cancer worldwide and constitute 3.2% of malignant tumor. Lymphomas are generally classified to two main categories: Hodgkin's lymphomas (HL) and the non-Hodgkin lymphomas (NHL), and about 90% are NHL. Non-Hodgkin lymphoma represents 4.3% of all new cancer cases in the U.S. and the ninth most common cancer in male patient of Taiwan. Lymphomas may arise in lymph nodes or any organ with only 3% of them occurs in oral cavity. However, lymphomas represent the third most common group of malignant lesions in the oral cavity, following squamous cell carcinoma and salivary gland neoplasms. Here, we reviewed clinical features, radiologic appearance and diagnosis of 1035 cases of lymphomas with oral manifestations (18 cases in our institution and 1017 cases retrieved from literatures). We found that oral lymphomas affect patients aged 4-96 years (average, 55.1 years), occurring about 1.3 times as often in males than in females. The most common sites of involvement included tonsil, maxilla, mandible, palate, tongue, gingiva and buccal mucosa. The most frequent symptoms are swelling, pain, ulceration and paresthesia. Tooth displacement and hypermobility were also frequently seen when the alveolar bone were involved. The radiologic finding was non-specific as an osteolytic lesion. Thickening of periodontal ligament, loss of lamina dura and tooth displacement were also mentioned in some cases with invasion of jaw bones. The most common diagnosis was diffuse large B-cell lymphoma, which accounting for 30% of all cases. The oral lesions of lymphoma are often a component of more widely disseminated disease. An early detection can result in a higher cure rates and better long-term survival for the patients.

P120 CATENIN EXPRESSION AND ITS CORRELATION WITH E-CADHERIN IN SALIVARY GLAND NEOPLASMS.

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P120 catenin loss or altered localization has been associated with E-cadherin inactivation and poor patient prognosis in several cancers.

Objectives: The purposes of this study were to investigate the expression of P120 catenin in salivary gland neoplasms in correlation with E-cadherin, and examine the relationships between levels of expression and pathologic characteristics.

Materials and Methods: Fifty-two cases of salivary gland neoplasms, including 25 mucoepidermoid carcinomas (MEC), 13 adenoid cystic carcinomas (ACC), 12 pleomorphic adenomas (PA) and 2 polymorphous adenocarcinoma (PAC) were investigated for P120 catenin and E-cadherin expression immunohistochemically. The immunoreactivity was categorized as low expression or high expression group, based on whether the positive staining was below or higher than 10% of the neoplastic cells, respectively.

Findings: Overall, the expression of both proteins was common in salivary gland neoplasms. P120 catenin primarily localized to the membrane of neoplastic cells in most cases. A significant correlation between levels of expression of both proteins was noted in MECs with no relationship with pathologic characteristics. In ACCs and PA, ductal cells showed positive immunoreactivity, whereas myoepithelial cells variably expressed both proteins. Overexpression of P120 catenin was detected in solid subtype of ACCs.

Conclusion: The cadherin-catenin complex is maintained in neoplasms of salivary gland. The differential expression of both P120 catenin and E-cadherin in this group of neoplasms appears to represent the heterogeneous population of neoplastic cells present in each tumor type.

SINONASAL SPINDLE CELL CARCINOMA ARISING FROM INVERTED PAPILLOMA IN A PATIENT WITH HISTORY OF RADIOTHERAPY FOR SINONASAL SQUAMOUS CELL CARCINOMA.

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Carcinosarcoma or carcinoma with spindle cell/sarcomatoid features of the nasal cavity and paranasal sinuses is an exceedingly rare malignancy. We report a case of carcinosarcoma with synchronous inverted papilloma developing in the left nasal cavity and maxillary sinus, in a 72-year-old male with a history of radiation therapy for sinonasal squamous cell carcinoma, 30 years ago. The patient's chief complaint was left nasal obstruction. He also reported purulent nasal drainage, impaired sense of smell and occasional epistaxis. CT imaging showed lobular growth of soft tissue narrowing nasopharyngeal airway with extensive palatal erosion. Endoscopic sinonasal surgery was performed to remove the sinonasal mass. Grossly, the tumor had a white fleshy appearance with tumor necrosis. Microscopically, the tumor was composed of pleomorphic epithelial and spindle cells with frequent mitoses and tumor necrosis. Residual inverted papilloma (IP) with high-grade dysplasia, and foci of keratinizing squamous cell carcinoma (SCC) component (2%) was present at the edge of the main tumor. A transition of SCC to spindle cell carcinoma was present confirmed by focal p63 positivity in both components. The pleomorphic sarcomatoid tumor was positive for vimentin and negative for P40, CK5/6, AE1/AE3, p16, S-100, CD34, CD31, ERG1, SMA, desmin, Sox10, and myogenin with Ki67 highlighting 70% of tumor cells. A final diagnosis of sinonasal sarcomatoid carcinoma associated with residual transformation from IP to SCC was rendered. Due to rarity of such a case, the prognosis and response of treatment is uncertain. So far, no effective targeted therapy has been reported. The patient is currently being treated with aggressive chemotherapy. To the best of our knowledge, this is only the second case of sinonasal carcinosarcoma arising from inverted papilloma with high-grade dysplasia and transition to sarcomaitoid SCC. Perhaps the previous radiation therapy played a role in the development of the sarcomatoid variant of SCC.

SALIVARY DUCT CARCINOMA, A CASE REPORT.

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Objective: We report a case of salivary duct carcinoma outside age of presentation and with a rare location.