Case 49

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Monostotic fibrous dysplasia

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A 63-year-old male was referred to the OROCENTRO Clinic - Piracicaba Dental School - due to a swelling at the right side of the face. Patient stated that first noted the swelling for over 20 years. The patient was submitted to multiple tooth extractions on the region due to pain. After extractions pain ceased, nevertheless the swelling kept growing. Extraoral examination revealed a hard swelling on the right side of the face causing elevation of the nose wing and deletion of nasolabial groove. Intraoral examination revealed a hard, normochromic swelling on the right maxilla affecting both palatine and vestibular surfaces with deletion of maxillary vestibule. Digital panoramic radiography showed a poorly defined radiopaque image with "ground glass" aspect. Computed tomography revealed a mixed density image affecting the floor of the maxillary sinus and vestibular and palatine cortical bone of the right maxilla. Incisional biopsy was performed under local anaesthesia on the vestibular surface of the right maxilla using a Trephina drill (7 mm X 180mm). Histopathological analysis presented fine branching curvilinear/irregular trabeculae of woven bone among a fibrous cellular stroma and was compatible with Monostotic Fibrous Dysplasia. Patient did not present signs of post-operatory infection or dehiscence and was referred to an appropriate treatment service for surgical planning.

Case 50

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Central ossifying fibroma

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A 22-year-old male was referred to the OROCENTRO Clinic - Piracicaba Dental School - due to a small and slightly painful swelling at the right side of the maxilla. Patient stated that first noted the swelling for about one week. Extraoral examination revealed preserved facial symmetry. Intraoral examination revealed a hard, normochromic swelling on the right maxilla affecting the palatine surface and a small swelling with a slightly deletion of the maxillary vestibule. Digital panoramic radiography showed a round radiopaque image at the root area of the posterior maxillary teeth. The panoramic reconstruction of the computed tomography revealed a mixed density nodular image surrounded by a hypodense halo affecting the root-adjacent area of the posterior maxillary teeth with extension to the maxillary sinus. The sagittal and axial planes of the computed tomography revealed a well-circumscribed image with mixed density at the epicentre and hypodensity surrounding and preservation of the cortical lining. Incisional biopsy was performed under local anaesthesia on the right maxillary vestibule using a Trephina drill (7 mm X 180mm). Histopathological analysis presented a well-demarcated lesion separated from the overlying cortical bone, the lesion was composed by a fibrous cellular stroma and the presence of bone trabeculae of varying sizes and small rounded and basophilic osteoid structures, compatible with Central Ossifying Fibroma. Patient did not present signs of post-operatory infection or dehiscence and was referred to an appropriate treatment service for surgical planning.

Case 51

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Spindle cell carcinoma

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Sarcomatoid carcinoma may affect different parts of the body, being considered as a rare neoplasm. The most affected sites are the oral cavity, larynx, esophagus and skin. An 82-year-old female patient, edentulous, presenting volume increase, asymptomatic, ulcerated, erythematous with a size of 5 x 3 cm in the of upper left molars region.
with an evolution time of approximately 6 months. The computerized tomography study revealed a tumor mass that invades the entire maxillary sinus, expanding the bony cortices. An incisional biopsy was carried out and histopathological analysis showing anaplastic spindle epithelial cells and some sarcomatoid-like cells in deeper parts of the tumor and numerous abnormal mitoses, immunohistochemistry study was conducted with AE1/AE3, vimentine, p63, CK18, EMA and Ki-67 antibody found positivity in all of them, ratifying the diagnosis of spindle cell carcinoma. The diagnosis of this kind of infrequent malignant neoplasms requires clinical, radiographic and histopathological correlation, the morphological cell characteristics are important for diagnosis due to biphasic pattern that presents the lesion, hence the immuhistochemistry studies are valuable for diagnosis.

**Cases 18 and 52**

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**Tongue metastasis of cutaneous melanoma: two cases reports**

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Melanoma of the skin is characterized by a high metastatic potential but metastases to the tongue are very rare. However, late diagnosis is often associated with advanced disease with dissemination to regional lymph nodes and distant metastases. Two female patients in the 7th decade of life presented to our dental service with nodules in the tongue. Both patients had multiple metastases at the time of oral diagnosis and primary melanoma originated on the skin. An intra-oral incisional biopsy was performed under local anesthesia and the histopathologic analysis was characterized by the proliferation of atypical epithelioid cells displaying a poorly delimited cytoplasm and hyperchromatic nucleus which contained eosinophilic macronucleoli. Immunohistochemistry was performed in both cases to confirm the clinical hypothesis of metastatic melanoma. After the diagnosis of oral metastatic melanoma, the patients were maintained under palliative care and close medical follow-up. One of the patients died four and a half months after the diagnosis of tongue metastasis and the other patient is still alive after 15 months. The present findings highlight the importance of a complete medical evaluation of the patient by anamnesis to identify possible oral repercussions of primary diseases in other organs and/or systems.

**Case 53**

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**Erythematous and diffuse lesion on upper alveolar ridge**

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We present a case of an 83-year-old female with a granular, erythematous and diffuse lesion on the right maxillary edentulous alveolar ridge, without any apparent sign of infiltration and with three-month of evolution. The previous medical history was not relevant. Panoramic and periapical radiographs revealed irregular bone loss in the alveolar ridge. Microscopically, incisional biopsy revealed areas of conventional squamous cell carcinoma originating from the mucosal epithelial surface associated with deeper nests which morphology resembled an ameloblastomatous pattern, with peripheral palisading columnar cells showing inverse polarization and central cells in a loose arrangement. However, these ameloblastic nests presented marked cellular pleomorphism and atypia (bizarre cells with variable size, nuclear hyperchromatism, evident nucleoli and atypical mitoses) resembling an ameloblastic carcinoma. Nests of ameloblastic epithelium were surrounded by a collagenous stroma. Moreover, we observed dysplasia of the surface epithelium presenting interruption of the basement membrane and tumoral invasion of the underlying connective tissue. Immunohistochemical analysis of the biopsy specimen revealed intense and homogenous positivity for AE1/AE3 and CK5, in all cells of tumor and surface epithelium. GLUT-1 presented cytoplasmic and membrane positivity in most areas.