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

and enzymes, which controls the growth of oral microorganisms and maintains a balanced oral microflora. Oral cavity provides a multivariant environment to habitate over 700 bacteria and fungi. Besides causing caries and periodontitis, many systemic diseases have been correlated to oral microbes, including cancers, HIV, DM and pericarditis. We hypothesized that lacking saliva will alter the composition of oral microbiota.

Findings: To study the changes of oral microbiota, ten xerostomia patients, who were not in any active treatments, and 4 healthy normal volunteers were recruited. Gingival plaques were collected following the standard protocol. Gingival plaques were collected, placed in PowerBead Tube (Qiagen) and stored in -800C until further analysis. Microbiota were detected using bacterial 16S ribosomal RNA and analyzed based on the levels of Phylum and Class. At phylum level, the mean presence of Bacteroidetes in xerostomia and normal subjects were 16.2±1.0% and 28.3±1.7%, respectively (p=0.03, t-test). Mean presence of Firmicutes phylum in xerostomia and normal subjects were 15.1±1.5% and 3.2±0.8%, respectively (p=0.03, t-test). In addition, mean presence of Firmicutes bacilli class in xerostomia and normal subjects were 6.3±0.7% and 1.1±0.5%, respectively (p=0.05, t-test).

Conclusions: Significant differences in oral microbiota were observed between xerostomia and normal subjects. More samples are needed to verify the current results and to apply the oral microbiota in the diagnosis of xerostomia.

MASPIN EXPRESSION IN PLEOMOPHIC ADENOMA, POLYMORPHOUS LOW GRADE ADENOCARCINOMA AND ADENOCYSTIC ADENOCARCINOMA OF SALIVARY GLANDS SEEN AT THE LAGOS UNIVERSITY TEACHING HOSPITAL, LAGOS, NIGERIA.

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Objectives: To immunostain with Maspin antibody, formalin fixed, paraffin embedded tissues of 41 samples of Pleomorphic Salivary Adenoma [PSA], 10 samples of Polymorphous Low-Grade Adenocarcinoma [PLGA] and 34 samples of Adenoid Cystic Carcinoma [AdCC].

To quantitatively assess Maspin expression in each of the three (3) Salivary Gland Tumours (SGTs) by combining immunostaining intensity scores with scores of proportion of positively stained cells (Total mean scores) in each, using the method described by Reiner et al 1990.

To analyze data using Chi square, Fisher's Exact tests and analysis of variance to compare total mean scores of maspin expression among the three (3) SGTs, the statistical significance level being set at $p < 0.05$.

Findings: PSA had the greatest proportion of Maspin immunopositivity (73.2%), followed by PLGA (40.0%) and AdCC (35.2%). Mean total Maspin score of PSA (3.5±2.4) was statistically significantly higher than that of PLGA (1.2±1.8) [p=0.005]. and that of AdCC (1.0±1.5) [p<0.0001].

Conclusion: In this study, there was decreasing expression of Maspin from PSA to PLGA to AdCC, which is consistent with established increased order of clinical aggression of these tumors. It is suggested that Maspin expression could be a useful adjunct diagnostic tool to discriminate between PSA, PLGA and AdCC.

ANALYSIS OF SALIVARY GLUTATHIONE AND SELENIUM IN HIGH RISK AND ORAL CANCER PATIENTS SEEN AT LAGOS UNIVERSITY TEACHING HOSPITAL, LAGOS, NIGERIA.

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Objectives: To select three study groups consisting of 20 oral squamous cell carcinoma subjects(Group 1), 20 high risk for oral squamous cell carcinoma subjects (Group 2) and 20 healthy controls (Group 3).

To collect saliva samples from each subject and analyze for salivary concentration level of glutathione using enzymatic recycling assay and salivary selenium concentration level using atomic absorption spectrophotometry.

To analyze data on salivary glutathione and selenium levels in each group and compare findings within and between groups using statistical method of Analysis of Variance (ANOVA)

Findings: The mean salivary glutathione concentration in healthy control group (5.618±0.5213μM) was higher than the high risk group (5.273± 0.2340μM) and oral cancer group (5.047± 0.5115μM) The difference between groups was statistically significant ($p = 0.001$). However, the salivary selenium was higher in the oral cancer group (0.0167±0.0083 mg/dl) compared to the high risk (0.0148± 0.0071mg/dl) and healthy control (0.0138± 0.0093 mg/dl) but not statistically significant (p= 0.5414).

Conclusion: Salivary glutathione level could be a predictor of risk of oral cancer and could therefore serve as a non invasive modality in the early detection of oral cancer.

CONGENITAL-INFANTILE SPINDLE CELL AND SCLEROSING RHABDOMYOSARCOMAS: UNIQUE VARIANTS DEFINED BY MOLECULAR FEATURES.

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Objectives: Congenital-infantile spindle cell (SpRMS) and sclerosing (ScRMS) rhabdomyosarcomas with tumor-defining molecular features in the head and neck region will be described. These tumors may be confused with more commonly occurring spindle cell tumors (myofibroma, infantile fibrosarcoma) in infants. NCOA2 and VGLL2 rearrangements, and MyoD1 mutations are characteristically identified in SpRMS and ScRMS. NCOA2 and VGLL2 rearrangements are more common in SpRMS, while MyoD1 mutations are more common with ScRMS. NCOA2 or VGLL2 RMS tend to have favorable outcomes, but MyoD1 mutation RMS may have aggressive disease with dismal outcome.

Findings: 5 neonates and infants were diagnosed with head and neck SpRMS (n=3, 2 males, 1 female, ages 2 weeks to 6 months, 2 maxillary sinus, 1 neck) and ScRMS (n=2, 2 males, ages 5 weeks and 8 months, 1 perinasal, 1 mandible). SpRMS were characterized by malignant spindle cells that were compactly apposed, and closely resembled infantile fibrosarcoma. ScRMS were composed of small round cells in a prominent sclerotic matrix. Both SpRMS and ScRMS lacked rhabdomyoblastic differentiation on H&E staining. Immunostaining with myogenic antibodies (Desmin, Myogenin, MyoD1) identified rhabdomyoblastic origin. Electron microscopy (N=4) showed rudimentary myofilaments in 3 cases