

Abstracts of the 47th Brazilian Congress of Stomatology and Oral Pathology

VAPING IS THE NEW SMOKING: CHANGES IN THE MUCOSA AND SALIVA RELATED TO VAPE

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Electronic nicotine delivery systems (e-cigarette, pod, and vape) have become increasingly popular among adolescents and young adults. This report draws attention to the changes observed in the mucosa and saliva of a vaper. Male patient, 26 years old, former smoker, and exclusive vaping for four years. The patient related a history of a white plaque in the posterior region of the hard palate with one-year evolution. Excisional biopsy showed hyperkeratosis without dysplasia. After two weeks, the biopsy region showed a healing aspect. The palate showed the aspect of nicotinic stomatitis. Molecular changes in saliva and vape liquid were analyzed by vibrational spectroscopy. The vape liquid changed color after use despite a lack of compositional changes. The aspect of the saliva was gelatinous in contrast to that of a non-smoker. An increased amount of sugars, glycerol, and formaldehyde, together with a decreasing protein content, was detected. FAPESP (grants #2020/10362-0; #2020/10322-9).

NUT-CARCINOMA INVOLVING TRIGEMINAL NERVE - A CASE REPORT

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NUT-carcinoma is a rare aggressive disease caused by BRD4/3–NUT fusion that results in MYC upregulation. A 50-years-old male patient presented frontotemporal headache and paraesthesia, evolving with worsening headache, diplopia, ptosis and reduced visual acuity for at least 12 months. Clinical diagnosis was meningioma due to an expansive process in the right temporal fossa with hyperostosis and optic canal stenosis. Histological analysis revealed malignant neoplasm presenting cohesive blocks of basaloid cells with foci of abrupt keratinization and necrosis, with infiltration of dense connective tissue and bone marrow. Immunohistochemistry was positive for EMA, P63, INI1 (retained), AE1/AE3, CK5/6, CK8-18, CD117 and NUT. In addition, Ki-67 was positive in 80% of the neoplasia. Therefore, the final diagnosis was NUT carcinoma. The patient is still alive at the last follow-up. This case highlights the importance of considering NUT-carcinoma in the provisional diagnosis for undifferentiated or poorly differentiated neoplasms and immunohistochemistry can aid diagnosis.

ANAPLASTIC PLASMACYTOMA OF THE MANDIBLE: A CASE REPORT

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Anaplastic plasmacytomas (AP) of the gnathic bones are uncommon tumors. An otherwise healthy 67-year-old male patient

presented with a 2-year history of an asymptomatic swelling affecting the anterior mandible causing tooth mobility. Imaging exams revealed a destructive well-defined multilocular radiolucency causing cortical expansion and disruption. An incisional biopsy was performed and microscopic examination revealed sheets of medium to large-sized anaplastic cells with abundant cytoplasm, eccentric nuclei, and marked pleomorphism. Immunohistochemical markers showed positivity for CD138 and kappa, and negativity for LCA, AE1/AE3, desmin, and lambda. The Ki-67 labeling index was 90%. The final diagnosis was AP of the mandible. The patient's clinical checkup ruled out other bone lesions, confirming the diagnosis of a solitary plasmacytoma. The patient is currently undergoing radiotherapy. Oral pathologists should be aware of AP to avoid erroneous diagnoses when evaluating anaplastic cell proliferations of the gnathic bones in elderly patients.

SINONASAL ADAMANTINOMA-LIKE EWING SARCOMA: A CASE EXPANDING THE MORPHOLOGIC SPECTRUM

Ana Luiza Oliveira Corrêa ROZA, Ciska-Mari SCHOUWSTRA, Lonwabo MAGADLA, and Willie VAN HEERDEN

Adamantinoma-like Ewing sarcoma (ALES) is an exceedingly rare sinonasal malignancy defined by complex epithelial differentiation and EWSR1-FLI1 gene fusion. A 43-year-old female presented with painful facial swelling and proptosis. Computed tomography showed an exuberant heterogeneous tumor in the right sphenoid sinus that extended into the maxillary sinus, parapharyngeal space, orbit, and anterior cranial fossa. Microscopic analysis revealed sheets of monotonous basaloid cells with regular nuclear membranes and discernible nucleoli. Additionally, large foamy cells, ducts, whorls, and foci of abrupt keratinization were identified. Tumor cells were diffusely positive for AE1/3, p40, and CD99, and negative for NUT. The Ki-67 proliferation index was 40%. EWSR1 rearrangement was detected by FISH, confirming the final diagnosis of sinonasal ALES. Pathologists should consider ALES when evaluating aggressive sinonasal tumors composed of basaloid cells with focal keratinization. Immunopositivity for AE1/3, p40, and CD99, and molecular confirmation of EWSR1 rearrangement are essential for diagnosis.

ADENOID CYSTIC CARCINOMA WITH BONE AND PLEURAL METASTASIS: A CASE REPORT

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A 52 year-old male patient, who was referred for a diagnosis of palatal swelling. He underwent an incisional biopsy of a palatal swelling in the right maxilla, approximately 5 cm, pink in color, resistant palpation, with bleeding ulceration to the touch in the posterior region. The teeth involved in the lesion were mobile. An anatomopathological examination confirmed the morphological and immunohistochemical findings for locally advanced ACC, being positive for CK7, p40, SOX10, and EMA markers. After complementary tests, bone and pleural metastasis were diagnosed. Subsequently, the therapeutic approach chosen