**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