occur concurrently within the same jaw. Radiographic findings and histopathology of the current case and a review of the literature are presented.


Histiocytic sarcoma (HS) is a rare neoplasm that often presents as an extranodal mass of the gastrointestinal tract, skin, or soft tissue. Multifocal presentations including nodal involvement have been rarely reported. We report a 65-year-old man who presented with a 1-month history of a gingival mass surrounding an implant in the left posterior mandible. The lesion had exhibited rapid growth and was firm to palpation. The patient’s medical history was notable for kidney and lung masses. Two months earlier, a needle core biopsy of the renal lesion was signed out descriptively as “histiocytic and lymphocytic infiltrates,” with a recommendation to obtain a larger sample. A biopsy of the gingival lesion demonstrated sheets of medium-to-large mononuclear cells with vacuolated to foamy eosinophilic cytoplasm. The nuclei demonstrated pleomorphism with vesicular chromatin, prominent eosinophilic nucleoli, and numerous as well as abnormal mitotic figures. Immunohistochemical studies demonstrated strong lesional cell positivity for CD68, CD163, CD4, and CD45RO. Variable positivity was demonstrated by lysozyme and MPO: Ki67 was expressed in 70%-80% of lesional cells. Probes for CD1a, CD79a, CD138, S100, CD21, CD117, and cytokeratins were negative, as was a Leder stain. To the best of our knowledge, this is the second case in the English-language literature of an HS in the oral cavity confirmed by immunohistochemistry, and the first as part of multifocal disease. It is an aggressive neoplasm with a poor response to therapy. The majority of patients present at a late stage (III/IV), and most will succumb to progressive disease.


Many fillers have been used for reducing facial skin lines and providing lip augmentation, one of which is hyaluronic acid (HA), a nonanimal-based material. There are 2 main commercial forms of HA: Restylane (Q Med, Sweden), produced by microbiologic engineering techniques, and Hylaform (Biomatrix, USA), an extract derived from rooster combs. Although HA is nontoxic and nonimmunogenic, hypersensitivity and granulomatous foreign body reactions have been reported as adverse reactions against this material. We report 2 women, aged 55 and 57 years, who presented with firm nodular lesions of the lip (one in the upper lip, the other in the lower lip) clinically diagnosed as adenoma, fibrous hyperplasia, or inflammatory minor salivary gland lesion. Histopathologically, both cases showed pools of amorphous hematoxyphilic material surrounded by densely collagenized connective tissue with no inflammation or foreign body reaction. Alcian blue stain confirmed the presence of acid mucopolysaccharides, such as HA. Both patients had undergone lip augmentation with Restylane.

Conclusion. Restylane (Q Med) is an inert filler that may persist at an injection site, resulting in a tumor-like nodule.


Background. A review of the literature shows that sialoliths (SL) of minor salivary glands (MISG) are infrequent compared with those of major salivary glands (MASG).

Objective. This study evaluated the frequency of SL in the MISG in the files of the University of Nebraska Medical Center Oral Pathology Biopsy Service, documenting agreement or lack thereof between the clinical and histologic diagnoses.

Study design. All cases with a final diagnosis of SL from 1987 through 2009 were reviewed.

Results. A total of 103 cases (0.3%) with a final diagnosis of SL were identified from 38,472 cases during this period. Among SL, the MISG SL constituted 64%, occurring most commonly in Caucasian men (59%) with a mean age of 64 years. The upper lip (56%) was the most common location, followed by the cheek (30%) and lower lip (14%). Twenty percent of the clinical diagnoses matched the histologic diagnosis. In 76% of SL of MISG, the clinical diagnosis included mucocele, benign mesenchymal lesions, phlebolith, and salivary gland tumors.

Conclusion. We saw fewer SL in MASG than in MISG. There was a statistically significant difference between the clinical and histologic diagnostic agreement in MASG compared with MISG. The SL in MASG is correctly diagnosed clinically more often (92%) than in MISG (20%). SL in MISG was more frequent at ages >60 years compared with MASG. Lower lip lesions occurred at a younger age compared with the upper lip and cheek. This review demonstrates that SL in MISG occurs more often than clinically suspected and should be considered in the differential diagnosis of nodules in the upper lip, cheek and lower lip.

POSTER ABSTRACTS


Objective. The objective of this clinical trial was to test the safety and efficacy of electrostimulation using the Saliwell Gennarino device (GN). This was a part of a worldwide study, with ~10 subjects enrolled per site, 17 sites enrolled, and 140 subjects expected.

Study design. Dental impressions of both arches were taken with alginate impression material and stock trays and poured immediately with yellow stone. The casts were sent to Israel for fabrication of the GN, and the device was received ~1 month later. The use of the device was compared between active versus sham mode for 1 month each in a double-blind design (phase 1). In phase 2, the xerostomia-relieving effect of the active device was assessed in an open-label design for an additional 9 months, divided into 3 trimesters differentiated by the length of time of device wearing (1, 5, or 10 minutes).

Results. Eleven subjects were enrolled. Eight subjects completed phase 1 of the study, and 5 subjects completed the entire study. One subject was extremely pleased with the GN and nearly doubled both unstimulated and stimulated salivary flow. Six of 11 subjects dropped out from the study. Two subjects dropped out because they could not function without their sialogogue medication (both were taking Evocac (cevimeline HCl)). One subject dropped out because the device was not tolerated. One subject