COLLEGE OF MEDICINE, KAOHSIUNG, TAIWAN

Objectives: Iron deficiency (ID) is the most common nutritional deficiency, but its diagnosis is not always easy. We investigate patients with oral mucosa alternations as the initial manifestation of iron deficiency (ID) or iron deficiency anemia (IDA).

Materials and methods: Sixty-four patients (50 IDA and 14 ID) with a wide range of sore mouth were diagnosed and treated. The iron studies and anemia classification based on the mean and heterogeneity of red cell size were assessed.

Results: ID predisposed 64 patients to a high incidence of Candidainfection (81%) and showed a variety of oral manifestations including angular cheilitis (63%), atrophic glossitis (59%), pseudomembranous candidosis (44%), erythematous