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Abstracts of the XI Congresso Sul Brasileiro de Câncer Bucal (April 16-17, 2026)

1. MEDICATION-RELATED OSTEONECROSIS OF THE JAW IN A TERMINAL ONCOLOGIC PATIENT: A CASE REPORT

Rafaela Sávio Melzer, Cintia Mussi Milani, Adriana Inoue, Francielle Paes Campos, Liliane Roskamp

This report describes the case of an 81-year-old patient receiving zoledronic acid for the management of bone metastases secondary to prostate adenocarcinoma, who presented with pain and bilateral maxillary bone exposure following tooth extractions performed eight months earlier. Clinical examination revealed bilaterally exposed necrotic bone in the posterior maxilla, associated with purulent discharge. Imaging studies demonstrated areas of sclerosis, bone rarefaction, and sequestra. Based on the clinical and imaging findings, a diagnosis of medication-related osteonecrosis of the jaws was established. Initial conservative management was instituted, including strict oral hygiene control and antibiotic therapy, followed by sequestrectomy under local anesthesia. Partial regression was observed; however, due to systemic deterioration and discontinuation of follow-up, extensive necrosis progressed, involving the maxillary sinus and nasal cavity. Considering the patient's terminal clinical condition, a palliative approach was adopted. The patient died five months after the last appointment.

KEYWORDS: Osteonecrosis; Bisphosphonates; Drug Therapy

2. DESMOPLASTIC FIBROMA OF THE MANDIBLE: A SURGICAL MANAGEMENT

Alessandro Vail de Camargo, Murillo de Camargo, Thiago D'Agostino Gennari, Fernando Russo Costa do Bomfim

A 64-year-old female patient was referred for endodontic evaluation of tooth 37 due to persistent pain. Clinical examination revealed sensitivity to palpation in the mandibular region. The patient reported previous surgical removal of a cystic lesion involving teeth 35, 36, and 37, without pathological diagnosis. Mandibular computed tomography demonstrated a multinucleated lesion in the posterior mandibular body extending to the mesial root of tooth 37. Surgical treatment was indicated and performed under general anesthesia with nasotracheal intubation and local infiltrative anesthesia using levobupivacaine with vasoconstrictor. An incision was made from teeth 35 and 36 to tooth 37. After five months, tooth 37 was extracted and the lesion curetted, presenting exudate and requiring clindamycin therapy. A bone specimen measuring 1.0 × 0.9 × 0.4 cm was collected for histopathological analysis. The surgical site was filled with bovine collagen membrane and sutured with absorbable sutures. Histopathological analysis confirmed desmoplastic fibroma postoperatively observed.

KEYWORDS: Desmoplastic Fibroma, Toothache, Mandible.

3. BURKITT'S LYMPHOMA AND ORAL HAIRY LEUKOPLAKIA IN A PATIENT WITH HIV/AIDS.

Amanda Justiliano da Luz, Maria Eduarda Dias Monteiro Bispo Chaves, Brunna Eloy Costa, Juliana Lucena Schussel, Melissa Rodrigues de Araujo.

Burkitt lymphoma is an aggressive B-cell neoplasm frequently associated with HIV infection. A 31-year-old male patient presented with severe odynophagia, marked weight loss, and a large oropharyngeal mass, leading to a simultaneous diagnosis of HIV infection and Burkitt lymphoma. Intraoral examination revealed bilateral rough white plaques on the lateral borders of the tongue, associated with extensive erythematous areas, consistent with oral hairy leukoplakia. Imaging studies demonstrated an extensive infiltrative lesion and cervical lymphadenopathy. Histopathological analysis with immunohistochemistry confirmed a high-grade B-cell lymphoma compatible with Burkitt lymphoma. Treatment consisted of Hyper-CVAD chemotherapy combined with antiretroviral therapy, without the need for transplantation, resulting in rapid tumor regression and significant clinical improvement. This case highlights the importance of oral manifestations as early

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indicators of advanced HIV infection and underscores the role of dental professionals in the early recognition of AIDS-related malignancies.

KEYWORDS: HIV Infections; Burkitt Lymphoma; Leukoplakia, Hairy.

4. LEUKOPLAKIA AND ORAL LICHEN PLANUS: A CASE REPORT HIGHLIGHTING CLINICAL AND HISTOPATHOLOGIC CORRELATION

Amanda de Lima Meirelles Nunes, Antonella Yanucci, Flaviana Silva de Souza, Isabela Soares Gouveia, Filipe Modolo, Liliane Janete Grando, Gustavo Davi Rabelo

A 70-year-old female was referred for evaluation of oral lesions. Her medical history included gastrointestinal and celiac disease treated with mesalazine, and she reported a 30-year history of smoking. Six years earlier, a biopsy of a dorsal tongue white lesion diagnosed as leukoplakia, with mild epithelial dysplasia. Current intraoral examination showed smooth white plaques on both buccal mucosae with underlying purplish-brown pigmentation, occasionally displaying a reticular pattern. Bilateral white plaques were also observed on the posterior inferior alveolar ridge, along with erythematous papules on the hard palate. Incisional biopsy of the left buccal mucosa demonstrated hyperkeratosis, pigment incontinence, and some focal epithelial atrophy associated with a focal-limited subepithelial inflammatory infiltrate. Clinical findings were consistent with reticular oral lichen planus (OLP) associated with inflammatory pigmentation, although lacking all the histopathology features of OLP. The patient was informed about the diagnosis, potential risks, and the importance of continuous follow-up and smoking cessation.

KEYWORDS: Leukoplakia; Lichen Planus, Oral; Oral Medicine

5. HPV+ SQUAMOUS CELL CARCINOMA IN CERVICOFACIAL REGION

Amália Aparecida Fernandes Silveira, Andressa Marcelino dos Santos, Etyele Amaral dos Santos, Juliana Milioli Voltolini, Marina Ingrid de Oliveira Barbosa

Introduction: Human papillomavirus (HPV) is responsible for the development of cervical cancer and has recently been investigated for its potential correlation with head and neck cancers. Oropharyngeal cancer currently predominantly affects younger patients infected with HPV, and the dental surgeon plays a crucial role in early diagnosis, which is extremely important for improved prognosis and optimal treatment outcomes. Methods: This is a qualitative, descriptive, documentary, and retrospective study presented as a case report. Case Report: Case report of a patient diagnosed with HPV-positive squamous cell carcinoma in the oropharyngeal region, highlighting the side effects associated with antineoplastic therapy. Conclusion: Treatment of head and neck cancer may result in multiple adverse effects, and the dental surgeon is fundamental in this process, maintaining oral health throughout and following the therapeutic process.

KEYWORDS: Epidermoid Carcinoma, HPV, Oncological dentistry.

6. BENEFITS OF VIRTUAL SURGICAL PLANNING ON ACCURACY AND PREDICTABILITY IN MANDIBULAR RECONSTRUCTION WITH MICROVASCULAR FIBULA FLAP

Ana Júlia Garcia Brod Lino; Bruna Luisa Koch Monteiro; Leticia Aparecida Cunico; Lara Krusser Feltraco; Priscila Queiroz Mattos da Silva; Fernando Luiz Zanferrari; Laurindo Moacir Sassi

Virtual surgical planning has become a fundamental tool in complex craniomaxillofacial reconstructions, providing increased predictability, precision, and surgical safety. The use of digital models allows detailed assessment of bone and soft tissue dimensions, contributing to facial symmetry and optimization of functional and aesthetic outcomes. A 65-year-old female patient presented with an ulcerated exophytic lesion in the left mandibular alveolar ridge, extending to the floor of the mouth. After unsuccessful conservative management in an external service, she was referred to a specialized center, where incisional biopsy confirmed well-differentiated squamous cell carcinoma. The patient underwent left pelvissomandibulectomy followed by microsurgical reconstruction using a free fibula flap, indicated for extensive mandibular defects due to low donor-site morbidity and favorable adaptation to the recipient site. Virtual planning allowed three-dimensional mandibular reconstruction, simulation of the maxillomandibular relationship, and precise definition of flap volume and positioning. It was essential for improving reconstructive accuracy, reducing operative time, and optimizing both functional restoration and facial aesthetics.

KEYWORDS: Virtual surgical planning; Mandibular reconstruction; Microvascular fibula flap.

7. MALIGNANT TRANSFORMATION OF ORAL LICHEN PLANUS: CASE REPORT

Ana Júlia Garcia Brod Lino; Lara Krusser Feltraco; Victoria Pires Gonçalves; Izadora Andreiv; Leticia Cunico; Fernando Luiz Zanferrari; Laurindo Moacir Sassi

Oral Lichen Planus is a chronic, immunologically mediated disease, relatively common, with an estimated prevalence between 0.5% and 4% of the general population, mainly affecting the oral and genital mucosa. This report describes a 77-year-old female patient diagnosed with OLP, followed for approximately nine years, during which multiple tongue biopsies were performed, initially showing squamous mucosal hyperplasia, epidermization, and mild chronic inflammation. At the last evaluation, biopsies from the anterior and right posterior lateral tongue revealed moderately and well-differentiated, infiltrative, and ulcerated squamous cell carcinoma. Clinically, erythema on the lateral border of the tongue, desquamative areas, and whitish plaques with bleeding upon manipulation were observed. The patient was treated with partial glossectomy associated with ipsilateral neck dissection. Some studies report a 0–3% risk of malignant transformation of OLP, and this case reinforces that, despite the low incidence, strict and long-term follow-up of these patients is essential.

KEYWORDS: oral lichen planus; squamous cell carcinoma; malignant transformation

8. ORAL MYELOID SARCOMA AS AN INITIAL MANIFESTATION OF LEUKEMIA: CASE REPORT

Ana Júlia Garcia Brod Lino; Priscila Queiroz Mattos da Silva; Izadora Andreiv; Lara Krusser Feltraco; Juliana Lucena Schussel; Fernando Luiz Zanferrari; Laurindo Moacir Sassi

A 55-year-old white male presented in 2013 with an erosive erythroplakic lesion on the posterior maxillary alveolar ridge distal to tooth 18, extending to the hard palate (≈3 cm), with detachable superficial necrosis, pain radiating to the right auricular region, and fetid odor. A palpable right submandibular lymph node (1 cm) and weight loss were observed, without fever or other B symptoms. Laboratory tests revealed hematological abnormalities. Immunohistochemistry of the lesion showed a lymphoplasmacytic inflammatory infiltrate, initially suggesting a reactive process. However, bone marrow biopsy demonstrated an atypical lymphoproliferative disorder consistent with malignant hematologic disease, establishing a clinical diagnosis of leukemia. Given the aggressive extramedullary presentation, granulocytic sarcoma (myeloid sarcoma) was suspected, a rare neoplasm composed of immature myeloid precursors, often associated with acute myeloid leukemia and capable of preceding or indicating systemic relapse. The patient died three months after diagnosis, highlighting the poor prognosis and the importance of early recognition of atypical oral lesions.

KEYWORDS: oral myeloid sarcoma; leukemia; extramedullary manifestation.

9. RARE ORAL LYMPHOPROLIFERATIVE NEOPLASM IN A PATIENT AFTER ALLOGENEIC TRANSPLANTATION: A CASE REPORT

Ana Júlia Garcia Brod Lino; Lara Krusser Feltraco; Priscila Queiroz Mattos da Silva; Rainde Naiara Rezende; Laurindo Moacir Sassi; Juliana Lucena Schussel; Fernando Luiz Zanferrari

A patient with high-risk myelodysplastic syndrome (MDS) underwent a related allogeneic hematopoietic stem cell transplantation (HSCT) and subsequently progressed to secondary refractory acute myeloid leukemia, requiring a second allogeneic HSCT. During follow-up, the patient developed chronic graft-versus-host disease (GVHD) with oral and ocular involvement, managed with topical therapy, and was later referred to exclusive palliative care. During clinical follow-up, an oral lesion was identified in the posterior maxillary vestibule, characterized by a firm, violaceous/pink mass measuring approximately 2.5 cm, painful on palpation, associated with hematoma, petechiae on the buccal mucosa, and firm hyperemic extraoral edema. A core biopsy was performed, and immunohistochemical analysis revealed a lymphoproliferative neoplasm, representing a rare neoplastic complication in an immunosuppressed post-HSCT patient. The patient died one month after diagnosis, reflecting the aggressive behavior and rapid progression of the neoplasm in the context of post-transplant immunosuppression.

KEYWORDS: Oral lymphoproliferative neoplasm; Allogeneic hematopoietic stem cell transplantation; Post-transplant complications;

10. RECONSTRUCTION OF THE ANTERIOR MANDIBULAR ARCH WITH A FREE FIBULA FLAP FOLLOWING ONCOLOGIC RESECTION: CASE REPORT

Ana Júlia Garcia Brod Lino; Priscila Queiroz Mattos da Silva; Victoria Pires Gonçalves; Izadora Andreiv; Lara Krusser Feltraco; Fernando Luiz Zanferrari; Laurindo Moacir Sassi

A 68-year-old male, former smoker, was diagnosed in 2023 with moderately differentiated squamous cell carcinoma of the bilateral anterior tongue, extending to the floor of the mouth and infiltrating the mandibular symphysis (pT2pN1; 3.2 × 2.9 cm). He underwent pelveglossomandibulectomy involving the chin, bilateral neck dissection (levels I–IV), tracheostomy, and immediate microsurgical reconstruction. Virtual surgical planning guided the fabrication of a free fibula flap, combined with an anterolateral thigh (ALT) flap for soft tissue reconstruction. Two osteotomies were performed to shape the anterior mandibular arch, with fixation using four 2.0 system miniplates and 16 screws. Microvascular anastomoses were completed to the right facial artery and external jugular veins, achieving adequate perfusion and immediate flap viability. The reconstructive procedure was technically successful, aiming to restore aesthetics by reestablishing the anatomy of the anterior mandibular arch. However, despite surgical success, the patient died on the 30th postoperative day due to cerebral hypoxemia.

KEYWORDS: Mandibular reconstruction; Free fibula flap; Anterior mandibular arch restoration.

11. OZONE THERAPY PROTOCOL TO PAROTID GLAND BIOSTIMULATION IN HEAD AND NECK RADIOTHERAPY PATIENTS.

Ana Leticia Silva Medeiros, Sofia Schlindwein Matiola, Litsa A Fernandes, Manuella Martins da Silva, Mariah Luz Lisboa, Scheila Aust, Liliane Janete Grando.

Hyposalivation is widely considered the most significant and common long-term, sequela of head and neck radiotherapy. It profoundly impacts the oral health-related quality of life. In our Dental Service, we propose an ozone therapy protocol to parotid gland biostimulation. The protocol includes: (a) inicial sialometry with and without stimulation; (b) degerming with 2% chlorhexidine; (c) six-to-eigth intradermal injections without anestesia, over each anatomical area of the bilateral parotid glands; (d) ozone gas applications (concentrations between 5 and 7 ug/ml) in fortnightly intervals, at least 10 sessions; (e) final sialometry with and without stimulation. This protocol is being tested on two patients who underwent head and neck radiotherapy treatment with severely reduced salivary flow. Patients are experiencing minimal discomfort and have shown an increase in salivary flow upon milking of the glands, during procedures. A new sialometry post-treatment will be performed to compared to the baseline.

KEYWORDS: Ozone Therapy, Xerostomia, Radiotherapy

12. SOCIAL VULNERABILITY AND DELAYED MANAGEMENT OF ADVANCED ORAL SQUAMOUS CELL CARCINOMA: A CASE REPORT

Ana Luiza Carias, Laís Bonatto Zawadniak, Brunna Eloy Costa, Melissa Rodrigues Araujo, Juliana Lucena Schussel

Oral squamous cell carcinoma (OSCC) accounts for more than 90% of malignant oral neoplasms and has a multifactorial etiology. This report describes the case of a 64-year-old male patient, smoker, without family support, who sought care after four months of odynophagia and the appearance of a lesion in the soft palate and oropharynx. Clinical examination revealed an extensive ulcerated infiltrative lesion involving the right retromolar trigone, soft palate, uvula, tongue base, and oropharynx. Histopathological analysis confirmed moderately differentiated invasive squamous cell carcinoma (cT4, cN1). Due to the advanced stage of the disease, combined chemoradiotherapy was indicated. The patient developed severe complications related to supportive treatment, including a complicated gastrostomy, progressing to refractory septic shock and death. This case highlights the consequences of delayed OSCC diagnosis and underscores how social vulnerability and lack of family support may contribute to treatment delay and increased complexity in the management of advanced tumors.

KEYWORDS: Oral squamous cell carcinoma, social vulnerability, Delayed diagnosis

13. PROLIFERATIVE VERRUCOUS LEUKOPLAKIA PROGRESSING TO ORAL SQUAMOUS CELL CARCINOMA: A CASE REPORT EMPHASIZING THE IMPORTANCE OF CONTINUOUS FOLLOW-UP

Ana Elisa de Melo Luiz, Sofia Schlindwein Matiola, Livia Araújo Capeletti, Quezia Danielli Ferreira, Gustavo Davi Rabelo, Etiene de Andrade Munhoz, Alessandra Rodrigues de Camargo

A 60-year-old caucasian female was referred to a Hospital Dentistry service for evaluation of intraoral lesions. Her medical history included type 2 diabetes, and she reported a previous smoking habit. Intraoral examination revealed multiple asymptomatic white patches involving nearly the entire oral mucosa. Some lesions exhibited a verrucous surface, predominantly on the dorsal tongue. Collectively, the lesions measured approximately 5 cm and were not removable by scraping. Multiple incisional biopsies were essential for the diagnosis of proliferative verrucous leukoplakia (PVL). Tongue lesions were treated by laser excision but showed recurrence. The patient was lost to follow-up for one year and returned with a non-homogeneous white plaque on the tongue associated with a firm central nodule and partial surface erosion, while other white patches persisted. A new biopsy confirmed a moderately differentiated invasive squamous cell carcinoma, and the patient was referred to head and neck surgery. This case highlights the need for continuous and close monitoring of patients diagnosed with PVL.

KEYWORDS: Carcinoma, Squamous Cell; Leukoplakia, Oral; Verrucous Leukoplakia.

14. IMPORTANCE OF EARLY DIAGNOSIS IN ACTINIC CHEILITIS: CASE REPORT IN A PATIENT WITH PROLONGED SUN EXPOSURE

Andressa Marcelino dos Santos, Amália Aparecida Fernandes Silveira, Juliana Milioli Voltolini.

Actinic cheilitis is a potentially malignant lesion of the lip vermilion border, associated with chronic sun exposure. It is more frequent in men, individuals with fair skin, and outdoor workers. We report the case of a 66-year-old male presenting with lesions on the lower lip. During anamnesis, the patient described prolonged sun exposure due to rural activities without photoprotection. Clinical examination revealed an ill-defined lesion with erythematous areas and a whitish plaque. Initial treatment was instituted, with biopsy indicated if regression did not occur. Histopathological analysis confirmed actinic cheilitis with mild dysplasia and solar elastosis. Complete surgical excision was performed with patient agreement as a form of treatment. Since the biopsy in October 2024, no recurrence has been observed. During follow-up, the patient reported efforts to reduce alcohol consumption and maintain daily sun protection, underscoring the relevance of lifestyle modification in preventing disease progression.

KEYWORDS: Actinic cheilitis, sun exposure, UV radiation

15. NODULAR LESION ON THE ANTERIOR DORSUM OF THE TONGUE SIMULATING MALIGNANT NEOPLASM: DIAGNOSTIC CHALLENGE AND CLINICOPATHOLOGICAL CORRELATION

Angela Maira Guimarães, Isadora Alves, Laura Maria Araujo, Camila Moura Cerantula, Rafaela Scariot, Juliana Lucena Schussel, Leandro Eduardo Kluppel.

A 48-year-old male patient, with no history of alcohol or tobacco use, presented with a nodular lesion on the anterior dorsum of the tongue with a three-month evolution, associated with speech impairment, mild dysphagia, recurrent bleeding, and halitosis. Clinical examination revealed a purplish nodular mass measuring approximately 3 cm in greatest diameter and 1 cm in thickness, sessile-based, well-defined margins, firm consistency, and bleeding upon manipulation, without pain. The violaceous coloration, significant size, and recurrent hemorrhagic episodes raised diagnostic considerations of a proliferative vascular lesion or malignant neoplasm. An incisional biopsy was performed, and histopathological analysis revealed fibroepithelial hyperplasia. Considering the lesion's size and potential intraoperative bleeding, complete excision was performed in a hospital setting. The lesion was removed through a triangular incision, with cauterization of the surgical bed and layered closure using absorbable sutures. The patient demonstrates satisfactory healing and remains under outpatient follow-up without clinical complications.

KEYWORDS: Tongue Diseases; Hyperplasia; Mouth Neoplasms.

16. ORAL MYIASIS AND PALLIATIVE CARE: END-OF-LIFE MANAGEMENT IN A GERIATRIC PATIENT.

Angela Maira Guimarães; Laura Maria de Almeida Araújo; Isadora Alves; Delson João da Costa; Rafaela Scariot; Leandro Eduardo Kluppel; Katheleen Miranda dos Santos.

Oral myiasis consists of tissue infestation by larvae of flies from the order Diptera, a condition of high morbidity associated with poor hygiene and an inability to perform self-care. A 79-year-old female patient, with a history of ischemic stroke, advanced dementia syndrome, and diabetes mellitus, was admitted with right-sided labial and jugal edema due to deep orofacial myiasis and intense pain. The clinical presentation was aggravated by severe social vulnerability and a lack of a family support

network. Following an unsuccessful attempt at superficial removal, the patient underwent surgical debridement under general anesthesia for mechanical larvae excision. The pharmacological protocol included ivermectin (6 mg) and ceftriaxone for seven days. Due to anemia, suspected bronchopneumonia, and clinical frailty, the patient was managed in the Intensive Care Unit. On the seventh postoperative day, she presented with hemodynamic instability, severe hypotension, and persistent hypoxia. Given the depressed level of consciousness, systemic severity, and poor prognosis, the team opted for a transition to exclusive palliative care. The patient passed away on the 12th day of hospitalization following an unresuscitated cardiopulmonary arrest. This case highlights the impact of social isolation and cognitive decline on the progression of myiasis, as well as the necessity of bioethical management at the end of life.

KEYWORDS: Myiasis; Oral Surgery; Palliative Care

17. AGGRESSIVENESS OF AMELANOTIC MELANOMA IN THE MAXILLARY SINUS: CASE REPORT.

Anna Torrezani, Felipe Perozzo Daltoé, Flaviana Silvana de Souza, Helena Miguel Cotter, César Augusto Magalhães Benfatti, Arno Lotar Córdova Junior

A 35-year-old female patient presented with tinnitus, epistaxis, and dysphagia. After three months of investigation, magnetic resonance imaging revealed an expansive lesion occupying the nasal cavity, maxillary, ethmoid, and frontal sinuses, with skin, retromaxillary, and orbital invasion. The histopathological diagnosis was amelanotic melanoma. Treatment was initiated with ipilimumab, nivolumab, and zoledronate, with partial response, subsequently combined with intensity-modulated radiation therapy (IMRT) on the right side of the face. Two months after initial treatment, there was disruption of the hard palate cortex and mucosal discontinuity, where exfoliative cytology revealed cellular and nuclear pleomorphism and hyperchromatism compatible with malignant epithelial neoplasia. The progression of the condition, associated with severe pain and the need for opioids, resulted in difficulty eating, so we made an acetate plate for symptomatic relief. This case highlights the challenging management of amelanotic melanoma in the maxillary sinus, given its aggressiveness and limited response to multimodal therapies.

KEYWORDS: Melanoma, Amelanotic; Maxillary Sinus; Radiotherapy.

18. REACTIVE-APPEARING LESION OF THE LOWER LIP UNMASKING SQUAMOUS CELL CARCINOMA

Anthunis Ribeiro Texca, Arthur Henrique Pereira Scarpin, Júlia Patricia Janzen, Eduardo dos Santos Vidal, Juliana Lucena Schussel, Heliton Gustavo de Lima.

Squamous cell carcinoma (SCC) of the lower lip may clinically mimic benign or reactive lesions, posing diagnostic challenges. We report the case of a 52-year-old white female with a history of alcohol consumption and former smoking who presented with a painful ulcerated lesion on the lower lip measuring 1.5 cm. The lesion exhibited an erythematous surface with brownish areas and was initially diagnosed clinically as pyogenic granuloma. An excisional biopsy was performed. Histopathological analysis revealed invasive nests and islands of atypical squamous epithelial cells infiltrating the connective tissue, with nuclear pleomorphism, hyperchromatism, keratin pearl formation, dyskeratosis, and mitotic activity, establishing the diagnosis of well-differentiated superficial invasive SCC. Surgical margins were close. The patient was referred for oncologic evaluation and complementary management. This case underscores that even lesions with an apparently reactive clinical presentation require histopathological assessment to ensure accurate diagnosis and timely treatment.

KEYWORDS: Squamous cell carcinoma; Lip; Biopsy.

19. MULTIPLE ORAL AND SKIN CARCINOMAS IN THE HEAD AND NECK REGION: CLINICAL EVOLUTION OF A PATIENT OVER TWO DECADES

Antonella Yanucci, Amanda de Lima Meirelles Nunes, Isabela Soares Gouveia, Helena Miguel Cotter, Manuella Martins da Silva, Isadora Simm Milan Teixeira, Liliane Janete Grando

Man, 60 years old, farmer, with a family history of skin cancer, since 2004 has presented multiple squamous cell and basal cell carcinomas in the head and neck region, including face, lower lip, nasal dorsum, temporal, cervical, and periorbital regions. Over the years, he underwent multiple oncologic surgeries, cervical dissection, partial rhinectomy, right orbital exenteration, and successive local recurrences that resulted in marked facial deformity. He also underwent three cycles of radiotherapy; currently uses acitretin, cemiplimab, and hormone replacement therapy for hypothyroidism. At the Hospital Dentistry Service, he receives treatment for sequelae of oncologic

therapy, such as restorations in teeth with radiation caries, extractions, periodontal treatment, and ozone therapy/laser therapy for osteoradionecrosis in the posterior mandibular region, as strategies to improve quality of life. He has also undergone a biopsy of a gingival lesion suspected of malignancy, as part of strict clinical follow-up for early diagnosis of other possible carcinomas.

KEYWORDS: Carcinoma, Mucoepidermoid, Carcinoma, Basal Cell, Osteoradionecrosis

20. LASER-ASSISTED SURGICAL TREATMENT OF ORAL LYMPHANGIOMA: REPORT OF AN UNCOMMON CASE

Arthur Von Muller Zugel, Ferdinando de Conto

Lymphangiomas are rare congenital lymphatic malformations. These lesions are typically diagnosed during childhood, are most commonly located in the head and neck region, and are extremely rare in the oral cavity. There is no consensus regarding the most effective treatment approach for this condition. Here, we present a case of a boy with macroglossia. Upon intraoral examination, multiple small nodular swellings on the dorsum of the tongue, approximately 1 - 2 cm in size each one, were observed. The lesion featured numerous small, translucent vesicles resembling "frog eggs," raising a diagnostic suspicion of lymphangioma. Surgical excision was performed, and at the end of the procedure the laser beam was used in a defocused mode to promote better hemostasis. Laser-assisted excision allowed precise tissue removal with effective hemostasis, eliminating the need for sutures or dressings and minimizing surgical morbidity. After eighteen months of follow-up, the patient shows no clinical signs of recurrence.

KEYWORDS: lymphangioma, lasertherapy, malformations

21. MINIMALLY INVASIVE MANAGEMENT OF A MANDIBULAR BONE CYST USING A CUSTOM-MADE SURGICAL GUIDE

Arthur Von Muller Zugel, Ferdinando de Conto

The application of virtual planning and three dimensional (3D) printed patient specific cutting guide for treatment of a mandibular lesion closely positioned to the mandibular canal is presented. The article explores the use of a static 3D-printed surgical guide to treat a mandibular cyst, emphasizing a minimally surgical approach for this lesion. In this case report, we present the application of a cutting guide to approach a keratocyst closely positioned to the IAN. The 3D-printed windowed surgical guide with dental support offers significant advantages, including improved visibility and reduced errors. To prevent inferior alveolar nerve damage, the cutting site of the bone window was virtually planned and then the cutting guide was 3D printed. This guide enabled intra-operative control and resulted in absence of postoperative hypoesthesia or dysesthesia. The article also highlights the importance of preoperative planning while acknowledging potential limitations, errors and surgical complications.

KEYWORDS: virtual planning, cyst, surgery

22. ORAL LICHENOID LESION: A CHALLENGING DIAGNOSIS IN A YOUNG PATIENT

Bárbara Marchi Fagundes, Luiza Srour, Letícia Dreyer Marinho, Mauricio Almeida Shimizu, Felipe Daniel Burigo dos Santos, Aira Maria Bonfim Santos e Gustavo Davi Rabelo

A 28-year-old Caucasian male was referred to a dental hospital service with a persistent tongue lesion previously evaluated. He reported no smoking habit and occasional alcohol consumption. Medical history was noncontributory, and serological and rapid tests for infectious diseases were negative. Intraoral examination revealed a circular white plaque with a dotted erythematous pattern on the left ventral tongue, measuring 1 cm. The lesion was asymptomatic and had evolved over one year. Differential diagnosis included erythroleukoplakia, verruciform xanthoma and HPV-associated lesions. Excisional biopsy demonstrated an acanthotic epithelium with a prominent granular layer, surface keratinization, and a band-like lymphocytic inflammatory infiltrate at the interface. The clinical findings and the histopathological interface mucositis favored the diagnosis of an oral lichenoid lesion, due to the absence of typical bilateral distribution of oral lichen planus. Given the lack of symptoms, complete excision was considered sufficient management, with no need for topical or systemic therapy.

KEYWORDS: Diagnosis, Differential; Lichen planus, Oral; Tongue

23. ATYPICAL INTRAOSSEOUS LESION OF THE MANDIBLE: CASE REPORT

Beatriz Maria Consolim; João Pedro Senczuk Clazer

Case description: A 32-year-old female patient sought outpatient care reporting a lesion in the right mandible. Examinations: Serum laboratory tests and computed tomography were requested, which revealed an extensive area of increased bone density with a ground-glass appearance, expansive and multiloculated, involving the posterior region and the ascending ramus of the right mandible. Diagnosis: Initial hypotheses included ameloblastoma, brown tumor, giant cell granuloma, and hemangioma. Histopathological examination confirmed the diagnosis of intraosseous xanthoma. Management: An incisional biopsy was performed in a hospital setting under local anesthesia, with surgical access and removal of fragments for anatomopathological analysis. Follow-up: At the one-week postoperative follow-up, good wound healing and trismus were observed, with no immediate complications.

KEYWORDS: Mandible; Bone Diseases; Xanthoma.

24. EXCISION OF DENTIGEROUS CYST IN THE MAXILLARY SINUS – CASE REPORT

Beatriz Maria Consolim; João Pedro Senczuk Clazer

A 20-year-old female patient sought care for extraction of a third molar and reported yellow drainage in the right posterior maxillary region. Fine-needle aspiration biopsy was performed and submitted for histopathological analysis, which revealed absence of keratin. Cone-beam computed tomography was requested for surgical planning and demonstrated proximity to the nasal cavity, assisting in the identification of possible intraoperative access routes. The diagnosis was consistent with a dentigerous cyst involving the maxillary sinus. Surgical management consisted of cyst enucleation followed by placement of a collagen membrane to prevent soft tissue invasion into the sinus cavity and to guide bone regeneration. At 14-day follow-up, radiographic examination showed initial bone neoformation. Teeth 28, 38, and 48 were extracted as a preventive measure.

KEYWORDS: Dentigerous cyst; Maxillary Sinus; Enucleation.

25. UNICYSTIC AMELOBLASTOMA – CLINICAL CASE REPORT

Beatriz Maria Consolim; João Pedro Senczuk Clazer

Case description: A 32-year-old female patient presented to the outpatient clinic with an infectious process in the posterior region of the left mandible, associated with hardened extraoral swelling. Examinations: Based on panoramic radiography, a multilocular radiolucent lesion was observed in the ascending mandibular ramus, and cone-beam computed tomography was requested to assess the extent of the lesion. Diagnosis: An incisional biopsy was performed and sent for histopathological analysis, resulting in a diagnosis of "Unicystic Ameloblastoma". Management: Antibiotic therapy was initially instituted, followed by a diagnostic surgical procedure and referral to a specialized oral and maxillofacial surgery service. Follow-up: The patient remains under follow-up with the oral and maxillofacial surgery and traumatology service at Erasto Gaertner Hospital. Despite attempts to contact the patient for postoperative follow-up, she did not attend.

KEYWORDS: Unicystic ameloblastoma; Odontogenic lesions; Diagnosis.

26. ADENOID CYSTIC CARCINOMA OF THE MAXILLARY SINUS: FROM DIAGNOSTIC CHALLENGES TO FUNCTIONAL SEQUELAE

Bruna Eduarda Sobral, Christian Ferreira Bernardi, Jessica dos Santos Rodrigues, Danielle Lima Corrêa de Carvalho, Natalia Guimaraes Ferreira, Letícia Mello Bezinelli, Juliana Mota Siqueira

Adenoid cystic carcinoma (ACC) is a malignant neoplasm of the secretory glands, primarily affecting the salivary glands. Treatment is mainly based on surgical resection, often combined with adjuvant radiotherapy. Despite therapeutic advances, patients frequently develop severe functional sequelae due to delayed diagnosis. This case report describes a 28-year-old female patient who presented with a nodular palatal lesion excised without prior biopsy or histopathological examination, as it was considered benign during dental care. In the following months, the absence of a definitive diagnosis favored disease progression, leading to persistent purulent sinusitis unresponsive to treatment. After one year, a biopsy confirmed extensive ACC. The patient underwent extensive surgical resection of the left soft palate, nasal septum, maxilla, and orbital floor, involving the left hemiface. The procedure resulted in impaired swallowing and speech, impacting quality of life. This case emphasizes the importance of biopsy and histopathological examination of persistent oral lesions.

KEYWORDS: adenoid cystic carcinoma; histopathology, oral diagnosis

27. EPIDEMIOLOGICAL PROFILE AND THERAPEUTIC MANAGEMENT OF NASAL FRACTURES IN AN ORAL AND MAXILLOFACIAL SURGERY AND TRAUMATOLOGY SERVICE

Bruna Luisa Koch Monteiro, Leticia Aparecida Cunico, Rainde Naiara Rezende de Jesus, João Paulo Prohny, Josemael de Oliveira Ribas Filho, Gustavo Nogueira, Laurindo Moacir Sassi.

Objective: To analyze epidemiological profile, trauma etiology, therapeutic approaches adopted in patients with nasal fractures treated at an Oral and Maxillofacial Surgery and Traumatology service. Materials and Methods: Retrospective study was conducted through the analysis of 360 medical records of patients diagnosed with nasal fractures treated between March 2025 and February 2026. Variables evaluated included sex, age, trauma etiology, and type of treatment performed. Results: A predominance of male patients was observed (240 cases; 66.9%) compared to females (119 cases; 33.1%). The main etiologies were ground-level falls (96 cases; 26.7%), physical assault (87 cases; 24.2%), and sports-related accidents (26 cases; 7.2%). Conservative treatment was the most frequently adopted approach (270 cases; 75.2%), while surgical management was performed in 89 patients (24.8%). Conclusion: Nasal fractures predominantly affect male individuals, with falls and physical assault representing the main causes. Conservative treatment remains the primary therapeutic approach in the management of these injuries.

KEYWORDS: Nasal fractures; Facial trauma; Oral and maxillofacial surgery; Epidemiology.

28. EPIDEMIOLOGICAL PROFILE OF PATIENTS UNDERGOING SURGICAL TREATMENT FOR MIDFACIAL FRACTURES AT A REFERENCE HOSPITAL IN PARANÁ

Bruna Luisa Koch Monteiro, Letícia Aparecida Cunico, Lara Krusser Feltraco, Rainde Naiara Rezende de Jesus, Josemael de Oliveira Ribas Filho, Gustavo Nogueira, Laurindo Moacir Sassi.

Midfacial fractures, particularly those involving the orbitozygomaticomaxillary complex (OZMC), represent an important challenge in oral and maxillofacial surgery due to the anatomical and functional complexity of the region. This retrospective descriptive epidemiological study analyzed the profile of patients undergoing surgical treatment for midfacial fractures at a reference hospital in Curitiba, Paraná, Brazil, between May 2022 and February 2026. Medical records of 445 surgically treated cranio-maxillofacial trauma patients were reviewed. Among them, 38 cases (8.5%) involved midfacial fractures. A predominance of male patients (84.2%) was observed. OZMC fractures were the most frequent (76.3%), followed by isolated zygomatic arch fractures (23.7%). The left side was slightly more affected (52.6%). Associated facial fractures occurred in 39.5% of cases. Physical assault was the main etiology (47.4%), followed by motor vehicle accidents and falls. All patients underwent surgical management. Midfacial fractures predominantly affected young adult males, reinforcing the importance of early diagnosis and specialized treatment to achieve optimal functional and aesthetic outcomes.

KEYWORDS: midfacial fractures, oral and maxillofacial surgery, oral surgery

29. FUNCTIONAL IMPACT AND PAIN REDUCTION IN ONCOLOGICAL PATIENTS SUBMITTED TO HEAD AND NECK RADIOTHERAPY TREATED WITH INJECTABLE PLATELET-RICH FIBRIN (I-PRF): A PRE- AND POST-TREATMENT CLINICAL ANALYSIS

Bruna Luisa Koch Monteiro; Lara Krusser Feltraco, Ana Julia Garcia Brod Lino, Izadora Andreiv, Juliana Lucena Schussel; Laurindo Moacir Sassi; José Luis Dissenha. Laurindo Moacir Sassi

Objective: To evaluate the impact of injectable platelet-rich fibrin (i-PRF) on mouth opening and pain intensity in oncological patients with trismus undergoing head and neck radiotherapy. Materials and Methods: This retrospective observational analytical clinical study included 11 oncological patients who developed trismus after head and neck radiotherapy. Mouth opening, measured in millimeters, and pain intensity were assessed using the visual analog scale (VAS) before and after conservative treatment with i-PRF applications. Pre- and post-treatment comparisons were performed using the paired Wilcoxon test, with a significance level set at 5%. The study was approved by the Research Ethics Committee (REC) under protocol number 83779824.4.0000.0098. Results: A statistically significant increase in mouth opening was observed after i-PRF treatment, along with a significant reduction in pain scores assessed by the VAS ($p < 0.05$). Conclusion: The use of i-PRF was effective in improving mouth opening and reducing pain in oncological patients with trismus following head and neck radiotherapy, highlighting its potential as a conservative approach in oral and maxillofacial rehabilitation.

KEYWORDS: radiotherapy, i-PRF, oncology

30. ORTHOGNATHIC SURGERY IN COMPLEX CLASS III PATIENTS: A TWO-CASE SERIES

Bruna Luisa Koch Monteiro, Lara Krusser Feltraco, Izadora Andreiv, Letícia Aparecida Cunico, Gustavo Fabiano Nogueira, Laurindo Moacir Sassi, Josemael Ribas Filho

Orthognathic surgery plays a fundamental role in the correction of complex dentofacial deformities, particularly in cases requiring strategic surgical decision-making and rigorous planning. This study presents a two-case series treated at an oral and maxillofacial surgery service. The first case involved a male patient with severe skeletal Class III malocclusion who underwent prolonged orthodontic preparation followed by bimaxillary osteotomy, evolving with adequate occlusal stability and discharge after completion of orthodontic treatment. The second case involved a patient with Class III malocclusion associated with mandibular asymmetry and suspected active condylar hyperplasia, later ruled out by scintigraphy. The patient underwent bimaxillary osteotomy associated with genioplasty. Postoperative evolution was marked by mild early relapse, controlled with orthodontic elastics, as well as late exposure of fixation hardware in the maxilla, which was surgically managed without infectious complications. Clinical follow-up demonstrated functional stability, neurosensory improvement, and resolution of complications, highlighting the importance of careful planning, appropriate management of complications, and multidisciplinary follow-up in orthognathic surgery.

KEYWORDS: orthognathic surgery, malocclusion, mandibular asymetry

31. SURGICAL MANAGEMENT OF EXTENSIVE MANDIBULAR ODONTOGENIC MYXOMA IN A YOUNG PATIENT WITH IMMEDIATE RECONSTRUCTION USING A MICROVASCULARIZED FIBULA FREE FLAP

Bruna Luisa Koch Monteiro; Leticia Aparecida Cunico, Lara Krusser Feltraco, Ana Julia Garcia Broad Lino, Victoria Pies Gonçalves, Luiz Fernando Zanferrari; Laurindo Moacir Sassi

Odontogenic myxoma is a benign neoplasm with locally aggressive behavior. A 25-year-old male patient presented with an expansive osteolytic lesion involving the left mandibular body and angle, with cortical erosion, measuring $55 \times 19 \times 32$ mm. Histopathological examination confirmed odontogenic myxoma. Considering the infiltrative behavior of the lesion and the risk of recurrence, segmental mandibular resection extending from the parasymphysis to the left mandibular ramus was performed. Reconstruction was carried out using a microvascularized fibula free flap to restore mandibular continuity, facial contour, and enable future functional rehabilitation. The procedure was conducted by a multidisciplinary team, with satisfactory postoperative evolution. The management of extensive myxomas in young patients requires a radical surgical approach combined with a reconstructive strategy that ensures functional and aesthetic predictability. Reconstruction with a microvascularized fibula free flap proved effective in restoring mandibular continuity, presenting low morbidity and favorable potential for future rehabilitation, reinforcing its indication for extensive segmental defects.

KEYWORDS: odontogenic myxoma, reconstruction, microvascularized fibula free flap

32. SURGICAL TONGUE RELEASE TECHNIQUE AS A REHABILITATIVE STRATEGY AFTER HEAD AND NECK CANCER TREATMENT: A TWO-CASE SERIES

Bruna Luisa Koch Monteiro, Lara Krusser Feltraco, Izadora Andreiv, Leticia Aparecida Cunico, Ana Julia Garcia Brod Lino, Victoria Pires Goncalves Laurindo Moacir Sassi

Patients undergoing surgical and radiotherapeutic treatment for head and neck cancer may develop acquired ankyloglossia and loss of the vestibular depth, secondary to fibrosis and cicatricial adhesions, resulting in functional impairment and compromised rehabilitation. This study presents a two-case series of oncologic patients with limited tongue mobility following tumor resections and flap reconstructions. The diagnosis was established through clinical examination. In the first case, surgical tongue release was performed by incision over the adhesion area, followed by blunt and sharp dissection of the deep fibrotic planes until satisfactory mobility was achieved. In the second case, tongue release was associated with deepening of the vestibular sulcus through scar release and mucosal repositioning. Both procedures resulted in significant functional improvement, without complications, demonstrating the effectiveness and reproducibility of the technique.

KEYWORDS: head and neck cancer, surgery, surgical technique

33. ALIANÇA AMARTE: A COLLABORATIVE NETWORK TO IMPROVE ORAL CARE IN ONCOLOGIC PEDIATRIC IN BRAZIL

Wastner BF, Couto JM, Passo F, Macari KSM

The World Health Organization and St. Jude Children's Research Hospital launched the Global Initiative for Childhood Cancer in 2018, targeting a minimum 60% global survival rate for pediatric cancer patients by 2030. In Brazil, the AMARTE alliance represents a collaborative network of pediatric oncology centers supported by St. Jude Global, focusing on standardizing diagnostic and treatment approaches. In 2021, a hospital-based dental care study group was established at Hospital de Amor in Barretos/SP, expanding to 41 centers nationwide. Each center designates one dentist representative who specializes in oral health management for children undergoing cancer treatment. The group convenes monthly via online meetings to review protocols and current literature. In 2024, four specialized subgroups were formed to develop clinical protocols and consensus guidelines on laser therapy, pre- and post-cancer treatment oral care, oral hygiene, and mucositis management.

KEYWORDS: Alliance AMARTE, children, cancer treatment

34. CONCOMITANT GERMLINE VARIANTS IN PTCH1 AND SUFU IN FAMILIAL GORLIN-GOLTZ SYNDROME: A POTENTIALLY NOVEL DOUBLE GENOTYPE

Wastner BF, Cunico LA, Monteiro BLK, Sassi LM, Pianovski MAD, Casali-da-Rocha JC

Gorlin-Goltz syndrome (NBCCS) is caused by pathogenic variants in PTCH1 or SUFU, each associated with distinct phenotypic manifestations. SUFU variants are not typically associated with the development of odontogenic keratocysts, and there are no previous reports of concomitant germline variants in both PTCH1 and SUFU. We report two familial cases (mother, 43 years; daughter, 16 years) with NBCCS harboring missense variants in PTCH1 (c.1427T>G; p.Leu476Arg) and SUFU (c.1015C>T; p.Arg338Trp). Both patients present odontogenic keratocysts, palmar/plantar pits, macrocephaly, and sella turcica ossification. The daughter additionally exhibits polydactyly, while the mother presents calcification of the falx cerebri and bifid rib. This potentially novel double genotype suggests additive or modifier effects on NBCCS phenotypic expression. The presence of keratocysts supports PTCH1-related pathogenesis, whereas polydactyly may reflect SUFU contribution. These findings have implications for genetic counseling and surveillance strategies in Hedgehog pathway–related syndromes.

KEYWORDS: syndrome; phenotypic manifestations; PTCH1

35. ODONTOGENIC KERATOCYST IN A PATIENT WITH SUFU-RELATED GORLIN-GOLTZ SYNDROME: REPORT OF AN EXTREMELY RARE FINDING ASSOCIATED WITH THE C.37_53DEL (P.THR13TRPFS 29) VARIANT

Wastner BF, Cunico LA, Monteiro BLK, Sassi LM, Pianovski MAD, Casali-da-Rocha JC

A 7-year-old female patient with clinical diagnosis of Gorlin-Goltz Syndrome (NBCCS), without family history, presents with macrocephaly, hypertelorism, and palmar/plantar pits, in addition to medulloblastoma diagnosed before 2 years of age. Molecular analysis identified a truncating variant in the SUFU gene (c.37_53del; p.Thr13Trpfs 29), consistent with loss of function. Mutations in SUFU define a distinct phenotype within NBCCS, characterized by high risk of medulloblastoma and meningioma, lower frequency of basal cell carcinomas and, as widely described in the literature, absence of odontogenic keratocysts. Notably, in this case, the occurrence of an odontogenic keratocyst is highlighted, a finding considered extremely rare and not recognized in the classic spectrum of SUFU-related NBCCS. This report expands knowledge about the phenotypic variability associated with early truncating variants in SUFU and underscores the importance of comprehensive clinical surveillance, even in the presence of genotypes traditionally associated with the absence of this manifestation.

KEYWORDS: syndrome; phenotypic manifestations; PTCH1

36. ATYPICAL ORAL AND NEUROSENSORY FINDINGS LEADING TO THE DIAGNOSIS OF NEUROBLASTOMA MANDIBULAR METASTASIS

Brunna Eloy Costa, Lais Bonatto Zawadniak, José Miguel Amenabar, Juliana Lucena Schussel

Neuroblastoma is a rare malignant neoplasm in adolescents and may present with unusual oral manifestations.

A 17-year-old female patient with relapsed and refractory neuroblastoma was referred to the Hospital Dentistry Service due to a burning sensation and paresthesia of the lower lip, pressure-related dental pain in the right hemiarch, and pain in the region of tooth 48, associated with gingival swelling. Initial diagnostic hypotheses included a radiotherapy- related reaction, neuralgia, and numb chin syndrome. After 15 days, the condition progressed to a painful nodular gingival lesion. Incisional biopsy followed by immunohistochemical analysis revealed a poorly differentiated neoplasm consistent with neuroblastoma. Magnetic resonance imaging confirmed mandibular metastasis. This case highlights the importance of dental evaluation in the presence of neurosensory alterations and atypical gingival lesions in oncology patients. Identification of the oral lesion enabled disease restaging, adjustment of oncologic therapy, and improved clinical management.

KEYWORDS: Neuroblastoma. Mandibular metastasis, numb chin syndrome

37. CHRONIC ORAL CANDIDIASIS ASSOCIATED WITH GRAFT-VERSUS-HOST DISEASE: A CASE REPORT

Brunna Eloy Costa, Juliana Lucena Schussel

Onco-hematological patients are highly predisposed to chronic oral lesions, frequently associated with chronic graft-versus-host disease (cGVHD) and opportunistic infections. A female patient, 28 years after hematopoietic cell transplantation (HCT), was referred for evaluation of non-healing oral lesions persisting for approximately two years, with limited response to intermittent antifungal therapy. Clinical examination revealed extensive involvement of the dorsal and lateral surfaces of the tongue, affecting nearly 90% of the area, characterized by non-removable whitish plaques over an erythematous background and ulcerated areas. Incisional biopsy demonstrated squamous mucosa with moderate acute inflammation, ulceration, band-like inflammatory infiltrate, and abundant hyphae and pseudohyphae, confirming pseudomembranous candidiasis associated with cGVHD. Management included topical nystatin (100,000 IU) combined with antimicrobial photodynamic therapy. This case highlights the diagnostic challenges related to the clinical overlap between cGVHD and oral candidiasis and emphasizes the importance of long-term oral surveillance in onco-hematological patients.

KEYWORDS: Oral candidiasis; Graft-versus-host disease; Hematopoietic cell transplantation

38. THERAPEUTIC ALTERNATIVES IN THE TREATMENT OF OSTEORADIONECROSIS AND MEDICATION-RELATED OSTEONECROSIS OF THE JAWS: A LITERATURE REVIEW

Bruno Pagliuse, Mirela Caroline Silva, João Matheus Fonseca e Santos, Daniel Vaz da Silva, Isadora Bortolo Sacchetin, João Vitor Pereira, Glaykon Alex Vitti Stabile

Osteoradionecrosis (ORN) and medication-related osteonecrosis of the jaws (MRONJ) represent severe complications in the context of head and neck oncology, significantly impacting patients' quality of life and oncologic dental management. This study aims to review and discuss current prevention and treatment strategies for ORN and MRONJ, with emphasis on antimicrobial photodynamic therapy (aPDT), platelet-rich fibrin (PRF), and the pharmacological protocol with pentoxifylline and tocopherol (PENTO). This is a narrative literature review conducted through searches in the SciELO and PubMed databases, using the descriptors "osteoradionecrosis," "medication-related osteonecrosis of the jaw," "photodynamic therapy," "platelet-rich fibrin," "pentoxifylline," and "tocopherol," in Portuguese and English. Articles published between 2015 and 2025 and available in full text in the selected databases were included. The analyzed literature demonstrates that aPDT acts as an effective adjuvant therapy in microbiological control and inflammatory modulation, promoting tissue healing. PRF stands out for its angiogenic, immunomodulatory, and osteopromotive properties, contributing to bone repair. The PENTO protocol presents growing evidence of improved vascularization and reduced radiation-induced fibrosis. It is concluded that conservative and multimodal approaches represent promising alternatives for the prevention and treatment of ORN and MRONJ, reinforcing the importance of individualized, evidence-based strategies.

KEYWORDS: Bisphosphonate Associated Osteonecrosis of the Jaw; Osteoradionecrosis; Laser Therapy; Head and neck neoplasms

39. MANAGEMENT OF PROLIFERATIVE VERRUCOUS LEUKOPLAKIA OF THE ORAL MUCOSA: A CASE REPORT

Camila Adriane Leffa Rosa, Mônica Karpinski Barreto, Heliton Gustavo de Lima, Cassius, Carvalho Torres-Pereira, Juliana Lucena Schussel

Proliferative verrucous leukoplakia is a potentially malignant oral disorder characterized by multifocal, persistent,

and progressive white verrucous plaques with a high recurrence rate. Patient H.S., an 80-year-old male smoker, was referred to the Oral Medicine Service of the Federal University of Paraná for evaluation of asymptomatic oral white lesions of unknown duration. Intraoral examination revealed an edentulous patient with non-scrapable verrucous plaques on the dorsal tongue, palate, and maxillary alveolar ridge, and white plaques with erythematous areas on the left buccal mucosa. The patient was counseled regarding malignant transformation risk, and an incisional biopsy with high-power laser vaporization of the dorsal tongue lesion was performed. Histopathology showed hyperkeratosis with mild epithelial dysplasia. After five months, lesion recurrence was observed, and periodic clinical follow-up was established. The case highlights the need for continuous monitoring due to the disease's malignant potential.

KEYWORDS: leukoplakia, epithelial dysplasia, OPML

40. CONSERVATIVE TREATMENT OF PATHOLOGICAL MANDIBULAR FRACTURE SECONDARY TO OSTEORADIONECROSIS

Camila Ratkiewicz, Letícia Aparecida Cunico, Bruna Luisa Koch Monteiro, Rainde Naiara Rezende de Jesus, João Paulo Stanislovicz Prohny, Juliana Lucena Schussel, Laurindo Moacir Sassi

A 68-year-old male patient with a history of oral squamous cell carcinoma underwent radiotherapy and later developed osteoradionecrosis (ORN) of the right mandible following tooth extraction. He had previously been treated with the PENTO protocol (pentoxifylline 400 mg + tocopherol 1000 IU), curettage, antibiotics, and local oral care; however, none of these approaches resulted in clinical improvement. Radiographic and tomographic examinations revealed an area of bone rarefaction in the region of teeth 47 and 48, associated with a pathological fracture of the buccal cortical plate. Due to his medical history, including gastritis, a conservative management of the fracture using the CITO protocol (cilostazol 100 mg + tocopherol 1000 IU), was selected. During treatment, the fracture remained stable, with no significant imaging changes or functional complaints, and without additional therapeutic interventions. This treatment requires regular follow-up visits to monitor the patient's clinical status and potential modifications to the protocol.

KEYWORDS: Osteoradionecrosis; Spontaneous fractures; Conservative treatment.

41. TREATMENT OF PROLIFERATIVE VERRUCOUS LEUKOPLAKIA USING HIGH-POWER DIODE LASER

Camila Ratkiewicz, Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, João Paulo Stanislovicz Prohny, Juliana Lucena Schussel, Laurindo Moacir Sassi

Proliferative Verrucous Leukoplakia (PVL) is a multifocal, progressive oral potentially malignant disorder of unknown etiology, characterized by resistance to treatment and high recurrence rates. This report describes the management of a 64-year-old man, former smoker and alcohol user, with a history of multiple previous conventional surgical excisions of the lesion, associated with successive recurrences. Clinical examination revealed a white lesion with fibrotic areas related to prior surgical procedures, extending along the entire right lateral border of the tongue. Histopathological analysis of an incisional biopsy confirmed the diagnosis of PVL, with no evidence of epithelial dysplasia or malignancy. Surgical excision using a high-power diode laser (HPDL) was proposed, and complete removal of the lesion was achieved. The use of HPDL provided effective hemostasis and favorable postoperative recovery, with satisfactory healing. HPDL surgery may represent a viable therapeutic option for the management of PVL, offering improved surgical control and postoperative outcomes.

KEYWORDS: Leukoplakia; Lasers; Oral Surgery.

42. THE INFLUENCE OF HUMAN PAPILLOMAVIRUS (HPV) ON THE DEVELOPMENT AND PROGRESSION OF MOUTH CANCER: A LITERATURE REVIEW

Svidnicki CGP; Durscki JRC.

Objective: To analyze the influence of human papillomavirus (HPV) infection on the progression of oral squamous cell carcinoma (OSCC).Materials and Methods: This is a literature review conducted using the PubMed, LILACS, and SciELO databases, including articles published between 2020 and 2025 in Portuguese and English. Original studies that evaluated the presence of HPV in oral cancer were included, considering prevalence, viral genotypes, biomarkers, and molecular mechanisms associated with tumor progression.Results:The analyzed studies demonstrated that HPV is present in a subset of OSCC cases, with a predominance of high-risk genotypes, especially HPV-16 and HPV-18. Molecular evidence indicates that HPV infection may contribute to tumor progression

through viral genomic integration, expression of the E6/E7 oncoproteins, and activation of pathways related to epithelial–mesenchymal transition, favoring greater invasive potential.Conclusion: HPV infection may influence the progression of oral cancer, particularly in specific subgroups of OSCC, acting through molecular mechanisms associated with tumor aggressiveness. Standardization of diagnostic methods is essential for a better understanding of the magnitude of this influence.

KEYWORDS: Human Papillomavirus; Oral Cancer; Squamous Cell Carcinoma; Tumor Progression; HPV.

43. INITIAL PALATAL PRESENTATION OF COCAINE-INDUCED MIDLINE DESTRUCTIVE LESION MIMICKING A MINOR SALIVARY GLAND NEOPLASMS

Frusca-do-Monte, CM; Lima, HG

A 23-year-old man with a history of chronic cocaine use presented with a well-circumscribed mass on the hard palate, associated with ulceration and pain, with a 15-day history of progression. He also reported pharyngitis, odynophagia, blood-tinged rhinorrhea, dry cough, otalgia, and a three-day history of fever. Intraoral examination revealed a normochromic nodular lesion measuring approximately 15 × 9 mm, with an ulcerated surface, erythematous areas, a sessile base, and firm consistency on palpation. The initial clinical differential diagnosis included a minor salivary gland neoplasm, lymphoma, syphilis, and Kaposi sarcoma. Rapid tests for syphilis, HBsAg, anti-HCV, and HIV were performed and were all non-reactive. After one month of follow-up, a palatal perforation was observed, leading to the diagnosis of cocaine-induced midline destructive lesion (CIMDL).

KEYWORDS: cocaine-induced lesion, odynophagia, salivary gland neoplasm

44. DIAGNOSTIC CHALLENGES IN ORAL CANCER SURVEILLANCE IN PATIENTS WITH FANCONI ANEMIA

Caroline Gennari Stevão, Isabela Brito dos Santos, Pedro Leonardo Czmola de Lima, Heliton Gustavo de Lima, Cassius Carvalho Torres-Pereira, José Miguel Amenábar, Juliana Lucena Schussel.

Fanconi anemia (FA) is a rare genetic syndrome with a markedly increased predisposition to oral squamous cell carcinoma (OSCC), intensified by hematopoietic cell transplantation (HCT). A 31-year-old white male diagnosed with FA at four years of age and underwent HCT 21 years earlier with no history of oral graft-versus-host disease (GVHD). The patient evolved with multifocal oral leukoplakias involving the buccal mucosa, palate, dorsal tongue, and retrocommissural regions, documented since 2013. Exfoliative cytology performed in 2013, 2019, and 2022 showed negative results for malignancy. In 2015, an incisional biopsy of a retrocommissural lesion revealed chronic inflammation without epithelial dysplasia. In 2025, following the emergence of a clinically suspicious area on the posterior dorsal tongue, a biopsy revealed moderately differentiated OSCC. This case highlights the need for lifelong surveillance, prompt investigation of clinical changes, and a low threshold for repeated biopsies, even in the absence of dysplasia or oral GVHD.

KEYWORDS: Biopsy; Carcinoma, Squamous Cell; Mouth Neoplasms

45. PROGRESSION OF POTENTIALLY MALIGNANT ORAL DISORDERS TO ORAL SQUAMOUS CELL CARCINOMA IN A NON-SMOKER PATIENT

Caroline Gennari Stevão , Isabela Brito dos Santos, Pedro Leonardo Czmola de Lima, Heliton Gustavo de Lima, Cassius Carvalho Torres-Pereira, José Miguel Amenábar, Juliana Lucena Schussel.

Oral Potentially malignant disorders (OPMDs) present a variable risk of progression to oral squamous cell carcinoma (OSCC) and may occur even in the absence of classical risk factors. A 61-year-old white female, non-smoker and non-drinker, was referred to an Oral Medicine clinic with white lesions affecting the palate and maxillary gingiva. Incisional biopsies of hard palate and palatal gingiva adjacent to teeth 25 and 26 revealed mild and moderate epithelial dysplasia, respectively. Incomplete healing was observed after three months, despite the use of a silicone tray with topical corticoid. Due to lesion persistence, new biopsies were performed in palatal areas adjacent to teeth 25 and 27, along with computed tomography, which demonstrated local bone resorption. Histopathological analysis revealed severe epithelial dysplasia and well-differentiated OSCC. This case highlights the importance of multiple biopsies and close follow-up, given the clinical and histological heterogeneity of OPMDs and the risk of diagnostic delay.

KEYWORDS: Biopsy; Risk Factors; Mouth Neoplasms

46. RADIOTHERAPEUTIC TREATMENT OF OROPHARYNGEAL CARCINOMA IN A PATIENT WITH CHRONIC KIDNEY DISEASE: A CASE REPORT.

Carolini Fazzioni, Nicolly Depiné Schmietke, Karina Muller Schmitz, Cesar Augusto Magalhães Benfatti, Flaviana Silva de Souza, Arno Lotar Córdova Junior, Anna Torrezani

A 59-year-old male patient with chronic kidney disease, systemic arterial hypertension, and human immunodeficiency virus infection underwent curative radiotherapy. He was diagnosed with squamous cell carcinoma associated with HPV 16+. On computed tomography, the lesion measured 5.9 cm on the left tonsil, infiltrating the soft palate, with infiltration of the soft palate. The choice of exclusive treatment with 66 Gy of intensity-modulated radiotherapy (IMRT) was due to the presence of chronic kidney disease. The patient was monitored daily by an oral medicine specialist and received adjunctive low-intensity laser therapy. He did not present with oral or oropharyngeal mucositis, a positively surprising event that may be associated with the intravenous erythropoietin administered during hemodialysis sessions, as it has anti-inflammatory, antioxidant, and healing properties.

KEYWORDS: Carcinoma, Squamous Cell; Human papillomavirus 16; Radiotherapy.

47. PLASMABLASTIC LYMPHOMA OF THE ORAL CAVITY ASSOCIATED WITH A PATIENT WITH HUMAN IMMUNODEFICIENCY VIRUS

Cesar Jeremias Dos Santos Junior, Rafaeli Pogorzelski, Larissa Knysak Ranthum, Marcela Claudino, Marcelo Carlos Bortoluzzi e Eduardo Bauml Campagnoli.

Plasmablastic lymphoma (PBL) is a rare and highly aggressive subtype of non-Hodgkin lymphoma, most commonly affecting HIV-positive individuals. A 57-year-old HIV-seropositive male patient sought care after self-extraction of tooth 46, associated with progressive tissue growth in the region. Extraoral examination revealed palpable submandibular lymph nodes with metastatic features. Intraoral examination showed an extensive nodular mass with irregular surface, ill-defined margins, infiltrative behavior, and necrotic areas. Panoramic radiography demonstrated the residual root of tooth 46 and a poorly defined radiolucent area. Laboratory tests revealed thrombocytopenia, and the CD4+ T-cell count was 74 cells/μL. An incisional biopsy was performed. Histopathological analysis revealed a malignant plasmacytic neoplasm, confirmed by immunohistochemistry (CD138+, plasmacytosis+, high Ki-67 index, EBER+, CD20-, CD3-). The patient was referred for oncologic treatment. During chemotherapy, mucositis and oral hairy leukoplakia developed. The patient is currently under follow-up, with remission of oral lesions.

KEYWORDS: Plasmablastic Lymphoma; Neoplasms; Oral Cancer; Mucositis

48. RADIATION-INDUCED TRISMUS IN MAXILLARY ADENOID CYSTIC CARCINOMA: FUNCTIONAL AND DIAGNOSTIC CHALLENGES

Christian Ferreira Bernardi, Jessica dos Santos Rodrigues, Bruna Eduardo Sobral, Ana Luiza Silva Prestes, Otávio Augusto Alfonso Morais de Melo, Letícia Mello Bezinelli, Juliana Mota Siqueira.

Adenoid cystic carcinoma (ACC) is a malignant salivary gland neoplasm characterized by perineural invasion and aggressive behavior. Management of maxillary ACC often requires extensive surgical resection followed by radiotherapy, which may result in late complications. This case report describes a 28-year-old female patient with maxillary ACC referred for post-radiotherapy evaluation. Clinical examination revealed severe trismus. The reduced mouth opening was attributed to extensive posterior maxillary surgery and radiation-induced fibrosis affecting adjacent masticatory muscles. Radiotherapy promotes chronic inflammation, collagen deposition, hypovascularization, and progressive tissue rigidity, leading to functional limitation. The restricted oral aperture compromised mastication, nutrition, and speech, negatively affecting quality of life. Although oral hygiene was adequate, daily care and professional procedures were challenging due to limited access, impairing visualization and diagnostic accuracy. This case highlights trismus as an underestimated late complication of oncologic treatment, with important consequences for oral rehabilitation and long-term clinical management.

KEYWORDS: Adenoid cystic carcinoma, radiotherapy, trismus

49. TREATMENT OF MULTIPLE ORAL LEUKOPLAKIAS WITH HIGH-POWER LASER: A CASE REPORT

Christian Ferreira Bernardi, Jessica dos Santos Rodrigues, Bruna Eduardo Sobral, Anna Luíza Damaceno Araújo, Karen Müller Ramalho, Letícia Mello Bezinelli, Juliana Mota Siqueira.

Oral leukoplakia is the most common potentially malignant disorder of the oral mucosa; however, multiple leukoplakias are less frequent and present greater clinical challenges due to their multifocal distribution and higher cumulative risk. This case report describes a male former smoker with extensive leukoplakic lesions involving the bilateral buccal mucosa, hard palate, retromolar regions, and tongue. Given the multifocal presentation, stratified site-specific incisional biopsies were performed. Surgical management included incisional biopsy followed by therapeutic enlargement using a high-power laser. Laser excision allowed conservative removal of dysplastic tissue, precise margin control, reduced intraoperative bleeding, and preservation of surrounding structures—particularly advantageous in cases of multiple lesions. Histopathological analysis demonstrated hyperkeratosis with mild epithelial dysplasia in the tongue and hyperkeratosis in the hard palate. This report emphasizes the rarity of multiple oral leukoplakias and supports high-power laser therapy as a conservative approach that may improve healing and potentially prolong recurrence-free intervals.

KEYWORDS: leukoplakia, laser, OPML

50. INTRALESIONAL CORTICOSTEROID INFILTRATION ASSOCIATED WITH ENUCLEATION FOR THE TREATMENT OF CENTRAL GIANT CELL LESION: A CASE REPORT

Cintia Eliza Romani; Fernanda Aparecida Stresser; Júlia Rahal; Delson João da Costa; Rafaela Scariot.

A 46-year-old male patient presented with pain in the chin region and paresthesia of the lower lip. Increased volume was observed in the mandibular vestibular sulcus, along with loss of pulp vitality of the lower right canine. Imaging examinations revealed a radiolucent area in the anterior region of the mandible. An incisional biopsy was performed, and histopathological analysis revealed multinucleated giant cells consistent with the clinical diagnosis of central giant cell granuloma. Laboratory tests ruled out the possibility of a brown tumor associated with hyperparathyroidism. Initially, eight intralesional corticosteroid injections were administered at 10-day intervals. However, subsequent examinations demonstrated enlargement of the lesion, and surgical curettage and enucleation were performed through an approach extending from the lower right first molar to the lower left first molar. After three years of follow-up, adequate bone neoformation was observed in the affected area, with no signs of recurrence, demonstrating a satisfactory treatment outcome.

KEYWORDS: central giant cell lesion, intralesional corticosteroid injections, surgery

51. SQUAMOUS CELL CARCINOMA OF THE TONGUE: A CASE REPORT

Cintia Eliza Romani; Fernanda Aparecida Stresser; Júlia Rahal; Leandro Eduardo Kluppel; Delson João da Costa.

A 48-year-old male patient, a smoker for approximately 34 years, sought care with complaints related to mandibular dental implants placed about seven years earlier. Clinical examination revealed complete edentulism, swelling in the floor of the mouth, and ulcerated lesions on the lateral border of the tongue. The patient reported pain upon manipulation, as well as impaired tongue mobility, with difficulty speaking and swallowing. Given the clinical appearance of the lesions and the history of tobacco use, an incisional biopsy was performed. Histopathological examination revealed moderately differentiated squamous cell carcinoma. Following the diagnosis, the patient was referred for treatment at a specialized oncology hospital, where he underwent 35 sessions of radiotherapy combined with chemotherapy administered in weekly cycles with 14-day intervals. During follow-up, the patient developed pulmonary metastasis and died approximately one year after the diagnosis.

KEYWORDS: squamous cell carcinoma, biopsy, diagnosis

52. INFILTRATIVE LESION OF THE MAXILLARY SINUS: CHALLENGES IN COMPLEX BIOPSIES AND THE NEED FOR SPECIALIZED REFERRAL

Claudio Freire Sessenta-Junior, Giovana Frech Mulezini, Isabela Brito dos Santos, Cassius Carvalho Torres-Pereira, José Miguel Amenábar, Juliana Lucena Schussel

Adenoid cystic carcinoma (ACC) is a malignant neoplasm of salivary glands characterized by insidious infiltrative growth and frequent perineural invasion. In the maxillary sinus, it may present with swelling, neurosensory symptoms, and nonspecific signs, requiring clinical experience and careful clinicoradiographic correlation for proper biopsy planning and accurate diagnosis. A 56-year-old female patient was referred for a lesion in the right maxillary sinus. A previous biopsy of the palatal mucosa performed at a primary care unit revealed hyperplastic squamous epithelium without malignancy. During specialized evaluation, mild swelling of the right vestibular sulcus was observed. Computed tomography

demonstrated an irregular expansive lesion in the right posterior maxilla involving the maxillary sinus, palate, and nasal cavity, with cortical destruction. An incisional biopsy within the maxillary sinus confirmed ACC. The patient underwent partial maxillectomy with microvascular reconstruction and adjuvant therapy. This case highlights the importance of experienced professionals in performing complex biopsies.

KEYWORDS: Carcinoma, Adenoid Cystic; Maxillary Sinus; Biopsy.

53. PALATAL ROTATIONAL FLAP FOR OROANTRAL FISTULA CLOSURE IN A SYSTEMICALLY COMPROMISED PATIENT (ASA III): CASE REPORT

Daniel Grigolo, Bruna Cavalcanti Alves, Marcelo Omar Tassa de Lima, Vinícius Obal, Júlio Cesar Bisinelli, Marcus Marques, Andrea Duarte Doetzer.

A 59-year-old male patient with chronic kidney disease, asthma, diabetes mellitus, hypertension, anemia, and chronic leukemia (ASA III) presented with a persistent oroantral fistula following extraction of the maxillary right first molar. Clinical examination identified a patent communication between the oral cavity and maxillary sinus. Panoramic radiography and computed tomography confirmed the defect and associated sinus involvement. Based on clinical and imaging findings, a diagnosis of postoperative oroantral fistula was established. Surgical closure was performed using a palatal rotational flap under careful systemic management. Postoperative follow-up demonstrated adequate healing, complete closure of the communication, and absence of infectious or sinus complications. This case underscores the relevance of comprehensive imaging assessment and meticulous surgical planning to achieve predictable outcomes in medically compromised patients requiring oroantral fistula repair.

KEYWORDS: Oroantral Fistula, Surgical Flaps, Postoperative Complications

54. PHOTOBIOMODULATION AND INJECTABLE PLATELET-RICH FIBRIN (I-PRF) FOR POSTOPERATIVE PALATAL NECROSIS IN A SMOKER PATIENT: CASE REPORT

Daniel Grigolo, Andrea Duarte Doetzer

A 56-year-old male smoker presented with a 4 × 1.5 cm necrotic area in the anterior hard palate three days after enucleation of a nasopalatine duct cyst. Clinical examination revealed exposed necrotic bone and surrounding inflammatory changes. The diagnosis of postoperative palatal necrosis, likely aggravated by tobacco use, was established based on clinical findings. Management included photobiomodulation therapy (808 nm, 4 J/cm², every 48 hours) combined with injectable platelet-rich fibrin (i-PRF) during the first three sessions. The i-PRF was obtained by low-speed centrifugation and applied perilesionally and topically. Follow-up demonstrated significant reduction of necrotic tissue within seven days, with progressive granulation tissue formation and complete epithelialization at 21 days, without complications. The combined regenerative approach promoted favorable healing under compromised conditions, suggesting its potential as an adjunctive strategy in postoperative oral necrosis.

KEYWORDS: Low-Level Light Therapy; Platelet-Rich Fibrin; Necrosis

55. DELAY IN THE ORAL CANCER DIAGNOSIS: FACTORS RELATED TO THE PATIENT AND PROFESSIONALS

Diovana de Melo Cardoso, Ryan Teh Coelho, Bruna Amélia Moreira Sarafim-Costa, Vitor Bonetti Valente, Glauco Issamu Miyahara, Eder Ricardo Biasoli, Daniel Galera Bernabé

Objective: This study aimed to evaluate the time elapsed until the diagnosis of oral cancer and its associated factors. Methods: Sixty-nine patients with oral squamous cell carcinoma treated at the Oral Oncology Center, São Paulo State University, School of Dentistry, Araçatuba, Brazil were interviewed. The following variables were assessed: time elapsed between the first noticed symptom and seeking professional care (patient delay); time from the initial consultation to arrival at the specialized center (professional delay/inefficiency of the health system); number of professionals consulted; reasons for delayed help-seeking. Results: Over half of the patients (59.7%) delayed seeking initial care for more than 30 days, while an interval of 31 to 90 days was observed for 40.4% of patients. Before a definitive diagnosis, most patients (79.1%) consulted multiple professionals, with dentists being the most frequently consulted. The primary reason for delay (66.7%) was the perception that the lesion was insignificant or asymptomatic, consequently, 34.9% of patients reported indifference toward the initial signs. Conclusion: The study highlights that a failure to recognize early signs leads to delayed help-seeking, while the clinical journey through multiple professionals before

reaching a specialized center may indicate insufficient professional training in identifying oral lesions.

KEYWORDS: Oral cancer, squamous cell carcinoma, delayed diagnosis, health systems

56. THYROID HORMONE LEVELS BEFORE TREATMENT AND THEIR PROGNOSTIC VALUE IN PATIENTS WITH HEAD AND NECK CANCER

Diovana de Melo Cardoso, Laerte Nivaldo Aranha, José Augusto Sgarbi, Vitor Bonetti Valente, Glauco Issamu Miyahara, Eder Ricardo Biasoli, Daniel Galera Bernabé

Objective: This study aimed to compare the pretreatment plasma levels of thyroid hormones (TH) in HNSCC patients with two control groups and their association with demographic, clinicopathological, biobehavioral, and prognostic variables. Methods: Pretreatment plasma TSH, T3 total and T4 total levels were measured by electrochemiluminescence in 110 HNSCC patients, 29 smokers/alcohol users and 30 healthy volunteers. Results: The TSH levels were significantly lower in HNSCC patients ($p<0.0001$) and volunteers' smokers and alcoholics ($p=0.022$). HNSCC patients also exhibited lower T3 levels ($p<0.0001$). In HNSCC patients, lower pretreatment TSH levels were associated with tumor location ($p=0.025$), smoking ($p=0.033$) and advanced clinical stage ($p=0.020$). Unmarried HNSCC patients had higher T4 levels ($p=0.001$), while patients with advanced stage tumors had lower T4 levels ($p=0.037$). Multivariate analysis showed that advanced stage (95% CI 1.08 to 5.46, $p=0.031$) and unmarried status (95% CI 1.61 to 7.87, $p=0.001$) were independent predictors for lower TSH and T4 levels in HNSCC patients. Furthermore, higher pretreatment TSH levels in HNSCC patients were linked to better overall survival ($p=0.031$). Conclusion: This study demonstrates that patients with head and neck cancer exhibit alterations in thyroid hormone secretion and that their pretreatment levels may be associated with prognostic outcomes.

KEYWORDS: thyroid hormones; thyroid stimulating hormone; triiodothyronine; thyroxine; head and neck cancer; prognosis

57. EXTENSIVE MULTIFOCAL LEUKOPLAKIA: HISTOPATHOLOGICAL ASSESSMENT AND SURGICAL LASER MANAGEMENT

Eduardo dos Santos Vidal, Pedro Leonardo Czmola de Lima, Caroline Gennari Stevão, Juliana Lucena Schussel, Heliton Gustavo de Lima.

A 51-year-old white female presented to the Stomatology Clinic at the Federal University of Paraná reporting white patches on the cheek and palate. She was not receiving medical treatment, reported taking iron supplements, denied alcohol consumption, and had a 25-year history of intermittent smoking. Intraoral examination revealed extensive non-scrapable white plaques on the left palatal gingiva, extending from the canine region to the edentulous ridge and maxillary tuberosity, with similar involvement of the hard palate. Diffuse white plaques were also observed on the buccal mucosa. An incisional biopsy was performed one week later, followed by a second biopsy three months thereafter, prior to high-power surgical laser ablation. Both specimens demonstrated hyperkeratosis with mild epithelial dysplasia. This case highlights the importance of histopathological confirmation and close follow-up in multifocal potentially malignant disorders. Although surgical laser is an effective treatment option for extensive lesions, its use requires accurate diagnosis and postoperative surveillance.

KEYWORDS: Oral Health, Leukoplakia, Laser Therapy

58. ORAL LEUKOPATHY: PATIENT PROFILE AT THE UNIOESTE DENTAL SPECIALTIES CENTER (CEO/UNIOESTE)

Natalia Karolina da Silva, Emanuelly Carneiro Arnezino, Ana Lúcia Carrinho Ayrosa Rangel, Adriane de Castro Martinez

Oral leukoplakia is described as a plaque or white spot not removed by scraping or characterized clinically or pathologically like any other disease, with an increased risk of malignant transformation. The present study characterized the epidemiological profile, the location of the occurrence, the duration of the symptoms and associated habits of patients with oral leukoplasia diagnosed in a dental specialty center. This retrospective descriptive study reviewed dental clinical records of patients treated in the period from 2006 to 2020. The statistical analysis was performed using Windows Excel and the data included sex, age, habits, location and time of evolution. This research was approved by the Research Ethics Committee with protocol nº 165548917.2.0000.0107. A total of 2339 cases of oral pathologies were diagnosed with 76 of these being leukoplakia (3.24%). Among men, 66% were smokers, and the association with alcohol was exclusive to this group. The time of evolution of the pathology in 46% was unknown. The highest prevalence of the disease was 57%, found in women over 50 years old. The most affected sites were

attached gingiva /alveolar ridge. The data confirm the importance of identifying the population affected by oral leukoplasia for monitoring and prevention of malignant transformation.

KEYWORDS: epidemiology, diagnostics, oral leucoplakia

59. PREVALENCE OF BENIGN AND MALIGNANT NEOPLASMS AT THE CEO – DENTAL SPECIALTIES CENTER OF UNIOESTE: A RETROSPECTIVE STUDY (2006–2023)

Emanuelly Carneiro Arnezino, Natalia Karolina da Silva, Milena Boeing Strassburg, Ana Lucia Carrinho Ayrosa Rangel, Adriane de Castro Martinez.

Objective: To evaluate the incidence and profile of benign and malignant neoplasms diagnosed in the Stomatology specialty of the Dental Specialties Center (CEO) of UNIOESTE, from 2006 to 2023. Materials and Methods: This is a retrospective and descriptive study, carried out through the analysis of clinical records of patients treated at CEO/UNIOESTE. Information regarding sex, age, type of neoplasm, and diagnostic method used was collected. The data were organized in spreadsheets and analyzed using descriptive statistics. This data is part of research approved by the Research Ethics Committee of UNIOESTE (CAAE 165548917.2.0000.0107). Results: During the analyzed period, 2641 consultations presented a diagnosis of oral lesion, with 318 cases of neoplasms identified, of which 256 were benign and 62 were malignant. A higher frequency of these lesions was observed in adults and the elderly, predominantly in females. Conclusion: The data highlight the importance of the Dental Specialty Center (DSC) in the diagnosis of these lesions, emphasizing the importance in early detection and appropriate referral of patients for treatment, contributing to the prevention and control of oral cancer in the population served.

KEYWORDS: Oral Neoplasms; Stomatology; Epidemiology.

60. COMPLICATIONS ARISING FROM SUBMENTAL INTUBATION IN A PATIENT WITH PANFACIAL FRACTURE: A CLINICAL CASE.

Eugênio Esteves Costa; Emori Thiago Voegl do Amaral; Denis Moreira da Silva; Alana Gabrieli Vouk; Eduardo Dutra Nunes; João Armando Brancher, Paula Porto Spada.

Submental intubation helps maintain patient occlusion during facial fracture reduction. In this clinical case, involving a 16-year-old boy, victim of a motorcycle accident, with facial fractures classified as panfacial, submental intubation was chosen to avoid tracheostomy and due to the impossibility of nasotracheal intubation. The anesthesiology team performed traditional oral intubation, and subsequently the maxillofacial team transfixed the tube via the submandibular route and performed maxillomandibular fixation with steel wire and an Erich arch. After the procedure, the patient was transferred to the Intensive Care Unit (ICU) while still sedated and remained intubated with occlusal fixation for three more days. Upon removal of the tube from the submandibular route, a fistula was observed in the path maintained by the tube, draining saliva to the outside, requiring debridement and closure. The fistula was completely closed and the patient has been under follow-up for 1 month.

KEYWORDS: Fractures, Multiple; Maxillary Fractures; Intubation.

61. CEMENTO-OSSIFYING FIBROMA: A CASE REPORT

Fernanda Andrade Miguel; João Pedro Senczuk Clazer; Leonardo de Freitas; Evandro Matioski Pereira; Guilherme Strujac; Rômulo Lazzari Molinari.

A 27-year-old melanoderma male presented in August 2023 seeking extraction of the left and right mandibular third molars. Clinical examination and imaging revealed a radiolucent lesion located between the roots of the left mandibular second molar and the left mandibular third molar. After preoperative medication, the right mandibular third molar was extracted, followed by removal of the left mandibular third molar. Through the surgical access obtained after extraction, complete excision of the lesion was performed. The specimen was submitted for histopathological evaluation, which established the diagnosis of cemento-ossifying fibroma. Craniofacial fibro-osseous lesions are heterogeneous disorders characterized by the replacement of normal bone with mineralized tissue resembling bone or cementum. Cemento-ossifying fibroma is a relatively rare benign osteogenic neoplasm composed of fibrous tissue containing variable trabecular bone and cementum-like calcifications. Although previously considered of odontogenic origin, similar lesions have been described in extragnathic sites such as the orbit and frontal bone. Postoperative follow- up demonstrated normal bone healing, with progressive radiographic

evidence of bone remodeling and regeneration at the surgical site. One year later updated panoramic imaging confirmed satisfactory bone neoformation and absence of recurrence.

KEYWORDS: Ossifying Fibroma; Bone neoplasm; Fibro-osseous lesions

62. HIGH-FLOW MAXILLARY ARTERIOVENOUS MALFORMATION PRESENTING AS AGGRESSIVE ALVEOLAR LESION

Fernanda Andrade Miguel; João Pedro Senczuk Clazer; Regina M Marcos; Leonardo Silva Benato; Rômulo Lazzari Molinari; Evandro Matioski Pereira.

Arteriovenous malformations (AVMs) of the maxilla are rare vascular anomalies that may clinically resemble aggressive odontogenic or neoplastic lesions. A 30-year-old healthy female underwent extraction of tooth 16 followed by reimplantation at another service; the tooth was later removed again due to persistent symptoms. She was referred to a private specialized oral and maxillofacial surgery clinic presenting palatal edema and marked mobility of teeth 14 and 15, associated with previous abnormal bleeding during dental procedures. Incisional biopsies of vestibular and palatal regions resulted in intense intraoperative hemorrhage. Histopathological analysis revealed nonspecific chronic inflammation with capillary dilation. CT angiography demonstrated enlarged tortuous vessels with early and intense contrast opacification, supplied by branches of the external carotid artery, consistent with a high-flow arteriovenous malformation centered in the maxillary alveolar bone. The patient underwent successful endovascular embolization and remains stable after six months. Early recognition is critical to avoid life-threatening bleeding.

KEYWORDS: Vascular malformations; Vascular disease, Embolization

63. L-PRF IN THE PREVENTION OF MEDICATION-RELATED OSTEONECROSIS OF THE JAW AND OSTEORADIONECROSIS AFTER TOOTH EXTRACTIONS

Fernanda Aparecida Stresser, Isla Ribeiro de Almeida, Cintia Eliza Romani, Aline Monise Sebastiani, Juliana Lucena Schussel, Delson João da Costa

Two female patients sought treatment at an Oral and Maxillofacial Surgery service for residual root extraction. Patient 1, 59 years old, was using bisphosphonates and monoclonal antibodies for osteoporosis management. Patient 2, 52 years old, had undergone radiotherapy and chemotherapy 12 years prior for treatment of a nasopharyngeal tumor. In both cases, atraumatic tooth extractions were performed, and fibrin membranes rich in platelets and leukocytes (L-PRF) were used, with postoperative antibiotic therapy to prevent medication-related osteonecrosis of the jaw (MRONJ) and osteoradionecrosis (ORN). There were no trans- or postoperative complications. For patient 1, pentoxifylline and tocopherol were used pre- and postoperatively. The patients were followed up 7, 14, 30, and 60 days post-operatively, and are currently two years into follow-up, with no pain complaints or clinical or radiographic signs of MRONJ and ORN. Thus, L-PRF and adjuvant treatments show satisfactory results in the prevention of osteonecrosis.

KEYWORDS: medication-related osteonecrosis of the jaw; L-PRF, osteoradionecrosis

64. PATHOLOGICAL FRACTURE OF THE MANDIBULAR SYMPHYSIS ASSOCIATED WITH MRONJ FOLLOWING DENTAL IMPLANT PLACEMENT

Fernanda Aparecida Stresser, Isla Ribeiro de Almeida, Cintia Eliza Romani, Aline Monise Sebastiani, Delson João da Costa, Leandro Eduardo Klüppel

A 67-year-old patient sought care complaining of pain and delayed healing after dental implant placement. She had diabetes and osteoporosis, was taking sodium alendronate, and was a smoker. Six years after implant placement, she developed pain, infection, an extraoral fistula, and intraoral bone exposure. Computed tomography revealed areas of bone necrosis and a pathological fracture of the mandibular symphysis. Under general anesthesia, the necrotic bone was removed and reconstruction was performed using an iliac crest bone graft and a 2.4 mm reconstruction plate (RP). The patient showed satisfactory recovery, with closure of the fistula and intraoral exposure. However, after 10 months, she developed a submandibular abscess due to fracture of the RP. The RP was removed, and no areas of medication-related osteonecrosis of the jaws (MRONJ) were observed. The patient has been followed for two months since her last surgery, with no complaints, adequate healing, and no signs of MRONJ.

KEYWORDS: medication-related osteonecrosis of the jaws, pathological fracture, necrotic bone

65. PATHOLOGIC MANDIBULAR FRACTURE IN A METASTATIC SETTING: CRITERIA FOR SURGICAL INDICATION IN PALLIATIVE CARE

Fernanda Joly Macedo; Vanessa Einsfeld; Laurindo Moacir Sassi; Tayron Bassani; Rafael Scarpari; José Miguel Amenábar.

A 55-year-old male patient with perineal leiomyosarcoma and hepatic, pulmonary, and bone metastases presented with an expansive osteolytic lesion of the mandibular body. Following palliative radiotherapy (25 Gy/5 fractions) concomitant with a tyrosine kinase inhibitor, partial tumor reduction was observed; however, the patient developed a pathological fracture confirmed by computed tomography. Given the systemic progression, the previously irradiated field, high surgical risk, and absence of curative intent, the multidisciplinary team and the patient opted for conservative management. Interventions focused on rigorous pain control, oral hygiene, removal of bone spicules, and periodic clinical follow-up. Despite subsequent local neoplastic progression, function and quality of life were prioritized. This case highlights that, in palliative settings, surgical indication must be carefully evaluated, weighing operative morbidity against actual functional benefit and prioritizing the preservation of the patient's dignity.

KEYWORDS: Pathological Fracture; Maxillofacial Surgery; Neoplasm Metastasis; Palliative Care.

66. INCIDENCE OF ORAL CANCER IN PARANÁ: RISK FACTORS AND EPIDEMIOLOGICAL PROFILE

Fernando M. de Andrade Bergamo, Bernardo Antonio Paes Loureiro Abujamra, Michel Augusto Gural, Luan Ronald Paini, Isabella de Adrian Paini de Mello, Mayra Pimenta Fernandes Lucchesi

Objective: To analyze the incidence of oral cancer in Paraná and describe factors associated with the development of the disease. Materials and Methods: A literature review was conducted using scientific publications, official documents from the National Cancer Institute (INCA), the Paraná State Health Secretariat (SESA), and specialized literature on risk factors related to oral cancer. National and international sources on the epidemiology and etiology of the disease, published between 2020 and 2025, were consulted. Results: According to official estimates from INCA, the annual average of new cases of oral cancer in Paraná is approximately 920, with a higher incidence in men (approximately 720) compared to women (approximately 200). The disease is among the most incident neoplasms in the male population of the state. (In Curitiba, previous estimates suggest a similar pattern.) The main associated factors include smoking, alcohol consumption, infection with the Human Papillomavirus, and unfavorable socioeconomic conditions. Conclusion: Oral cancer in Paraná has a significant incidence, with a clear predominance in males. The main risk factors (tobacco and alcohol) reinforce the need for public policies focused on prevention and early diagnosis. The capital, Curitiba, follows the state epidemiological profile, justifying the inclusion of municipal data as a complement to the study.

KEYWORDS: Oral cancer; Epidemiological incidence; Risk factors; Paraná.

67. MANDIBLE OSTEORADIONECROSIS: SURGICAL MANAGEMENT ASSOCIATED WITH ANTIMICROBIAL PHOTODYNAMIC THERAPY AND OZONE THERAPY

Filipi Saad Adriano, Maria Clara Chucre Almada de Assis, André Goulart Poletto, Juan Cassol, João Pedro Marcon Raupp, Aira Maria Bonfim Santos, Mariah Luz Lisboa.

This report describes the case of a 67-year-old male with a history of chronic alcoholism and 38 radiotherapy sessions for oropharyngeal squamous cell carcinoma. Following a previous partial mandibulectomy, the patient developed osteoradionecrosis (ORN) with extraoral bone exposure of the left mandibular stump. Management consisted of surgical debridement to remove necrotic bone and regularize margins, associated with targeted antibiotic therapy (trimethoprim/sulfamethoxazole) guided by antibiogram results. Adjunctive treatments included antimicrobial photodynamic therapy (0.1% methylene blue, 9J, 100mW) and ozone therapy sessions. At the two-month follow-up, the patient exhibited excellent tissue healing, complete fistula closure, and no clinical evidence of infection, although he subsequently died from unrelated causes. This case demonstrates that combining surgical intervention with photodynamic and ozone therapies is an effective strategy for managing complex ORN, significantly enhancing decontamination and tissue bio-stimulation in irradiated patients.

KEYWORDS: Osteoradionecrosis, Photodynamic Therapy, Ozone Therapy.

68. SQUAMOUS CELL CARCINOMA OF THE LOWER LIP: CLINICAL RELEVANCE OF SUN EXPOSURE AND SELF-MANIPULATION

Filipi Saad Adriano, Raíssa Pereira Soccal Olinger, Luiz Godoi Marola, Kallana Mezzomo Faccin, Lilian Bezerra Domingues, Ricardo Luiz Cavalcanti de Albuquerque-Júnior, Rogério Gondak

We report the case of a 46-year-old male presenting with a crusted and painful lesion on the left lower lip, persisting for one year. The patient was a non-smoker but had long-term occupational sun exposure. Although he admitted repeatedly manipulating the lesion with nail clippers and scissors, no evidence supports a causal association between mechanical trauma and oral cancer. Clinical suspicion included actinic cheilitis, but histopathological examination confirmed well-differentiated squamous cell carcinoma. The lesion was surgically excised, and the patient remains disease-free after six months of follow-up. This case underscores the importance of recognizing actinic damage as a key etiologic factor in lip carcinogenesis, while documenting behavioral habits that may alter the clinical presentation, delay diagnosis, and increase the risk of secondary infection or self-inflicted injury.

KEYWORDS: Carcinoma, Squamous cell; Occupational Exposure; Chelitis

69. EARLY-STAGE ORAL SQUAMOUS CELL CARCINOMA: A CASE REPORT EMPHASIZING EARLY DETECTION

Francisco Tarli de Farias, Maria Eduarda Pereira da Silva, Raissa Pereira Soccal Olinger, Helena Miguel Cotter, Matheus Antoni da Costa, Ricardo Luiz Cavalcanti de Albuquerque Júnior, Gustavo Davi Rabelo

A 51-year-old female was referred for evaluation of an oral lesion with a two-month history and no response to systemic fluconazole therapy. The patient reported a 33-year smoking history and no comorbidities. Intraoral examination revealed a non-homogeneous white plaque on the left lateral border of the tongue, with an irregular surface, ill-defined margins, and a focal ulcerated area measuring 2 mm. The lesion was asymptomatic. Incisional biopsy was performed, guided by prior toluidine blue staining to identify areas of increased proliferation. Histopathological examination confirmed well-differentiated squamous cell carcinoma. Immunohistochemistry demonstrated low proliferative activity (Ki-67 expression in fewer than 10% of tumor cells), and positivity for AE1/AE3, confirming epithelial origin. In the absence of cervical lymphadenopathy, the lesion was considered as early-stage oral squamous cell carcinoma. The patient was referred to oncologic management and remains under follow-up. This case underscores the role of specialists in early diagnosis, contributing to improved prognosis.

KEYWORDS: oral medicine, oral pathology, squamous cell carcinoma.

70. CHALLENGES IN THE DIAGNOSIS OF COMPOUND ODONTOMA: CASE REPORT

Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Gabriella Mazzarolo, Izadora Andreiv, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Laurindo Moacir Sassi

Compound odontomas are benign, slow-growing, and asymptomatic tumors that develop from epithelial and mesenchymal tissues, capable of producing enamel and dentin. This report presents a 28-year-old female patient referred to the oral and maxillofacial surgery service due to an asymptomatic mandibular lesion, identified on routine panoramic radiography, with no associated comorbidities. Clinical examination revealed no abnormalities. Computed tomography showed multiple hyperdense areas surrounded by a hypodense halo, located in the mandibular symphysis and associated with an impacted right central incisor. The diagnostic hypothesis of compound odontoma was confirmed by excisional biopsy and histopathological analysis. At one-year follow-up, imaging demonstrated bone formation and maturation in the affected region. Investigation and follow-up of unerupted teeth are essential for the diagnosis of several conditions affecting the oral and maxillofacial region, including benign tumors.

KEYWORDS: odontoma, odontogenic tumor, oral surgery

71. LATE COMPLICATION OF MANDIBULAR RECONSTRUCTION WITH FIBULA FREE FLAP AFTER RADIOTHERAPY

Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Gabriella Mazzarolo, Izadora Andreiv, Victoria Pires Gonçalves, Lara Krusser Feltraco, Laurindo Moacir Sassi.

A 44-year-old male patient was referred to the Oral and Maxillofacial Surgery Service in July 2020 with a complaint of mandibular plate exposure. In February 2020, he was diagnosed with squamous cell carcinoma and underwent pelviglossomandibulectomy, followed by mandibular reconstruction with a microvascularized fibula free flap and fixation using miniplates. Subsequently, he received adjuvant radiotherapy, totaling a dose of 66 Gy to the tumor bed. Three months after completion of treatment, intraoral exposure of the 2.0 plate was observed in the posterior region of the left mandible, with no signs of inflammation. Panoramic radiography demonstrated adequate bone consolidation, with no evidence of osteoradionecrosis. Medical therapy with pentoxifylline 400 mg and tocopherol 1000 IU was initiated. Due to the lack of clinical response, removal of the osteosynthesis material

was performed. The patient showed resolution of the clinical condition and remains under periodic follow-up.

KEYWORDS: microvascularized fibula free flap, radiotherapy, oral surgery

72. ZOLEDRONIC ACID–RELATED OSTEONECROSIS OF THE JAWS: CASE REPORT

Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Gabriella Mazzarolo, Ana Julia Garcia Brod Lino, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Laurindo Moacir Sassi.

Medication-related osteonecrosis of the jaws (MRONJ) is characterized by bone exposure in the maxilla and/or mandible in patients undergoing antiresorptive and antiangiogenic therapies. This report describes the case of a 56-year-old female patient referred to the Oral and Maxillofacial Surgery service due to severe maxillary pain and difficulty in prosthesis adaptation and removal. The patient had a history of treatment with zoledronic acid for the control of breast cancer metastases. Clinical examination revealed extensive bone exposure in the upper alveolar ridge, associated with purulent discharge and fetid odor. Computed tomography demonstrated diffuse reduction of the maxillary alveolar process and osteolytic foci extending to the nasal cavity and orbit. Incisional biopsy confirmed the diagnosis of MRONJ. Maxillectomy, bone debridement, and primary closure were performed. After one year of follow-up, bone formation and maturation were observed in the affected region, confirmed by imaging examination.

KEYWORDS: MRONJ, oral surgery, bisphosphonates

73. THE AMOUNT OF BODY FAT ASSOCIATED WITH THE MECHANISM OF ORAL CANCER: AN INTEGRATIVE REVIEW.

Gabriel Vivan Portes, Débora Mariana da Silva Marioto

OBJECTIVE: To verify the association of increased body fat with the mechanism of oral cancer. MATERIALS AND METHODS: An integrative review in the PUBMED and Biblioteca Virtual em Saúde databases, in which the languages of the articles were filtered for English and Portuguese, with a time frame from 2000 to 2026. The descriptors "oral cancer" and synonyms combined with "adipose tissue", "obesity", "body mass index", and synonyms were used. The inclusion criteria were full articles, 2000–2025, English/Portuguese, relating body fat, body mass index, or adiposity to oral cancer, totaling 23 selected articles. RESULTS: It was observed that an unbalanced and fat-rich diet tends to increase the chances of developing an oral neoplasm, while a diet rich in vegetables and fruits tends to decrease it. It was also highlighted that low BMI increases the risk of oral cancer and hinders post-treatment recovery, whereas higher BMI has a protective effect. Furthermore, it was found that adipose tissue favors the growth of oral tumors, either through inflammatory effects, the genetics involved, or substances that are more commonly found in obese individuals. CONCLUSION: The accumulation of fat worsens the severity of oral cancer.

KEYWORDS: Mouth neoplasms; obesity; body mass index; adipose tissue.

74. CLINICAL AND EPIDEMIOLOGICAL PROFILE OF CENTRAL GIANT CELL LESIONS DIAGNOSED AT HOSPITAL ERASTO GAERTNER

Gabriella Mazzarolo, Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Bruna Luisa Koch Monteiro, Laurindo Moacir Sassi.

Objective: Central giant cell lesion (CGCL) is a benign intraosseous lesion with variable biological behavior, characterized by multinucleated giant cells within a fibrovascular stroma. This study analyzed the clinical and epidemiological profile and management of cases diagnosed at Hospital Erasto Gaertner. Materials and Methods: A retrospective observational study reviewed medical records of patients with histopathologically confirmed CGCL diagnosed between January 2001 and February 2026. Demographic data (sex and age), anatomical location, side of the lesion, and treatment approach were assessed. Results: Forty-six cases were included, with female predominance (n=28) and mean age of 45.9 years. The mandible was the most affected site (n=35), followed by the maxilla (n=10). All patients underwent surgical treatment. Recurrences occurred in some cases, requiring additional intervention. Conclusion: Despite its benign nature, CGCL may present aggressive features and recurrence potential, mimicking malignant jaw lesions. Accurate differential diagnosis and structured follow-up are essential to ensure appropriate management and reduce morbidity.

KEYWORDS: Giant Cell Granuloma, Mandible, Epidemiology

75. CLINICAL AND EPIDEMIOLOGICAL PROFILE OF ORAL PARACOCCIDIOIDOMYCOSIS IN AN ONCOLOGIC REFERRAL CENTER

Gabriella Mazzarolo, Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Bruna Luisa Koch Monteiro, Laurindo Moacir Sassi.

Objective: Paracoccidioidomycosis (PCM) is a systemic fungal infection caused by Paracoccidioides spp., frequently involving the oral mucosa and mimicking malignant lesions. This study analyzed the clinical and epidemiological characteristics of oral PCM cases diagnosed at the Hospital Erasto Gaertner. Materials and Methods: A retrospective observational study reviewed medical records of patients with histopathologically confirmed oral PCM diagnosed between January 2001 and February 2026. Demographic data, lesion location, and clinical management were assessed. Results: Sixteen patients were included, predominantly middle-aged males. Oral lesions mainly affected mucosal surfaces and frequently presented ulcerative or infiltrative patterns resembling oral squamous cell carcinoma, with definitive diagnosis established after incisional biopsy. Conclusion: Oral PCM is an important differential diagnosis in oncologic centers. Early histopathological confirmation and multidisciplinary management are essential to prevent misdiagnosis and ensure appropriate treatment.

KEYWORDS: Paracoccidioidomycosis, Oral Mucosa, Epidemiology

76. DIAGNOSTIC AND SURGICAL MANAGEMENT OF A MAXILLOFACIAL LIPOMA: A CASE REPORT

Gabriella Mazzarolo, Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Ana Julia Garcia Brod Lino, Izadora Andreiv, Victoria Pires Gonçalves, Laurindo Moacir Sassi.

A 66-year-old male patient was referred to the Oral and Maxillofacial Surgery Service at the Hospital Erasto Gaertner for evaluation of a nodular lesion in the left mental region, measuring approximately 2 cm, asymptomatic, mobile, and soft in consistency. The patient reported a previous lesion in the same area 18 years earlier but was unable to provide details regarding the prior diagnosis. Clinical examination revealed a well-defined lesion with slow, insidious growth. Imaging studies, including computed tomography and ultrasonography, suggested a lipoma, a benign mesenchymal neoplasm of adipose origin. Complete surgical excision was performed, and the diagnosis was confirmed by histopathological examination. This report discusses the correlation between clinical, imaging, and histopathological findings in the diagnosis of maxillofacial soft tissue lesions, highlighting the importance of accurate diagnosis and adequate surgical planning to achieve favorable prognosis and low recurrence rates.

KEYWORDS: Lipoma, Diagnosis Differential, Histopathology

77. EOSINOPHILIC ULCER IN THE LATERAL TONGUE OF AN ELDERLY PATIENT WITH COGNITIVE IMPAIRMENT: A DIAGNOSTIC CHALLENGE

Giovana Frech Mulezini, Waleska Tychanowicz Kolodziejwski, Giovanna Leal Klein Renz, Isabela Busnello de Souza, Guilherme Lincoln Silva Ribeiro, Heliton Gustavo de Lima, Lucienne Miranda Ulbrich, Melissa Rodrigues de Araujo.

An 81-year-old female patient with Alzheimer's disease presented with a 17-day history of an ulcer on the right lateral border of the tongue. Clinical examination revealed a lesion with a white-yellowish base, slightly elevated margins, and firm consistency on palpation, raising suspicion of malignancy. Due to cognitive impairment, the patient was unable to report local trauma; however, a fractured restoration on tooth 45 suggested chronic irritation. Exfoliative cytology was performed to rule out malignancy, with negative results. The caregiver was instructed, and all possible local traumatic factors were removed. Photobiomodulation with low-level laser therapy (LLLT) was initiated, but no clinical improvement was observed after five sessions. An incisional biopsy was then performed. Histopathological analysis showed fibrous connective tissue with intense inflammatory infiltrate, including eosinophils. Following biopsy and continued LLLT, the lesion healed rapidly, and the final diagnosis of eosinophilic ulcer was reached. The patient remained under follow-up without further complaints.

KEYWORDS: photobiomodulation, eosinophilic ulcer, low-level laser therapy

78. LIP SQUAMOUS CELL CARCINOMA IN A PATIENT WITH FANCONI ANEMIA FOLLOWING HEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT): A CASE REPORT

Giovane Vieira, Lais Bonatto Zawadniak, Bruna Eloy Costa, Maria Eduarda Dias Bispo Chaves, José Miguel Cespedes-Amenabar, Juliana Lucena Schussel, Melissa Rodrigues de Araujo.

A 26-year-old male patient with Fanconi anemia, who underwent HSCT allogeneic in 2010 and had a history of graft-versus-host disease (GVHD), sought care in 2022 for a non-healing lesion on the lower lip. The lesion was associated with a GVHD area, chronic sun exposure, and smoking. Physical examination showed an ulcerated white plaque with crusts, bleeding on palpation, measuring approximately 1.5 cm. An incisional biopsy was performed, and histopathology revealed ulcerated squamous cell carcinoma in situ. Surgical excision with reconstruction was subsequently performed, with involved margins. In 2024, a new atrophic area was identified at the same site. The biopsy showed a superficially invasive, well-differentiated squamous cell carcinoma, without perineural or angiolymphatic invasion and with free margins. Treatment was surgical, considering the toxicity of adjuvant therapies. Patients with Fanconi anemia have an increased risk of squamous cell carcinoma, making regular clinical follow-up essential for early diagnosis and better prognosis.

KEYWORDS: Fanconi Anemia, GVHD, squamous cell carcinoma

79. LOW-LEVEL LASER THERAPY IN THE PREVENTION AND TREATMENT OF ORAL MUCOSITIS.

Giovanna Isabela Kovalik, Maria Eduarda Recalcati Werdan, Christiana Almeida Salvador Lima.

Cancer results from genetic alterations induced by physical, chemical, or biological agents, leading to loss of cellular control. Chemotherapy and radiotherapy, although widely used, are not selective and affect healthy tissues, causing significant oral complications, especially oral mucositis and opportunistic infections. This literature review aimed to evaluate the effectiveness of low-level laser therapy in the management of oral mucositis induced by cancer treatments. Articles in English, published in the last five years, were searched in the PubMed database using the descriptors "oral mucositis" and "laser therapy in oral mucositis," in addition to a complementary manual search. Of the studies identified, five met the inclusion criteria. The results demonstrated that oral mucositis is an inflammatory process characterized by erythema, edema, atrophy, and painful ulcerations, capable of compromising nutrition, increasing the risk of systemic infections, and leading to the interruption of cancer treatment. Several therapeutic approaches are proposed, with photobiomodulation, also known as low-level laser therapy, being particularly noteworthy. This is a non-invasive, non-thermal method that uses low-power light to promote analgesic, anti-inflammatory, and regenerative effects. It is concluded that photobiomodulation is an effective and safe strategy, contributing to the reduction of symptoms and improvement in quality of life.

KEYWORDS: Stomatitis. Laser therapy. Cancer.

80. RELATIONSHIP BETWEEN QUALITY OF LIFE AND RADIATION DOSE IN PATIENTS WITH HEAD AND NECK CANCER UNDERGOING RADIOTHERAPY

Giovanna Leal Klein Renz, Waleska Tychanowicz Kolodziejwski, Isabela Busnello de Souza, Laurindo Moacir Sassi, Luciana Almeida-Lopes, Melissa Rodrigues de Araujo.

Objectives: To evaluate the relationship between total radiation dose and quality of life in patients with head and neck cancer undergoing radiotherapy (RT). Materials and Methods: This longitudinal observational clinical study collected quality of life questionnaire scores at three time points: before the start of RT (T1), on the last day RXT (T2), and 30 days after completion (T3). Total radiation dose was obtained from medical records. Paired Wilcoxon test, Pearson correlation, Friedman test, and repeated-measures analysis of covariance (ANCOVA) were applied ($\alpha = 5\%$). Results: Nineteen patients were evaluated; four underwent exclusive RT, and fifteen received RT combined with chemotherapy and/or surgery. The total radiation dose was 60 to 70 Gy. A significant worsening of quality of life was observed over time ($p = 0.007$), with differences between T1–T2 ($p = 0.003$) and T1–T3 ($p = 0.007$). No significant correlation was found between total radiation dose and quality of life scores at any evaluated time point. In the ANCOVA, no significant effects of time ($p = 0.665$), total dose ($p = 0.194$), or time×dose interaction ($p = 0.525$) were observed. Conclusion: Quality of life significantly worsened over the follow-up period, regardless of the total radiation dose received.

KEYWORDS: Head and Neck Neoplasms; Radiotherapy; Quality of Life; Radiation Dosage.

81. TRAUMATIC FIBROMA AND HYPERKERATOSIS WITH SEVERE EPITHELIAL DYSPLASIA ASSOCIATED WITH PROSTHETIC TRAUMA: A CASE REPORT

Giovanna Leal Klein Renz, Waleska Tychanowicz Kolodziejwski, Pedro Leonardo Czmola de Lima, Heliton Gustavo de Lima, Juliana Lucena Schussel, Melissa, Rodrigues de Araujo

A 62-year-old male patient, a user of maxillary and mandibular complete removable dentures, presented with two asymptomatic oral lesions of unknown duration: a smooth-surfaced, pink-colored nodule on the hard palate and a whitish plaque with erythematous areas on the soft palate, both located at the posterior border of the maxillary denture. The patient reported a 40-year history of alcohol consumption. The initial diagnostic hypothesis was reactive lesions associated with chronic prosthetic trauma. An excisional biopsy of the nodule and an incisional biopsy of the plaque were performed. Histopathological analysis revealed a traumatic fibroma and hyperkeratosis with severe epithelial dysplasia, characterizing a potentially malignant disorder. The proposed treatment includes removal of the white lesion using a high-power diode laser and periodic clinical follow-up. Although reactive lesions are common among denture wearers, this case highlights the importance of biopsy and careful clinical follow-up of lesions that appear clinically benign.

KEYWORDS: Biopsy; Fibroma; Leukoplakia; Dental Prosthesis; Laser Therapy.

82. LATE DIAGNOSIS IMPACT ON THE TREATMENT AND PROGNOSIS OF ORAL SQUAMOUS CELL CARCINOMA: A CASE REPORT

Giulia Rodrigues Santos, Mônica Moreno de Carvalho, Daniel Galera Bernabé, Glauco Issamu Miyahara, Aline Satie Takamiya.

A 54-year-old male patient, smoker for 30 years, was referred to the Oral Oncology Center, a cancer unit at Araçatuba School of Dentistry (FOA-UNESP) for evaluation of facial pain in the right side of the jaw. He reported pain and having undergone surgery to remove the lesion, which had been diagnosed as infectious by a dentist. Extraoral examination revealed swelling in the region and lymphadenopathy in the ipsilateral cervical lymphatic nodes. Intraoral examination showed an ulcerated lesion on the right posterior inferior alveolar ridge, extending to buccal mucosa, measuring approximately 4cm. An incisional biopsy was performed and the histopathological report was consistent with OSCC. The patient underwent segmental mandibulectomy with partial glossectomy, cervical lymphadenectomy of the upper cervical lymph node chain on the right side and subsequently radiotherapy. This case showed the importance of training healthcare professionals in early detection of malignant lesions in order to improve treatment and prognosis.

KEYWORDS: Squamous Cell Carcinoma, Late Diagnosis, Tobacco Use Disorder.

83. POORLY DIFFERENTIATED NEUROENDOCRINE CARCINOMA OF THE PAROTID GLAND METASTASING TO BONES AND LUNG: A RARE CASE REPORT

Giulia Rodrigues Santos, Mônica Moreno de Carvalho, Daniel Galera Bernabé, Glauco Issamu Miyahara, Aline Satie Takamiya.

A 51-year-old male patient, smoker for 40 years, was referred to the Oral Oncology Center, cancer unit of the Araçatuba School of Dentistry (FOA-UNESP), with a 40 day history of swelling and pain on the right parotid gland. Fine needle aspiration cytology (FNAC) showed atypical lymphoid proliferation. Computed tomography (CT) of the neck showed a large parotid mass with multiple nodules (9,4 x 7,0 x 8,9 cm). CT of the chest showed bilateral pleural lesions in the lung and osteolytic lesions in the 8th rib, both consistent with metastasis. An incisional biopsy of the lesion was performed and the histopathological report was consistent with poorly-differentiated neoplasia. The patient was referred for chemo/radiotherapy, but died due to cancer complications before completion. This case shows a rare manifestation of a primary tumor in the parotid gland with lung and bone metastasis.

KEYWORDS: Neuroendocrine Carcinoma, Parotid Gland, Neoplasm Metastasis

84. ADVERSE EFFECTS OF RADIOTHERAPY IN HEAD AND NECK: LITERATURE REVIEW WITH CLINICAL CASE REPORTS FROM ERASTO GAERTNER HOSPITAL

Guilherme Ari Longo, Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Victoria Pires Gonçalves, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Laurindo Moacir Sassi.

Radiotherapy uses ionizing radiation as a therapeutic strategy, promoting damage to the DNA of tumor cells, either by inducing cell death or inhibiting their replicative capacity. However, tissues adjacent to the tumor area can also be affected, resulting in adverse effects. The objective of this study is to highlight the effects of head and neck radiotherapy in patients treated at the Erasto Gaertner Hospital. To this end, a bibliographic survey of articles published in the last five years was conducted in the PubMed, BVS, and SciELO databases. Among patients undergoing radiotherapy for head and neck tumors at the Erasto Gaertner Hospital, complications such as radiodermatitis, oral mucositis, xerostomia, opportunistic infections, radiation caries, trismus, and osteoradionecrosis

stand out. These complications significantly impacted oral function and the quality of life of patients during and after radiotherapy. Therefore, the role of the dentist integrated into the multidisciplinary team is crucial for the planning, prevention, and management of oral alterations, in addition to contributing to functional rehabilitation and improving the quality of life of these individuals.

KEYWORDS: Radiotherapy; Oral Medicine; Head and neck cancer; Side effects of radiation.

85. DRUG-INDUCED OSTEONECROSIS OF THE JAW RELATED TO ZOLEDRONIC ACID AFTER AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION

Guilherme Ari Longo, Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Izadora Andreiv, Lara Krusser Feltraco, Bruna Luisa Koch Monteiro, Laurindo Moacir Sassi.

A 51-year-old female patient with a history of multiple myeloma treated with autologous hematopoietic stem cell transplantation and prolonged use of zoledronic acid for two years, developed intense pain associated with bone exposure in the right mandible. After drug therapy, she underwent extraction of a residual root in the right mandible by an external professional, which progressed to medication-associated osteonecrosis of the jaws in the area of the procedure. In the first surgical stage, debridement of the necrotic bone tissue was performed in conjunction with extraction of tooth 46, using a Bichat flap to cover the area. However, recurrence of bone exposure was observed, accompanied by hypoesthesia along the path of the inferior alveolar nerve, and a second surgical stage indicated a new debridement with sectioning of the affected nerve. The patient remains under follow-up, presenting clinical stability and no signs of osteonecrosis progression to date.

KEYWORDS: Bisphosphonate-Associated Osteonecrosis of the Jaw; Oral and Maxillofacial; Oral Medicine.

86. GRANULAR CELL TUMOR ON THE LATERAL BORDER OF THE TONGUE: A CASE REPORT

Guilherme Ari Longo, Julia Turra Ribeiro, Georgia Ribeiro Martini, João Otávio Castegnaro, Grasieli de Oliveira Ramos.

A 46-year-old male patient, of fair complexion, presented to the Dentistry outpatient clinic of the University of Western Santa Catarina (UNOESC), Joaçaba Campus, complaining of a lesion on the left lateral border of the tongue. Clinical examination revealed a whitish nodule with an irregular surface, fibrous consistency, and approximately 1 cm in diameter. An incisional biopsy was performed, revealing mucosa covered by hyperplastic and hyperparakeratinized stratified squamous epithelium, associated with fibrous connective tissue and abundant glandular tissue. Due to the inconclusive nature of the report, immunohistochemical analysis was performed, with negative results for cytokeratin AE1/AE3 and CD45 LCA, and positive results for CD68, Ki-67, S100 protein, and CD56. The correlation between the morphological findings and the immunohistochemical profile confirmed the diagnosis of granular cell tumor. The patient was referred for total surgical excision and remains under clinical follow-up, with no signs of recurrence to date.

KEYWORDS: Granular Cell Tumor; Dentistry; Oral Medicine.

87. VIRTUAL PLANNING APPLIED TO MAXILLOFACIAL RECONSTRUCTION WITH COSTOCHONDRAL GRAFT AFTER TOTAL MAXILLECTOMY: A CASE REPORT

Guilherme Ari Longo, Ana Julia Garcia Brod Lino, Victoria Pires Gonçalves, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Bruna Luisa Koch Monteiro, Laurindo Moacir Sassi.

A 46-year-old male patient with leukoderma was referred to a high-complexity hospital in Paraná, presenting with increased volume in the right maxilla associated with purulent drainage through an oronasal fistula. Computed tomography revealed an irregularly shaped mass occupying the right maxillary sinus, with erosion of the maxillary alveolar process, inferior lateral wall, medial wall of the maxillary sinus, hard palate, and frontal process of the maxilla, as well as extension into adjacent soft tissues. Histopathological examination confirmed a diagnosis of squamous cell carcinoma. The therapeutic approach consisted of a total right maxillectomy with orbital rim reconstruction using a costochondral graft. Virtual surgical planning in the preoperative period provided greater predictability to the procedure, reduced intraoperative time, precision in the osteotomies of the donor and recipient sites, and adequate graft positioning, contributing to better functional and aesthetic results.

KEYWORDS: Allografts; Oral and Maxillofacial; Oral Medicine.

88. BASOSQUAMOUS CARCINOMA OF THE ORAL CAVITY: REPORT OF A RARE CASE MANAGED WITH A MULTIDISCIPLINARY HEAD AND NECK APPROACH

Gustavo de Almeida Melo, Victor Tieghi Neto, Ricardo Ribeiro Gama, Monise Tadin Reis, Fabio Luiz Coracin, Aristéa Ribeiro Carvalho.

A 52-year-old female patient presented with an ulcerated and infiltrative lesion with poorly defined margins and an invasive appearance on the upper lip, involving the vermilion border, labial mucosa, and right labial commissure. Clinically, the lesion suggested a malignant epithelial neoplasm, initially diagnosed as squamous cell carcinoma. The patient denied comorbidities, smoking, and alcohol consumption but reported moderate occupational sun exposure for approximately 20 years. Histopathological examination revealed malignant epithelial neoplasm with basaloid areas squamous differentiation, with immunohistochemical positivity for Ber-EP4 EMA, confirming basosquamous carcinoma. The patient was referred dental evaluation and oral cavity preparation, including intraoperative multiple tooth extractions. Surgical treatment consisted of a right segmental mandibulectomy extending to the skin and buccal mucosa, combined with adjuvant radiotherapy (20×50 Gy) and right selective cervical lymphadenectomy (I–IV). Reconstruction was performed using a microvascular anterolateral thigh flap with mandibular reinforcement using a titanium plate. No cervical lymph node metastases were identified.

KEYWORDS: Basal Cell Carcinoma, Differential Diagnosis, Biological Tumor Markers.

89. RECURRENT ODONTOGENIC KERATOCYST OF THE ANTERIOR MANDIBLE: SURGICAL ENUCLEATION WITH PERIPHERAL CURETTAGE AND ADJUVANT PLATELET-RICH FIBRIN (PRF) – A CASE REPORT

Henrique Lopes da Silva, Júlio César Bisinelli, Marcus Marques, Luana Setim Rodrigues, Mariana Hornung Marins, Natan Rodrigo Braine e Daniel Grigolo.

A 68-year-old male presented with asymptomatic swelling in the anterior mandible and a history of prior surgical management of an odontogenic keratocyst. Panoramic radiography and cone-beam computed tomography demonstrated a well-circumscribed unilocular radiolucent lesion measuring approximately 3.3 × 1.9 cm, associated with the mandibular incisors. Clinical and imaging findings raised suspicion of recurrence, which was subsequently confirmed by histopathological examination. Surgical treatment was performed through an intraoral approach, consisting of careful enucleation combined with peripheral curettage. Platelet-rich fibrin was placed within the residual bone cavity as a biological adjunct to support tissue repair. Clinical and tomographic follow-up at three and six months revealed satisfactory bone regeneration without evidence of additional recurrence during the observation period. This combined approach represents a predictable strategy for managing recurrent lesions in the anterior mandible.

KEYWORDS: odontogenic keratocyst, PRF, surgical enucleation

90. CHALLENGES IN THE EARLY DIAGNOSIS OF ORAL SQUAMOUS CELL CARCINOMA: A CASE REPORT

Isabela Brito dos Santos, Laila Menezes Hagen, Caroline Gennari Stevão, José Miguel Amenábar, Cassius Carvalho Torres-Pereira, Claudio Freire Sessenta-Junior, Juliana Lucena Schussel.

Oral squamous cell carcinoma (OSCC) accounts for more than 90% of malignant neoplasms of the oral cavity and exhibits considerable clinical heterogeneity. This report describes the case of a 64-year-old woman, a retired teacher with no history of tobacco or alcohol use, who was referred to the Stomatopathology Clinic at UFPR from a primary care unit due to recurrent oral ulcerations. A traumatic etiology was excluded given the persistence of the lesion following occlusal adjustment of a fractured tooth. An incisional biopsy was performed, and the diagnosis of OSCC was established based on histopathological findings. The patient was subsequently referred for specialized oncologic management and underwent complete surgical excision with histologically negative margins. This case highlights the importance of considering OSCC in the differential diagnosis of persistent oral lesions, even in patients without traditional risk factors, in order to facilitate early diagnosis and improve clinical outcomes.

KEYWORDS: squamous cell carcinoma of head and neck; mouth neoplasms; oral medicine.

91. CHALLENGES IN THE MANAGEMENT OF ERYTHROPLAKIA: A ONE-YEAR FOLLOW-UP CASE REPORT

Isabela Brito dos Santos, Laila Menezes Hagen, Caroline Gennari Stevão, José Miguel Amenábar Céspedes, Cassius Carvalho Torres-Pereira, Claudio Freire Sessenta-Junior, Juliana Lucena Schussel.

Almost all true erythroplakias present epithelial dysplasia, demonstrating significant malignant potential. This report describes the case of a 73-year-old female patient with a 56-year history of smoking and smoking cessation four years prior. The patient was referred to the Stomatology Clinic at UFPR with a diagnostic hypothesis of oral lichen planus. In the intraoral examination, a red patch was observed on the soft palate, leading to the diagnostic hypothesis of erythroplakia. An incisional biopsy was performed, and the histopathological result revealed high-grade epithelial dysplasia. Subsequently, vaporization of the lesion was carried out. At the six-month and one-year follow-ups, new incisional biopsies were performed due to recurrences, which revealed mild and moderate epithelial dysplasia, respectively. This case illustrates the challenges in managing lesions with high malignant potential and highlights the importance of strict follow-up.

KEYWORDS: erythroplakia; mouth neoplasms; oral medicine.

92. ANALGESIC EFFECT OF PREVENTIVE PHOTOBIOMODULATION THERAPY FOR PAIN MODULATION IN ORAL MUCOSITIS: A CASE SERIES

Isabela Busnello de Souza, Waleska Tychanowicz Kolodziejwski, Giovanna Leal Klein, Laurindo Moacir Sassi, Melissa Rodrigues de Araujo

This case series evaluated immediate pain reduction in head and neck cancer patients with radiotherapy-induced oral mucositis (OM). Pain was assessed using a Numerical Rating Scale (NRS) before and after photobiomodulation therapy (PBMT): intraoral (660 nm/ 100 mW/ 1 J/ 44 points) in 3 patients or transcutaneous (808 nm/ 100 mW/ 1 J/ 32 points) in 2 patients. Results showed that, in most sessions, patients experienced a reduction of at least 2 points in the NRS after PBMT, independently of irradiation technique. In addition, a more pronounced reduction in pain was observed in the intraoral protocol, justified by direct topical application to the mucosa. The data suggests that PBMT promotes analgesia even in low dosimetry designed for OM prevention. Furthermore, the transcutaneous demonstrated effectiveness comparable to the intraoral for pain management, offering a viable alternative for reducing the application time and for patients with trismus or limited oral opening.

KEYWORDS: Low-Level Light Therapy; Oral Mucositis; Pain Management

93. LEFT MANDIBULAR RECONSTRUCTION WITH ILIAC CREST GRAFT FOLLOWING RESECTION OF ODONTOGENIC MYXOMA

Isabela Busnello de Souza, Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Victória Pires Gonçalves, Lara Krusser Feltraco, José Luis Dissenha, Laurindo Moacir Sassi

A 40-year-old female was referred to OMFS service due to the diagnosis of odontogenic myxoma. An intraosseous incisional biopsy was performed to confirm the diagnosis. Imaging examinations revealed a radiolucent lesion with poorly defined margins extending from the mesial aspect of tooth 36 to the distal aspect of tooth 37. The lesion exhibited rapid growth associated with root resorption and bone destruction, reaching the inferior mandibular border and causing lingual cortical fenestration. Marginal resection of the mandibular body was performed with a 10mm safety margin while preserving mandibular continuity. The defect was reconstructed using an autogenous iliac crest bone graft. Postoperatively, the patient developed inferior alveolar nerve paresthesia, with progressive functional recovery. At the one-year follow-up, imaging exams confirmed graft consolidation. A third procedure was performed to remove the osteosynthesis material to allow posterior rehabilitation with dental implants.

KEYWORDS: Myxoma; Mandible; Iliac crest bone; Graft.

94. LOW CONDYLECTOMY FOR CONDYLAR OSTEOCHONDROMA: A SUBMANDIBULAR APPROACH

Isabela Busnello de Souza, Priscila Queiroz Mattos da Silva, Ana Julia Garcia Brod Lino, Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Laurindo Moacir Sassi

A 47-year-old female with controlled dyslipidemia and arterial hypertension was referred to the Oral and Maxillofacial Surgery service due to pain during mouth opening. Clinical examination revealed mandibular deviation to the left, right preauricular swelling, and limited maximal interincisal opening (21 mm). Panoramic radiography, bone scintigraphy, and facial CT angiography revealed a hyperdense lesion with increased radiotracer uptake affecting the right mandibular condyle, in proximity to the maxillary artery. Considering the risk of vascular injury, surgical excision was performed via a Risdon approach, combined with coronoidectomy and low condylectomy. Histopathological analysis confirmed the diagnosis of

osteochondroma. Immediate condylar reconstruction was not performed. Postoperative recovery was uneventful, and progressive functional improvement was observed. At the one-year follow-up, maximal interincisal opening reached 50 mm. This case demonstrates that complete resection through a safe surgical approach can result in favorable functional outcomes in rare benign condylar tumors, even without immediate reconstruction.

KEYWORDS: Osteochondroma; Mandibular Condyle; Surgery.

95. RARE NEUROENDOCRINE SKIN TUMOUR MANIFESTATION IN LOWER LIP: A CASE REPORT

Isabela Busnello de Souza, Carolina Mendes Frusca do Monte, Juliana Lucena Schussel, Heliton Gustavo de Lima

A 63-year-old male renal transplant recipient with controlled type 2 diabetes, hypertension, and a history of smoking, alcohol consumption, and chronic sun exposure was referred to the Stomatology outpatient clinic of a Dental Specialties Center due to a painless, 25 mm, raised, pink, ulcerated nodule on the lower lip, with a two-month history. No regional lymphadenopathy was observed. The clinical hypothesis was squamous cell carcinoma, and an incisional biopsy was performed. Histopathology revealed mucosa infiltrated by a malignant neoplasm composed of small round blue cells arranged in irregular islands and cords, with scant cytoplasm and irregular, hyperchromatic, occasionally overlapping nuclei showing salt-and-pepper chromatin. Immunohistochemistry demonstrated paranuclear dot-like positivity for pan-cytokeratin AE1/AE3 and CK20, positivity for Chromogranin A and Synaptophysin, and a Ki-67 index >90%, confirming Merkel cell carcinoma. This represents an extremely rare and aggressive neuroendocrine malignancy of the lip. The patient was referred for oncological treatment.

KEYWORDS: Carcinoma; Merkel Cell; Immunohistochemistry.

96. APPROACH TO PROLIFERATIVE VERRUCOUS LEUKOPLAKIA IN AN ELDERLY PATIENT

Isabela Soares Gouveia, Litsa Alves, Lívia Araújo Cappeletti, Amanda de Lima Meirelles Nunes, Antonella Yanucci, Gustavo Phillipi de los Santos, Liliane Janete Grando

A 91-year-old woman, a former smoker with several comorbidities, presented with multiple lesions (plaques and nodules) on the bilateral buccal mucosa and upper/lower alveolar ridges, characterized by white, non-removable lesions with a painless, verrucous surface, and a history of evolution over a few months. A previous incisional biopsy, performed at another medical service, indicated a benign epithelial lesion in the analyzed sample. The clinical diagnosis was proliferative verrucous leukoplakia (PVL). Panoramic radiography shows complete edentulous jaws, with alveolar bone atrophy, compatible with the patient's age. The patient was wearing complete dentures. The largest lesion measured 3.5x2.5cm, was located on the right buccal mucosa, and was surgically removed with cauterization of the sessile base (electric scalpel). The histopathological aspects confirmed clinical diagnoses of PVL, a disease with aggressive behavior and high risk of malignant transformation. As supportive treatment, clinical follow-up, and topical use of tocopherol were recommended for mucosa regeneration.

KEYWORDS: Biopsy; Mouth Mucosa; Diagnosis, Differential;

97. DELAYED CLOSURE OF AN ORAL-ANTRAL COMMUNICATION WITH A TONGUE FLAP AFTER PARTIAL MAXILLECTOMY: A CASE REPORT

Isabela de Oliveira Plugge Freitas, Leticia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Melissa Rodrigues de Araujo, José Luís Dissenha, Laurindo Moacir Sassi

A 59-year-old female patient was diagnosed with well-differentiated squamous cell carcinoma of the right maxillary alveolar ridge (cT1cN0). The patient underwent right partial maxillectomy with clear margins and no indication for adjuvant therapy. In the postoperative period, she developed a persistent 1.8 cm oroantral communication, resulting in functional impairment affecting feeding and speech, as well as local pain. Delayed surgical closure of the oroantral communication was performed using a myomucosal tongue flap. The procedure was carried out in two surgical stages, including a period of lingual immobilization, showing good flap integration, absence of complications, and effective closure of the defect. The patient remains under follow-up with no signs of recurrence and good clinical evolution. This technique proved to be a safe and effective alternative for the treatment of extensive and persistent oroantral communications in patients undergoing oncologic maxillary resections, contributing to functional recovery and improved quality of life.

KEYWORDS: Oroantral Fistula; Surgical Flaps; Carcinoma, Squamous Cell; Case Reports.

98. LEUKOPLAKIA MIMICKING ORAL LICHEN PLANUS: A CASE REPORT

Isabela de Oliveira Plugge Freitas, Laila Menezes Hagen, Joana Vendruscolo, Heliton Gustavo de Lima, José Miguel Amenabar-Cespedes, Cassius Carvalho Torres Pereira, Juliana Lucena Schussel, Melissa Rodrigues de Araujo.

Oral epithelial dysplasia is an important histopathological marker of risk for malignant transformation, requiring strict clinical surveillance and long-term follow-up. This report describes the case of a 71-year-old female patient, non-smoker and non-alcohol user, who presented with erosive and ulcerated areas associated with white plaques, accompanied by painful symptoms in the bilateral posterior buccal mucosa. The initial diagnostic hypothesis was oral lichen planus, based on clinical findings. However, incisional biopsy revealed moderate epithelial dysplasia and absence of microscopic features consistent with lichen planus. During follow-up, the ulcerated lesions and pain improved with topical and systemic corticosteroid therapy. The white lesions persist, reinforcing the need for continuous monitoring. This case emphasizes the critical importance of histopathological evaluation in lesions clinically suggestive of oral lichen planus, as the identification of moderate epithelial dysplasia significantly alters prognostic implications and clinical management.

KEYWORDS: Leukoplakia, Oral; Diagnosis, Differential; Precancerous Conditions; Case Reports.

99. SQUAMOUS CELL CARCINOMA OF THE HYPOPHARYNX WITH CAROTID INVOLVEMENT: A CASE REPORT OF AN UNRESECTABLE TUMOR

Isabela de Oliveira Plugge Freitas, Letícia Aparecida Cunico, Izadora Andreiv, Bruna Luísa Koch Monteiro, Ana Júlia Garcia Brod Lino, Melissa Rodrigues de Araujo, Laurindo Moacir Sassi

This report describes the case of a 40-year-old male patient, smoker and alcohol user, who presented with progressive enlargement of the right cervical region, associated with intense pain, night sweats, and weight loss. Imaging studies revealed an infiltrative cervical mass with areas of cystic degeneration and necrosis, with no cleavage plane from the carotid bifurcation, internal jugular vein, and adjacent musculature. Fine-needle aspiration revealed an atypical squamous lesion consistent with squamous cell carcinoma. Endoscopic investigation identified a primary lesion in the left piriform sinus, confirming locally advanced hypopharyngeal squamous cell carcinoma, considered unresectable due to carotid involvement. The therapeutic plan consisted of induction chemotherapy followed by concurrent chemoradiotherapy, with good clinical response and reduction of the cervical mass, although deep nodulation persisted, suggesting possible residual disease. This case highlights the challenges in managing unresectable cervical tumors and reinforces the importance of a multidisciplinary approach in achieving effective treatment.

KEYWORDS: Hypopharyngeal Neoplasms; Carcinoma, Squamous Cell; Chemoradiotherapy; Case Reports.

100. ORAL FINDINGS IN STEVENS–JOHNSON SYNDROME AND TOXIC EPIDERMAL NECROLYSIS: MANAGEMENT AND CLINICAL INSIGHTS FROM A CASE SERIES

Isabella Fabiana Paoli, Brenda Hillesheim Sapelli, Bárbara Marchi Fagundes, Luiza Srour, Samara Reis Hilário, Oscar Cardoso Dimatos, Aira Maria Bonfim Santos

Three female patients aged 29, 34, and 78 years were referred to a hospital dentistry service with severe mucocutaneous manifestations compatible with drug-induced Stevens–Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), including oral involvement. Clinical examination revealed diffuse ulcerations and erosive lesions affecting the oral mucosa, hemorrhagic crusts on the labial semimucosa, and papules and vesicles distributed over the face, trunk, and limbs. Incisional skin biopsy with direct immunofluorescence was performed to differentiate SJS from TEN and other clinically similar conditions. Diagnosis was established based on mucocutaneous findings, risk factors, histopathology, and medication history. Immediate discontinuation of the suspected drug and supportive care were the primary therapeutic measures. Oral management included photobiomodulation with low-level laser therapy and the use of a mouthwash containing clobetasol propionate 0.05% and nystatin 100,000 IU/mL. All patients showed marked clinical improvement, highlighting the importance of oral care during hospitalization until complete lesion resolution.

KEYWORDS: Stevens-Johnson Syndrome; Drug-Related Side Effects and Adverse Reactions; Oral Medicine

101. DIAGNOSTIC CHALLENGES IN GINGIVAL ORAL SQUAMOUS CELL CARCINOMA: A CASE REPORT

Malta, Isabella Souza; Meneses, Daniela Oliveira; Lança, Maria Leticia de Almeida; Oliveira, Victoria Geisa Brito; Anbinder, Ana Lia; Alves, Monica Ghislaine Oliveira

A 75-year-old female asian patient, with previous history of breast cancer, presented gingival lesions in the left mandibular region, with a two-year duration and history of multiple periodontal treatments, without remission. Clinical examination revealed a nodular lesion involving the buccal and lingual gingiva and alveolar ridge of teeth 32 to 36, with erythematous and ulcerated areas, asymptomatic, and bleeding upon palpation. Under the clinical differential diagnosis of granulomatosis with polyangiitis versus lymphoma, an incisional biopsy was performed. Histopathological examination revealed a malignant epithelial neoplasm composed of cells with cytoplasmic and nuclear pleomorphism, atypical mitotic figures, and dyskeratosis. Immunohistochemical analysis showed positivity for AE1/AE3 and p63, and negativity for CK7 and mammaglobin, establishing the diagnosis of squamous cell carcinoma. The patient was referred to a head and neck oncology service and is currently under oncologic follow-up. This case highlights the importance of thorough diagnostic investigation in lesions refractory to conventional therapy.

KEYWORDS: Carcinoma, Squamous Cell; Neoplasms; Gingiva; Diagnosis; Mouth Neoplasms.

102. ORAL LEUKOPLAKIA WITH EPITHELIAL DYSPLASIA IN YOUNG PATIENTS: A RETROSPECTIVE ANALYSIS

Malta, Isabella Souza; Meneses, Daniela Oliveira; Lança, Maria Leticia de Almeida; Souza, Yan Aparecido; Anbinder, Ana Lia; Kaminagakura, Estela

Background: Oral potentially malignant disorders, including oral leukoplakia (OL), are lesions linked to a higher risk of malignant transformation. OL commonly affects fair-skinned men in midlife, but a global rise in oral squamous cell carcinoma among young people has raised questions about the behavior of precursor lesions in this group. Objective: To describe OL cases with epithelial dysplasia in young patients at a Brazilian diagnostic center. Methods: Reports of patients with OL and epithelial dysplasia (1995–2025) were reviewed for age, sex, ethnicity, site, and dysplasia degree. Descriptive statistics were used. Results: Only 8% (16/202) of OL with dysplasia cases were in young patients aged 15–40 years (mean age 34.9 ± 4.61). Males (9/16; 56.3%) and leukoderma (13/16; 86.7%) predominated. Mild dysplasia was most common (10/16; 62.5%). All severe dysplasia (3/16; 18.8%) was in women. The tongue was most often affected (7/16; 43.8%). Conclusion: Although OL was more frequent among young men, severe epithelial dysplasia occurred exclusively in women, suggesting a potentially distinct biological behavior in this subgroup and reinforcing the need for careful clinical surveillance in young patients with OL.

KEYWORDS: Leukoplakia, Oral; Precancerous Conditions; Mouth Neoplasms; Young Adult; Retrospective Studies.

103. DIFFERENTIAL DIAGNOSIS OF CENTRAL GIANT CELL LESION AND BROWN TUMOR OF HYPERPARATHYROIDISM

Isadora Alves, Angela Maira Guimarães, Laura Maria de Almeida Araújo, Katheleen Miranda, Delson João da Costa.

Among bone pathologies, central giant cell lesion (CGCL) and brown tumor of hyperparathyroidism present indistinguishable histopathological features. A 24-year-old Caucasian female attended the Oral and Maxillofacial Surgery residency service at the Universidade Federal do Paraná. Panoramic radiography revealed a poorly defined radiolucent area extending from the apex of the left maxillary central incisor to the left first premolar, without associated pain. Clinical examination revealed a depression in the palatal mucosa of the region. Excisional biopsy was performed, and histopathological findings were consistent with CGCL. To exclude brown tumor of hyperparathyroidism, serum levels of calcium, phosphorus, alkaline phosphatase, and parathyroid hormone were requested, all within normal limits. After clinical, radiographic, and laboratory correlation, the diagnosis of CGCL was confirmed and the patient was scheduled for radiographic follow-up every six months. This case highlights that differential diagnosis is essential to exclude systemic conditions associated with oral manifestations and to guide appropriate management.

KEYWORDS: Oral pathology; Oral surgery; Differential diagnosis; Hematologic tests.

104. MANDIBULAR RECONSTRUCTION WITH MICROVASCULARIZED FIBULAR GRAFT AFTER SEGMENTAL RESECTION FOR AMELOBLASTOMA.

Isadora Alves, Laura Maria de Almeida Araújo, Angela Maira Guimarães, Ana Paula de França Giostri, Delson João da Costa, Leandro Eduardo Kluppel, Rafaela Scariot.

Extensive segmental mandibular defects often require the use of microvascular surgical reconstruction techniques. This report describes the case of a 45-year-old Caucasian

male diagnosed in 2007 with ameloblastoma involving the left mandibular body and ramus. Initial treatment consisted of segmental resection of the mandible, preserving the condylar segment, associated with the placement of a 2.4 mm reconstruction plate. Due to fracture of the fixation material, a new intervention was performed in the following year, with the placement of a customized 2.7 mm plate. The case progressed with intraoral exposure of the plate and an extraoral fistula. In 2021, after stabilization of the condition, mandibular reconstruction with a microvascularized fibular graft was indicated, aiming to restore adequate bone and soft tissue volume for prosthetic rehabilitation. The patient is currently rehabilitated with dental implants and a definitive prosthesis, demonstrating functional improvement and enhanced quality of life.

KEYWORDS: Ameloblastoma; Oral pathology; Mandibular Reconstruction; Oral surgery

105. OSTEONECROSIS OF MIXED ETIOLOGY: A CASE REPORT WITH OVERLAPPING RISK FACTORS

Isadora Simm Milan Teixeira, Caroline Bernardo Scheffer, Douglas Kondach Mai, Riéli Elis Schulz, Lilian Bezerra, Aira Maria Bonfim Santos, Gustavo Davi Rabelo

A 66-year-old male with metastatic prostate cancer was referred due to a persistent bone exposure in the anterior maxilla. His medical history included nine years of oncologic treatment with radiotherapy to primary and metastatic sites, including the cranium, chemotherapy, and prolonged use of antiresorptive and hormonal agents (denosumab, abiraterone, and goserelin). Intraoral examination revealed extensive maxillary bone exposure involving teeth and dental implants in the anterior region. Imaging demonstrated marked bone resorption, cortical irregularities, and necrotic features compatible with medication-related osteonecrosis. Considering the previous head and neck radiotherapy, a mixed etiology for osteonecrosis was assumed. Management consisted of conservative therapy, including irrigation with ozonated water, ozonized gas application, photobiomodulation with low-level laser therapy, photodynamic therapy, systemic antibiotics, and oral hygiene measures. Partial improvement was observed, although small areas of exposure persisted. The patient remained under multidisciplinary follow-up and died three months after treatment initiation due to systemic complications.

KEYWORDS: denosumab, bone resorption, osteonecrosis, prostate câncer

106. AUTOMATED SEGMENTATION OF ACTINIC CHEILITIS AND LIP SQUAMOUS CELL CARCINOMA USING EFFISEGNET-B0

Ivan José Correia-Neto, Vitor Simbalista Teixeira Soares, Anna Luíza Damaceno Araújo, Hugo Abritta Reis, Alan Roger dos Santos-Silva, Matheus Cardoso, Marcio Moraes,

Background: Actinic cheilitis (AC) is a malignant oral disorder associated with lip squamous cell carcinoma. Diagnosis is challenging due to clinical variability of lesions. Although artificial intelligence tools have supported early detection, image segmentation approaches remain underexplored. This study aimed to develop and validate an image segmentation model to support diagnosis of AC, and labial squamous cell carcinoma using digital patient photographs. Methods: This retrospective study developed a segmentation model, EffiSegNet-B0, using 414 digital photographs from 315 patients with lip lesions. The model was trained using 10-fold cross-validation with a 90–10 split for training and testing. Training parameters included 100 epochs, DiceCELoss as loss function, and Adam optimizer. Performance was assessed using accuracy, recall, precision, intersection over union (IoU), and Dice coefficient. Results: The model achieved accuracy of 96%, recall of 88%, precision of 90%, IoU of 80%, and Dice coefficient of 89%. Low standard deviation values demonstrated robustness of the model and adequate dataset stratification. Conclusion: EffiSegNet-B0 demonstrated high accuracy and adaptability in segmenting lip lesions, supporting potential clinical application. Despite performance reduction compared with other datasets, the model proved robust and generalizable, representing a promising tool for diagnosis and non-invasive monitoring of lip lesions in practice.

KEYWORDS: actinic cheilitis, lip cancer, squamous cell carcinoma

107. CENTRAL GIANT CELL LESION TREATED WITH DENOSUMAB: CASE REPORT AND COMPLICATIONS

Izadora Andreiv, Lara Krusser Feltraco, Priscilla Queiroz Mattos da Silva, Leticia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Victoria Pires Gonçalves, Laurindo Moacir Sassi

A 25-year-old female patient, treated at a pathology referral service in southern Brazil, presented with increased volume in the gnathic bones and was diagnosed with central giant cell lesion (CGCL) in the maxilla and mandible after clinical, radiographic, laboratory, and

histopathological evaluation. Initial treatment consisted of surgical enucleation, but there was bilateral recurrence after seven months. After loss to follow-up, the patient underwent outpatient treatment with denosumab for approximately 4 years and 10 months to control osteoclastic activity. She developed medication-associated osteonecrosis of the jaws, complicated by a pathological mandibular fracture. Initially, a conservative approach was adopted, respecting the drug's metabolism period, followed by surgical reduction and fixation. The patient has shown favorable clinical progress, with bone neoformation and adequate plate stability. The case highlights the risks of denosumab in CGCL, whose indication remains controversial and is not a first-line therapy.

KEYWORDS: central giant cell lesion, MRONJ, denosumab

108: FUNCTIONAL IMPROVEMENT IN MOUTH OPENING WITH INJECTABLE FIBRIN-RICH PLASMA (I-PRF) IN A PATIENT WITH TMJ FIBROUS ANKYLOSIS AFTER RADIOTHERAPY: CASE REPORT

Izadora Andreiv, Lara Krusser Feltraco, Priscilla Queiroz Mattos da Silva, Bruna Luisa Koch Monteiro, Ana Júlia Garcia Brod Lino, Jose Luis Dissenha, Laurindo Moacir Sassi

Female patient diagnosed with polymorphic adenocarcinoma of the salivary gland, who underwent partial right maxillectomy with Chinese flap reconstruction, followed by adjuvant radiotherapy. She developed muscle contracture, triggering severe trismus and significant functional limitation. She had an initial mouth opening of approximately 0.1 mm, despite recurrent physiotherapy sessions. Imaging tests showed bilateral fibroankylosis of the temporomandibular joint, possibly related to prolonged absence of mandibular mobility after treatment. Ten serial applications of i-PRF were performed, infiltrated into regions of intraoral fibrosis, considering the contraindication of surgical bone approach in irradiated patients. Despite the diagnosis of fibroankylosis, progressive improvement in mouth opening was observed, with functional gain. Initially, the patient fed exclusively on liquids; after treatment, she progressed with improved chewing ability, tolerating solid foods and greater ease for physical therapy. At the end of follow-up, mouth opening reached 10 mm, demonstrating the potential of i-PRF as a promising strategy.

KEYWORDS: radiotherapy, trismus, PRF

109. MANDIBULAR OSTEORADIONECROSIS: SURGICAL TREATMENT AND TECHNICAL CONSIDERATIONS

Izadora Andreiv, Lara Krusser Feltraco, Priscilla Queiroz Mattos da Silva, Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Aaron Bensaul Trujillo Lopez, Laurindo Moacir Sassi

A 74-year-old male patient diagnosed with squamous cell carcinoma of the head and neck, who underwent adjuvant radiotherapy, reported pain in the posterior region of the left mandible. Imaging tests showed an area of osteolysis consistent with mandibular osteonecrosis. Initially, conservative treatment was adopted, but the condition progressed, with worsening pain and progression to pathological fracture, indicating partial mandibulectomy. The surgery was performed under general anesthesia, using extraoral access, with dissection by planes until exposure of the bone tissue. Osteotomy was performed with abundant irrigation to remove the necrotic bone until viable bone tissue was obtained, characterized by the presence of medullary bleeding, followed by regularization of the stumps, soft tissue suturing to isolate the stumps, and closure by planes. Due to vascular compromise of the irradiated tissue, bone reconstruction was not indicated, reinforcing the importance of the appropriate choice and execution of the surgical technique.

KEYWORDS: osteoradionecrosis, necrotic bone, head and neck cancer

110. DESMOPLASTIC FIBROMA OF THE MANDIBLE: A CASE REPORT WITH A CONSERVATIVE SURGICAL APPROACH

Jessica dos Santos Rodrigues, Juli Emily Costa Guimarães, David Eduardo Zuluaga Liberato, Bruna Eduarda Sobral, Christian Ferreira Bernardi, Letícia Mello Bezinelli, Juliana Mota Siqueira.

Desmoplastic fibroma is a rare benign bone tumor of the oral and maxillofacial region, characterized by locally aggressive behavior and a high potential for recurrence. This case report describes a 41-year-old male patient presenting with an osteolytic lesion in the left mandibular body, associated with mobility of teeth 36 and 37, impaction of tooth 38, intraoral and extraoral edema, facial asymmetry, and paresthesia of the inferior alveolar nerve. A previous incisional biopsy was inconclusive. Consequently, an excisional biopsy was performed, with complete enucleation of the lesion and extraction of teeth 37 and 38, while preserving the inferior alveolar nerve bundle. Histopathological analysis confirmed the diagnosis of desmoplastic fibroma. Considering the integrity of the cortical bone, a

conservative surgical approach was adopted, prioritizing functional preservation and patient well-being. The patient remains under clinical and radiographic follow-up, with no evidence of recurrence after eight month.

KEYWORDS: desmoplastic fibroma, oral surgery, osteolytic lesion

111. ORAL SQUAMOUS CELL CARCINOMA IN YOUNG FEMALE PATIENTS: A CASE SERIES

Jessica dos Santos Rodrigues, Christian Ferreira Bernardi, Juli Emily Costa Guimarães, Luis Felipe das Chagas e Silva de Carvalho, Andressa Teruya Ramos, Letícia Mello Bezinelli, Juliana Mota Siqueira.

Oral squamous cell carcinoma (OSCC) predominantly affects older male patients and is strongly associated with exposure to tobacco and alcohol. However, an increasing incidence has been reported among younger individuals without traditional risk factors. This report describes a case series of OSCC in young female patients, highlighting clinical presentation and diagnostic challenges prior to referral to oral medicine. Three patients, with a mean age of 40 years and no systemic comorbidities, were included. None were current tobacco or alcohol users, although one patient reported a previous history of smoking. Lesions were located on the tongue, including one on the dorsal surface, an uncommon site for OSCC, presenting as leukoplastic or ulcerated lesions with an insidious course. Histopathological analysis confirmed squamous cell carcinoma with variable depth of invasion, absence of lymphovascular invasion, and a Worst Pattern of Invasion (WPOI) type 4. Surgical treatment and multidisciplinary team follow-up were established.

KEYWORDS: squamous cell carcinoma, tobacco, oral cancer

112. MUCOEPIDERMOID CARCINOMA IN A PEDIATRIC PATIENT: A CASE REPORT

Joana Leticia Vendruscolo; Maria Carmen Pereira Silva; Juliana Lucena Schussel; Laurindo Moacir Sassi

Mucoepidermoid carcinoma is the most common malignant neoplasm of the salivary glands and is rare in pediatric patients. This report describes the case of a seven-year-old child presenting with a painless, fluctuant swelling with purplish areas on the left side of the hard palate, with approximately two months of evolution. Initially, a hypothesis of an odontogenic lesion was raised; however, the patient presented with healthy dentition. Cone beam computed tomography revealed an invasive osteolytic lesion, and incisional biopsy confirmed the diagnosis of low-grade invasive mucoepidermoid carcinoma. Treatment consisted of left partial maxillectomy associated with tracheostomy, reconstruction with a vascularized fibular flap, and adjuvant radiotherapy, totaling 30 sessions. After two years of postoperative follow-up, the patient is in good general condition, with no signs of recurrence, and remains under semiannual follow-up jointly with the head and neck surgery and plastic surgery teams at Erasto Gaertner Hospital.

KEYWORDS: Mucoepidermoid Carcinoma; Maxillomandibular Diseases; Epithelial and Glandular Neoplasms

113. OSTEONECROSIS ASSOCIATED WITH THE USE OF ZOLEDRONIC ACID IN PATIENTS WITH MULTIPLE MYELOMA: CASE REPORT WITH DENTAL INTERVENTION

João Pedro Marcon Raupp, Laura Vitória Nunes, Maria Victoria Echenvagua, Kamile Leonardi Dutra Horstmann, Aira Maria Bonfim dos Santos, Liliane Janete Grando, Maria Inês Meurer.

Multiple myeloma (MM) is a hematologic malignancy characterized by the clonal proliferation of plasma cells in the bone marrow in 5% of individuals over 50 years old. To prevent bone metastases, zoledronic acid is prescribed; it is an intravenous antiresorptive medication for osteoporosis, Paget's disease, multiple myeloma. Regular dental evaluations in patients with MM are mandatory due to the risk that zoledronic acid may affect bone repair, leading to bone exposure and osteonecrosis after dentoalveolar trauma. Two patients treated in the Hematology Service had a priority for exodontics. Three months after exodontics performed at the Dental Service, both patients developed jaw osteonecrosis (ON), which was treated with the following protocol: Conservative bone curettage with pre- and post-operative care, ozone therapy (water irrigation at 40 μg/mL, gás insufflation at 8 to 12 μg/mL, prefabricated oil covering). Both are currently under treatment and show no symptoms or signs of ON so far.

KEYWORDS: Multiple myeloma; Ozone therapy; Zoledronic acid.

114. HOSPITAL DENTAL MANAGEMENT IN A PATIENT WITH TONSILLAR NEOPLASM AND SYSTEMIC COMORBIDITIES: A CASE REPORT

Julia Quadri; Bruna Luisa Koch Monteiro; Cristiane de Alcantara Pinto Dalzotto; Mateus Riedner Lazzari; Adriano Leão Ruaro.

A 47-year-old female with a history of chronic alcohol and tobacco use was hospitalized due to upper gastrointestinal bleeding associated with anemia and liver disease compatible with cirrhosis. During evaluation, she reported odynophagia and presented with progressive right cervical lymphadenopathy. Oropharyngoscopy revealed an ulcerovegetative lesion in the right tonsillar region with a level II cervical lymph node. Biopsy confirmed a tonsillar malignancy. Hospital dental assessment identified poor oral hygiene, residual roots, multiple carious lesions, and periapical inflammatory changes, consistent with active odontogenic infectious foci. Laboratory abnormalities indicated increased hemorrhagic risk, directly impacting clinical management. Considering the oncologic diagnosis and systemic comorbidities, surgical elimination of odontogenic infection sources was performed in a hospital environment as preparation for cancer therapy. This case emphasizes the role of hospital dentistry in interdisciplinary care, contributing to diagnostic support, therapeutic planning, and enhanced patient safety in individuals undergoing treatment for head and neck malignancies.

KEYWORDS: Hospital Dentistry. Head and Neck Neoplasms. Tonsillar Neoplasms.

115. MANDIBULAR VESTIBULAR SURGICAL APPROACH FOR ENUCLEATION OF A DEEP DENTIGEROUS CYST: A CASE REPORT

Julia Quadri; Bruna Luisa Koch Monteiro; Letícia Aparecida Cunico; Gustavo Fabiano Nogueira; Laurindo Moacir Sassi; Josemael Ribas Filho.

A male patient was referred to a tertiary general hospital in Paraná for surgical management of an odontogenic lesion associated with an impacted mandibular canine. Clinical and imaging examinations revealed a well-defined radiolucent lesion related to the impacted tooth. Considering the depth of impaction, lesion size, and complexity of surgical access, the procedure was performed in a hospital setting under general anesthesia. A mandibular vestibular approach was used, including mucoperiosteal flap elevation, osteotomy, extraction of the impacted canine, and complete enucleation of the cystic lesion. After bone regularization and copious irrigation, layered closure was achieved with absorbable sutures. The intraoperative period was uneventful. Histopathological examination confirmed the diagnosis of a dentigerous cyst. Postoperatively, the patient demonstrated satisfactory recovery, with proper intraoral healing and no complications. This case highlights the importance of hospital-based dentistry in the management of extensive odontogenic lesions requiring complex surgical access and multidisciplinary support.

KEYWORDS: Dentigerous Cyst. Impacted Canine. Oral and Maxillofacial Surgery.

116. MAXILLARY RECONSTRUCTION WITH AUTOGENOUS BONE GRAFT FOLLOWING RESECTION OF CENTRAL ODONTOGENIC FIBROMA: A CASE REPORT

Julia Quadri; Bruna Luisa Koch Monteiro; Gabriella Mazzarolo; Priscila Queiroz Mattos da Silva; Ana Julia Garcia Brod Lino; José Luis Dissenha; Laurindo Moacir Sassi.

Central Odontogenic Fibroma (COF) is a rare benign odontogenic tumor characterized by slow, painless growth that may cause cortical expansion and tooth displacement. A 20-year-old female patient was referred to a tertiary referral hospital in Paraná presenting with swelling in the left maxilla and buccal displacement of tooth 27. Computed tomography revealed a 3-cm expansive lytic lesion associated with cortical bone destruction. An intraosseous incisional biopsy was performed, and histopathological and immunohistochemical analyses confirmed the diagnosis of COF. Treatment consisted of marginal block resection without complications. After six months, reconstruction of the bone defect was carried out using an autogenous bone graft harvested from the right mandibular oblique line, fixed with titanium screws and supplemented with particulate bone graft. At one-year follow-up, satisfactory osseointegration and graft stability were observed. The patient was subsequently referred and cleared for implant-supported oral rehabilitation, with favorable functional and structural outcomes.

KEYWORDS: Central odontogenic fibroma; benign odontogenic tumor; maxillary reconstruction.

117. MUCOSAL LEISHMANIASIS AS A DIFFERENTIAL DIAGNOSIS OF MALIGNANT NEOPLASMS: A TWO-CASE SERIES IN AS ONCOLOGY HOSPITAL

Julia Quadri; Vitória da Silva Faneco; Gabriel Basso Klingenfuss; Gabriella Mazzarolo; Priscila Queiroz Mattos da Silva; Laurindo Moacir Sassi; Bruna Luisa Koch Monteiro.

American tegumentary leishmaniasis (ATL) is an infectious disease caused by Leishmania protozoa and transmitted by phlebotomine sand flies. It may affect mucosal tissues, presenting as chronic ulcer infiltrative lesions with destructive potential that can mimic malignant neoplasms,

especially in oncologic settings. Two cases treated at a tertiary oncology referral hospital are reported, both previously receiving specific therapy for leishmaniasis. The first involved a 35-year-old man with a history of lymphoma who developed an ulcer infiltrative nasal lesion with septal destruction, raising suspicion of tumor recurrence. The second presented with an extensive ulcerated lesion on the lower lip, clinically suggestive of squamous cell carcinoma. Incisional biopsy was performed in both cases. Histopathological and complementary analyses confirmed mucosal leishmaniasis and excluded malignancy. After ruling out cancer, patients were referred for continuation of intravenous pentavalent antimonial therapy. These cases highlight the importance of including mucosal leishmaniasis in the differential diagnosis of suspected malignancies.

KEYWORDS: Mucosal Leishmaniasis. Differential Diagnosis. Malignant Neoplasm.

118. SURGICAL MANAGEMENT OF FRACTURE OF THE ORBIT-ZYGOMATIC-MAXILLARY COMPLEX ASSOCIATED WITH NASAL FRACTURE AFTER PHYSICAL AGGRESSION: A CASE REPORT

Julia Quadri; Bruna Luisa Koch Monteiro; Gabriella Mazzarolo; Ana Julia Garcia Brod Lino; Victoria Pires Gonçalves; Laurindo Moacir Sassi; Josemael Ribas Filho.

Fractures of the orbital-zygomatic-maxillary complex are common in facial trauma, particularly in cases of interpersonal violence, and may compromise facial aesthetics, masticatory function, and orbital structures. This report describes a 53-year-old male patient, victim of interpersonal aggression. At the initial clinical examination, he presented left periorbital edema and ecchymosis and complained of diplopia and occlusal alterations, without neurological deficits. Computed tomography revealed a left orbital-zygomatic-maxillary complex fracture associated with nasal bone fracture. The treatment consisted of open reduction and internal fixation of the orbital-zygomatic-maxillary complex, combined with closed reduction of the nasal fracture, performed under general anesthesia. The postoperative course was satisfactory, with stable occlusion, absence of diplopia, and no functional or aesthetic complaints. Proper surgical management proved effective in restoring both functional integrity and facial aesthetics, highlighting the importance of accurate diagnosis and timely intervention in complex midfacial fractures.

KEYWORDS: Facial Fractures. Internal Fixation. Oral and Maxillofacial Surgery.

119. SURGICAL MANAGEMENT OF MANDIBULAR ANGLE PSEUDOARTHROSIS: A CASE REPORT

Julia Quadri; Bruna Luisa Koch Monteiro; Letícia Aparecida Cunico; Gustavo Fabiano Nogueira; Laurindo Moacir Sassi; Josemael Ribas Filho.

A 31-year-old male was initially treated at an external service following a motor vehicle accident; however, no mandibular fracture was diagnosed at that time. Over the course of one year, he developed significant mandibular deviation, trismus, and a submandibular fistula with purulent drainage. After this period, he sought specialized hospital care presenting with occlusal disturbance and functional limitation. Panoramic radiography confirmed bone nonunion near teeth 47 and 48. Surgical treatment was performed under general anesthesia with nasotracheal intubation through a right submandibular approach. The pseudoarthrosis site was accessed, fibrotic tissue was removed, and extraction of the tooth located in the fracture line was carried out. The mandibular segments were reduced, and maxillomandibular fixation was performed to reestablish occlusion. Rigid internal fixation was achieved using 2.0-mm plates and screws. The postoperative course was uneventful, with restoration of mandibular function and effective control of the infectious process.

KEYWORDS: Mandibular Fracture. Oral and Maxillofacial Surgey. Pseudoarthrosis.

120. BONE CALLUS AS AUTOGENOUS GRAFT IN THE TREATMENT OF AN INFECTED MANDIBULAR FRACTURE

Julia Rahal de Camargo, Fernanda Aparecida Stresser, Cintia Eliza Romani, Paola Fernanda Cotait de Lucas Corso, Delson João da Costa, Leandro Eduardo Kluppel.

A 74-year-old female patient with a history of mandibular implant placement presented recurrent episodes of pain and inflammation, leading to implant removal in 2023. In 2025, she returned with facial pain, edema, erythema, and lower lip paresthesia. Her medical history included controlled hypertension and osteopenia managed with Doiska. Clinical examination and computed tomography revealed a pathological mandibular fracture associated with bone sequestration secondary to osteomyelitis. Surgical management under general anesthesia included removal of infected bone, fracture reduction, and fixation using a 2.4mm reconstruction plate system. Notably, the bone callus formed at the fracture site was harvested and

processed as an autogenous particulate graft to assist in defect reconstruction. Postoperative follow-up demonstrated satisfactory healing, resolution of symptoms, and excellent functional recovery. Therefore, a longer follow-up will show the viability of using bone callus as an autogenous grafting material in mandibular reconstruction.

KEYWORDS: pathological fracture, autogenous grafting, oral surgery

121. ODONTOGENIC KERATOCYST OF THE MANDIBLE MANAGED WITH ENUCLEATION AND TOPICAL 5-FLUOROURACIL: CASE REPORT

Julia Rahal de Camargo, Cintia Eliza Romani, Rafaela Scariot, Delson João da Costa.

W.S.A. was referred to the Oral and Maxillofacial Surgery Service at Universidade Federal do Paraná (UFPR) for orthognathic surgery evaluation. Panoramic radiography revealed two extensive, well-defined, unilocular, radiolucent lesions in the left mandibular body. The patient was asymptomatic. Incisional biopsy was performed, and histopathological analysis confirmed the diagnosis of odontogenic keratocyst. Initial management consisted of decompression with placement of an intraoral drain under local anesthesia; however, it remained in situ for only 40 days due to difficulty maintaining proper positioning. Definitive treatment involved cyst enucleation under general anesthesia in a hospital setting, associated with topical application of 5-fluorouracil to the surgical cavity to reduce recurrence risk. The procedure was completed without complications. At one-year postoperative follow-up, the patient remains asymptomatic, with satisfactory clinical and radiographic outcomes and no signs of recurrence.

KEYWORDS: odontogenic keratocyst, decompression, enucleation

122. THE IMPORTANCE OF PANORAMIC RADIOGRAPHIC EXAMINATION IN DENTAL PLANNING AND FOLLOW-UP OF ONCOLOGIC PATIENTS: A CASE SERIES

Juliane Müller Medeiros, Maria Isabel Lino Correa, André Goulart Poletto, Scheila Aust, Gustavo Davi Rabelo, Filipe Ivan Daniel, Maria Inês Meurer

Dental management prior to oncologic therapy, particularly in patients undergoing radiotherapy, is essential to prevent oral complications. Radiographic examination, combined with radiologist assessment, plays a decisive role in this process. This case series reports the use of panoramic radiography to support oral planning before antineoplastic treatment by identifying infectious foci and guiding decisions on tooth extraction or preservation. Panoramic imaging also enabled monitoring during and after oncologic therapy, allowing detection of radiotherapy-related bone and dental alterations. This approach highlights the importance of panoramic radiography as both an initial planning tool and a method for periodic follow-up. The integration between hospital dentistry services and radiology specialists proved fundamental to comprehensive patient care. In conclusion, the panoramic radiography is an accessible, low-cost, and low-radiation examination that, when combined with radiologic expertise, contributes significantly to dental planning and follow-up of oncologic patients, promoting early detection of alterations and improved management of complications.

KEYWORDS: Radiography, Panoramic; Radiology Department, Hospital; Mouth Neoplasms;

123. LICHEN PLANUS ON THE PALATE: CASE REPORT

Júlia Gabriela Girardello, Sophia dos Santos Gomes, Debora Duarte Ribeiro, Nataly Germano Custódio, Sarah Freygang Mendes Pilati.

Lichen planus is an immune-mediated disease that affects the oral mucosa. In its reticular form, it may present Wickham's striae. In its erosive form, it presents erythematous and painful areas. Mostly affects middle-aged patients. In this case, we treated a 56-year-old female patient with lichen planus affecting the palate and lingual gingiva. The patient reported pain and burning for 6 months and noticed worsening symptoms when she felt stressed or anxious. She arrived at the clinic with a confirmed diagnosis of lichen planus. Endoscopic examination revealed lichen planus lesions also in the esophagus. For treatment, lasertherapy at 40j 660nm was initially performed, and drug treatment with 0.05% clobetasol propionate corticosteroid was started for 30 days. The patient was monitored weekly for 3 months, during which time she reported improvement, with a decrease of pain and lesions. The patient continue in treatment.

KEYWORDS: Lichen planus, palate, imune-mediated.

124. PATIENT VICTIM OF A GUNSHOT WOUND: A CLINICAL CASE REPORT

Eugênio Esteves Costa; Alana Gabrieli Vouk; Eduardo Dutra Nunes; Paula Porto Spada; Acir José Dirschnabel, Kamilly Lopes de Oliveira

A patient who suffered a facial perforation from a gunshot wound during rifle maintenance and cleaning was referred to the Emergency Department of São Vicente de Paulo Hospital (Mafra) presenting with a penetrating wound in the right infraorbital region, approximately 20 mm below the surgical site, periorbital ecchymosis, and increased facial volume in the lateral orbital region over the zygomatic bone. A helical computed tomography scan revealed metallic stilettos in the infraorbital region and lateral right orbit, and an image suggestive of a bone fracture. An elective surgical procedure was performed 3 days after the initial consultation, under general anesthesia, followed by a skin incision, layered dissection, and access to the infraorbital rim (zygomatic bone). The lead stilettos were removed, and a fracture of the outer bone plate of the zygomatic bone was found, without indication for surgical correction. The patient remains under follow-up by the Oral and Maxillofacial Surgery team and monitoring via imaging exams.

KEYWORDS: Gunshot wound; Facial trauma; Oral and Maxillofacial Surgery.

125. POTENTIALLY MALIGNANT ORAL DISORDERS: RELEVANCE OF CLINICAL RECOGNITION IN ORAL CANCER PREVENTION

Kamilly Lopes de Oliveira, João Armando Brancher, Eugênio Esteves Costa

The objective of this study is to analyze the literature on the main potentially malignant oral disorders, highlighting the relevance of early clinical recognition by dentists in the prevention of oral cancer. A literature review was conducted using PubMed, SciELO, ScienceDirect, and Cochrane Library databases. The descriptors used were: potentially malignant oral disorders, oral cancer, and early diagnosis. Clinical studies and review articles were included, prioritizing recent publications with higher scientific impact. The analyzed studies indicate that leukoplakia, erythroplakia, and oral lichen planus are the main potentially malignant oral disorders associated with oral cancer, presenting variable risks of malignant transformation. Leukoplakia was identified as the most prevalent lesion, whereas erythroplakia demonstrated the highest malignant potential. Scientific evidence highlights that systematic clinical examination of the oral mucosa, combined with periodic follow-up and biopsy when indicated, is essential for early diagnosis and for reducing oral cancer–related morbidity and mortality. It is possible to conclude that early clinical recognition of potentially malignant oral disorders by dentists is fundamental for oral cancer prevention and early diagnosis, positively impacting patient prognosis.

KEYWORDS: Oral cancer; Leukoplakia; Early diagnosis.

126. ATYPICAL CASE OF PAROTID CARCINOMA: CASE REPORT

Karina Muller Schmitz, Carolini Fazzioni, Nicolly Depiné Schmietke, César Augusto Magalhães Benfatti, Helena Miguel Cotter, Arno Lotar Córdova Junior, Anna Torrezani.

A 75-year-old female patient reported swelling in her gums after tooth extraction on the right side of her maxilla, which worsened to her face after one month. A CT scan showed a lesion measuring 5.0 x 3.7 x 3.4 cm, with a histopathological diagnosis of poorly differentiated squamous cell carcinoma in the right parotid gland. Extraoral physical examination revealed progressive, multilobular enlargement breaking through the epidermis, and intraoral enlargement of the mucosa leading to maceration of the bite, as well as limited mouth opening. The proposed treatment was exclusive IMRT radiotherapy, and there was significant remission; however, the patient died from complications of lung metastasis.

KEYWORDS: Parotid Gland; Carcinoma, Squamous Cell; Radiotherapy.

127. EARLY DIAGNOSIS OF TONGUE CARCINOMA IN A PATIENT WITH FANCONI ANEMIA: A CASE REPORT

Laís Bonatto Zawadniak, Brunna Eloy Costa, José Miguel Amenábar, Rebeca Solarte Barbosa, Maria Eduarda Dias Monteiro Bispo Chaves, Juliana Lucena Schussel

A 20-year-old female patient with Fanconi anemia, who had undergone two related bone marrow transplants in childhood and was in outpatient follow-up, was referred to Dentistry due to a painful ulcerated lesion on the right dorsum of the tongue, approximately one year in duration and progressively growing. Upon clinical examination, a 1 cm ulcer was observed, with erythematous and depapillated areas, and irregular borders. Laboratory tests were within normal limits. Exfoliative cytology and serial biopsies were performed, initially compatible with low and moderate grade oral epithelial dysplasia, with progression to high-grade dysplasia. Considering the high risk of squamous cell carcinoma associated with Fanconi anemia, surgical resection was recommended. The histopathological examination revealed superficially

invasive squamous cell carcinoma (T1N0M0). The patient is under multidisciplinary follow-up, with plans for wider surgical margins and rigorous oncological surveillance.

KEYWORDS: Fanconi Anemia, Squamous Cell Carcinoma of Head and Neck, Early Diagnosis

128. RISK OF OSTEONECROSIS OF THE JAWS ASSOCIATED WITH MEDICATIONS AND DENTAL MANAGEMENT IN AN ONCOLOGICAL PATIENT: A CASE REPORT

Laís Bonatto Zawadniak, Brunna Eloy Costa, Maria Carmem Pereira, Rebeca Solarte Barbosa, Maria Eduarda Dias Monteiro Bispo Chaves, Melissa Rodrigues de Araújo, Juliana Lucena Schussel

A 72-year-old female patient with a history of multiple myeloma and invasive ductal carcinoma of the breast, who had previously used intravenous zoledronic acid and was undergoing treatment with trastuzumab, sought dental care due to pain and purulent secretion associated with a dental implant in the posterior region of the right maxilla, which had been placed prior to the use of bisphosphonates. Imaging studies, including panoramic radiography and computed tomography, revealed extensive bone loss. Given the recurrent peri-implant infection and the patient's medication history, a diagnosis of high risk for medication-related osteonecrosis of the jaws was established. Management included antibiotic therapy, adjunctive treatment with pentoxifylline and tocopherol, and surgical removal of the implant, with the use of platelet-rich fibrin and transoperative antimicrobial photodynamic therapy. Serial clinical follow-up demonstrated complete healing, with no signs of infection, bone exposure, or development of osteonecrosis.

KEYWORDS: Bisphosphonate-Associated Osteonecrosis of the Jaw; Peri-Implantitis; Breast Neoplasms

129. CLINICAL PRESENTATIONS OF KAPOSI'S SARCOMA IN THE ORAL CAVITY IN SEROPOSITIVE INDIVIDUALS: A CASE SERIES

Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Victoria Pires Gonçalves, Bruna Luisa Koch Monteiro; Fernando Luiz Fanferrari, Juliana Lucena Schussel, Laurindo Moacir Sassi

Case I: Male patient, 33 years old, presented with significant weight loss and an exophytic, pedunculated, purplish lesion measuring 5 cm on the anterior maxilla. He denied comorbidities. Case I: Male patient, 25 years old, presented with a reddish/purplish exophytic nodule on the lingual gingiva of tooth 37, bleeding, approximately 8 mm in size, with a 2-month history. The patient was HIV-positive and using antiretroviral therapy. Case III: Male patient, 27 years old, with a purplish nodule on the bilateral hard palate extending to the vestibular side, irregular surface, firm consistency, with similar lesions on the anterior mandible, with an evolution of 2 months. He denied comorbidities. Blood tests, biopsy, and anatomopathological and immunohistochemical reports confirmed the diagnosis of Kaposi's sarcoma associated with HIV. Patients not previously under treatment were referred for antiretroviral therapy (ART) and cancer treatment. There was no evidence of recurrence during the clinical follow-up period.

KEYWORDS: Kaposi Sarcoma; Mouth Neoplasms; Acquired Immunodeficiency Syndrome

130. CONSOLIDATION OF A PATHOLOGICAL MANDIBULAR FRACTURE ASSOCIATED WITH MEDICATION-RELATED OSTEONECROSIS: A CONSERVATIVE APPROACH

Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Izadora Andreiv, Ana Julia Garcia Brod Lino, Leticia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Laurindo Moacir Sassi.

A 78-year-old female patient, with a history of alendronate use for three years and previous surgery for implant placement, was referred with a diagnosis of medication-related osteonecrosis in the anterior region of the mandible, associated with severe pain. On examination, there was no bone exposure, mandibular mobility, edema, and a nodular formation in the submental region. Computed tomography revealed a pathological mandibular fracture. The patient was diagnosed as stage 3 (AAOMS). The protocol Pentoxifylline 400 mg + Tocopherol 1000 IU was prescribed, associated with local hygiene measures (hydrogen peroxide and 0.12% chlorhexidine), and a follow-up appointment in 1 month for reassessment. After seven months, tests showed a reduction in necrosis and consolidation of the fracture. The patient remains under annual follow-up, has been stable for three years, and is asymptomatic.

KEYWORDS: Bisphosphonate Associated Osteonecrosis; Fractures Spontaneous; Mandible.

131. MUCOEPIDERMOID CARCINOMA OF THE SOFT PALATE IN A YOUNG ADULT: CLINICOPATHOLOGICAL ASPECTS OF A CASE REPORT

Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Victoria Pires Gonçalves, Izadora Andreiv, Ana Julia Garcia Brod Lino, Leticia Aparecida Cunico, Laurindo Moacir Sassi.

A 27-year-old male patient was referred for treatment due to a "nodular lesion in the oral cavity that had been present for approximately one year and had shown marked growth in the last two months." He denied associated pain. Regarding habits, he reported daily use of electronic cigarettes and hookah, as well as occasional alcohol consumption. He denied comorbidities and weight loss. On examination, a nodule was observed on the right soft palate, with a smooth surface, firm consistency, approximately 2 cm in size, and coloration similar to the adjacent mucosa. An incisional biopsy was performed, and histopathological and immunohistochemical examination confirmed the diagnosis of mucoepidermoid carcinoma. The patient was referred for oncological treatment involving surgical resection, followed by 30 sessions of radiotherapy, with a total dose of 60 Gy. The patient is currently under follow-up, and no signs of recurrence have been observed to date.

KEYWORDS: Carcinoma Mucoepidermoid; Salivary Gland Neoplasms; Palate Soft

132. NON-HODGKIN LYMPHOMA IN THE ORAL CAVITY: CLINICOPATHOLOGICAL ASPECTS IN A SERIES OF CLINICAL CASES

Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Victoria Pires Gonçalves, Ana Julia Garcia Brod Lino, Leticia Aparecida Cunico, Fernando Luiz Fanferrari, Laurindo Moacir Sassi

Case I: Female patient, 61 years old, history of follicular lymphoma (2018), presented with an asymptomatic lesion on the right hard palate, characterized by a localized swelling covered by intact mucosa. Incisional biopsy revealed diffuse large B-cell lymphoma. Case II: Female patient, 58 years old, complaining of pain in the right jaw for three months. With a nodule on the right mandibular ridge measuring approximately 3 cm, associated with increased volume on the vestibular and lingual surfaces, exhibiting a fenestrated central area. Incisional biopsy confirmed diffuse large B-cell lymphoma. Case III: Female patient, 61 years old, with a history of grade 3 follicular lymphoma in remission reported with a painless swelling in the right hard palate, measuring 4 cm in diameter and present for two months. The patients were referred to the Hematology service for treatment and remained under follow-up, with remission of the lesions.

KEYWORDS: Lymphoma Non-Hodgkin; Mouth Neoplasms; Pathology Oral.

133. ORAL PLASMABLASTIC LYMPHOMA ASSOCIATED WITH HUMAN IMMUNODEFICIENCY VIRUS AND EPSTEIN–BARR VIRUS: A CASE REPORT

Larissa Knysak Ranthum, Helen Heloene Rosa, Eduardo Bauml Campagnoli, Marcelo Carlos Bortoluzzi.

Plasmablastic lymphoma is a rare and aggressive subtype of non-Hodgkin lymphoma, frequently associated with infection by the human immunodeficiency virus (HIV) and the Epstein–Barr virus (EBV), with a predilection for the oral cavity. This report describes the case of a 34-year-old male patient referred for dental care presenting with painful symptoms in the hard palate and right maxillary vestibular sulcus. Clinical examination revealed firm swelling in these regions, tooth mobility, and facial asymmetry. Complementary serological and imaging examinations were requested, and an incisional biopsy was performed. Histopathological analysis revealed a neoplastic proliferation of plasmacytoid cells with marked pleomorphism, consistent with plasmablastic lymphoma, confirmed by immunohistochemistry positive for CD138, MUM-1, and a high proliferative index, in addition to positive serology for HIV and EBV. Following the diagnosis, the patient was urgently referred for oncologic care. This case highlights the role of the dentist in the early detection of malignant lesions.

KEYWORDS: Plasmablastic Lymphoma; Lymphoma, Non-Hodgkin; HIV

134. ORAL LEUKOPLAKIA CLASSIFICATION: AGREEMENT ANALYSIS CONSIDERING TWO CLASSIFICATION SYSTEMS

Laryssa Arantes Alves; Flaviana Silva de Souza; Fabio Coracin; Jesse Parente Tocantins; Liliane Janete Grando; Karin Berria Tomazelli; Gustavo Davi Rabelo

The objective of this study was to evaluate clinical images of oral leukoplakia (OL) and compare the classification of homogeneous versus non-homogeneous lesions across two systems and different operator experience levels. Fifty OL photographs were assessed by ten participants: four Oral Medicine experts, three graduate students, and three undergraduate students. Each participant classified the lesions using a binary system (homogeneous/non-homogeneous) and a four-category system (homogeneous, verrucous, nodular, or erythroleukoplakia). Consensus was analyzed using two approaches: simple majority vote and a weighted system reflecting expertise (experts = 3 points, graduate students = 2, undergraduates = 1). Agreement analysis

using the Generative Artificial Intelligence platform "DeepSeek" showed moderate concordance for the binary system with weighted voting (Kappa = 0.453). Both intergroup and intragroup analyses demonstrated higher agreement with the binary system compared to the four-category system. Final consensus classified 24 lesions as homogeneous and 26 as non-homogeneous. In conclusion, the binary system produced the highest agreement coefficients, and erythroleukoplakia was the easiest non-homogeneous subtype to identify.

KEYWORDS: Oral Leukoplakia; Artificial Intelligence; Intraoral Photography

135. ENUCLEATION AND LIQUID NITROGEN CRYOTHERAPY IN THE TREATMENTOF ODONTOGENIC KERATOCYSTS: A CASE REPORT

Laura Maria de Almeida Araújo; Angela Maira Guimarães; Isadora Alves; Leandro Eduardo Kluppel; Rafaela Scariot; Delson João da Costa.

Odontogenic keratocyst (OKC) is a benign yet locally aggressive cystic lesion with a high recurrence rate. This study aims to report the management of an OKC through enucleation associated with adjunctive cryotherapy. A 29-year-old male patient with a history of appendectomy presented with swelling in the region of the left mandibular second molar, accompanied by pain radiating to the ipsilateral cervical region. Clinical examination revealed intraoral edema; tooth 37 was positive to percussion and showed a delayed response to pulp vitality testing. Imaging examinations demonstrated a well-defined unilocular radiolucent lesion with cortical margins, causing cortical expansion of the mandible. Incisional biopsy confirmed the diagnosis of odontogenic keratocyst. Definitive treatment consisted of enucleation combined with peripheral ostectomy, followed by adjunctive cryotherapy with liquid nitrogen. After six months of follow-up, satisfactory bone neoformation was observed, with no evidence of recurrence. This case highlights adjunctive techniques in reducing recurrence and improving clinical outcomes.

KEYWORDS: Oral Pathology; Cryotherapy; Odontogenic Cysts.

136. MANDIBULAR RECONSTRUCTION WITH A MICROVASCULARIZED FIBULAR GRAFT FOLLOWING SEGMENTAL RESECTION FOR OSTEORADIONECROSIS: CASE REPORT

Laura Maria de Almeida Araújo; Isadora Alves; Angela Maira Guimarães; Katheleen Miranda dos Santos, Delson João da Costa; Leandro Eduardo Kluppel; Rafaela Scariot

Osteoradionecrosis (ORN) is a late complication associated with high morbidity resulting from radiotherapy for head and neck malignancies. In cases of extensive mandibular defects, the fibula microvascular flap is considered the gold standard for restoring bone continuity, biomechanical stability, and rehabilitation of the maxillomandibular complex. This study aims to report a mandibular reconstruction using a microvascular fibula graft following segmental resection due to ORN, followed by implant-supported oral rehabilitation. A 69-year-old Caucasian male patient, with a history of squamous cell carcinoma of the tongue treated in 2016 via radiotherapy, subsequently developed mandibular bone necrosis and severe morphofunctional dental impairment, consistent with ORN. Management included segmental mandibular resection associated with a pharmacotherapeutic protocol and hyperbaric oxygen therapy. After clinical stabilization, reconstruction was performed using a microvascular fibula flap secured with a 2.4 mm system reconstruction plate. Currently, the patient is undergoing implant-supported prosthetic rehabilitation aimed at improving quality of life.

KEYWORDS: Osteoradionecrosis; Oral Neoplasms; Mandibular Reconstruction; Maxillofacial Surgery.

137. THE IMPORTANCE OF COMBINING INVESTIGATIVE TECHNIQUES BASED ON BIOPSIES OF ORAL LESIONS IN A PATIENT HOSPITALIZED FOR ACUTE LYMPHOBLASTIC LEUKEMIA

Laura Vitoria Nunes, Lara de Melo Schoenau Cardoso, Emili Doerner, Maria Victoria Echevengua, João Pedro Marcon Raupp, Liliane Janete Grando, Mariah Luz Lisboa

A 70-year-old woman, hospitalized for chemotherapy treatment of Acute Lymphoblastic Leukemia, presented multiple shallow, painful ulcers with whitish-blackish exudate on marginal and attached gingiva, with secondary infection or necrosis, that caused dysphagia. Considering the oncological context, the following diagnostic hypotheses were raised: (a) gingival leukemic infiltrate; (b) opportunistic fungal infection; (c) atypical inflammatory process associated with bacterial infection. Three incisional biopsies were performed to the following studies: (A) histopathological, (B) immunophenotyping by flow cytometry and (C) culture for bacteria and fungi. The result showed a nonspecific chronic inflammatory process, without neoplastic cells. Considering the probable gingival reaction to bacteria, the use of an ultra-soft toothbrush and herbal toothpaste was recommended. Photobiomodulation with

APDT technique was performed by the Hospital Dental Team. The patient continues to be monitored, and initial lesions regressed. This case highlights the importance of hospital dental evaluation in cancer patients for a safe and accurate diagnosis.

KEYWORDS: Ulcers, Immunophenotyping, Biopsy

138. 30 YEARS OF FACIAL BONE RECONSTRUCTION WITH MICROVASCULARIZED FIBULAR FLAP AND ITS EVOLUTION: A CLINICAL CASE.

Laurindo Moacir Sassi, José Luís Dissenha; Fernando Luiz Zanferrari; Cleverson Patussi; Aaron Bensaul Trujillo Lopez; Tayron Bassani; Gyl Henrique Albrecht Ramos

Thirty years ago, at our institution, we began to pursue the dream of performing facial bone reconstructions using microvascularized osteomyocutaneous fibular flaps, a proposal that, until then, remained in the planning stages (1995, Sassi, L; Under the Coordination of: Oliveira, B; Rodrigues, E; Ramos, G, later Silva, A). From dream to reality, with satisfactory clinical outcomes, enabling patients to return to social life, with functional, aesthetic, and psychosocial recovery, and the resumption of their activities. Technical evolution has accompanied this journey, from the plaster laboratory to three-dimensional virtual planning, associated with the physical impression of the anatomical structures involved in the treatment, providing greater precision, predictability, and surgical safety.The clinical case presented exemplifies this evolution, involving a tumor in the mandible, requiring extensive reconstruction of the right and left mandibular angles, planned virtually including implantology associated with future functional and aesthetic oral rehabilitation, with a satisfactory surgical outcome.

KEYWORDS: Oral cancer; mandible; microvascularized osteomyocutaneous fibular flaps; reconstructions;

139. ENDODONTIC INDICATION IN TEETH INVOLVED BY ODONTOGENIC KERATOCYST: A 15-YEAR CLINICAL FOLLOW-UP

Laurindo Moacir Sassi, José Luís Dissenha, Fernando Luiz Zanferrari, Juliana Lucena Schussel, Cleverson Patussi, Rainde Naiara Rezende de Jesus, Maria Isabela Guebur

A 43-year-old male patient was referred with a complaint of facial asymmetry. Clinical examination revealed complete maxillary dentition and partially edentulous mandibular dentition, with swelling in the left posterior mandible. Tooth 37 exhibited grade II mobility, whereas teeth 34 and 35 showed slight mobility and were otherwise healthy and asymptomatic. Panoramic radiography demonstrated a well-defined unilocular osteolytic lesion in the left mandible, extending from the ramus to the mesial aspect of tooth 32. Root resorption involved tooth 33 (approximately 40%) and teeth 34, 35, and 37 (approximately 60%), along with displacement of the impacted tooth 38. Incisional biopsy and histopathological examination confirmed odontogenic keratocyst. The lesion was managed by enucleation and curettage under general anesthesia, resulting in satisfactory bone regeneration without endodontic intervention. Recurrence occurred after two years and was treated with the same surgical approach. The patient remains under follow-up, with no clinical or radiographic evidence of further recurrence.

KEYWORDS: odontogenic keratocyst; biopsy; mandible; recurrence.

140. IDEAL BONE HEIGHT IN AUTOGENOUS ILIAC CREST GRAFTS FOR MANDIBULAR RECONSTRUCTION: IS GRAFT VOLUME PROPORTIONAL TO RESORPTION? A 31-YEAR CASE REPORT

Laurindo Moacir Sassi, José Luís Dissenha, Juliana Lucena Schussel, Cleverson Patussi, Rainde Naiara Rezende de Jesus, Bruna Wastner, Fernando Luiz Zanferrari.

Introduction: Autogenous iliac crest grafts provide substantial bone volume for maxillary and mandibular reconstruction; however, reported resorption rates range from 30% to 90%. Objective: To present a case of mandibular ameloblastoma treated by resection and immediate reconstruction with an autogenous iliac crest graft. Case report: Among nearly 100 ameloblastoma cases managed at our institution, a 34-year-old woman presented with a lesion in the left mandibular body. She initially underwent curettage in 1980. Thirteen years later, local recurrence was detected. In 1993, segmental mandibulectomy was performed, followed by immediate reconstruction using a non-vascularized iliac crest graft. Oral rehabilitation was completed with a complete denture. Results: After 31 years of follow-up, clinical and radiographic assessment revealed graft resorption of approximately 20–25%, with no evidence of recurrence. Conclusion: Immediate reconstruction with an autogenous iliac crest graft demonstrated long-term stability and satisfactory functional outcomes.

KEYWORDS: ameloblastoma; Autogenous iliac crest grafts; resorption; reconstruction.

141. ORAL CANCER PREVENTION IN PARANÁ, BRAZIL: A COMPARATIVE ANALYSIS OF TWO STUDY PERIODS (2014–2018 VS. 2019–2023)

Laurindo Moacir Sassi , José Luís Dissenha, Fernando Luiz Zanferrari, Juliana Lucena Schussel, Cleverson Patussi, Rainde Naiara Rezende de Jesus, Gyl Henrique Albrecht Ramos.

Objectives: To compare outcomes of oral cancer prevention actions between two periods, 2014-2018 (Group A) and 2019-2023 (Group B), in Paraná, Brazil. Methods: Data from 33.154 individuals examined over 35 years were analysed across 210 municipalities. Participants completed standardized questionnaires addressing sociodemographic characteristics, dental attendance, habits, and addictions. Clinical oral examinations evaluated oral hygiene status and the presence of lesions. Results: Groups A and B included 3.472 and 6.314 individuals, respectively, most female (58% vs. 52.4%) and Caucasian (68.6% vs. 70.4%). Educational levels were predominantly low, with primary education reported by 46.2% vs. 35.7%. Access to preventive care was limited in both groups (15% never attended dental appointments) and most had never received preventive care information (93.5% vs. 85.7%). Alcohol consumption detection increased between periods (16.8% vs. 20.8%), while smoking prevalence rose slightly (14.2% vs. 14.6%). Overall, 995 and 480 oral lesions were identified (15.8% vs. 13.8%), predominantly among individuals aged 41–70 years. The prevalence of potentially malignant disorders was comparable between groups (1.3% vs. 1.2%). Conclusion: Although preventive actions expanded over time, significant gaps in access to care and health education persist. Strengthened, targeted public health strategies focused on prevention, education, and early detection remain essential.

KEYWORDS: Oral cancer prevention; Epidemiology; Public health

142. AMELANOTIC MELANOMA OF THE HARD PALATE: A LONG-TERM ASYMPTOMATIC EVOLUTION

Letícia Aparecida Cunico, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Kamila Cirlei Patricio, Sylvia Ayumi Ishie de Macedo, Marja Cristiane Reksidler, Laurindo Moacir Sassi

A 62-year-old woman was referred to the Oral and Maxillofacial Surgery Service with an asymptomatic lesion on the hard palate that had progressed over approximately eight years. Her medical history included controlled hypothyroidism and cardiac arrhythmia treated with levothyroxine and metoprolol. Clinical examination revealed a firm, well-circumscribed nodule measuring about 4 cm on the left hard palate, with a smooth, shiny surface and telangiectasias. Computed tomography demonstrated an expansive lesion involving the middle and posterior thirds of the left palate, with bone remodeling and focal erosion of the hard palate, maxillary alveolar process, and ipsilateral maxillary sinus floor, measuring 30 × 26 mm. Histopathological analysis combined with immunohistochemistry confirmed the diagnosis of amelanotic melanoma. The patient underwent left partial maxillectomy, protective tracheostomy, and reconstruction with a microvascularized anterolateral thigh flap, without complications. She was referred for adjuvant radiotherapy and remains under outpatient follow-up.

KEYWORDS: Melanoma; Head and Neck Cancer; Diagnosis

143. DENTIGEROUS CYST DISPLACING A MAXILLARY THIRD MOLAR INTO THE MAXILLARY SINUS: A CASE REPORT

Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Ana Julia Garcia Brod Lino, Cleverson Patussi, Aaron Bensaul Trujillo Lopez, Laurindo Moacir Sassi

A 21-year-old male patient was referred to the Oral and Maxillofacial Surgery service with a complaint of pressure in an upper tooth after dental restoration. He denied systemic diseases and medication use and reported a two-month history of electronic cigarette use. Clinical examination showed no abnormalities. Previous panoramic radiographs revealed progressive displacement of tooth 18 into the maxillary sinus associated with a well-defined radiolucent lesion. The patient underwent cyst enucleation and extraction of tooth 18 under general anesthesia. A vestibular incision in the right maxilla was performed, followed by osteotomy for direct access and complete removal of the lesion. Histopathological analysis confirmed the diagnosis of a dentigerous cyst. One-year postoperative follow-up showed no complaints and no signs of recurrence. Dentigerous cysts are benign odontogenic lesions that require early diagnosis and complete surgical removal to prevent expansion and involvement of adjacent anatomical structures.

KEYWORDS: Dentigerous Cyst; Maxillary Sinus; Tooth Migration

144. GUNSHOT-INDUCED MANDIBULAR FRACTURE: FROM EMERGENCY STABILIZATION TO RECONSTRUCTIVE TREATMENT

Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Josemael de Oliveira Ribas Filho, Gustavo Fabiano Nogueira, Laurindo Moacir Sassi

A 38-year-old male patient was admitted to the emergency department after suffering a gunshot wound to the face. Clinical examination revealed loss of mandibular contour, midline deviation, and absence of occlusion. Lacerations were identified in the left vestibular floor, tonsillar pillar, and retromolar trigone, besides a retroauricular entry wound. Computed tomography showed a comminuted fracture of the left mandibular body, angle, and condyle, with a projectile adjacent to the mandibular body (cervical zone 3). Initial treatment consisted of maxillomandibular stabilization with an Erich bar and antibiotic therapy. After seven days, the projectile was removed, and the stabilization was maintained for 30 days. Five months later, the patient developed pain on mouth opening, with evidence of areas of continuity solution due to post-traumatic bone resorption. He underwent fixation with a 2.4 plate in the left mandibular angle and is maintained with follow-up and planning for an iliac crest graft.

KEYWORDS: Jaw fractures; Mandibular Reconstruction; Gunshot Wounds

145. INTRAORAL MANAGEMENT OF A BUCCAL MUCOSA NEUROFIBROMA: CLINICAL, IMAGING, AND HISTOPATHOLOGICAL CORRELATION

Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Victoria Pires Gonçalves, Maria Isabela Guebur, José Luis Dissenha, Laurindo Moacir Sassi

A 35-year-old male patient presented with a one-week history of cheek biting associated with local swelling. Clinical examination revealed a nodular enlargement of the right buccal mucosa, posterior to the Stensen duct, with a smooth and shiny surface, color similar to adjacent mucosa, and fibrous and fluctuant consistency on palpation. Magnetic resonance imaging demonstrated a well-defined nodular lesion with high signal intensity on T2-weighted images and isointense signal on T1-weighted images compared with muscle, with homogeneous gadolinium enhancement. The lesion measured approximately 20 × 13 mm and was located in the right buccal fat pad, showing close contact with the anterior border of the masseter muscle, buccal mucosa, main parotid duct, and part of the facial vein trajectory. Histopathological and immunohistochemical analyses confirmed neurofibroma. Complete excision was performed via an intraoral approach under general anesthesia without complications. Two-year follow-up showed no recurrence or local changes.

KEYWORDS: Neurofibroma; Immunohistochemistry; Mouth neoplasms

146. MANDIBULAR FRACTURES: A RETROSPECTIVE ANALYSIS OF PATIENTS TREATED AT AN ORAL AND MAXILLOFACIAL SURGERY SERVICE

Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Josemael de Oliveira Ribas Filho, Gustavo Fabiano Nogueira, Laurindo Moacir Sassi

This study aimed to analyze the epidemiological profile of patients diagnosed with mandibular fractures treated at an Oral and Maxillofacial Surgery and Traumatology service at a hospital in Curitiba, Paraná. A retrospective, descriptive study was conducted using the medical records of 57 patients treated in 2025. There was a predominance of males (87.7%), and the age range was 0 to 92 years, with a higher incidence among patients aged 20 to 29 years (26.3%). Car accidents were the main cause (42.11%), followed by interpersonal aggression (28.07%). Thirty-one patients (54.39%) had multiple mandibular fractures, while 26 (45.61%) had a single fracture. In total, 98 mandibular fracture lines were identified, with a predominance of the condyle (24.49%), followed by the parasynphysis (20.41%) and body (19.39%). Twenty-four condyle fractures were identified, classified according to Spiessl and Schroll, with type IV being the most prevalent (25%). Surgical treatment was used in 28 patients (49.12%), and intraoral access was the most commonly used (60.71%). The epidemiological profile identified is consistent with current literature, which indicates a higher prevalence of mandibular fractures among young men, with car accidents as the main causative mechanism.

KEYWORDS: Jaw fractures; Jaw Fixation Techniques; Facial Injuries

147. SEVERE PANFACIAL TRAUMA WITH TRAUMATIC GLOBE RUPTURE: A MULTIDISCIPLINARY SURGICAL APPROACH

Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, João Paulo Stanislovicz Prohny, Gustavo Fabiano Nogueira, Catiane Moterle, Laurindo Moacir Sassi

A 43-year-old male patient was admitted to the emergency department under trauma protocol after a direct facial assault with a shovel. He reported loss of consciousness and intense bleeding. He denied comorbidities, allergies, and continuous medication use. Physical examination showed the absence of the left globe, exposed tarsal conjunctiva and intraocular remnants, bilateral orbital rim instability, nasal edema and crepitus, atypical mobility of the maxilla and mandible, and extensive facial lacerations. Computed tomography revealed comminuted panfacial fractures involving the nasoseptal region with cartilage damage, naso-orbito-ethmoidal complex, and zygomaticomaxillary complex (predominantly left), as well as fractures of the left mandibular body and ramus with inferolateral dislocation of the left temporomandibular joint and traumatic rupture of the left globe. The patient underwent panfacial fracture fixation by the Oral and Maxillofacial Surgery team, followed by left eye enucleation by Ophthalmology. Three-month follow-up showed stable recovery, and the patient awaits prosthetic rehabilitation.

KEYWORDS: Jaw Fractures; Eye Enucleation; Facial Injuries

148. SQUAMOUS CELL CARCINOMA IN INDIVIDUALS WITH HIV: WHEN THE CLINICAL PRESENTATION MIMICS INFECTIOUS LESIONS

Letícia Aparecida Cunico, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Rainde Naiara Rezende de Jesus, Bruna Luísa Koch Monteiro, Fernando Luis Zanferrari, Laurindo Moacir Sassi

Case 1: A 48-year-old female patient, referred to the OMFS service due to severe palatal pain lasting six months. She reported active smoking, previous crack use, and HIV infection controlled with antiretroviral therapy. Clinical examination revealed an erythematous lesion with diffuse borders on the right hard palate. Incisional biopsy confirmed squamous cell carcinoma. Computed tomography revealed a focal mucosal thickening in the posterior third of the right tongue measuring 13 mm. Case 2: A 55-year-old female patient, referred to the OMFS service due to burning pain in the palate for three months. She reported HIV infection controlled with antiretroviral therapy. Clinical examination revealed a non-removable erythematous plaque on the soft palate, with diffuse borders, extending bilaterally to the tonsillar pillars. Incisional biopsy confirmed invasive squamous cell carcinoma, while computed tomography showed no significant tissue changes. These cases highlight the importance of accurate differential diagnosis between autoimmune and malignant oral lesions.

KEYWORDS: Autoimmune Diseases; Squamous Cell Carcinoma; HIV

149. WHEN CLINICAL FINDINGS ARE SUBTLE: IMAGING-BASED DIFFERENTIAL DIAGNOSIS OF A MANDIBULAR DENTIGEROUS CYST

Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Izadora Andreiv, Bruna da Fonseca Wastner, Juliana Lucena Schussel, Laurindo Moacir Sassi

A 23-year-old male patient was referred to the Oral and Maxillofacial Surgery service after a radiographic finding on routine examinations. He denied systemic diseases and continuous medication use but reported episodes of bleeding and fistula formation in the left mandible for approximately one year. Clinical examination revealed mild swelling in the left mandibular vestibular sulcus. Panoramic radiography and cone-beam computed tomography showed a well-defined lesion in the left mandibular body, in close contact with the roots of teeth 36, 37, and 38, without root resorption or displacement and with slight buccal cortical expansion. Incisional biopsy and extraction of teeth 37 and 38 were performed under local anesthesia, and histopathological analysis confirmed a dentigerous cyst. Subsequent cyst enucleation was carried out under general anesthesia. Two-year clinical and radiographic follow-up showed no recurrence. Early diagnosis and complete removal are essential to prevent progression and complications.

KEYWORDS: Dentigerous Cyst; Cone Beam Computed Tomography; Oral Diagnosis

150. PEMPHIGUS VULGARIS AND PARANEOPLASTIC PEMPHIGUS WITH ORAL MANIFESTATIONS: A CLINICAL CASE SERIES

Letícia Dreyer Marinho, Isabella Fabiana Paoli, Bárbara Marchi Fagundes, Maria Victória Feijó Echevenguá, Oscar Cardoso Dimatos, Liliane Janete Grando, Mariah Luz Lisboa

Pemphigus vulgaris (PV) and paraneoplastic pemphigus (PNP) are rare autoimmune mucocutaneous diseases. An oncological situation usually accompanies PNP, converting it into a more severe disease compared to PV. This investigation presents a series of PV and PNP

cases diagnosed between 2016-2025 in a public Dental Hospital Service. All patients showed multiple painful oral ulcerations affecting all oral mucosa, with or without skin lesions. The gold standard diagnosis included a detailed clinical examination, oral incisional biopsy, histopathological examination, and direct immunofluorescence. A few histological findings that add to the presence of oncological conditions are important for the differential diagnosis of PV and PNP. Treatment includes a multidisciplinary approach with systemic therapy; dental supportive care uses a mouthwash with corticosteroids, perilesional injections, and photobiomodulation, according to each patient´s needs. Follow-up demonstrated variable clinical outcomes, but highlighted the importance of the Hospital Dentistry Service in the improvement of patients' quality of life.

KEYWORDS: Pemphigus; Autoimmune Diseases; Oral Medicine; Low-Level Light Therapy.

151. BONE MICRODAMAGE IN PATIENTS WITH BENIGN AND MALIGN LESIONS: PRELIMINARY RESULTS

Litsa Alves Fernandes, Ana Beatriz Acosta Matos Rios, Lilian Bezerra, Rogerio de Oliveira Gondak, Karin Berria Tomazelli, Fabio de Abreu Alves, Gustavo Davi Rabelo

This study aimed to evaluate bone microdamage in mandibular bone adjacent to benign (B) and malignant (M) lesions. Bone samples were obtained from patients with central or peripheral mandibular lesions requiring biopsy, osteotomy, or mandibulectomy. Two groups were defined: the M group, composed of patients with oral squamous cell carcinoma (OSCC) treated by mandibulectomy, and the B group, including reactive, cystic, or benign neoplastic lesions. In the B group, samples were collected both in vivo and from surgical specimens, whereas all M group samples were obtained from mandibular resections. Specimens were stained with Xylenol Orange, embedded in methylmethacrylate, and sectioned at 100–150 μm. Analysis was performed using fluorescence microscopy (460–490nm) and phase-contrast microscopy. Microdamage density (Cr.D) was calculated as the number of microcracks per analyzed bone area (μm²), and crack length (Cr.Le) was measured at maximum extension. Eighteen samples were analyzed in B and fourteen in M. Cr.D showed no significant difference between groups (B: 0.017±0.034; M: 0.039±0.056; p=0.23, Mann-Whitney Test). Cr.Le was significantly greater in the M group (249.4±132.2 μm) compared with the B group (101.3±34.9 μm; p=0.03, Unpaired T test). In conclusion, the bone adjacent to OSCC exhibited longer microcracks than bone adjacent to benign lesions.

KEYWORDS: Mandibular Osteotomy, Squamous Cell Carcinoma, Microscopy, Fluorescence

152. EVALUATION OF OSTEOCYTE NETWORK IN THE INTERFACE OF THE BONE WITH ORAL SQUAMOUS CELL CARCINOMA: PRELIMINARY RESULTS

Lívia Araújo Cappeletti, Laryssa Arantes Alves, Érica Fernanda Patricio, Riéli Elis Schulz, Helena Miguel Cotter, André Goulart Poletto, Gustavo Davi Rabelo

This study aimed to evaluate the osteocyte network (ON) in mandibular bone in relation to its proximity to oral squamous cell carcinoma (OSCC). Seventeen OSCC patients undergoing mandibulectomy were included. The mean tumor size was 4.25 ± 1.59 cm, with histological grades: 6 well-differentiated, 10 moderately differentiated, and 1 poorly differentiated. Histological sections stained with Hematoxylin and Eosin and Mallory trichrome were analyzed. Osteocyte number (Ot.N) and empty lacunae count (Ot.e) were quantified per bone area (B.Ar) across four regions per sample. Additionally, twelve lacunae per sample were measured for size. Two bone regions were defined: next to the tumor (NT, bone–tumor interface) and surgical margin (M). Statistical comparison was performed using the Mann–Whitney U test. No significant differences were found between the NT and M groups in osteocyte density (p=0.495) or empty lacunae density (p=0.343). Lacunar size showed a trend toward larger values in the margin group (rank sum=219) compared to the NT group (rank sum=144), though this did not reach statistical significance (p=0.08). In this limited cohort, the ON did not significantly differ between bone adjacent to OSCC and surgical margins. However, a tendency toward larger lacunae in marginal bone suggests a possible localized osteocytic response.

KEYWORDS: Mandibular Osteotomy, Osteocytes, Squamous Cell Carcinoma of Head and Neck, Mandible, Microscopy.

153. MALIGNANT MINOR SALIVARY GLAND NEOPLASM IN A CLEFT PATIENT: CONCOMITANT DIAGNOSIS WITH A PERIAPICAL LESION

Luana Carolina Ribeiro, Rafael Scarpin, Tayron Bissani, Fernanda Joly Macedo, Laurindo Moacir Sassi, Vanessa Einsfeld.

A 58-year-old male patient with a history of cleft lip and palate and approximately ten previous surgeries presented for dental care with a complaint involving the maxilla. Clinical examination revealed a firm, purplish swelling on the left hard palate. Fine-needle aspiration was performed and was positive for purulent secretion.Imaging examination demonstrated a periapical lesion associated with tooth #26, which had previously undergone endodontic treatment, as well as a hyperdense area in the soft tissue of the left palate. Periapical curettage of tooth #26 and surgical exploration of the palate were performed, revealing tissue compatible with a mass. Histopathological analysis confirmed a periapical granuloma and low-grade mucoepidermoid carcinoma, respectively. The patient was referred to the Head and Neck Surgery service. Partial left maxillectomy was proposed, with no indication for adjuvant therapy. The patient remains under follow-up by both teams, with no signs of recurrence.

KEYWORDS: salivary gland neoplasm, mucoepidermoid carcinoma, head and neck surgery

154. POLYMORPHOUS ADENOCARCINOMA OF THE SOFT PALATE: DIAGNOSIS, MANAGEMENT, AND POSTOPERATIVE OUTCOME

Luana Carolina Ribeiro, Rafael Scarpin, Tayron Bissani, Fernanda Joly Macedo, Laurindo Moacir Sassi, Vanessa Einsfeld.

A 46-year-old female patient presented to the Oral and Maxillofacial Surgery outpatient clinic with a complaint of swelling in the soft palate for approximately three years, with worsening over the previous two months. She denied additional local symptoms or deleterious habits.Clinical examination revealed a nodular lesion on the right side of the soft palate, soft on palpation, mobile, well-defined, with a smooth and shiny surface, measuring approximately 2.5 cm. An incisional biopsy was performed under the diagnostic hypothesis of a minor salivary gland neoplasm. Intraoperatively, a whitish mass was identified. The specimen was submitted for histopathological evaluation, and immunohistochemical analysis confirmed polymorphous adenocarcinoma.The patient was referred to the Head and Neck Surgery department, where pharyngectomy was proposed. She remains under follow-up by both teams, with favorable postoperative outcome.

KEYWORDS: minor salivary gland, polymorphous carcinoma, head and neck surgery

155. COMPLEX MAXILLOFACIAL TRAUMA AND GLOBE RUPTURE- A CASE REPORT

Luana da Cunha Borowiak, Lara Krusser Feltraco, Victória Pires Gonçalves, Bruna Luisa Koch Monteiro, Jackson Lacerda, Josemael de Oliveira Ribas Filho, Laurindo Moacir Sassi

A 33-year-old male patient, admitted to the Maxillofacial Surgery Department according to the trauma protocol after a 10-meter fall. Physical examination revealed periorbital ecchymosis, right-sided facial edema, nasal crepitus, and a 5-cm laceration in the zygomatic region. Initial ophthalmologic evaluation showed the left pupil to be isochoric and photoreactive, with preserved ocular motility. The right globe exhibited an inferior conjunctival laceration with extrusion of intraocular contents, precluding pupillary assessment. Computed tomography confirmed nasal fracture associated with a comminuted fracture of the right orbital-zygomatic-maxillary complex, associated with laceration and collapse of the right globe. The patient underwent anterior chamber reconstruction of the eye, performed by the ophthalmology team and, in a second surgical procedure, reduction and rigid internal fixation with titanium plates for skeletal stabilization. After surgery, the patient showed improvement in dystopia and enophthalmos caused by ocular perforation, and is undergoing ophthalmological follow-up for further rehabilitation with an ocular prosthesis.

KEYWORDS: Maxillofacial Injuries. Fracture Fixation, Internal. Zygomatic Fractures.

156. PRE-RADIOTHERAPY DENTAL ASSESSMENT AS A KEY STRATEGY TO PREVENT ORAL COMPLICATIONS IN HEAD AND NECK CANCER

Luana da Cunha Borowiak, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Ana Julia Garcia Brod Lino, Jackson Lacerda, Letícia Aparecida Cunico, Laurindo Moacir Sassi.

A 72-year-old male patient with lower lip squamous cell carcinoma was referred for pre-radiotherapy maxillofacial evaluation following surgical resection. This referral followed a pre-radiotherapy protocol to prevent oral complications. Panoramic radiography revealed three radiolucent lesions in the anterior mandible, identified as inflammatory cysts likely arising from epithelial rests of Malassez due to previous pulp necrosis. To eliminate infectious risks before radiotherapy, the surgical team performed cystic enucleation and curettage under local anesthesia via an intraoral approach. The procedure was

successful and without complications. The patient underwent adjuvant radiotherapy and remains under close maxillofacial monitoring to ensure oral health stability and manage potential side effects. This case emphasizes the critical role of dental protocols in oncology to ensure treatment efficacy and patient quality of life through the early identification and surgical management of intraosseous jaw lesions.

KEYWORDS: Radiotherapy. Carcinoma, Squamous Cell. Odontogenic Cysts.

157. COMPLEX ODONTOMA: CASE REPORT

Luana Lopes, Marina Dutra Oliveira, Heitor Fontes da Silva, Elena Riet Correa Rivero

Odontoma is a benign odontogenic tumor subdivided into compound and complex types, the latter being composed of a disorganized conglomerate of dental tissues. This lesion has a higher prevalence in children and is generally asymptomatic. In this case report, a 17-year-old male patient presented with intraoral swelling causing dental and inferior alveolar nerve displacement. Computed tomography scan revealed a large hyperdense mass in the left posterior region of the mandible, associated with an impacted first molar. The lesion caused expansion of the cortical bone, and the patient reported mandibular pain. To confirm the diagnosis, an incisional biopsy was initially performed, and microscopic examination demonstrated dental tissue compatible with odontoma. Complete surgical excision of the lesion was subsequently carried out. Histological evaluation revealed a disorganized mass of dental tissue, consisting of dentin-like material, enamel matrix, cementum, and dental pulp. The patient is currently under follow-up with no signs of recurrence.

KEYWORDS: odontoma, odontogenic tumor, biopsy

158. MEDICATION-RELATED OSTEONECROSIS OF THE JAW: FROM CONSERVATIVE THERAPY TO DEFINITIVE SURGICAL RESOLUTION

Luana da Cunha Borowiak, Lara Krusser Feltraco, Ana Julia Garcia Brod Lino, Victória Pires Gonçalves, Jackson Lacerda, Letícia Aparecida Cunico, Laurindo Moacir Sassi

A 76-year-old female patient presented to the Maxillofacial Surgery Department complaining of oral pain and mandibular paresthesia. Clinical history revealed continuous use of alendronate for seven years for osteoporosis treatment. Physical examination identified a 1.0 cm bone exposure on the left mandibular alveolar ridge. The initial diagnosis was medication-related osteonecrosis of the jaw (MRONJ). Management started conservatively with local hygiene instructions and the PENTO protocol. However, due to persistent bone exposure and recurrent infections, the surgical team performed bone debridement under general anesthesia to remove the necrotic segment. The procedure was successful and without complications. After 2 years of postoperative follow-up, the patient showed complete resolution of pain and mandibular bone exposure. This case highlights the crucial role of the maxillofacial surgeon in managing MRONJ through both clinical and surgical interventions, ensuring resolution of painful symptoms and restoration of mandibular integrity in osteoporotic patients.

KEYWORDS: Osteonecrosis. Diphosphonates. Bisphosphonate-Associated Osteonecrosis of the Jaw.

159. BILATERAL PERIAPICAL INFLAMMATORY CYST IN THE MAXILLA WITH MAXILLARY SINUS INVOLVEMENT: CASE REPORT

Lucas Santos Pinto, Lara Krusser Feltraco, Victória Pires Gonçalves, Bruna Luísa Koch Monteiro, Letícia Aparecida Cunico, Maria Isabela Guebur, Laurindo Moacir Sassi

Inflammatory odontogenic cystic lesions may present expansive behavior, requiring individualized surgical planning. A 31-year-old female patient attended the Oral and Maxillofacial Surgery Service complaining of facial swelling with a one-year evolution. Clinical examination revealed swelling in the right maxillary vestibular sulcus, and pulp vitality tests were negative for teeth 12 to 15. Fine-needle aspiration biopsy was performed, revealing yellowish fluid content compatible with an inflammatory periapical cyst. Computed tomography demonstrated an extensive cystic lesion in the right maxilla, with invasion and bulging of the anterior wall of the maxillary sinus, associated with tooth displacement and lesion extension to the left maxilla. Marsupialization was performed, and after five months, the patient underwent cyst enucleation under general anesthesia. One year after the intervention, a residual lesion was observed in the left maxilla. The patient then underwent a second cyst enucleation, and the teeth involved in the lesion received endodontic treatment. One-year postoperative follow-up demonstrated bone neoformation in the affected region.

KEYWORDS: Periapical Cyst; Maxillary Sinus; Odontogenic Cysts.

160. ORTHOGNATHIC SURGERY WITH SURGERY-FIRST APPROACH ASSOCIATED WITH ILIAC CREST BONE GRAFT IN A PATIENT WITH CROUZON SYNDROME

Lucas Santos Pinto, Fernanda Aparecida Stresser, Isla Ribeiro de Almeida, Laura Meindl Portz, Delson João da Costa, Leandro Eduardo Kluppel.

Crouzon syndrome is a rare genetic condition characterized by craniosynostosis and midfacial hypoplasia, leading to significant aesthetic and functional impairments. A 25-year-old female patient diagnosed with Crouzon syndrome associated with acanthosis nigricans sought care due to aesthetic concerns related to her smile and nasal shape, as well as masticatory and respiratory difficulties and signs of temporomandibular dysfunction. Clinical examination revealed a skeletal Class III facial profile, anteroposterior and vertical maxillary deficiency, increased intercanthal distance, and anterior and posterior open bite. The diagnosis was established based on clinical evaluation and imaging studies. The proposed management included orthognathic surgery with a surgery-first approach, performing maxillary advancement through Le Fort I osteotomy associated with a right iliac crest bone graft. The patient showed satisfactory postoperative outcomes and remains under clinical and radiographic follow-up, currently in the orthodontic finishing phase, reporting functional, respiratory, and aesthetic improvement.

KEYWORDS: Crouzon Syndrome; Orthognathic Surgery; Bone Transplantation.

161. SECONDARY VESTIBULAR SULCUS RECONSTRUCTION FOLLOWING FIBULA FREE FLAP MANDIBULAR RECONSTRUCTION IN A PEDIATRIC PATIENT: A CASE REPORT

Lucas Santos Pinto, Letícia Aparecida Cunico, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Priscila Queiroz Mattos da Silva, Victória Pires Gonçalves, Laurindo Moacir Sassi

Mandibular reconstruction using a microvascular fibula free flap may require secondary procedures to enable adequate prosthetic rehabilitation. A 12-year-old female patient was followed by the Oral and Maxillofacial Surgery and Traumatology Service due to a history of left hemimandibulectomy and reconstruction with a microvascular fibula free flap after the diagnosis of myofibroblastic proliferation. Clinical examination revealed an osteomyocutaneous fibula flap in the left mandible and absence of the vestibular sulcus. Vestibular sulcus deepening was performed under general anesthesia through an incision in the left mandibular vestibular region adjacent to the flap, followed by removal of epithelial tissue and hair follicles, blunt dissection, and tissue repositioning with percutaneous nylon sutures for extraoral fixation. Postoperative follow-up demonstrated satisfactory tissue healing and adequate vestibular sulcus formation, allowing future prosthetic rehabilitation.

KEYWORDS: Mandibular reconstruction; Free tissue flaps; Vestibuloplasty.

162. INTEGRATIVE EXOME AND GENE EXPRESSION ANALYSIS IDENTIFIES DRUGGABLE TARGETS IN ADENOID CYSTIC CARCINOMA

Luccas Lavareze, João Figueira Scarini, Reydson Alcides de Lima-Souza, Sheila Tiemi Nagamatsu, Luciana Souto Mofatto, Albina Altemani, Fernanda Viviane Mariano

Objective: To identify potential therapeutic targets in adenoid cystic carcinoma (ACC) through integration of whole-exome sequencing (WES), gene expression analysis, and molecular docking. Methods: Fifty ACC cases were reviewed for clinicopathological and survival data. Five tumors underwent WES; variants were annotated using VEP, and oncogenic drivers predicted by dN/dS. In silico validation used RNA-seq data with t-tests and logistic regression (p or q <0.05). LINCS L1000 signatures guided drug selection, and AutoDock Vina was used for molecular docking.Results: ACC predominantly affected women (mean age 48.3 years) and minor salivary glands. Survival was influenced by advanced disease and solid histology. WES identified 127 potential driver genes (q <0.05). In silico analysis revealed higher expression of PLD1, RAP1GAP, and RASSF5 in surviving patients. Higher DKK3 expression was associated with lower odds of solid histology (OR = 0.34; 95% CI 0.17–0.56) and death (OR = 0.62; 95% CI 0.40–0.88). CXXC4 and EXTL1 were associated with solid tumors. Eight drugs were prioritized for docking, with BAY-87-2243 (-7.09 kcal/mol) and RAF-265 (-7.63 kcal/mol) showing high affinity for DKK3.Conclusion: Integrated molecular profiling highlights DKK3 as a prognostic biomarker and promising therapeutic target in ACC, particularly in the solid subtype.

KEYWORDS: Adenoid cystic carcinoma, treatment, DKK3, Whole-exome sequencing, molecular docking

163. POST-RADIOTHERAPY MANDIBULAR OSTEORADIONECROSIS IN A PATIENT WITH AN ORAL CANCER HISTORY: A CASE REPORT

Luiz Fernando Marinhak, Eduardo Baulm Campagnoli, Marcelo Carlos Bortoluzzi, Victor Hugo Oliveira Gomes, Natália Mariane Rigo

Osteoradionecrosis (ORN) is a severe complication of head and neck radiotherapy, characterized by persistent bone necrosis associated with hypovascularization, hypoxia, and reduced tissue repair capacity. Diagnosis is based on clinical and radiographic findings, with cone-beam computed tomography (CBCT) playing a fundamental role in therapeutic planning. A 42-year-old male patient, with a history of alcoholism and oral cancer treated with 38 sessions of radiotherapy and three cycles of chemotherapy, sought dental care presenting with severe trismus (3 mm mouth opening), poor periodontal condition, multiple cervical carious lesions, and persistent mandibular bone exposure. CBCT revealed diffuse bone rarefaction of the maxilla and mandible, cortical disruption, and bone sequestra, findings consistent with stage II ORN. The patient is currently under outpatient follow-up, receiving pharmacological therapy with pentoxifylline and tocopherol, photobiomodulation, surgical debridement, and hyperbaric oxygen therapy. This case highlights the importance of dental follow-up before, during, and after radiotherapy.

KEYWORDS: osteoradionecrosis, radiotherapy, photobiomodulation

164. INFLUENCE OF SODIUM HYPOCHLORITE SOLUTION CONCENTRATION AND ULTRASONIC ACTIVATION ON UNIVERSAL RESIN CEMENT BONDING AND MICROMORPHOLOGY OF IRRADIATED ROOT DENTIN

Luiz Fernando Monteiro Czornobay, Renata Gondo Machado, Luiz Carlos de Lima Dias-Júnior, Lívia Ribeiro, Mariana Comparotto Minamisako, Cleonice da Silveira Teixeira, Lucas da Fonseca Roberti Garcia

Objective: to assess how different sodium hypochlorite (NaOCl) concentrations and ultrasonic activation affect the bond strength of a universal resin cement to irradiated intraradicular dentin and micromorphological changes induced by irrigation protocols. Materials and Methods: ninety-six extracted human single rooted canines were randomly allocated into eight experimental groups (n = 12) according to NaOCl concentration (2.5% or 5.25%), irrigation technique (conventional positive pressure or passive ultrasonic irrigation, PUI), and experimental condition (irradiated - 70 Gy - or non-irradiated). Thirty-two teeth were used for micromorphological analysis of intraradicular dentin under scanning electron microscopy. The remaining sixty-four teeth underwent root canal obturation, post space preparation, and cementation of fiber posts using a universal resin cement in self-etch mode. Data were analysed using three-way ANOVA and Bonferroni's post hoc test ($\alpha = 0.05$). Results: irradiated specimens showed significantly lower bond strength compared with non-irradiated specimens ($p = 0.002$). Overall, the irrigation method did not significantly affect bond strength. Non-irradiated specimens exhibited a more continuous and uniform hybrid layer, with longer and denser resin tags. Micromorphological differences were evident irrespective of the irrigation protocol. Conclusion: variations in NaOCl concentration or ultrasonic activation did not significantly influence these outcomes.

KEYWORDS: bond strength; radiotherapy; resin cement; ultrasonics; sodium hypochlorite.

165. RADIOTHERAPY DOSE AND IRRIGANT CHOICE MODULATE THE BONDING PERFORMANCE OF UNIVERSAL RESIN CEMENT TO ROOT DENTIN UNDER AGING CONDITIONS: MICRO-, NANO-, AND PUSH-OUT ANALYSES

Luiz Fernando Monteiro Czornobay, Lívia Ribeiro, Renata Gondo Machado, Luiz Carlos de Lima Dias-Júnior, Cleonice da Silveira Teixeira, Paulo Henrique Dos Santos, Lucas da Fonseca Roberti Garcia

Objective: This study evaluated the effects of clinically relevant radiotherapy doses (0, 30, and 60 Gy), irrigating solutions (1% NaOCl or 2% CHX), and artificial aging (10,000 thermocycles) on the adhesion of a universal resin cement to root dentin and on substrate mechanics. Materials and Methods: ninety-six premolars were restored with fiberglass posts and tested for push-out bond strength, while Vickers microhardness and atomic force microscopy nanoindentation assessed dentin hardness and elastic modulus. Results: radiotherapy significantly reduced dentin mechanical properties and bond strength, with effects modulated by the irrigating solution. CHX preserved cervical adhesion and partially mitigated radiation-induced mechanical degradation, whereas NaOCl intensified structural weakening, especially at 60 Gy ($p<0.05$) Conclusion: these findings demonstrate that radiation alters resin–dentin bonding performance in a dose-dependent manner and that the chemical environment plays a critical role in determining adhesive durability. Such insights are relevant for

optimizing adhesion to compromised mineralized tissues.

KEYWORDS: radiotherapy; chlorhexidine; microhardness; nanohardness.

166. GRANULAR CELL TUMOR OF THE DORSAL TONGUE: DIAGNOSTIC AND SURGICAL MANAGEMENT

Luiza Srour, Bárbara Marchi Fagundes, Isabella Fabiana Paoli, Túlio Silva Rosa, Helena Miguel Cotter, Elena Riet Correa Rivero, Gustavo Davi Rabelo

A 27-year-old melanodermic female was referred to the oral medicine service with a sessile nodule on the dorsum of the tongue measuring approximately 1 cm. Clinical examination showed a firm, well-delimited, asymptomatic nodule with a yellowish surface and fibrous consistency, with a two-year history of initial growth followed by stability. Medical history was noncontributory. The patient underwent excisional biopsy, and the differential diagnosis included granular cell tumor, lipoma, and other benign neural lesions. Histopathological analysis revealed stratified parakeratinized squamous epithelium overlying nests, cords, and sheets of polygonal cells with eosinophilic granular cytoplasm infiltrating muscle fibers. Immunohistochemistry demonstrated S100 positivity. The features confirmed a diagnosis of Granular Cell Tumor, a benign neoplasm of probable neural origin. Complete excision was achieved during surgery, and the patient remains under follow-up with no evidence of recurrence.

KEYWORDS: Granular Cell Tumor, Tongue, Diagnosis, Differential, Benign Neoplasm

167. DECOMPRESSION AS AN INITIAL APPROACH IN THE TREATMENT OF ODONTOGENIC KERATOCYST: CASE REPORT AND THERAPEUTIC DISCUSSION

Luiza Wammes, Gabriel Luiz Linn, Bruna Caroline Ruthes de Souza, Natasha Magro Érnica, Ricardo Augusto Conci, Eleonor Álvaro Garbin Junior, Geraldo Luiz Griza

An 18-year-old female patient sought care due to a lesion in the posterior region of the mandible identified during a routine radiographic examination. Panoramic radiography revealed a radiolucent lesion located in the right mandibular angle and ramus, associated with the lower right third molar. Computed tomography demonstrated expansion of the cortical bone in the affected region. Lesion aspiration was performed (yielding whitish, caseous content), followed by an incisional biopsy (with the specimen submitted for histopathological analysis) and placement of a drain for decompression purposes. Histopathological examination showed findings consistent with the diagnostic hypothesis of an odontogenic keratocyst. After five months, panoramic radiography demonstrated adequate bone neoformation in the posterior mandible, indicating lesion reduction. The patient remains under follow-up, and definitive treatment options are being discussed, which may include enucleation associated with topical 5-fluorouracil application, Carnoy's solution, cryotherapy, or electrocoagulation.

KEYWORDS: Odontogenic keratocyst, Decompression, Oral surgery

168. ODONTOGENIC CYST IN A PEDIATRIC PATIENT: A CLINICAL CASE REPORT

Luiza Wammes, Gabriel Luiz Linn, Bruna Caroline Ruthes de Souza, Natasha Magro Érnica, Ricardo Augusto Conci, Eleonor Álvaro Garbin Junior, Geraldo Luiz Griza

A 9-year-old female patient presented clinically with a significant increase in volume in the left anterior maxillary region. Panoramic radiography revealed a radiolucent lesion involving the central incisor, lateral incisor, and canine teeth. Computed tomography demonstrated expansion of the cortical bone in the anterior maxillary region. Lesion aspiration, incisional biopsy, and subsequent histopathological examination were performed. Histological findings were consistent with the diagnostic hypothesis of an odontogenic cyst, without further specification. Cyst enucleation was then carried out in the left anterior maxillary region, along with extraction of the involved deciduous teeth, under general anesthesia. At two-month postoperative follow-up, a new panoramic radiograph showed adequate bone remodeling in the anterior maxillary region. The patient remains under follow-up, and orthodontic button placement will be performed subsequently for traction of the impacted teeth previously involved in the lesion.

KEYWORDS: odontogenic cyst, oral surgery, deciduous teeth

169. DOUBLE PLATING WITHOUT MAXILLOMANDIBULAR FIXATION FOR BILATERAL MANDIBULAR FRACTURE: A CASE REPORT.

Marcio Vinicius Hurczulack de Quadros

A 24-year-old male, motorbike accident victim, presented with facial pain, open bite, restricted mandibular mobility, and bilateral paresthesia. Computed tomography revealed

bilateral mandibular angle fractures, with an unfavorable pattern on the right and a favorable but displaced pattern on the left, without condylar or dentoalveolar injury. Bilaterally impacted third molars at the fracture lines precluded early maxillomandibular fixation, requiring immediate surgery. An intraoral approach allowed third molar removal and fracture exposure. Occlusion was stabilized with temporary screws for intraoperative maxillomandibular fixation. Rigid internal fixation was achieved using bilateral double 2.0-mm miniplates, applying the Champy technique at the retromolar region and straight plating at the inferior border. Maxillomandibular fixation was released at the end of surgery. Postoperative imaging confirmed satisfactory reduction. At 60-day follow-up, stable occlusion, good mandibular function, and uneventful fracture healing were observed.

KEYWORDS: Mandibular fractures; Fracture fixation

170. MANAGEMENT OF DELAYED TRAUMATIC TOOTH AVULSION USING IMMEDIATE IMPLANTS

Marcio Vinicius Hurczulack de Quadros

Traumatic dentoalveolar injuries with delayed presentation represent a therapeutic challenge, especially in the esthetic zone. An 18-year-old male presented 24 hours after dentoalveolar aggression with avulsion of teeth 11 and 12. Tooth 12 was lost at the trauma site and tooth 11 was retrieved but unsuitable for reimplantation due to prolonged extra-alveolar time. Immediate implant placement and temporary crowns were performed. The crown of the retrieved tooth was adapted as a temporary. Surgical management allowed preservation of the buccal cortical wall and interproximal bone peaks. The implants were positioned 6 mm apical to the free gingival margin, and angled abutments were used to enable screw-retained prosthetics with an adequate emergence profile. Healing was uneventful, and 10- and 60-day follow-up showed stable peri-implant tissues with no signs of early marginal bone loss.

KEYWORDS: Tooth Avulsion; Dental Implants; Wounds and Injuries

171. MARGINAL RESECTION OF MANDIBULAR AMELOBLASTOMA WITH MINIMAL INFERIOR BORDER PRESERVATION AND ILIAC CREST GRAFT RECONSTRUCTION

Marcio Vinicius Hurczulack de Quadros

A 52-year-old female presented with facial asymmetry due to an expansive mandibular lesion. Imaging demonstrated a mass involving the right mandibular body and angle measuring approximately 3.5 cm in greatest dimension. The patient underwent marginal mandibular resection with 0.5–1.0 cm safety margins, preserving a thin inferior mandibular basilar bone to maintain contour. Immediate reconstruction was performed using a non-vascularized free iliac crest bone graft. The postoperative course was uneventful except for a submandibular seroma on postoperative day 15, which resolved with local heat application and 14 days of antibiotic therapy. At 8-month follow-up, satisfactory mandibular contour was observed, with no clinical evidence of recurrence or graft-related complications. This case indicates that marginal resection with minimal basilar preservation may be feasible in carefully selected cases.

KEYWORDS: Ameloblastoma; Mandibular Reconstruction; Bone Transplantation.

172. RESOLUTION OF CHEMOTHERAPY-INDUCED GRADE 3 ORAL MUCOSITIS WITH PHOTOBIOMODULATION: A CASE REPORT

Marcus Marques, Paulo Roberto Müller, Daniel Grigolo

Oral mucositis is a frequent and dose-limiting toxicity of chemotherapy, significantly compromising quality of life and treatment continuity. We report a 72-year-old female patient with breast cancer undergoing adjuvant chemotherapy who developed grade 3 oral mucositis, characterized by extensive painful ulcerations impairing oral intake and speech. Management consisted of daily photobiomodulation therapy for 10 consecutive days, combined with standard supportive care including oral hydration, topical antifungal therapy, and sodium bicarbonate rinses. Progressive clinical improvement was observed, with complete epithelial healing and marked pain reduction by day 10, enabling restoration of oral function and continuation of oncologic treatment.This case supports photobiomodulation as a safe and effective adjunctive approach for severe chemotherapy-induced oral mucositis and reinforces its role in evidence-based supportive oncology care to minimize complications and prevent treatment interruption.

KEYWORDS: Mucositis; Induction Chemotherapy; Low-Level Light Therapy.

173. SECRETORY CARCINOMA IN BUCCAL MUCOSA: DIAGNOSTIC CHALLENGES IN AN UNCOMMON SITE

Marcus Marques, Paulo Roberto Müller, Luciano José Biasi, Teresa Cristina Santos Cavalcanti, Cahy Manoel Bannwart, Eni Martins Medeiros, Daniel Grigolo

Secretory carcinoma (SC) is a rare malignant salivary gland neoplasm characterized by the ETV6-NTRK3 gene fusion and histopathological features that may overlap with other tumors, particularly acinic cell carcinoma. Involvement of minor salivary glands in the buccal mucosa is uncommon and represents a diagnostic challenge. We report the case of a 57-year-old female, non-smoker and non-drinker, presenting with a firm, painless nodule in the buccal mucosa for six months. Panoramic radiography showed no bone involvement, and ultrasonography revealed a solid hypoechoic nodular lesion. Excisional biopsy followed by histopathological and immunohistochemical analysis confirmed the diagnosis of SC. A complementary surgical resection with safety margins was performed. After 12 months of follow-up, no evidence of recurrence was observed. This case emphasizes the importance of accurate differential diagnosis to ensure appropriate surgical management and favorable prognosis in atypical presentations.

KEYWORDS: Salivary Gland Neoplasms; Rare Diseases; Mouth Neoplasms

174. INTEGRATED DENTAL MANAGEMENT IN A PATIENT WITH SQUAMOUS CELL CARCINOMA UNDERGOING HEAD AND NECK RADIOTHERAPY: A CASE REPORT

Maria Alice Füchter Osório Lima, Thais Mageste Duque, Liliane Janete Grando, Maria Inês Meurer, Mariáh Luz Lisboa.

Squamous cell carcinoma is the most common malignant neoplasm of the oral cavity and is frequently associated with tobacco and alcohol use. Its treatment often involves surgery, radiotherapy, and chemotherapy, which may result in severe oral complications. This case report describes a 54-year-old male patient diagnosed with oral squamous cell carcinoma, initially treated surgically and, after metastatic recurrence, undergoing head and neck radiotherapy (68 Gy) associated with cisplatin-based chemotherapy. During follow-up, the patient developed oral mucositis, generalized radiation caries, and mandibular osteoradionecrosis. Clinical and radiographic examinations revealed extensive dental destruction and persistent bone exposure. Dental management included continuous follow-up, photobiomodulation for pain and mucositis control, ozone therapy for osteoradionecrosis, and endodontic treatment as an alternative to tooth extraction, aiming to reduce the risk of disease progression. This case highlights the importance of an integrated and interdisciplinary dental approach in irradiated patients.

KEYWORDS: squamous cell carcinoma, oral mucositis, photobiomodulation

175. CLINICAL MANAGEMENT OF MEDICATION-RELATED OSTEONECROSIS OF THE JAW ASSOCIATED WITH ALENDRONATE AND PATHOLOGICAL MANDIBULAR FRACTURE: A CASE REPORT

Maria Clara Chucre Almada de Assis, Isadora Simm Milan Teixeira, André Goulart Poletto, Heitor Fontes Silva, Maria Inês Meurer, Scheila Aust, Liliane Janete Grando

A 66-year-old female patient was diagnosed with a spontaneous left mandibular fracture resulting from medication-related osteonecrosis of the jaw, associated with alendronate, as part of the treatment for osteoporosis and rheumatoid arthritis. At the Hospital Dentistry Service, the patient underwent surgical reduction of the fracture and placement of a reconstruction plate. Postoperatively, ozone therapy sessions were performed interspersed with low-level laser therapy sessions, to biostimulate the tissues and promote osteosynthesis. Periodic radiographic follow-ups demonstrated atypical bone deposition originating from the mandibular cortex and plate stability, despite the persistence of a thin radiolucent line between the mandibular stumps (pseudoarthrosis). Due to the need for continued osteoporosis treatment, systemic use of teriparatide was prescribed for 21 months. The patient continues to undergo rigorous clinical follow-up, showing an excellent response to treatment, with no signs of infection.

KEYWORDS: Medication-related osteonecrosis of the jaw; Alendronate; Mandibular fractures

176. FRACTURE OF THE FRONTOMAXILLOZYGOMATIC COMPLEX RESULTING FROM A BICYCLE ACCIDENT: A CASE REPORT.

Maria Clara Fernandes; Denis Moreira das Silva; Eugênio Esteves Costa

A male patient, 46 years old, was referred from outside municipality to the emergency room of Hospital São Vicente de Paulo. He received care from the maxillofacial team after an accident involving another cyclist, in which, due to the collision, he fell and impacted the left side of his face against the asphalt gutter. Clinical examination revealed facial abrasions, periorbital edema, with a palpable bony step in the infraorbital region on the left side. Computed tomography of the facial bones showed fracture lines of

the frontozygomatic complex and the zygomatic arch, on the left. The diagnosis was confirmed based on clinical and radiological findings. Management consisted of surgical treatment under general anesthesia, after reduction of edema, with osteosynthesis of the fractures through infraorbital, supraorbital, and lateral facial approaches, using 2.0 and 1.5 plates and screws. The procedure was uneventful. The patient is under clinical follow-up, with satisfactory clinical progress.

KEYWORDS: facial trauma, bone fracture oral emergency

177. ASSISTANCE TRAJECTORY OF PATIENTS WITH ORAL CANCER: A SCOPE REVIEW

Maria Eduarda Dias Monteiro Bispo Chaves; Juliana Lucena Schussel

This study aimed to characterize the assistance pathways of patients with oral cancer. This is a scope review structured using the Joanna Briggs Institute methodology, guided by the question: "What are the paths taken by patients with oral cancer from suspected diagnosis to treatment?". The search was conducted in the Virtual Health Library, PubMed, and SciELO databases, using the descriptors "Oral Neoplasms", "Comprehensive Health Care", and "Access to Health Services", combined with the Boolean operator AND. Eleven articles published between 2013 and 2025 were identified; after reading titles and abstracts and excluding duplicates, four Brazilian studies were included. The sample comprised one qualitative study, two quantitative studies, and one mixed study, involving users with suspected or diagnosed oral cancer and dentists from primary care within the Brazilian Unified Health System (SUS). The results indicate care pathways marked by moments: suspicion and diagnostic confirmation, access to hospital treatment, and follow-up in the Health Care Network. Structural barriers were evident, such as difficulties in timely access to primary care, limited availability of specialized services, and obstacles in the regulation and continuity of care, indicating the need to structure a care pathway for oral cancer.

KEYWORDS: Oral neoplasms; Comprehensive Health Care; Access to Health Services

178. SQUAMOUS CELL CARCINOMA OF THE LOWER LIP: CHALLENGES IN DIAGNOSING A LESION IN AN ELDERLY PATIENT

Maria Eduarda Pereira Silva, Leticia Marinho, Francisco Tarli de Farias, Ricardo Luiz Cavalcanti de Albuquerque-Júnior, Túlio Silva Rosa, Gustavo Davi Rabelo, Karin Berria Tomazelli

A 74-year-old Caucasian female was referred for evaluation and dental care. Initial examination revealed an ulcerated lesion on the lower lip, partially covered by a crust, of approximately 0.8 cm, associated with actinic cheilitis, with no reported pain or discomfort. Her medical history included comorbidities controlled by medication. An incisional biopsy revealed moderate epithelial dysplasia. Due to persistence of the ulcerated area and maintenance of clinical suspicion for squamous cell carcinoma, a second biopsy was indicated. In this second examination, the lesion revealed elevated borders and an ulcer in the central part of the lesion. Histopathological analysis then revealed a well-differentiated squamous cell carcinoma. The patient was referred to oncologic management, and the surgery is planned. This case emphasizes the importance of correlating persistent clinical findings with histopathologic results and reinforces the need for repeat biopsy when clinical behavior remains suspicious despite an initial benign or premalignant histopathological diagnosis.

KEYWORDS: Squamous Cell Carcinoma; Lip Neoplasms; Actinic Cheilitis.

179. ADVANCED SQUAMOUS CELL CARCINOMA OF THE TONGUE IN A NON-SMOKING, NON-ALCOHOLIC WOMAN

Maria Eduarda Silva Moreira dos Santos, Diovana de Melo Cardoso, Everton Pontes Martins, Renata Callestini, Vitor Bonetti Valente, Glauco Issamu Miyahara, Daniel Galera Bernabé.

A 52-year-old female patient was referred to our service for evaluation of a tongue lesion with according to she had over 4 months of evolution. Her medical history was negative for smoking and alcoholism. Intraoral examination revealed a painful ulcer was present on the lateral border of the right tongue with raised and hardened edges. The clinical diagnosis was squamous cell carcinoma, and an incisional biopsy was performed. Histopathological analysis confirmed the diagnosis of squamous cell carcinoma. The tumor was clinically staged as T3N0M0. The treatment of choice was partial glossectomy with bilateral supraomohyoid dissection. The anatomopathological staging was pT3pN1. After 4 months, the tumor recurred, and a new surgery was performed. The patient suffered a stroke after the surgical procedure and died 3 months later.

KEYWORDS: Oral cancer, squamous cell carcinoma, women

180. NON-HOMOGENEOUS ORAL LEUKOPLAKIA WITH SEVERE EPITHELIAL DYSPLASIA: A CLINICAL CASE REPORT

Maria Isabel Lino Correa, Juliane Müller Medeiros, Luiza Brum Porto, André Goulart Poletto, Rogério de Oliveira Gondak, Liliane Janete Grando, Gustavo Davi Rabelo

This report describes the case of a 71-year-old male referred to a hospital dentistry service with an intraoral white lesion. The patient was a chronic smoker with a history of alcohol abuse. Intraoral examination revealed a non-homogeneous, asymptomatic white plaque with an irregular surface, rough projections, and pigmented areas, measuring approximately 2 cm on the left buccal mucosa. Differential diagnosis included oral leukoplakia and focal epithelial hyperplasia. An incisional biopsy demonstrated low-grade oral epithelial dysplasia with isolated morphologic features suggestive of human papillomavirus infection. Subsequent surgical excision revealed severe epithelial dysplasia, with no histopathologic evidence of viral infection. Clinicopathologic correlation supported a definitive diagnosis of non-homogeneous oral leukoplakia. Given the lesion's dysplastic progression and the patient's risk factors, strict long-term follow-up was instituted due to the risk of recurrence and malignant transformation, even after complete lesion removal.

KEYWORDS: Oral Leukoplakia; Epithelial Dysplasia; Oral Medicine.

181. 5-FLUOROURACIL AS AN ADJUVANT THERAPY IN THE MANAGEMENT OF ODONTOGENIC KERATOCYST: A CASE REPORT

Maria Luisa Franceschi Coimbra, Letícia Aparecida Cunico, Bruna Luísa Koch Monteiro, Rainde Naiara Rezende de Jesus, Izadora Andreiv, Laurindo Moacir Sassi.

Odontogenic keratocyst is an odontogenic lesion characterized by aggressive behavior and a high recurrence rate, often associated with satellite cysts and residual epithelial remnants. A 32-year-old female patient with reduced pulmonary capacity due to premature birth sought dental care because of an intraosseous lesion in the right mandible, reporting localized pain for one week. Fine-needle aspiration and incisional biopsy were performed, and the diagnosis was consistent with odontogenic keratocyst. Surgical management consisted of cyst enucleation associated with chemical cauterization using 5-fluorouracil (5-FU), aiming to reduce the risk of recurrence related to the proliferative potential of residual epithelium and the presence of satellite cysts. The postoperative course was uneventful, and clinical and radiographic follow-up was initiated. The use of 5-FU appears to be a promising adjuvant therapy for reducing recurrence by inhibiting residual epithelial proliferation.

KEYWORDS: Odontogenic Keratocyst; Recurrence; Surgery, Oral.

182. LOWER LIP SQUAMOUS CELL CARCINOMA: CASE REPORT

Maria Luísa Franceschi Coimbra, Marina Fanderuff, Joslei Carlos Bohn, Juliana Lucena Schussel, Heliton Gustavo de Lima, Melissa Rodrigues de Araujo.

Squamous cell carcinoma (SCC) is a malignant neoplasm originating from the stratified squamous epithelium and is considered the most prevalent cancer of the oral cavity. A 79-year-old female patient, with a history of chronic tobacco use for approximately 65 years, sought dental care due to the presence of a lip lesion with a four-year evolution. On physical examination, an extensive exophytic lesion was observed on the lower lip, characterized by rough, irregular, whitish borders and surface, with areas of ulceration and spontaneous bleeding, measuring approximately 2 cm. Physical examination revealed bilateral submandibular lymphadenopathy. The diagnostic hypothesis was a malignant neoplasm. The management consisted of an incisional biopsy. The diagnosis was Squamous Cell Carcinoma. The patient underwent surgical treatment of the lesion. Lip cancer has epidemiological relevance in Brazil. The prolonged evolution of the case highlights the importance of early diagnosis; the delay may compromise the prognosis of the lesion.

KEYWORDS: Carcinoma, Squamous Cell; Lip; Neoplasms.

183. PATHOLOGIC FRACTURE ASSOCIATED WITH SURGICAL REMOVAL OF A DENTIGEROUS CYST: A CASE REPORT

Maria Luisa Franceschi Coimbra, Letícia Aparecida Cunico, Bruna Luísa Koch Monteiro, Rainde Naiara Rezende de Jesus, Izadora Andreiv, Laurindo Moacir Sassi.

The dentigerous cyst is an odontogenic cyst associated with the crown of an unerupted teeth. A 47-year-old male, a former smoker, sought dental care due to a lesion in the left mandible associated with tooth 38, with an eight-month history of local discomfort, a sensation of tooth loosening, throbbing pain, and sporadic otalgia.

Physical examination revealed mild buccal cortical bone expansion in the left mandibular body, without tooth mobility or secretion, and complete maxillary and mandibular dentition. An intraosseous biopsy confirmed the diagnosis of a dentigerous cyst, and surgical enucleation was performed. Postoperatively, due to mandibular fragility secondary to the surgical procedure, the patient developed a pathological fracture in the operated area during feeding. The fracture was classified as favorable, simple and minimally displaced. A conservative approach was adopted, consisting of stabilization with an Erich bar and maxilomandibular fixation for 40 days, resulting in satisfactory functional recovery and clinical stability.

KEYWORDS: Dentigerous Cyst; Pathologic Fracture; Surgical Enucleation.

184. REASSESSMENT OF PERSISTENT ORAL LEUKOPLAKIA IN A HIGH-RISK SITE: A CASE REPORT

Maria Luisa Franceschi Coimbra, Pedro Leonardo Czmola de Lima, Melissa Rodrigues de Araújo, Juliana Lucena Schussel.

Oral leukoplakia is an oral potentially malignant disorder (OPMD) strongly associated with tobacco use. A 37-year-old female patient with a 20-year history of smoking sought care at the Stomatology Service of UFPR due to a white lesion on the right floor of the mouth, present for six to seven years. Clinical examination revealed a whitish plaque measuring approximately 2 cm. The clinical diagnosis was oral leukoplakia. Although an incisional biopsy performed four years earlier showed no evidence of malignancy, lesion persistence warranted re-evaluation. Histopathological analysis revealed stratified squamous mucosa with mild epithelial dysplasia, not identified in the previous biopsy. Complete removal of the lesion was carried out using a surgical laser. The case highlights the importance of active management of OPMDs in high-risk sites such as the floor of the mouth, particularly in the presence of epithelial dysplasia, to reduce the risk of malignant transformation.

KEYWORDS: Leukoplakia, Oral; Laser Therapy; Mouth Floor.

185. EFFICACY OF ORAL GLUTAMINE IN THE PREVENTION AND MANAGEMENT OF TREATMENT-INDUCED ORAL MUCOSITIS IN PATIENTS WITH HEAD AND NECK CANCER: A SYSTEMATIC REVIEW

Maria Ritha Veiga Colognese, Claudia Cristina Anghinoni, Larissa Lirio Biesek, Bárbara Matthes Augsten, Maysa Mombelli Citadin, Bianca Medeiros Maran, Veridiana Camilotti

Objectives: To assess the efficacy of oral glutamine in preventing and managing treatment-induced oral mucositis in patients with head and neck cancer. Methods: This systematic review protocol was registered in PROSPERO (CRD420251160886). Randomized controlled trials with parallel-group designs comparing oral glutamine to placebo were included. Searches were conducted in PubMed, Cochrane Central, LILACS/BBO, Scopus, Web of Science, EMBASE, and grey literature up to October 2025. Two independent reviewers performed study selection, data extraction, and risk of bias assessment using the RoB 2.0 tool. Due to methodological heterogeneity, results were synthesized narratively (SWiM). Results: Five randomized trials involving 348 participants were included. Narrative synthesis indicated a trend toward reduced incidence of severe oral mucositis in patients receiving oral glutamine. Some studies reported delayed symptom onset and reduced pain. However, four studies had a high risk of bias, and one had some concerns, limiting confidence in the effect estimates. Conclusion: Oral glutamine may reduce the severity of oral mucositis in patients undergoing oncologic treatment. Nevertheless, methodological limitations and heterogeneity among studies restrict the reliability of current evidence, preventing definitive clinical recommendations.

KEYWORDS: Glutamine. Estomatitis. Head and Neck Neoplasms. Antineoplastic Protocols.

186: MEDICATION-RELATED OSTEONECROSIS OF THE JAWS ASSOCIATED WITH ZOLEDRONIC ACID FOLLOWING TOOTH EXTRACTION: A CLINICAL CASE REPORT

Maria Ritha Veiga Colognese, Veridiana Camilotti, Jean Carlos Della Giustina

This clinical case report was prepared in accordance with the CARE guidelines. A 26-year-old male patient referred to the Dental Department of the UOPECCAN Cancer Hospital with spontaneous pain in the right posterior mandible. The medical history revealed a malignant coccygeal neoplasm treated with intravenous zoledronic acid and a recent extraction of tooth 46 prior to bisphosphonate therapy. Clinical examination showed extensive

mandibular bone exposure associated with an extraoral fistula. Panoramic radiography demonstrated irregular radiolucent areas and trabecular bone alteration. Based on clinical, radiographic, and pharmacological findings, medication-related osteonecrosis of the jaw (MRONJ), Stage 3 according to AAOMS criteria, was diagnosed. Treatment consisted of intraoral surgical access, removal of necrotic bone, extraction of teeth 45, 47, and 48, and systemic antibiotic therapy. Histopathological analysis confirmed necrotic bone with bacterial colonies. After six months of follow-up, the patient was asymptomatic, with complete pain resolution and no signs of infection or inflammation.

KEYWORDS: Bisphosphonate-Associated Osteonecrosis of the Jaw. Zoledronic Acid. Drug-Related Side Effects and Adverse Reactions. Dentistry.

187. ODONTOGENIC KERATOCYST: REPORT OF AN UNUSUAL CASE

Marina Dutra Oliveira, Luana Lopes, Giovani Flach, Filipe Modolo, Elena Riet Correa Rivero

The odontogenic keratocyst is a developmental cyst that originates from remnants of the dental lamina. This lesion has a higher prevalence in young adults and is usually asymptomatic. In this case report, a 19-year-old male patient attended a dental appointment due to pain in the region of tooth 48, and clinical examination revealed impaction of the third molar. A panoramic radiograph showed a unilocular hypodense lesion with well-defined borders and no cortical expansion in the crown area of the affected tooth. Based on the clinical and radiographic findings, the diagnostic hypothesis was a paradental cyst. Tooth 48 was extracted with the associated lesion. Histopathological analysis revealed a thin fibrous connective tissue capsule lined by thin and uniform stratified squamous epithelium, with a palisaded basal layer and corrugated parakeratin on the surface. Therefore, the definitive diagnosis was odontogenic keratocyst. Currently, the patient is under follow-up with no signs of recurrence.

KEYWORDS: odontogenic keratocyst, odontogenic cyst, oral surgery

188. ADVANCED PERIORBITAL SQUAMOUS CELL CARCINOMA COMPLICATED BY EXTENSIVE FACIAL MYIASIS IN A HOMELESS PATIENT: A CASE REPORT

Natalia Karolina da Silva, João Francisco Barbosa Cordeiro, Eleonor Álvaro Garbin Junior, Geraldo Luiz Griza, Natasha Magro Érnica, Ricardo Augusto Conci

Facial myiasis is an uncommon parasitic infestation in urban hospital settings and is usually associated with neglected wounds and social vulnerability. Squamous cell carcinoma of the facial region may present aggressive local behavior when diagnosis and treatment are delayed. We report a rare case of extensive facial myiasis associated with infiltrative periorbital squamous cell carcinoma in a homeless patient. A 57-year-old man was admitted to the emergency department with large ulcerated periorbital lesion, myiasis involving the right zygomatic region, and severe anemia (hemoglobin 4.2 g/dL). Management included blood transfusion, systemic ivermectin, surgical removal of larvae under general anesthesia, and incisional biopsy. Histopathological analysis confirmed moderately differentiated infiltrative squamous cell carcinoma with deep dermal invasion and compromised margins. Despite multidisciplinary oncologic management, the patient defaulted after surgery. This case highlights the importance of early diagnosis, prompt surgical management, and the impact of social vulnerability on outcomes in complex maxillofacial oncologic conditions.

KEYWORDS: Myiasis, Squamous cell carcinoma, Social vulnerability.

189. ORAL LEUKOPATHY: PATIENT PROFILE AT THE UNIOESTE DENTAL SPECIALTIES CENTER (CEO/UNIOESTE)

Natalia Karolina da Silva, Emanuelly Carneiro Arnezino, Ana Lúcia Carrinho Ayrosa Rangel, Adriane de Castro Martinez

Oral leukoplakia is described as a plaque or white spot not removed by scraping or characterized clinically or pathologically like any other disease, with an increased risk of malignant transformation. The present study characterized the epidemiological profile, the location of the occurrence, the duration of the symptoms and associated habits of patients with oral leukoplasia diagnosed in a dental specialty center. This retrospective descriptive study reviewed dental clinical records of patients treated in the period from 2006 to 2020. The statistical analysis was performed using Windows Excel and the data included sex, age, habits, location and time of evolution. This research was approved by the Research Ethics Committee with protocol nº 165548917.2.0000. 0107. A total of 2339 cases of oral pathologies were diagnosed with 76 of these being leukoplakia (3.24%). Among men, 66% were smokers, and the association with alcohol

was exclusive to this group. The time of evolution of the pathology in 46% was unknown. The highest prevalence of the disease was 57%, found in women over 50 years old. The most affected sites were attached gingiva /alveolar ridge. The data confirm the importance of identifying the population affected by oral leukoplasia for monitoring and prevention of malignant transformation.

KEYWORDS: Epidemiology, Diagnosis, Leukoplakia

190. SURGICAL APPROACH TO AN EXTENSIVE DENTIGEROUS CYST IN THE MAXILLA: A CASE REPORT

Natalia Karolina da Silva, Bruna Caroline Ruthes de Souza, Gabriel Luiz Linn, Geraldo Luiz Griza, Natasha Magro Érnica, Ricardo Augusto Conci, Eleonor Álvaro Garbin Junior

Dentigerous cysts are bone injures caused by fluid accumulation between the enamel organ and the associated dental crown, which normally belong to third molars or canines. The discovery of dentigerous cysts is reported in routine examinations, they are generally asymptomatic. When secondary infections and the cyst reaching large proportions, tooth displacement and pain are reported. We present a case of a 12-year-old male with a significant increase of volume in left maxillary region associated with left unerupted maxilar canines. In computed tomography revealed the presence of a hypondense, unilocular intraosseous lesion with sclerotic borders associated with 23. The treatment started with aspiration who shows yellowish cystic fluid, followed by totally enucleation of the lesion and tooth extraction. Histopathological analysis of the excised tissue identified the lesions as dentigerous cyst. This case highlights the necessity of early diagnosis and the appropriate treatment to protect import anatomic structures and prevent recurrence.

KEYWORDS: Hemorrhage, Dental implants, Oral surgery

191. SJÖGREN'S SYNDROME AND RISK OF MALT LYMPHOMA: CASE REPORT AND CLINICAL CONSIDERATIONS

Natalia Ortiz Nichellatti, Maria Helena Faria Coura, Sarah Coelho Duarte da Silva, Sophia dos Santos Gomes, Sarah Freygang Mendes Pilati.

Sjögren's syndrome (SS) is an autoimmune exocrinopathy characterized by lymphocytic infiltration of the exocrine glands. It can be primary or secondary to other autoimmune diseases, both of which are associated with sicca symptoms. Primary SS is associated with the risk of non-Hodgkin lymphoma, with MALT lymphoma of the salivary glands and parotid glands accounting for 46–56% of cases of malignancy. A 50-year-old female patient with type 2 diabetes mellitus and fibromyalgia presented with xerostomia and xerophthalmia, in addition to systemic manifestations. She developed recurrent caries, failed osseointegration of dental implants, glossopharyngeal paresthesia, dysphagia, edema, and hyperalgesia of the salivary glands. Investigation revealed FAN 1:160 (fine speckled nuclear pattern), anti-SSA/Ro reactive, anti-SSB/La non-reactive. Biopsy of minor salivary glands showed lymphocytic infiltrate (126 lymphocytes/mm^2), confirming the diagnosis of SS. The patient received antimalarials, nonsteroidal anti-inflammatory drugs, corticosteroids, and symptomatic treatment. The case highlights the importance of oral health and systemic diagnosis.

KEYWORDS: Sjögren's syndrome; lymphoma; autoimmune diseases.

192. CHALLENGES IN THE DIFFERENTIAL DIAGNOSIS BETWEEN CEMENTO-OSSEOUS DYSPLASIA AND CEMENTO-OSSIFYING FIBROMA IN THE ANTERIOR MANDIBLE: A CASE REPORT

Natália Guimarães Ferreira, Juli Emily Costa Guimarães, Jessica dos Santos Rodrigues, Otávio Augusto A M de Melo, Christian Ferreira Bernardi, Letícia Mello Bezinelli, Juliana Mota Siqueira.

Cemento-Ossifying Fibroma (COF) is a benign odontogenic neoplasm characterized by autonomous tumoral growth and progressive expansion. In contrast, Cemento-Osseous Dysplasia (COD) is a non-neoplastic fibro-osseous condition, typically self-limiting and managed conservatively, with biopsy generally contraindicated due to the risk of osteomyelitis. This case report describes a female patient presenting with an anterior mandibular lesion. In 2022, the lesion was not identified by either the radiologist or the orthodontist during routine imaging evaluation. By 2025, however, clear dimensional progression was observed on follow-up imaging. Clinically, the patient was asymptomatic, with preserved tooth vitality and no evident cortical expansion. The primary diagnostic dilemma involved distinguishing between a neoplastic lesion requiring surgical management and a dysplastic process suitable for monitoring. After careful risk clarification, an incisional biopsy was performed. Histopathological analysis confirmed COF. This case highlights the importance of longitudinal imaging assessment in differentiating tumoral growth from non-neoplastic stability.

KEYWORDS: Cemento-Ossifying Fibroma, Cemento-Osseous Dysplasia, fibro-osseous lesions

193. DIAGNOSTIC AND THERAPEUTIC APPROACH TO ADENOID CYSTIC CARCINOMA: CASE REPORT

Natália dos Reis Vieira; Henrique Alves Barros Assunção; Luiz Fernando Barbosa de Paulo.

This article describes the oral rehabilitation of a 48 years-old male patient diagnosed with adenoid cystic carcinoma of the left maxillary sinus, treated at the Hospital de Clínica da UFU. The patient underwent partial maxillectomy extending from the region of tooth 14 to the contralateral maxilla, resulting in a large oral defect with significant loss of supporting tissues, including the palate. Due to the functional and anatomical impairment caused by surgery, prosthetic rehabilitation was required. The proposed treatment involved the placement of four osseointegrated implants in the maxilla, combined with a metal crown on tooth 18, to support an integrated partial denture using a clip bar retention system. The patient also received radiotherapy and chemotherapy sessions. The rehabilitation aimed to restore stomatognathic functions, including mastication, phonetics, and aesthetics, thereby improving comfort and overall quality of life. After prosthesis installation, follow-up appointments were planned to monitor adaptation and treatment outcomes.

KEYWORDS: adenoid cystic carcinoma, prosthetic rehabilitation, quality of life

194. WHEN SYMPTOMATIC TREATMENT MASKS MALIGNANCY: A CASE OF TONGUE CANCER

Otávio Augusto A M de Melo, Isabella Castro de Oliveira, Laura Silva dos Santos, Natália Guimaraes Ferreira, Anna Luíza Damaceno Araújo, Letícia Mello Bezinelli, Juliana Mota Siqueira

Oral squamous cell carcinoma (OSCC) may initially resemble benign inflammatory lesions, leading to delayed diagnosis. This report describes a 54-year-old non- smoking male who noticed a painful ulcer on the lateral border of the tongue. The lesion was empirically treated with topical medications (Malvatricin® and triamcinolone acetonide – Oncilon-A®), resulting in partial symptom relief but persistent focal discomfort. Despite its chronic course, no biopsy or referral was performed. Ten months later, the patient presented to specialist with a 1-cm heterogeneous erythroleukoplakic lesion on the right lateral tongue. Due to its mixed clinical presentation, two incisional biopsies were obtained from distinct anterior and posterior areas to ensure representative sampling. Histopathology revealed OSCC in the posterior region and leukoplakia with moderate epithelial dysplasia in the anterior region. This case highlights the risks of delayed histopathological investigation and emphasizes the importance of performing multiple biopsies in clinically heterogeneous oral lesions to prevent underdiagnosis

KEYWORDS: squamous cell carcinoma, oral lesions, oral diagnosis

195. RADIO-INDUCED OSTEOSARCOMA OF THE MANDIBLE: REPORT OF A RARE CLINICAL CASE

Pamela Kommers Pruss, Maria Clara Chucre Almada de Assis, Camilla Kammer, Liliane Janete Grando, Leandro Martins, Maria Inês Meurer, Mariah Luz Lisboa

A 56-year-old female, with a history of previous oral lesions, sought treatment at hospital dentistry service. In 2021, she developed Squamous Cell Carcinoma (tongue, left side), treated with surgery and 35 radiotherapy sessions. The patient presented with bilateral mandibular osteoradionecrosis (ORN), which was managed with bone curettage, antibiotic therapy, hyperbaric oxygen therapy, PENTO protocol, and ozone therapy. In 2023, the patient developed a new bone lesion characterized by right mandibular swelling and pain; the biopsy indicated a high-grade pleomorphic sarcoma. Imaging exams revealed na extensive, heterogeneous bone lesion, irregular cortical destruction, and a "sunburst" periosteal reaction. The final diagnosis was radio-induced Osteoblastic Osteosarcoma. In 2024, a right hemi-mandibulectomy was performed, with compromised margins; recurrence occurred a few months later, resulting in functional and aesthetic sequelae. The patient underwent palliative treatment for Osteosarcoma while continuing ozone therapy for the ORN on the contralateral side. The patient passed away due to distant metastases.

KEYWORDS: Osteosarcoma; Radiotherapy; Mandible; Osteoradionecrosis; Neoplasms.

196. CLINICAL IMPACT OF THE USE OF INTRAORAL STENTS IN PATIENTS WITH HEAD AND NECK CANCER UNDERGOING RADIOTHERAPY: A CASE SERIES

Pâmela Olivia de Moura; Nahida Sardan de Lima; Rafael Krause; Fabio Luiz Coracin; Victor Tieghi Neto; Simone Hassan Khatib Rios; Geovana Martins Lopes.

The quality of life of patients undergoing radiotherapy is often impaired by treatment-related toxicities, whose

incidence and severity depend on radiation dose and irradiated anatomical regions. This study aimed to report a case series of six patients with head and neck cancer treated with radiotherapy and indicated for intraoral stents as an adjunctive device to reduce radiation dose to adjacent healthy structures. The series included five men and one woman, with a mean age of 57 years (47–65 years), diagnosed with locally advanced squamous cell carcinoma of the oral tongue and oropharynx, treated at the Barretos Cancer Hospital. Customized or prefabricated intraoral stents were used in combination with photobiomodulation therapy. All patients developed oral mucositis limited to mild or moderate grades, according to the World Health Organization classification. These findings suggest that the use of intraoral stents in modern radiotherapy techniques may contribute to improved patient tolerability during oncologic treatment.

KEYWORDS: Head and Neck Neoplasms; Radiotherapy; Dental Staff, Hospital;

197. PALATAL OBTURATOR PROSTHESIS WITH PHARYNGEAL EXTENSION FOR POST-TREATMENT REHABILITATION OF ADENOID CYSTIC CARCINOMA: A CASE REPORT

Pâmela Olivia de Moura; Victor Tieghi Neto; Helio Massaiochi Tanimoto; Ademir Espinosa Seraphim; Renato de Castro Capuzzo; Simone Hassan Khatib Rios; Fabio Luiz Coracin.

Adenoid cystic carcinoma (ACC) is a rare malignant salivary gland tumor, accounting for approximately 1% of head and neck cancers. Surgical resection is the standard treatment and may result in extensive maxillofacial defects, requiring functional and psychosocial rehabilitation with integrated dental care. This case report describes the rehabilitation of a 56-year-old male patient who underwent left subtotal maxillectomy for ACC of the soft palate, followed by adjuvant radiotherapy. Disease progression included recurrence in the sphenoid wing and pulmonary metastasis, leading to indication of additional radiotherapy. After completion of oncologic treatment, the patient presented with an oronasal communication, hyposalivation, and partially missing maxillary dentition. A removable palatal obturator prosthesis with pharyngeal extension was fabricated and combined with speech therapy follow-up. Prosthetic rehabilitation achieved oronasal sealing and improved phonatory and masticatory functions, as well as tissue support, contributing to functional recovery, self-esteem, and quality of life.

KEYWORDS: Palatal Obturators; Mouth Rehabilitation; Salivary Gland Neoplasms.

198. ADENOID CYSTIC CARCINOMA WITH MORPHOLOGIC AND IMMUNOPHENOTYPIC OVERLAP WITH BASALOID SQUAMOUS CELL CARCINOMA

Pedro Leonardo Czmola de Lima, Lara Krusser Feltraco, Laurindo Moacir Sassi, Heliton Gustavo de Lima, Cassius Carvalho Torres-Pereira, José Miguel Amenábar, Juliana Lucena Schussel

A 50-year-old woman presented at the Stomatology Service of UFPR with a painful, firm nodule in the right retromolar region that had progressively enlarged over four years. An incisional biopsy revealed a malignant basaloid epithelial neoplasm with focal duct-like differentiation, and immunohistochemical analysis showed positivity for CK34BE12, p63, and p40. These findings were initially interpreted as being consistent with poorly differentiated basaloid squamous cell carcinoma (BSCC). The patient underwent surgical resection with neck dissection followed by adjuvant radiotherapy. However, surgical specimen evaluation, including an expanded immunohistochemical panel, demonstrated positivity for CD117 (c-kit) and SOX10, consistent with adenoid cystic carcinoma (ACC). At the two-year follow-up, patient showed satisfactory healing and no evidence of residual disease. This case illustrates how the morphologic and immunophenotypic overlap between BSCC and ACC can contribute to diagnostic complexity in limited biopsy samples, highlighting the critical role of comprehensive immunohistochemical assessment in achieving an accurate oncologic diagnosis.

KEYWORDS: Carcinoma, Adenoid Cystic; Carcinoma, Squamous Cell; Immunohistochemistry; Mouth Neoplasms;

199. MICROINVASIVE SQUAMOUS CELL CARCINOMA AS AN INCIDENTAL FINDING IN THE FLOOR OF THE MOUTH: A CASE REPORT

Pedro Leonardo Czmola de Lima, Laila Menezes Hagen, Caroline Gennari Stevão, Heliton Gustavo de Lima, Cassius Carvalho Torres-Pereira, José Miguel Amenábar, Juliana Lucena Schussel

A 62-year-old male patient, a chronic smoker with poor oral hygiene, Parkinson's disease, depression, systemic arterial hypertension, xerostomia, and recent unintentional weight loss, sought dental care due to tooth pain. He was referred to the Stomatology Service of UFPR for evaluation of a white plaque on the right buccal mucosa, previously diagnosed as leukoedema. During a comprehensive oral examination, an additional discrete and asymptomatic lesion was identified on the floor of the mouth, unrelated to the chief complaint. Incisional

biopsy revealed high-grade epithelial dysplasia with foci of superficial invasion, consistent with microinvasive squamous cell carcinoma. The patient was referred to cancer treatment center for management. This case underscores that early malignant lesions may remain underdiagnosed when unrelated to the patient's main complaint and highlights the importance of systematic oral examination for early detection of oral cancer.

KEYWORDS: Carcinoma, Squamous Cell; Mouth Neoplasms; Early Diagnosis.

200. SEVERE EPITHELIAL DYSPLASIA DIAGNOSED AFTER CLINICOPATHOLOGICAL DISCORDANCE IN AN ORAL LESION ASSOCIATED WITH PROSTHESIS USE: A CASE REPORT

Pedro Leonardo Czmola de Lima, Laila Menezes Hagen, Caroline Gennari Stevão, Heliton Gustavo de Lima, Cassius Carvalho Torres-Pereira, José Miguel Amenábar, Juliana Lucena Schussel

A 78-year-old female patient was referred to the Stomatology Service of UFPR with masticatory discomfort associated with the maxillary denture, describing a painful area with a "spongy tissue" appearance, as well as recent unintentional weight loss. Clinical examination revealed maxillary complete denture, mandibular removable partial denture and two distinct lesions: a maxillary lesion clinically consistent with denture-related inflammatory hyperplasia and a separate inferior ulcerated bleeding lesion with an irregular surface, unrelated to the chief complaint. Prosthetic adjustments, pharmacological management, and biopsies were performed. Excisional biopsy of the maxillary lesion confirmed inflammatory fibrous hyperplasia. However, the initial incisional biopsy of the inferior lesion demonstrated a nonspecific chronic inflammatory reaction. Due to persistence of clinically suspicious features, a second biopsy was performed and revealed hyperkeratosis with severe epithelial dysplasia. The patient was referred to a specialized cancer treatment center. This case underscores the importance of clinicopathological correlation and adequate tissue sampling.

KEYWORDS: Precancerous Conditions; Oral Keratosis; Biopsy.

201. MANDIBULAR BONE METASTASIS AS THE MANIFESTATION OF PULMONARY CARCINOMA: A CLINICAL CASE REPORT

Priscila Queiroz Mattos da Silva, Lara Krusser Feltraco, Izadora Andreiv, Leticia Aparecida Cunico, Ana Julia Garcia Bino, Victoria Gonçalves Pires, Laurindo Moacir Sassi

This study presents a case report of a patient diagnosed with pulmonary carcinoma, with a mandibular bone lesion identified as metastasis at the time of oncologic diagnosis. A 50-year-old male patient sought care at the Oral and Maxillofacial Surgery Service due to trismus associated with pain. During the diagnostic investigation, an osteolytic lesion was identified in the mandibular region. Given the clinical and radiographic features, an incisional biopsy was performed, and histopathological analysis revealed a poorly differentiated neoplasm infiltrating bone tissue. Complementary computed tomography of the pulmonary region demonstrated a mass with irregular contours located in the right upper lobe, compatible with a primary pulmonary neoplasm. Cranial magnetic resonance imaging revealed an intraparenchymal nodular lesion. Based on the clinical, histopathological, and imaging findings, the diagnosis of pulmonary carcinoma with mandibular bone and central nervous system metastases was established, and combined chemotherapy and radiotherapy were indicated.

KEYWORDS: lung carcinoma; jaw; metastasis.

202. MANDIBULAR SURGICAL ACCESS AS A STRATEGY IN ONCOLOGIC TREATMENT

Priscila Queiroz Mattos da Silva, Lara Krusser Feltraco, Izadora Andreiv, Bruna Luisa Koch, Ana Julia Garcia Bino, Bruna Wastner, Laurindo Moacir Sassi

This study presentes. a case report of a pediatric patient who underwent mandibulotomy as a surgical access approach for the treatment of embryonal rhabdomyosarcoma. A 17-year-old female patient presented with decreased hearing acuity, tinnitus, lingual paresthesia, and intraoral secretion. Magnetic resonance imaging revealed an expansive lesion in the right masticator space, extending to the parapharyngeal space, while bone scintigraphy demonstrated increased bone remodeling. An incisional biopsy confirmed the diagnosis of grade II rhabdomyosarcoma. Initial treatment consisted of neoadjuvant chemotherapy for tumor stabilization, followed by surgical resection using a mandibulotomy approach and adjuvant radiotherapy. Mandibular osteotomy provided adequate access to the parapharyngeal space, allowing safe tumor resection. Mandibulotomy proved to be an effective approach for accessing extensive and posterior tumors. Refinement of this technique contributes to the reduction of surgical complications, improvement of

prognosis, and a positive impact on quality of life in pediatric oncology patients treated surgically.

KEYWORDS: mandibulotomy; embryonal rhabdmyosarcoma; malignant neoplasm

203. STEVENS–JOHNSON SYNDROME/ TOXIC EPIDERMAL NECROLYSIS (SJS/ TEN) OVERLAP: THE IMPACT OF HOSPITAL DENTISTRY ON ORAL MANAGEMENT AND PATIENT RECOVERY

Quezia Danielli Ferreira, Laís da Silva Knoblauch, Bárbara Marchi Fagundes, Luiza Srour, Renata Cunha Medeiros, Samara Reis Hilário, Liliane Janete Grando.

Stevens–Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN) is considered a severe mucocutaneous hypersensitivity reaction of immunological origin, associated with high morbidity and mortality, generally medication-induced. A 28-year-old, female, presenting an severe mucocutaneous manifestations compatible with SJS/ TEN drug-induced (lamotrigine). She was admitted to a University Hospital due to severe, extensive, and painful involvement of the skin and oral mucosa. Oral examination revealed vesicles and bullae, resulting in diffuse and painful ulcerated areas, affecting palate, buccal mucosa, and tongue; presence of crusts on the lip semimucosa, with severe odynophagia and functional impairment. The Hospital Dentistry Service provided essential bedside multidisciplinary care, focusing on pain control, prevention of secondary infections, and promotion of mucosal healing. Management included topical corticosteroids associated with antifungals, and multiple sessions of photobiomodulation (low-level laser therapy). This approach provided rapid pain relief and accelerated epithelial repair, contributing to a safe hospital discharge and improved patient recovery.

KEYWORDS: Stevens-Johnson Syndrome; Toxic Epidermal Necrolysis; Hospital Dentistry; Low-Level Laser Therapy; Lamotrigine.

204. MANAGEMENT OF ORAL LEUKOPLAKIA OF THE SOFT PALATE USING HIGH-POWER BLUE LASER: A CASE REPORT

Rafael Muniz Queiroz de Souza; Fabio Aparecido Segura; Heliton Gustavo de Lima; Allana Pivovar.

A 65-year-old male patient, a smoker for 45 years, was treated at the Dental Clinic of Centro Universitário UniDomBosco. Clinical examination revealed an asymptomatic erythroleukoplakic lesion, approximately 15 mm in diameter, with a smooth surface and well-defined margins, located on the left soft palate. The duration of the lesion was unknown. An incisional biopsy was initially performed using a scalpel, and histopathological analysis revealed hyperkeratosis associated with mild epithelial dysplasia. Based on the diagnosis, smoking cessation was recommended, and complete removal of the lesion was indicated. An excisional biopsy was performed using a high-power blue laser (450 nm), TheraBlu® (DMC). Histopathological examination of the excised specimen confirmed mild epithelial dysplasia, with no evidence of malignancy at the margins. The blue laser proved advantageous for removing extensive and difficult-to-access lesions by providing cutting precision, effective hemostasis, and reduced thermal damage, supporting its use in the management of oral leukoplakia.

KEYWORDS: Oral Leukoplakia; Epithelial Dysplasia; Laser Therapy.

205. AN EXTENSIVE VERRUCOUS CARCINOMA OF THE ORAL CAVITY: A DIAGNOSTIC CHALLENGE

Raissa Pereira Soccal Olinger, Filipi Saad Adriano, Francisco Tarli de Farias, Mariana Comparoto Minamisako, José Francisco Nunes dos Santos, Ricardo Luiz Cavalcanti de Albuquerque-Júnior, Rogério Gondak

Oral verrucous carcinoma (OVC) is a rare, low-grade variant of squamous cell carcinoma characterized by slow growth and a distinctive clinical and histopathological presentation. A 70-year-old male presented with oral discomfort lasting ten months. Clinical examination revealed a sessile, whitish, verrucous exophytic mass involving the upper border of the right hard palate, buccal mucosa, and maxillary tuberosity. The initial incisional biopsy was inconclusive, revealing fungal and bacterial infection. Antifungal and antibiotic therapies were prescribed, with no clinical improvement. A second biopsy was subsequently performed, and histopathological analysis demonstrated hyperkeratinized squamous epithelial projections extending deeply into the connective tissue, while maintaining an intact basement membrane. The epithelial cells exhibited a low mitotic index and mild cytological atypia. Based on these findings, a diagnosis of OVC was established. The patient was referred to a specialized oncology center and remains under follow-up.

KEYWORDS: Carcinoma, Verrucous; Mouth Neoplasms; Smokers.

206. LOW-GRADE MYOFIBROBLASTIC SARCOMA AFFECTING THE SOFT PALATE AND TONSILLAR PILLAR: A RARE CASE REPORT

Raissa Pereira Soccal Olinger, Filipi Saad Adriano, Francisco Tarli de Farias, Jussara Maria Gonçalves, Luiz Henrique Godoi Marola, Ricardo Luiz Cavalcanti de Albuquerque-Júnior, Rogério Gondak

Low-grade myofibroblastic sarcoma (LGMS) is a rare malignant neoplasm of myofibroblastic origin. A 27-year-old male was referred for evaluation of an oral lesion with a three-month history. Clinical examination revealed an ulcerated nodule measuring approximately 2 cm in diameter, involving the left soft palate and tonsillar pillar. An incisional biopsy was performed, and microscopic examination showed an infiltrative neoplasm composed of spindle- to stellate-shaped cells arranged in sheets and intersecting fascicles. Immunohistochemical analysis demonstrated positivity for smooth muscle actin (SMA) and calponin, with a Ki-67 labeling index of approximately 15%. Based on these findings, a diagnosis of LGMS was established. The patient underwent wide surgical excision and has been followed for three years with no evidence of recurrence.

KEYWORDS: Sarcoma; Myofibroblasts; Immunohistochemistry; Neoplasms.

207. DIAGNOSIS, TREATMENT AND FOLLOW-UP OF ORAL LICHEN PLANUS: A CLINICAL CASE REPORT

Raphaela Lazzaris Bonatti, Giovana Voltolini Flores, Nicole Rabelo dos Santos, Sarah Freygang Mendes Pilati.

A 46-year-old female patient presented with bilateral lesions on the buccal mucosa, whitish reticular streaks, and plaques on the tongue extending across the median groove, as well as reddish and white streaked lesions on the gingiva, associated with symptoms. The lesions were not removable by scraping. The patient reported generalized anxiety disorder and denied smoking or alcohol consumption. Diagnostic hypotheses included plaque-type lichen planus and proliferative verrucous leukoplakia. Incisional biopsy revealed hyperkeratinized stratified squamous epithelium, focal acanthosis, basal cell degeneration, and intense chronic inflammatory infiltrate, leading to a diagnosis of acanthosis and epithelial hyperkeratosis. Treatment included systemic corticosteroid therapy with gradual dose reduction, topical clobetasol mouthwash, and weekly photobiomodulation. The patient showed limited and fluctuating response to therapy, requiring continuous management. One-year follow-up focused on symptom control and lesion preservation due to the potential risk of malignant transformation.

KEYWORDS: Lichen Planus, Oral; Hyperkeratosis; Gingivitis.

208. SQUAMOUS CELL CARCINOMA IN THE POSTERIOR MAXILLA: A CASE REPORT

Raphaela Lazzaris Bonatti, Aline Giulia Matheussi, Giovana Voltolini Flores, José Eduardo Dias dos Santos, Mauro Edson do Espirito Santo Junior, Nicole Rabelo dos Santos, Sarah Freygang Mendes Pilati.

Oral squamous cell carcinoma (OSCC) is the most common oral malignancy and is often diagnosed at advanced stages. This report describes a case of OSCC in the posterior maxilla, emphasizing the importance of early recognition in primary health care and its association with diabetes mellitus. An 81-year-old male patient with diabetes mellitus and no smoking history presented with pain in the left posterior maxilla. Clinical examination revealed a firm nodular lesion in the edentulous posterior maxilla with limited mouth opening. Cone-beam computed tomography showed an aggressive infiltrative osteolytic lesion suggestive of OSCC. The patient was referred for incisional biopsy to confirm the diagnosis. This case highlights the essential role of dentists in primary care for early detection and referral of suspicious oral lesions, particularly in patients with systemic conditions.

KEYWORDS: Carcinoma; Diabetes Mellitus; Mouth Neoplasms.

209. RECURRENT ODONTOGENIC KERATOCYST IN NA ELDERLY PATIENT: DIAGNOSTIC CHALLENGES AND SURGICAL APPROACH

Raphaela Wichnieski, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Victoria Pires Gonçalves, Letícia Aparecida Cunico, Melissa Rodrigues de Araujo, Laurindo Moacir Sassi

Odontogenic keratocyst (OKC) is the third most common odontogenic cystic lesion, characterized by potentially aggressive behavior and a high recurrence rate. It is frequently located in the mandible and may be asymptomatic, often detected through aspiration associated with imaging and histopathological examination. We report the case of a 70-year-old male patient presenting with recurrent OKC in the region of the lower incisors and right lower premolars. Diagnosis was established based

on previous history of OKC and imaging studies, including panoramic radiography and computed tomography. The patient underwent mandibular osteotomy for cyst enucleation combined with chemical cauterization using Eflux to reduce recurrence risk. Postoperative recovery was satisfactory with outpatient follow-up one week after surgery. The patient remains under clinical and radiographic follow-up two years after the intervention, with no evidence of recurrence.

KEYWORDS:

210. SEVERE OSTEORADIONECROSIS OF THE MANDIBLE FOLLOWING DENTAL EXTRACTION: CLINICAL IMPLICATIONS FOR POST-RADIOTHERAPY PATIENTS

Raphaela Wichnieski, Rainde Naiara Rezende de Jesus, Bruna Luisa Koch Monteiro, Victoria Pires Gonçalves, Letícia Aparecida Cunico, Melissa Rodrigues de Araujo, Laurindo Moacir Sassi

This report describes a 46-year-old male with a history of tongue squamous cell carcinoma treated in 2017 with partial glossectomy, neck dissection, chemotherapy, and radiotherapy. He was referred to the Oral and Maxillofacial Surgery service for jaw pain and limited mouth opening. The patient reported previous extraction of teeth 36 and 37, followed by a submandibular abscess and a fistula. Clinical examination revealed exposed bone in the left mandibular body with purulent drainage. Computed tomography showed a fracture line in the left mandibular body, consistent with a pathological fracture secondary to osteoradionecrosis. Initial management included antibiotic therapy and the PENTO protocol. The patient underwent to segmental resection of the left mandibular body, excision of the fistula, and extraction of tooth 34, which was in close contact with the bone margin. After one year of follow-up, the patient showed complete healing, with no bone exposure or signs of infection.

KEYWORDS: PENTO protocol, osteoradionecrosis, squamous cell carcinoma

211. SQUAMOUS CELL CARCINOMA METASTATIC FROM UTERUS TO MANDIBLE - CASE REPORT

Rayzza Golinski Passos, Luciano Serpe, Ramon César Godoy Gonçalves, Roberto de Oliveira Jabur, Marcelo Carlos Bortoluzzi

Uterine tumors rarely metastasize to the oral and maxillofacial region. This report describes the case of a 49-year-old patient, previously affected by moderately differentiated cervical squamous cell carcinoma and treated with chemoradiotherapy, who subsequently reported pain in the body of the mandible. Imaging examinations revealed an osteolytic lesion associated with a pathological fracture. Due to the degree of bone involvement, a segmental mandibulectomy with titanium plate reconstruction was performed. Histopathological analysis confirmed poorly differentiated squamous cell carcinoma infiltrating bone and soft tissues, consistent with metastatic disease. The patient was referred for oncologic follow-up but died from complications related to the primary tumor. A review of literature identified no comparable cases, suggesting this may represent the first documented mandibular metastasis from uterine squamous cell carcinoma. This case underscores the importance of maxillofacial evaluation in oncology patients, given silent metastases may occur and the need for early diagnosis to direct management.

KEYWORDS: Carcinoma, Squamous Cell; Neoplasm Metastasis; Mandible

212. COCAINE-INDUCED MIDLINE DESTRUCTIVE LESION: CHALLENGES IN DISEASE MANAGEMENT AND ORAL REHABILITATION

Renata Cunha Medeiros, Pamela Kommers Pruss, Liliane Janete Grando, Laís da Silva Knoblauch, Mariah Luz Lisboa, Cleumara Kosmann, Maria Inês Meurer.

Cocaine-induced midline destructive lesion (CIMDL) is characterized by progressive ischemic necrosis of nasal and maxillofacial structures and may mimic granulomatous and infectious diseases. This study aimed to describe the clinical features, diagnostic investigation, and management of CIMDL in a cocaine user. A 45-year-old man sought treatment at a Hospital Dentistry Service presenting nasal collapse, complete loss of the external septum, anterior maxillary necrosis, root exposure of teeth 11 and 21, and an oral–nasal–sinusal communication. Diagnostic investigation included a detailed medical history, laboratory tests (ANCA and immunological markers), computed tomography scans, and a multidisciplinary approach. Ongoing treatment included incisional biopsy, tissue bioestimulation with local ozone therapy, bone curettage, systemic corticosteroid therapy, counseling for cessation of cocaine and tobacco use, and partial rehabilitation with a bucomaxilofacial prosthesis. The patient agreed to undergo treatment for chemical dependency, remains under dental follow-up, and the disease is currently stable.

KEYWORDS: Cocaine-Related Disorders; Maxillofacial Abnormalities; Substance Abuse; Ozone Therapy, Mouth Rehabilitation

213. HIGH-GRADE TRANSFORMATION IN ACINIC CELL CARCINOMA: REPORT OF AN UNCOMMON CASE

Reydson Alcides de Lima-Souza, Luccas Lavareze, Talita de Carvalho Kimura, Tayná Figueiredo Maciel, Albina Altemani, Fernanda Viviane Mariano

A 60-year-old woman presented with a six-month history of painful swelling in her right mandibular angle. Computed tomography revealed a nodular lesion in the parotid gland and level IV cervical lymphadenopathy. Ultrasound imaging showed a hypoechoic intraparotid mass. Fine-needle aspiration biopsy results were consistent with a basaloid/follicular neoplasm. The patient underwent a total parotidectomy with an ipsilateral neck dissection. Histopathological examination revealed that the tumor was predominantly composed of cells with serous acinar differentiation. These cells exhibited basophilic cytoplasm and zymogen-like granules that were arranged in solid, microcystic, and follicular patterns. A high-grade component was identified and characterized by nuclear pleomorphism, coarse chromatin, necrosis, increased mitotic figures, and an elevated Ki-67 index. Immunohistochemical analysis confirmed the diagnosis of acinic cell carcinoma with high-grade transformation. Metastasis to an intraparotid lymph node and positive surgical margins were observed. The patient received adjuvant radiotherapy and has remained disease-free for eighteen months.

KEYWORDS: Salivary Gland Neoplasms; Acinic cell carcinoma; Prognosis

214. DIGITAL TECHNOLOGIES TO OPTIMIZE THE FABRICATION OF FACIAL PROSTHESES

Roberta Targa Stramandinoli-Zanicotti; Laura Pardinho Muniz; José Aguiomar Foggiatto.

Abstract: The rehabilitation of facial defects demands precision, aesthetic accuracy, and functional predictability. Digital technologies have significantly improved the workflow for facial prosthesis fabrication, increasing efficiency and clinical outcomes. This report describes the case of a 59-year-old Caucasian female patient with total nasal loss resulting from a malignant skin neoplasm and subsequent breast cancer recurrence. The clinical protocol involved computed tomography (CT) for facial anatomy data acquisition. A 3D modeling method was utilized for prosthetic planning and design. Additive manufacturing (3D printing) was employed to produce high-fidelity prototypes, working models, and the final mold. This approach optimized the laboratory workflow, ensuring superior marginal adaptation and natural aesthetics. The integration of digital workflows—from data acquisition to final delivery—provides greater predictability, reduced production time, and improved patient comfort, representing a significant advancement in contemporary maxillofacial prosthetic rehabilitation.

KEYWORDS: Maxillofacial Prosthetics; Digital Workflow; Additive manufacturing; facial defects.

215. EDUCATIONAL GUIDE ON MAXILLOFACIAL PROSTHESES: GUIDANCE AND REHABILITATION

Roberta Targa Stramandinoli-Zanicotti, Cleumara Kosmann

Introcuction: ACBG Brasil (Brazilian Head and Neck Cancer Association) has developed an educational guide on maxillofacial prostheses intended for oncology patients, healthcare professionals, universities, and head and neck cancer care services, particularly those who are candidates for maxillofacial prosthetic rehabilitation. The material presents, in a clear and accessible manner, the main types of prostheses, their indications and benefits, as well as instructions for use and the most commonly eretention methods. Objectives: Among its primary objectives are providing guidance on daily care for users, hygiene procedures, and prosthesis maintenance, thereby expanding technical knowledge and supporting the rehabilitation process of patients with head and neck cancer. Conclusion: Available online free of charge in e-book (.pdf) format, the guide aims to strengthen the network of care for individuals with maxillofacial mutilations who are candidates for prosthetic rehabilitation, as well as caregivers, healthcare professionals, and associations related to head and neck cancer.

KEYWORDS: Maxillofacial prosthesis; Oral rehabilitation; Facial mutilation; Head and neck oncology; Quality of life; Education.

216. INTERDISCIPLINARY APPROACH IN BUCCAL AND MAXILLOFACIAL REHABILITATION OF EXTENSIVE ONCOLOGIC SEQUELAE IN A PATIENT WITH XERODERMA PIGMENTOSUM

Sofia Schlindwein Matiola, Ana Elisa de Melo Luiz, Luiza Srour, Cleumara Kosmann, Tiago Pires Claudio, Ana Letícia Silva Medeiros, Liliane Janete Grando

A 61-year-old female patient with Xeroderma Pigmentosum was referred for buccal and maxillofacial rehabilitation after complete loss of the lower lip resulting from multiple oncologic resections. Her history included surgically treated lower lip squamous cell carcinoma (in 1982) and nodular ulcerated basal cell carcinoma (in 2017), leading to severe facial deformity, complete loss of the lower lip, vestibular sulcus loss, and exposure of lower teeth. These sequelae significantly impaired mastication, speech, lip seal, nutrition, and social interaction. Clinical examination revealed Class III skeletal, trismus, dry mouth, complete upper edentulous, and partial mandibular dentition. The scars made surgical reconstruction impossible. Therefore, a lower lip buccal and maxillofacial prosthesis proved oral protection, aesthetic improvement, and functional recovery. Adaptation challenges, including dentin hypersensitivity, were managed through an interdisciplinary approach with photobiomodulation, fluoride therapy, and anterior dental splinting. This case highlights buccal and maxillofacial prosthetic rehabilitation as an indispensable option restoring quality of life.

KEYWORDS: Xeroderma Pigmentosum; Maxillofacial Prosthesis; Mouth Neoplasms; Interdisciplinary Health Team.

217. ORAL SQUAMOUS CELL CARCINOMA OF THE MAXILLA: A CASE REPORT

Sophia dos Santos Gomes, Ademir Manoel Furtado Filho, Giovana Voltolini Flores, Gustavo Nunes Bento, Nicole Rabelo dos Santos, Raphaela Lazzaris Bonatti, Sarah Freygang Mendes Pilati.

This report describes the case of a 65-year-old white male patient, smoker and alcohol user, taking simvastatin, who attended a primary health care unit for dental evaluation due to an ulcerated lesion located in the posterior maxilla. The lesion presented irregular margins and clinical features suggestive of malignancy, without associated pain. Extraoral examination revealed a palpable cervical lymph node in the submandibular region, approximately 10 cm in diameter, with firm consistency and reduced mobility. The patient had a significant medical history of severe aortic valve stenosis, previously treated by surgical valve replacement with a biological prosthesis, which limited the indication for oncologic surgical management. Incisional biopsy and histopathological analysis confirmed the diagnosis of oral squamous cell carcinoma. Due to cardiovascular impairment, recent cardiac surgery, and suspected regional involvement, non-surgical treatment was chosen, consisting of combined radiotherapy and chemotherapy. This case highlights the importance of dental professionals in early detection of oral malignancies, recognition of regional spread, and timely referral to head and neck surgeons and multidisciplinary teams.

KEYWORDS: Carcinoma; Cardiovascular health; Biopsy.

218. SQUAMOUS CELL CARCINOMA ON THE FLOOR OF THE MOUTH AND EDGE OF THE TONGUE: CASE REPORT

Sophia dos Santos Gomes, Marcelo Belli, Gustavo Nunes Bento, Mauro Edson do Espirito Santo Junior, Nicole Rabelo dos Santos, Raphaela Lazzaris Bonatti, Sarah Freygang Mendes Pilati.

Squamous cell carcinoma (SCC) is the main oral cancer related to smoking. A 68-year-old male patient, smoker for about 50 years, user of conventional and straw cigarettes, presented with an extensive ulcerated lesion on the right floor of the mouth and tongue edge, with three months of evolution. Clinical examination revealed a lesion measuring approximately 10 cm, with necrotic center, hardened edges, and pain during tongue movement, without bleeding. Incisional biopsy confirmed moderately differentiated squamous cell carcinoma with infiltration into the salivary gland. After diagnosis, the patient was referred to a head and neck surgeon, who performed partial glossectomy, removal of the floor of the mouth lesion, extraction of involved teeth, and partial mandibular bone removal. The procedure included cervical access, removal of the salivary gland and cervical lymph nodes at three levels, preservation of vascular structures, tongue reconstruction using a forearm skin flap, and subsequent radiotherapy.

KEYWORDS: Squamous cell carcinoma; Floor of the mouth; Smoking.

219. FACIAL TRAUMA CAUSED BY METALLIC PROJECTILE: MANAGEMENT OF AN ORBITAL–ZYGOMATIC–MAXILLARY COMPLEX FRACTURE

Thaissa Negretti; Izadora Andreiv, Victoria Pires Gonçalves, Priscila Queiroz Mattos da Silva, Bruna Luisa Koch Monteiro, Josemael Ribas Filho, Laurindo Moacir Sassi.

Orbital–zygomatic–maxillary complex (OZMC) fractures are among the most frequent injuries of the midface, second only to nasal fractures. Their high incidence is related to the prominent anatomical position of the zygomatic bone, making it particularly susceptible to high-energy trauma. The present study aims to report a clinical case of orbital–zygomatic–maxillary complex (OZMC) fracture resulting from a metallic projectile. A 48-year-old male

patient was admitted hemodynamically stable, presenting with edema and ecchymosis of the left orbital rim, diplopia on the affected side, mild trismus, and slight occlusal alteration. Computed tomography revealed a comminuted fracture of the left OZMC, hemotympanum, subcutaneous emphysema, and a metallic projectile located in the lateral cervical region, without vascular injury according to CT angiography. Intravenous antibiotic therapy was initiated, and surgical planning for fracture reduction and fixation under general anesthesia was established, with expectant management of the cervical projectile.

KEYWORDS: Maxillofacial Trauma; Zygomatic Fractures; Gunshot Wounds.

220. PLANNING AND SURGICAL EXECUTION IN THE TREATMENT OF ODONTOMAS: REPORT OF TWO CASES

Thaissa Negretti; Gabriella Mazzarolo, Gabriel Basso Klingenfuss, Vitória da Silva Faneco, Bruna Luisa Koch Monteiro, Bruna da Fonseca Wastner, Laurindo Moacir Sassi.

Odontoma is the most common benign odontogenic tumor of the oral cavity, usually asymptomatic and diagnosed through imaging examinations, with histopathological confirmation. It is classified as compound odontoma, characterized by tooth-like structures (denticles), and complex odontoma, which presents as an amorphous radiopaque mass. The present study reports two clinical cases treated at a reference pediatric hospital in Paraná, describing the surgical planning and execution. The first case involves a 6-year-old male patient with a compound odontoma in the anterior maxilla associated with tooth retention, treated by enucleation and curettage, with histopathological confirmation. The second case involves a 6-year-old male patient presenting with a mass suggestive of complex odontoma in the left maxilla, also managed by surgical enucleation. Both patients showed satisfactory outcomes, reinforcing the importance of early diagnosis and appropriate surgical management for a favorable prognosis.

KEYWORDS: Odontoma; Odontogenic Tumors; Surgical Enucleation.

221. PLEOMORPHIC ADENOMA OF THE MINOR SALIVARY GLAND – EPIDEMIOLOGICAL EVALUATION OF CASES DIAGNOSED BY LABPAT AND REPORT OF A COMPLETE CASE

Thaissa Negretti; Ana Lucia Carrinho Ayroza Rangel; Marcos Aurélio Renon; Fabiana Seguin

Pleomorphic Adenoma (PA) is the most common benign salivary gland neoplasm described in the literature and may affect both major and minor salivary glands. The present study aimed to conduct a retrospective epidemiological survey of cases of PA in minor salivary glands diagnosed at the Histopathology Laboratory of the State University of Western Paraná (LabPAT - UNIOESTE), in addition to presenting a case with complete documentation. Data were obtained through analysis of histopathological reports and clinical records, considering variables such as sex, age, and anatomical location of the lesions. The data were organized for statistical frequency analysis. A predominance of lesions in the palate was observed, affecting a wide age range and presenting a low recurrence rate after complete surgical excision of the lesion. The documented clinical case, from initial diagnosis to postoperative follow-up after surgical excision, demonstrated successful treatment. It was concluded that the epidemiological study of cases contributes to understanding the clinical and demographic profile of PAs, assisting in diagnostic practice and treatment planning. Complete surgical excision proved to be an effective approach due to the low recurrence rate observed during the patient follow-up period.

KEYWORDS: Neoplasms of the salivary glands, Pleomorphic Adenoma, Minor salivary glands.

222. MANAGEMENT OF ORAL MUCOSITIS WITH PHOTOBIOMODULATION IN A RENAL TRANSPLANT PATIENT UNDERGOING HEAD AND NECK RADIOTHERAPY

Julia Almeida Limberger, Ana Paula Prestes Virmond Traiano, Sandra Mara Matnei, Thalia Ferreira da Silva.

Radiotherapy in renal transplant patients under immunosuppression requires caution due to the risk of exacerbated toxicities. We report a case of a 58-year-old male, a renal transplant recipient (using Tacrolimus and Azathioprine), diagnosed with tongue squamous cell carcinoma (SCC). He underwent partial glossectomy with microvascular flap reconstruction. During isolated radiotherapy (50Gy/15 fractions), he developed grade IV oral mucositis and candidiasis by the 7th session, restricted to the native mucosa, with graft preservation. Management included a 12-day treatment interruption, jejunostomy feeding, and photobiomodulation associated with antimicrobial photodynamic therapy (aPDT). By the 12th session, ulcer remission and return to oral intake were observed, despite dysgeusia and hyposalivation. The diagnosis of severe radiation-induced toxicity highlights the vulnerability of immunocompromised patients to

hypofractionation. In conclusion, nutritional support and photonic technologies are essential to enable the completion of the oncological protocol in these cases.

KEYWORDS: Mouth Neoplasms; Oral Mucositis; Photobiomodulation Therapy; Kidney Transplantation; Photodynamic Therapy.

223. GRANULAR CELL TUMOR OF THE LABIAL MUCOSA

Emori Thiago Vogel do Amaral, Maria Clara Fernandes, Eugenio Esteves Costa

Granular cell tumor (GCT) is a rare benign soft tissue neoplasm of neuroectodermal origin, predominantly derived from Schwann cells. Clinically, it presents as a firm, nodular lesion with a yellowish coloration, showing a predilection for the head and neck region, especially the dorsal surface of the tongue. The present report aims to describe a case of GCT located in the labial mucosa, an uncommon anatomical site, occurring in a patient outside the classic epidemiological profile. This is an observational single-case study conducted at the Stomatology Service of the Dental Specialties Center of Mafra, Santa Catarina, Brazil. The lesion was undergoing excisional biopsy, and histopathological examination revealed a proliferation of polygonal cells with abundant eosinophilic granular cytoplasm, consistent with GCT, with no criteria of malignancy. Postoperative evolution was satisfactory, with appropriate healing and no evidence of recurrence to date. This case highlights the importance of clinical–pathological correlation for the definitive diagnosis of this neoplasm, particularly when it occurs in atypical locations.

KEYWORDS: granular cell carcinoma, clinical-pathological correlation, oral lesion

224. ADVANCED HEAD AND NECK SQUAMOUS CELL CARCINOMA REQUIRING ILLIAC CREST FREE FLAP RECONSTRUCTION: A CASE REPORT

Tiago Cesar Magedans, Victória Pires Gonçalves, Letícia Aparecida Cunico, Paola Andrea Galbiatti Pedruzzi, Alfredo Benjamim Duarte da Silva, João Paulo Stanislovicz Prohny, Laurindo Moacir Sassi.

Oral squamous cell carcinoma (OSCC) presents high morbidity when diagnosed at advanced stages, often requiring extensive surgical resection and complex reconstruction. Early diagnosis is essential to reduce surgical aggressiveness and improve patient prognosis. An 81-year-old man was referred to the Oral and Maxillofacial Surgery service due to an ulcerated lesion with irregular borders on the right mandibular alveolar ridge. Computed tomography showed an infiltrative lesion measuring 48 mm with poorly defined margins, indicating advanced disease. The patient underwent pelviglossomandibulectomy, bilateral cervical lymph node dissection, and immediate reconstruction with a microvascularized iliac crest flap. The postoperative course was unfavorable, and the patient died due to acute renal and hepatic failure. Advanced OSCC requires aggressive surgery and complex reconstruction, increasing physiological stress, particularly in elderly patients, and raising the risk of complications and mortality. This case emphasizes the importance of early diagnosis to enable less invasive treatment and improve prognosis and survival.

KEYWORDS: Squamous Cell Carcinoma; Oral Surgical Procedures; Oral Diagnosis.

225. MANAGEMENT OF LOWER LIP SQUAMOUS CELL CARCINOMA: A CASE SERIES

Tiago Cesar Magedans, Ana Júlia Garcia Brod Lino, Izadora Andreiv, Priscila Queiroz Mattos da Silva, Letícia Aparecida Cunico, João Paulo Stanislovicz Prohny, Laurindo Moacir Sassi.

Oral squamous cell carcinoma (OSCC) of the lower lip is a frequent malignant neoplasm that may require surgical resection and reconstructive procedures depending on tumor extent. This report describes the management of three cases of lower lip OSCC and their outcomes. A 68-year-old man with cardiac disease presented with an ulcerated exophytic lesion. Imaging and incisional biopsy confirmed OSCC. During follow-up, he developed cardiac complications and died. A 64-year-old man presented with an ulcerated crusted lesion with a two-year history. Imaging and histopathology confirmed OSCC, and surgical resection with reconstruction using an Abbé flap was performed, resulting in favorable evolution under periodic follow-up. A 63-year-old man presented with a hardened exophytic lesion. After diagnostic confirmation, resection and reconstruction with a nasolabial flap were carried out, achieving satisfactory clinical outcome. Lower lip OSCC management requires individualized surgical planning and systemic evaluation. Reconstructive techniques provided satisfactory functional and aesthetic results.

KEYWORDS: Lip Neoplasms; Oral Squamous Cell Carcinoma; Oral Surgery Procedures;

226. SURGICAL MANAGEMENT OF AMELOBLASTOMA IN A PATIENT WITH VELOCARDIOFACIAL SYNDROME AND CLEFT PALATE: A CASE REPORT

Tiago Cesar Magedans, Humberto Madson Donadelli Nabarro, Aline Sebastiani, Rafaela Scariot, Kathleen Miranda.

A 12-year-old male patient, with velocardiofacial syndrome and cleft palate, was referred to the Oral and Maxillofacial Surgery service at CAIF-CHT for evaluation of an intraosseous mandibular lesion. Clinical examination and imaging exams demonstrated a radiolucent lesion delineated by a radiopaque cortical margin, with internal radiopaque foci, measuring approximately 35 mm along the horizontal axis and buccal cortical bone expansion in the left mandibular region and tooth displacement. Incisional biopsy of the lesion was performed, along with placement of a decompression drain. Histopathological examination revealed findings consistent with unicystic ameloblastoma. After two months of decompression drainage, enucleation of the ameloblastoma, peripheral osteotomy and extraction of impacted teeth in the affected region was performed. During periodic follow-up, additional extractions of impacted teeth were performed, along with curettage for recurrence assessment, which yielded negative results. Following evidence of bone neoformation, the patient is currently awaiting rehabilitation with dental implants and prosthetic treatment.

KEYWORDS: Jaw Abnormalities; Oral Surgical Procedures; Odontogenic Tumors.

227. PROTOCOL FOR THE PREVENTION OF VENOUS THROMBOEMBOLISM (VTE) IN ORTHOGNATHIC SURGERY

Vanessa Einsfeld, Rafaela Scariot, Aline Monise Sebastiani, Delson João da Costa.

Objective: To evaluate the risk of venous thromboembolism (VTE) in patients undergoing orthognathic surgery. Methods: A descriptive longitudinal study was conducted at the Oral and Maxillofacial Surgery and Traumatology Outpatient Clinic of the Federal University of Paraná (UFPR), following approval by the Research Ethics Committee (CAAE No. 78638524.3.0000.0102). After informed consent, patients were assessed using the Caprini Score to stratify VTE risk, and facial and lower limb measurements were recorded. Individuals with a score ≥3 received enoxaparin 40 mg once daily, starting 12 hours postoperatively. Edema was evaluated before surgery and on the 2nd and 7th postoperative days. Data were analyzed using IBM SPSS Statistics 22.0. Results: The sample included 40 patients, 60% female, with a mean age of 31.53 years. VTE risk increased with age, especially among women. Combined osteotomies were performed in 70% of cases. Overall, 55% of patients were classified as having moderate or high VTE risk. No cases of VTE were observed. Conclusion: No thromboembolic events or complications related to the prophylactic protocol occurred. Further studies are necessary to confirm its effectiveness.

KEYWORDS: Venous Thromboembolism; Oral Surgery; Orthognathic Surgery; Protocol.

228. TUMOR RESECTION AND IMMEDIATE MANDIBULAR RECONSTRUCTION WITH MICROVASCULARIZED FIBULA FLAP: AESTHETIC AND FUNCTIONAL RESTORATION – CASE REPORT

Vanessa Einsfeld, Leticia Aparecida Cunico, Fernanda Joly Macedo, Rafael Scarpin, Tayron Bissani, Laurindo Moacir Sassi.

A 23-year-old female patient complained of facial swelling for approximately two years, with a drain installed at the site. A recent incisional biopsy was performed, and the pathological findings were consistent with a mural unicystic ameloblastoma. FanBeam tomography showed a well-defined hypodense image in the angle and ascending ramus of the left mandible, extending to the condyle and infiltrating the soft tissues of the parotid gland, with externalization of a purulent fistula. Angiotomography of the lower limbs was requested, and the surgical proposal was mandibulectomy associated with partial parotidectomy on the left, followed by immediate reconstruction with a microvascularized fibula flap. The procedure was uneventful. After 2 months, the patient presented a perfused flap, good healing, stable occlusion, and preserved mouth opening. The follow-up panoramic radiograph shows miniplates in the correct position, with satisfactory signs of osseointegration. The patient continues to be followed up on an outpatient basis.

KEYWORDS: Tumors; Mandibular reconstruction; Flap; Fibula;

229. HIGH-POWER LASER AS AN ADJUVANT THERAPY IN THE CONTROL OF INFECTION IN MEDICATION-RELATED OSTEONECROSIS OF THE JAWS (OMAM) AND OSTEORADIONECROSIS

Victoria Pires Gonçalves, Lara Feltraco, Priscila Mattos Queiroz da Silva, Izadora Andreiv, Rainde Naiara Rezende de Jesus, Juliana Lucena Schussel, Laurindo Moacir Sassi

This study aims to describe the technique for decontamination of infected necrotic bone sites using a high-power diode laser (TW Surgical®, MMOptics, São Carlos, Brazil), operating at an 808 nm wavelength, and to report its application in three patients: two females and one male, aged 66, 64, and 55 years. The male patient was diagnosed with osteoradionecrosis, while both female patients were diagnosed with medication-related osteonecrosis of the jaws (MRONJ). These conditions are characterized by persistent bone exposure, recurrent infection, pain, and limited therapeutic options, since invasive surgical procedures may worsen the clinical condition. The technique consisted of the standardized application of the laser directly to the exposed necrotic bone. The patients showed significant symptom reduction and local clinical improvement due to infection control. High-power laser therapy proved to be an effective adjuvant alternative in the management of selected cases of MRONJ and osteoradionecrosis.

KEYWORDS: Osteonecrosis; Bisphosphonate-Associated Osteonecrosis of the Jaw; Osteoradionecrosis; Laser Therapy

230. INFERIOR ALVEOLAR NERVE NEURECTOMY: A PROPOSAL FOR A MINIMALLY OSTEODESTRUCTIVE SURGICAL TECHNIQUE

Victoria Pires Gonçalves, Lara Feltraco, Priscila Queiroz Mattos da Silva, Rainde Naiara Rezende de Jesus, Izadora Andreiv, José Luís Dissenha, Laurindo Moacir Sassi.

Inferior alveolar nerve neurectomy is indicated for refractory neuropathic pain when conservative treatments fail. Conventional surgical access often requires extensive periosteal detachment and osteotomy, which is contraindicated in conditions such as medication-related osteonecrosis of the jaws (MRONJ) due to the risk of disease progression. This study aims to describe a minimally osteodestructive surgical technique for inferior alveolar nerve neurectomy using a steel wire and to report four successful clinical cases. The technique involves passing a steel wire through the mandibular canal under intraoperative C-arm guidance. Heat conduction generated by electrocautery applied to the wire promotes nerve destruction with minimal bone exposure. Four patients were treated successfully: one female and three males, aged 69, 71, 59, and 51 years. Two patients were diagnosed with MRONJ and two with neuralgia. All cases showed effective pain control without complications, demonstrating the safety and efficacy of the technique.

KEYWORDS: Denervation; Mandibular Nerve ; Neuralgia

231. MEDICATION-RELATED OSTEONECROSIS OF THE JAW ASSOCIATED WITH RITUXIMAB IN A PEDIATRIC PATIENT WITH POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER

Victoria Pires Gonçalves, Lara Feltraco, Priscila Mattos Queiroz da Silva, Ana Júlia Garcia Brod Lino, Vitória da Silva Faneco, Bruna da Fonseca Wastner, Laurindo Moacir Sassi

The objective of this study is to report a rare case of medication-related osteonecrosis of the jaw (MRONJ) in a pediatric patient undergoing immunosuppressive therapy after kidney transplantation. A 9-year-old female with a history of chronic kidney disease, renal transplantation, cytomegalovirus infection, and post-transplant lymphoproliferative disorder treated with prednisone, rituximab, and cyclophosphamide presented with a 3-cm bone exposure in the left posterior mandible. Imaging demonstrated an aggressive mandibular lesion with an associated soft tissue component, initially raising suspicion of malignancy. Surgical management included sequestrum removal and incisional biopsy, followed by osteotomy after exclusion of malignancy. Postoperative care consisted of local hygiene measures, saline irrigation, radiographic follow-up, and antimicrobial photodynamic therapy. Complete mucosal healing was achieved after 45 days. This case highlights the rarity of MRONJ in pediatric patients and underscores the importance of careful differential diagnosis and individualized management in medically complex children.

KEYWORDS: Osteonecrosis; Rituximab; Lymphoproliferative Disorders; Pediatria

232. WHEN REGENERATION FAVORS RECURRENCE: THE RISK OF GRAFTING IN ODONTOGENIC KERATOCYST

Victoria Pires Gonçalves, Lara Feltraco, Rainde Naiara Rezende de Jesus, Ana Júlia Garcia Brod Lino, Gabriel Basso Klingenfuss, Aaron Bensaul Trujillo Lopez, Laurindo Moacir Sassi

A case of recurrent odontogenic keratocyst in a 19-year-old Caucasian female is reported. The patient was admitted to an Oral and Maxillofacial Surgery service due to a lesion in the posterior right mandible, previously treated surgically. In 2021, she underwent the extraction of tooth 47 with enucleation and curettage of a radiolucent lesion identified on panoramic radiography, with placement of an allogeneic bone graft at an external institution.

Histopathological examination confirmed an odontogenic keratocyst. The patient was lost to follow-up and admitted to our institution in March 2025 with paresthesia; panoramic radiography suggested recurrence. Incisional biopsy reconfirmed the diagnosis, followed by enucleation, curettage, and topical 5-fluorouracil application for 24 hours. Intraoperatively, graft osteointegration and adhesion of the cystic capsule to grafted material were observed. The patient remains under clinical and radiographic follow-up, and the potential association between allogeneic grafting and recurrence risk is discussed.

KEYWORDS: Odontogenic Cysts, Allografts, Recurrence

233. APOSITIONAL ILIAC CREST BONE GRAFT FOR ATROPHIC MAXILLA: CASE REPORT

Vitória da Silva Faneco, Gabriel Basso Klingenfuss, Gabriella Mazzarolo, Izadora Andreiv, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Laurindo Moacir Sassi.

A 60-year-old male patient was referred to the Oral and Maxillofacial Surgery Department of Erasto Gaertner Hospital with a complaint of maxillary atresia. Computed tomography revealed diffuse thinning of the maxillary alveolar process, with significant vertical deficiency. After virtual planning, a vertical gain of 10 mm was estimated to enable future oral rehabilitation. A Le Fort I osteotomy combined with an autogenous iliac crest bone graft was performed. The procedure was carried out under general anesthesia, with bilateral maxillary incision, mucoperiosteal flap elevation, and osteotomy. The recipient site was prepared, and the graft harvested by the Head and Neck Surgery team was adapted and sectioned into three segments. The grafts were fixed using two 8-hole plates and one 16-hole plate with 1.5-mm system screws. The postoperative course was satisfactory. At the two-year follow-up, the patient remains under evaluation and is awaiting implant-supported oral rehabilitation.

KEYWORDS: Le Fort osteotomy; autogenous bone graft; maxillary reconstruction

234. MANDIBULAR LEIOMYOSARCOMA WITH VERTEBRAL AND CEREBELLAR METASTASES: CASE REPORT

Vitória da Silva Faneco, Gabriel Basso Klingenfuss, Gabriella Mazzarolo, Ana Julia Garcia Brod Lino, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Laurindo Moacir Sassi.

A 29-year-old male patient with history of bilateral retinoblastoma treated during childhood presented in 2015 a nodule in the right forearm diagnosed as leiomyosarcoma and managed with surgical margin enlargement. In 2023, he developed dental pain in the left posterior mandibular region. Clinical examination revealed a brownish exophytic lesion in the left retromolar trigone, with ulcerated areas and an infiltrative appearance. Panoramic radiography demonstrated osteolytic mandibular lesion. An incisional biopsy was performed, and histopathological and immunohistochemical analyses confirmed high-grade leiomyosarcoma. Leiomyosarcoma is a malignant mesenchymal neoplasm originating from smooth muscle cells, rare in the oral cavity and associated with aggressive behavior and high recurrence rates. The patient underwent neoadjuvant chemotherapy followed by left partial mandibulectomy and adjuvant radiotherapy. Four months after the procedure, he developed vertebral and cerebellar metastases. Exclusive palliative care was initiated, and the patient died months later. This case highlights the aggressiveness and mortality associated with tumor recurrence.

KEYWORDS: leiomyosarcoma; head and neck cancer; mandibulectomy

235. MANDIBULAR OSTEORADIONECROSIS: CONSERVATIVE AND SURGICAL STRATEGIES IN A CASE REPORT

Vitória da Silva Faneco, Gabriel Basso Klingenfuss, Gabriella Mazzarolo, Victoria Pires Gonçalves, Lara Krusser Feltraco, Priscila Queiroz Mattos da Silva, Laurindo Moacir Sassi.

A 73-year-old male patient with a history of oropharyngeal cancer treated with radiotherapy was referred to the Oral and Maxillofacial Surgery Service at Erasto Gaertner Hospital with a complaint of an oral cavity lesion. Clinical evaluation revealed multiple teeth in poor condition and bone exposure in the region of tooth 48, associated with purulent secretion and severe pain. Radiographic examination demonstrated the presence of bone sequestrations. Resection of the necrotic bone was performed. Three years after the procedure, the patient returned with pain in the left mandibular region, presenting both intraoral and extraoral bone exposure. Conservative management (sequestrectomy) combined with antibiotic therapy and Pentoxifylline 400 mg + Tocopherol 1000 IU was instituted; however, no clinical improvement was observed, and hemimandibulectomy was indicated. The patient showed

favorable postoperative evolution, with satisfactory clinical recovery. Months later, he was diagnosed with a second primary esophageal tumor and subsequently progressed to death.

KEYWORDS: osteoradionecrosis; radiotherapy; head and neck cancer

236. ULTRASONOGRAPHIC EVALUATION OF ORAL MELANOMA IN THE ALVEOLAR RIDGE: A CASE REPORT

Juliana Milioli Voltolini, Paulo de Camargo Moraes, Victor Ângelo Martins Montalli, Daniela Prata Tacchelli, Ângela Catarina Maragno, Francine Kühl Panzarella

Intraoral ultrasound has proven to be a useful tool for evaluating soft-tissue lesions, allowing analysis of depth, extent, and infiltrative pattern. This report describes a 77-year-old female patient with a dark, asymmetrical, painful lesion with ill-defined margins located on the mucosa of the maxillary alveolar ridge. Ultrasound revealed a hypoechoic, heterogeneous area with poorly defined margins, partial loss of the alveolar bone contour, and signs of invasion into adjacent tissues. Posterior acoustic enhancement and mild internal vascularization on color Doppler were observed, suggesting aggressive tumor behavior. Incisional biopsy confirmed the diagnosis of melanoma. This case highlights the role of Doppler ultrasound in the diagnosis of oral lesions and its usefulness in assessing other soft-tissue lesions of the oral cavity, contributing to early detection of infiltrative patterns, better margin definition, and support for therapeutic planning.

KEYWORDS: Melanoma, Doppler ultrasonography, diagnostic imaging.

237. ADENOMATOID ODONTOGENIC TUMOR: CASE REPORT

Marina Freitas Barão, Luiz Fernando Gil, Elena Riet Correa Rivero

The Adenomatoid Odontogenic Tumor (AOT) is an uncommon benign lesion arising from odontogenic epithelium, usually diagnosed in adolescence, with slight female predilection. It is an asymptomatic, slow-growing lesion located in the anterior jaws. Due to its low prevalence and unique characteristics, this case report aims to contribute to current knowledge. A 15-year-old male patient presented, on computed tomography, a unilocular hypodense lesion with hyperdense foci associated with an impacted canine. The lesion was completely removed together with the tooth. Microscopic examination showed a well-encapsulated lesion with solid epithelial proliferation, including spindle-shaped cell nests in nodular patterns, rosette-like structures, duct-like structures with central eosinophilic material, and calcified foci. Based on these findings, the final diagnosis was AOT. Treatment consists of enucleation, and recurrences are extremely rare. However, this lesion often results in the loss of the affected tooth, as observed in the present case.

KEYWORDS: adenomatoid odontogenic tumor, odontogenic tumor, enucleation.