Herein, we report an atypical clinicopathological presentation of amelanotic melanoma first diagnosed in the oral cavity of a 68-year-old man. The tumor was immunopositive for HMB45 and S-100, and weakly positive to Melan A. PET (positron emission tomography) and CT (computed tomography) scans demonstrated widespread organ and bone metastases, obviating surgical intervention. Standard immunotherapy was instituted with ipilimumab and nivolumab. At 3-weeks, near resolution of the oral lesion was evident and repeat imaging showed resolution of the left lung lesions and marked reductions in size of other affected sites. The patient subsequently experienced and recovered from multiple immune-related adverse events, including autoimmune carditis, which was managed with steroid administration. Following subsequent immunoregimens and 4 months since the initial diagnosis, the patient succumbed to sudden apparent cardiac arrest. Historically, surgery, chemotherapy, and radiotherapy to manage mucosal melanoma have yielded poor long-term outcomes, necessitating alternative efforts to improve patient care. Immunotherapy is an emerging modality for management of late-stage melanoma and has shown promising results to extend overall survival.

DOES THE GERMLINE DEFICIENCY IN TOLL-LIKE RECEPTOR (TLR)2 AFFECT THE 4-NITROQUINOLONE N-OXIDE (4-NQO)-INDUCED CARCINOGENESIS IN THE UPPER AERODIGESTIVE TRACT?

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TLR2 is implicated in the development and/or progression of several cancer types. We showed recently that activated TLR2 in human TLR2-high oral squamous carcinoma cells (OSCC) directly promote their growth and survival via the extracellular regulated kinases (ERK)1/2 signaling, among other functions (Palani et al, Oncotarget 2018;9:6814-29). However, most of the mechanisms of TLR2 function in squamous carcinogenesis remain unknown.

Objectives & Approach: To develop protocols and cell lines for targeted studies of squamous carcinogenesis in upper aerodigestive tract (UADT), we used an established (Protocol #1) and a modified (Protocol #2) 4-NQO carcinogenesis models in wild-type, TLR2-/- and TLR4-/- mice. Protocol #1 included carcinogen alone x 10 weeks, followed by 10% ethanol for 26 wks total. Protocol #2 included carcinogen and 5% ethanol x 19 weeks total. The study was approved by AU IACUC.

Results: Both protocols produced epithelial dysplasia and SCC in the oral and esophageal mucosae. In Protocol #1, fewer SCC developed in the absence of TLR2 than in the WT hosts (p=0.03). In contrast, Protocol #2 produced somewhat fewer SCC in WT hosts than in either TLR2-/- or TLR4-/- hosts (difference not significant). Moreover, there was marked intraepithelial exocytosis of leukocytes throughout the UADT in Protocol #2, irrespective of TLR expression. This contrasted with minimal exocytosis induced by Protocol #1. The characterization of the mucosal inflammation is ongoing. In addition, two OSCC cell lines were established for use in orthotopic models.

Conclusions: 1) The two protocols induced UADT SCC, but differed in the levels of mucosal inflammation. 2) TLR2 may have contributed to carcinogenesis in Protocol #1, but not in Protocol #2. 3) The specific roles of TLR in mucosal squamous carcinogenesis may depend upon additional factors, such as inflammation.

EPSTEIN-BARR- VIRUS (EBV)-NEGATIVE PLASMABLASTIC LYMPHOMA: A CASE REPORT.

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Plasmablastic lymphoma is an aggressive neoplasm with poor response to therapeutic management. It is commonly associated with HIV infection and it is strongly associated with Epstein-Bairr virus (EBV) in most of the cases, although negative cases to EBV can be ocassionaly identified. The aim of this report is to describe an original case of a 52-year old male patient referred to our department due to maxillary swelling causing facial asymmetry of the right side. His medical history was positive for HIV infection. The extraoral examination revealed hemifacial edema on the right side, involving the middle and lower thirds of the face, while intraoral exam showed an ulcerated swelling extending through the hard and soft palate on the right side, involving the buccal vestibule. CT scan revealed the presence of a hypodense image destroying the maxilla, involving the maxillary sinus, floor of the orbit and the nasal cavity. Incisional biopsy was done revealing a sheet-like proliferation of atypical large cells with plasmablastic appearance. Individually, these cells had eosinophilic cytoplasm with high nuclear-to-cytoplasmic ratio. Centrally and eccentrically cellular nuclei, with vesicular chromatin and evident nucleoli, with a starry-sky appearance were found. Immunohistochemistry was positive for CD138, EMA and MUM1, negative for CD20 and LCA, demonstrating monoclonality to lambda light chain. EBER was negative and final dignosis was rendered as EBV-negative plasmablastic lymphoma. Unfortunately, the patient died two months after diagnosis.

ORAL IATROGENIC KAPOSI'S SARCOMA: CASE REPORT.

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