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.

Case report: A 31-year-old male patient who arrived to Hospital Juárez de México, complaining of an 8 month tissue increase in the submental región, right neck and right face paresthesia. CT scan showed a submandibular tumor that infiltrated the floor of the mouth and base of the ipsilateral tongue with multiple right neck adenopathies levels IB, II, III and IV. Histologically, the lesión displayed cellular and nuclear pleomorfic epitelial cells, with abundant eosinofilic citoplasm, focal central necrosis, cribriform architectural pattern reminiscent of the image of "Roman bridges". An inmunohistochemical profile was performed: androgen receptors (+), GATA-3 (+), cytokeratin 7 (+) and p-63 (-). A diagnosis of salivary duct carcinoma was emited.

Discussion: Salivary duct carcinoma is an aggressive malignant epithelial neoplasm, which may occur de novo or as a component of a carcinoma ex-pleomorphic adenoma. It constitutes only 3-6% of all salivary gland neoplasms. With a male predilection, affecting individuals between the 6th and 7th decades of life. Microscopically, it is characterized by celular and nuclear pleomorphism, atypical mitoses, and a cribiform pattern with dilated ducts.

Conclusion: Salivary duct carcinoma is an aggressive and rare salivary gland neoplasm, we present this case which differs in age and location usually reported.

CLEAR CELL AMELOBLASTIC CARCINOMA. A CASE REPORT.

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Objective: To report a case of ameloblastic carcinoma with onset in the lower jaw, showing histological traits as well as immunological profile with molecular markers expression and tumor proliferation.

Ameloblastic carcinoma (AC) is a malignant epithelial odontogenic tumor combining ameloblastoma's histological features with malignant cytological traits.

We hereby present the case report of a 62 year old female who was referred to the Oral Medicine Clinic, Faculty of Dentistry, National Autonomous University of Mexico (UNAM): The patient exhibited a swollen area in the anterior section of the lower jaw with destruction of cortical bone and displacement of anterior teeth; lesion was a nodular and ulcerated mass. Radiographic imaging revealed a poorly circumscribed radiolucent lesion in the anterior section of the mandible. Histological examination of a biopsy specimen revealed a lesion with proliferation of polygonal and cylindrical cells arranged in an hypercellular solid mass, with presence of abundant mitotic figures as well as some areas with necrosis. Some hyalinization areas in connective tissue were found along with islands of abundant glycogen-rich cells, positive to PAS. Neoplastic cells were nuclear for beta-catenin amelogenin and 40% for ki67

Discussion: AC is an aggressive, malignant neoplasm with onset in the jaws, it can arise de novo or be secondary to the malignant transformation of a pre-existing ameloblastoma. Presence of clear cells is extremely rare; immunohistochemical analysis confirmed presence of glycogen. Metaplasia of clear cells n this tumor has not been reported as prognostic factor, nevertheless, it is and indicator of the lesion's morphological diversity.

Conclusion: Reports of ameloblastic carcinoma with clear cells are rare, nevertheless, long-term follow-up of ameloblastoma is of the utmost importance bearing in mind that these are aggressive tumors with high recurrence to malignify.

EXTRANODAL NK/T-CELL LYMPHOMA, NASAL-TYPE IN GUATEMALA: A CLINICO-PATHOLOGIC ANALYSIS OF 76 CASES.

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Objective: To describe the clinical, pathological and immunohistochemical features of extranodal natural killer/T-cell lymphoma, nasal type (ENKTL-NT) affecting Guatemalan patients.

Study design: Cases diagnosed as ENKTL-NT from 1985 to 2016 were retrieved from the files of the pathology laboratory at Centro Clínico de Cabeza y Cuello (Guatemala). Clinical data provided by clinicians or gathered directly from medical charts when available, microscopic features, and results of immunohistochemistry (IHC) and ISH-EBV were reviewed and recorded.

Results: Seventy-six cases were identified. Males were more commonly affected (65.7%) than females (34.3%), with a mean age of 34.3 ranging from 7 to 71 years. Most of the patients were of Mayan descent and low socioeconomic status. ENKTL-NT presented as an aggressive necrotizing midfacial process with rapid progression, affecting sinonasal, palatal and nasopharyngeal structures. Other features observed were: initial signs of edema and inflammation, rapidly progressing to ulceration or perforation of the hard palate, necrosis of nasal skin and mucosa, midface deformity, and in advanced stages, palpebral edema. Three patients presented lethal hemagophagocytic syndrome. Oral mucosa biopsies were more representative and adequate for IHC and ISH than the ones from nasal skin. Microscopically, lesions showed a diffuse atypical lymphoid infiltrate with angiocentric and angiodestructive pattern, with extensive necrosis and superimposed subacute inflammation. The neoplastic cells varied in size and sometimes were anaplastic. The ISH and IHC profile of these cases was: EBV+, LCA+, CD20-, CD3+, CD45RO+, CD30 variable, CD4+, CD8+, Granzyme-A+, Perforin+, CD56 + (except for 2 cases). The Ki-67 index was $\geq$ 80%. When clinical follow-up was obtained, only 30% survived and two patients presented a recurrence at 2 and 10 years respectively.

Conclusion: ENKTL-NT is an aggressive malignant EBV related lymphoma, with highly distinctive clinical, histopathological and immunohistochemical features.

ORAL MICROBIOTA IN XEROSTOMIA PATIENTS-A PRELIMINARY REPORT.

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Objectives: Xerostomia, dry mouth, is a very common symptom caused by many types of medications as well as Sjogren's syndrome. The estimated prevalence ranges from 10% to 50% of general population. Saliva composes of 98% of water and the remaining electrolytes, mucin, antibacterial substances