

steroid treatment because don't cause any adverse reaction. This result, although not conclusive, are a step forward for enhanced management of this quite common condition.

References

- De Castro JF, Abreu EG, da Mota Vasconcelos Brasil C, da Cruz Perez DE, de Paula Ramos Pedrosa F. Low Level Laser in prevention and treatment of oral mucositis in pediatric patients with acute lymphoblastic leukemia. Photomed. Laser Surg. 2013 Dec; 31(12):613-8.
- Elad S, Or R, Shapira MY, Haviv A, Galili D, Garfunkel AA, Bitan M, Kaufman E. CO₂ laser in oral graft-versus-host disease: a pilot study. Bone Marrow Transplant. 2003 Nov;32(10):1031-4.
- Imanguli MM, Pavletic SZ, Guadagnini JP, Brahim JS, Atkinson JC. Chronic graft versus host disease of oral mucosa: review of available therapies. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2006 Feb;101(2):175-83.

Oral squamous cell carcinoma as a complication of chronic graft-versus-host disease: a case report

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Objectives. Chronic Graft-*Versus*-Host Disease (cGVHD) is an immunoregulatory disorder which occurs after allogeneic hematopoietic-cell transplantation (HCT) and often shares features of autoimmunity and immunodeficiency. GVHD related oral manifestations include severe oral pain, xerostemia, ulcerative lesions, and mucositis. Furthermore, a major late suggested complication of HSCT is the dramatically increased risk of secondary malignancies including oral cancer and oral cGVHD-releted inflammation may be considered a potential risk factor.

Case report. A 51-year-old male patient referred in 1994 to our surgery for cGVHD oral lesions secondary to HCT for acute myelogenous leukemia developed in 1992. In 2010, an incisional biopsy in left retrocommissural region for an erosive lesion was performed and microscopic analysis revealed an intense lymphoplasmacytic inflammatory infiltrate. In 2011, clinical intraoral examination revealed white verrucous plaque lesion associated with ulcerations on the gingiva of the V sextant and on the lower labial mucosa; two incisional biopsies of oral mucosa and an incisional skin biopsy were performed. Microscopic analysis revealed a well differentiated SCC, a moderately differentiated SCC and a skin high grade dysplasia. Patient was surgically treated and is currently in follow up.

Conclusions. Several authors suggest that cGVHD-related inflammation could be an important risk factor for carcinogenesis, also for oral cavity. Then it is recommended close follow-up to all patients treated with HCT, particularly when they develop graft-versus-host disease, and any suspicious oral lesions should be biopsied to rule out dysplasia or malignancy.

References

- Mawardi H, Elad S, Correa ME, Stevenson K, Woo SB, Almazrooa S, Haddad R, Antin JH, Soiffer R, Treister N. Oral epithelial dysplasia and squamous cell carcinoma following allogeneic hematopoietic stem cell transplantation: clinical presentation and treatment outcomes. Bone Marrow Transplant. 2011;46:884-91.
- Mays JW, Fassil H, Edwards DA, Pavletic SZ, Bassim CW. Oral Chronic Graft-versus-Host Disease: Current Pathogenesis, Therapy, and Research. Oral Dis. Author manuscript, available in PMC 2014 May 01.

Segmental resection for the excision of two multicystic ameloblastoma

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Objectives. The purpose of this study was addressed at the understanding and management in the ameloblastoma treatment, performing a segmental surgical resection. Ameloblastoma represents nearly 1% of all neoplasm located