corticosteroids appears to be a successful option to control the relapses of PCC.

LATE RECURRENCE OF BURKITT LYMPHOMA IN THE JAW: NUMB CHIN SYNDROME AS THE ONLY SYMPTOM. *BERNAR MONTEIRO BENITES, WANESSA MIRANDA-SILVA, FELIPE PAIVA FONSECA, ANDRÉ CAROLI ROCHA, CLAUDIA REGINA GOMES CARDIM MENDES DE OLIVEIRA, CELSO ARRAIS RODRIGUES and, EDUARDO RODRIGUES FREGNANI*

Late recurrence of Burkitt lymphoma (BL) is rare, especially in the oral region. A 58-year-old woman, treated 9 years ago for a BL in the tonsil, described a 2-week history of sensitive alteration and pain in the chin region. Physical examination revealed a complete paresthesia involving the bilateral chin and lower lip. No other alterations were found at cone beam computed tomography and at clinical examination. Through magnetic resonance exam, it was possible to identify an alteration in the mandibular body extending to the entire right side. An intraosseous biopsy was performed and the immunohistochemical profile revealed positivity to BCL-6, CD-10, CD-20, C-MYC, and PAX-5 demonstrating the presence of a mature B cell lineage, consistent with the diagnosis of BL. The in situ hybridization was negative for Epstein-Barr virus. The rescue chemotherapy treatment was initiated and the patient is under follow-up care.

AN ULCER AFFECTING THE GINGIVA AND HARD PALATE: AN INTERESTING CLINICAL PRESENTATION OF LANGERHANS CELL HISTIOCYTOSIS. *JEFFERSON DA ROCHA TENORIO, MANUELA COLBECK GONÇALVES CARVALHO, MARCOS CUSTÓDIO, FÁBIO DAUMAS NUNES and, KAREM LÓPEZ ORTEGA*

A 37-year-old white female patient was referred for diagnosis of a lesion on alveolar ridge that extended to the hard palate. In reviewing her medical history, the patient reported headaches that led her to have a computed tomography (CT) scan performed. As a result, fibrous dysplasia of the ethmoidal sinus was diagnosed. Physical examination revealed an ulcerated lesion, with irregular contours, erythroplasic areas, partially covered by fibrin membrane, and without pain. Radiographic examination revealed the destructive character of the lesion, evidenced by the presence of bone loss between teeth 15 and 16. An incisional biopsy was performed and histopathologic examination revealed the presence of an intense proliferation of epithelioid histiocytic cells in addition to eosinophils and dispersed mononuclear cells. The diagnosis of Langerhans cell histiocytosis was established. The patient was referred to the oncologist for treatment.

METASTASIS OF RENAL CELL CARCINOMA TO MAXILLARY GINGIVA: A CASE REPORT. *LUAN NATHIEL SANTANA KOVALSKI, VINICIUS COELHO CARRARD, JULIA TURRA RIBEIRO, MARINA GIRARDI SCHUEIGART, LUIS FERNANDO RIVERO, MARCIA GAIGER DE OLIVEIRA and, MARCO ANTÔNIO TREVIZANI MARTINS*

A 63-year-old white male presented with maxillary gingival swelling for a 6-month duration. Medical history revealed diabetes and hypertension. Extraoral examination was noncontributory. Intraoral exam showed a red bleeding lobulated nodule measuring 5.0×3.0 cm in the left maxillary gingiva. The presumptive diagnosis was nonneoplastic reactive lesion. An incisional biopsy was performed and histopathologic diagnosis was unspecific malignant neoplasm. The initial immunohistochemical panel was inconclusive. The panoramic radiography showed extensive bone destruction in the left maxilla. Abdominal and chest computed tomography (CT) revealed lesions in the liver, kidney, and lung. Magnetic resonance imaging (MRI) of the central nervous system (CNS) showed nodules in left parietal lobe. An ultrasound-guided biopsy of the right kidney confirmed the diagnosis of clear cell renal carcinoma, with metastasis to the liver, lung, CNS, and oral cavity. The treatment combined surgery, palliative chemotherapy, and radiotherapy with partial remission of the lesions. The patient remains under treatment.

AMELOBLASTIC CARCINOMA OF THE MAXILLA IN A YOUNG WOMAN: FROM DIAGNOSIS TO REHABILITATION. *CAROLINA DUMMEL, FERNANDA BROCHIER CARDOSO, LUIS FERNANDO RIVERO, MANOELA DOMINGUES MARTINS, RENATA DE ALMEIDA ZIEGER, JULIA TURRA RIBEIRO and, MARCO ANTONIO TREVIZANI MARTINS*

A 23-year-old woman was referred with maxillary swelling for a 6-month duration. In her medical history, the patient revealed a surgery for ameloblastoma 8 years earlier. Extraoral examination revealed a swelling over the right side of face, lifting her lip and nose. Intraorally, a firm, reddish, nodular swelling involving the right maxilla was observed. Computed tomography (CT) showed a hypodense image invading the right maxilla, maxillary sinus, and nasal fossa. An incisional biopsy was performed, followed by histopathologic examination and immunohistochemical panel, which led to the diagnosis of ameloblastic carcinoma. The patient underwent a total resection of the lesion and an immediate obturator prosthesis was placed. Four months after the surgery, the patient was rehabilitated with a temporary obturator and no recurrence was detected.

TWO RARE CASES OF ADENOID CYSTIC CARCINOMA OF THE PAROTID GLAND PRESENTING AS A BONE LESION. *DIEGO ANTÔNIO COSTA ARANTES, ALEXANDRE BELLOTTI, ALINE CARVALHO BATISTA, REJANE FARIA RIBEIRO-ROTTA, ROBSON RODRIGUES GARCIA and, ENEIDA FRANCO VENCIO*

Adenoid cystic carcinoma (ACC) is a relatively rare salivary gland malignancy, exhibiting a lethal clinical course often several years after initial diagnosis. It is rarely found outside major or minor salivary glands especially as a bone lesion. Here, 2 rare clinical conditions of ACC arising from the parotid gland and spreading into the mandible are presented. A 50-year-old woman and 49-year-old man presented with pain and paresthesia in the left face. A swelling was observed and computed tomography detected an osteolytic lesion with irregular margins in the mandible. Clinical diagnosis included osteomyelitis and sarcoma. Tumors presented as solid masses with few ductiform structures and exhibited perineurial invasion in the inferior alveolar nerve and high-grade transformation. Challenges in the diagnosis of ACC highlight the need for meticulous clinical management in