

tions revealed that CEA: -, canalicular pattern: +, EMA: -, canalicular pattern: +, AFP: - ~ ±, α -1-AT: +, α -1-ACT: +, albumin: +, CK7: +, CK8: +, CK18: +, CK19: ±. Therefore, the tumor was considered to be a metastatic carcinoma appearing in the gingiva.

15D9: A case of left parotid gland tumor

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A case of left parotid gland tumor is examined. The patient, a 71-year-old woman, complained of a swelling of the left parotid region. Histopathological examination showed the tumor cells consisted of solid patterns with ductal structures and cribriform patterns. The tumor cells lying near the stroma to which the PAS positive deposit was adjacent, showed a peripheral palisading pattern. The results of histochemical and immunohistochemical stainings are shown as follows. Keratin (++) , S-M-actin (+), S-100 (+), mucicarmine (-), vimentin (-). (Authors' final diagnosis: basal cell adenoma)

16D10: A tumor of the palate

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A 32-year-old woman was admitted to 2nd Department of Oral and Maxillofacial Surgery, Nagasaki University School of Dentistry on February 1986 with a chief complaint of a swelling in the left side of palate. Physical examination revealed a well-defined swollen mass covered by normal mucosa, measuring 1×1.3 cm in diameter. Tumorectomy was performed, however, recurrence had occurred 4 times until December 1996. The tumor expanded from the same region of the palate to the left side of the tonsil. Histopathologically, the tumor was composed of epithelial cells arranged in sheets, cords, ducts, and a focally cribriform pattern. They were often immunopositive for S-100, EMA and CEA. (Authors' final diagnosis: polymorphous low-grade adenocarcinoma)

17D11: Tumor of lower lip

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A 21-year-old man had noticed a dark purple-colored and slightly protuberant mass measuring 5 mm in diameter at the right side of his lower lip for 3 months. The excisional biopsy specimen showed a dilated blood vascular lumen in which organizing thrombus was formed. Papillary growth of granulation tissue covered with endothelial cells was noticeable. The lining endothelial cells were immunopositive for von Willebrand factor and UEA-I lectin binding. (Authors' final diagnosis: papillary endothelial hyper-

plasia of the lip)

18D12: A small mass in the mucolabial fold

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A 74-year-old man is presented with a small mass in the mucolabial fold. Histologically, the mass was nonencapsulated and composed of mature lipocytes separated by a branching network of small vessels. Mature lipocytes and proliferating blood vessels were wedging hand in hand through the cross-striated muscle fibers. (Authors' final diagnosis: infiltrating angiolipoma)

19D13: An HTLV-I-positive case showing calcium deposition in systemic organs

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A 56-year-old male exhibited clinical symptoms of advanced cardiac insufficiency, respiratory disturbance, renal failure, jaundice, leukocytosis, swelling of lymph nodes and hypercalcemia. Anti-HTLV-I antibody titer was increased, and the lesion of adult T cell lymphoma/leukemia (ATLL) was clinically suspected. He died of advanced cardiac failure 2 days after admission. The most conspicuous finding from the autopsy was extensive calcification in systemic organs such as heart, lungs, kidneys, tongue, liver, pancreas and spleen. The lymph nodes grossly showed slight swelling, and histologically revealed diffuse proliferation of reactive small lymphocytes containing occasional medium-sized atypical lymphoid cells. We discussed the case for histopathological diagnosis and mechanism of calcification. (Authors' final diagnosis: metastatic calcification associated with an unusual lymphoproliferative disorder seropositive for HTLV-I)

20D14: A case of juvenile periodontitis accompanied with desquamative gingival lesion

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A 17-year-old girl was referred to our clinic by a local dentist for gingival lesions of unknown origin. The gingiva and palatal mucosa showed occasional bleeding and whitish but slippery surface architecture without any pain, and a radiograph revealed generalized severe bone resorption like periodontosis. A biopsy showed severe inflammatory changes with neutrophilic band formation and epithelial desquamation at gingival surface. The patient had no obvious changes hematologically or serologically, but an increase of reticulocyte, blood platelets, IgM and IgA. The gingival lesion was treated with topical medication, and the periodontal lesion was treated with scaling, root planing and tooth splinting for 10 months. The patient discontinued treat-