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SYNCHRONOUS ORAL SQUAMOUS CELL CARCINOMA AND HIGH-GRADE DYSPLASIA: A CASE REPORT

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Aim: Field cancerization (FC) describes the increased risk of cancer development in tissues adjacent to the primary tumor after exposure to carcinogens. This concept suggests that synchronous or metachronous tumors may develop within the same epithelial tissue field due to the occurrence of genetic alterations. The aim of this paper is to describe a case of FC in a woman that developed synchronous lesions.

Methods: we report a case of a patient who was referred to our sector of Oral Medicine (AOU “Paolo Giaccone”, Palermo, Italy) for the presence of a neof ormation of alveolar lower mucosa and a lesion of upper gingiva.

Results: an 84-year-old woman came to our attention in 2022 reporting synchronous lesions in different sites. Clinical examination revealed the presence of a multifocal verrucous-exo-

phytic neof ormation localized in the V sextant on lower edentulous ridge, and a hyperkeratotic-erosive dishomogeneous lesion localized in the II sextant on masticatory mucosa. Because of the suspicion of malignancy, multiple incisional biopsies were carried out. Based on the histological and radiological findings, the diagnosis was of OSCC for the lower lesion and high-grade dysplasia for the upper lesion. The patient was referred to the Plastic Surgery Unit for management.

Conclusions: the FC emphasizes that the entire oral cavity may be at risk for cancer, which means that even areas that appear normal may undergo changes that could lead to the development of synchronous tumors. Hence, observation of areas adjacent to a primary tumor, periodic follow-up is crucial to diagnose new lesions.

ORAL INVOLVEMENT AS FIRST MANIFESTATION OF LARGE B-CELL LYMPHOMA: A CASE REPORT

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Aim: diffuse large B-cell lymphoma (DLBCL) is the most common Non-Hodgkin lymphoma. We report here a case of a DLBCL whose first manifestation was in the oral cavity.

Methods: a 58-years-old woman went to the emergency unit for pain and dental mobility present from 4 months, they prescribed antibiotic therapy and then referred her to the Oral Medicine Section, CIR Dental School of Turin.

At oral examination there was exposure of necrotic bone of the left mandibula with oral floor's ulcer.

There was mobility of 3.4, 3.2 and she referred recent loss of 3.3. There were sub-mandibular lymphadenopathies. The patient denied bisphosphonates intake.

An incisional biopsy of the ulcer was performed on the same day and a panoramic radiography was requested.

Results: radiography showed extended bone destruction and the pathologist's examination of oral biopsy revealed a diffuse large B cell lymphoma. The patient was immediately referred to the haematology department. The PET revealed an atypical and intense signal in the mandibular region, with bone remodelling. Also, parotid space and left tonsillar pillar were involved. Diagnosis of DLBCL was confirmed.

Discussion and conclusion: Some of the patient's manifestations, such as oral ulcer and dental mobility are common manifestations of LBCL. In addition, our patient presented necrotic bone exposure, which rarely was reported in literature. Dental practitioner must know NHL typical oral manifestations and when an osteonecrosis appears in a patient without history of medication or radiotherapy related, neoplasm such as DLBCL must be suspected.