EXTRAPULMONARY TUBERCULOSIS WITH PRIMARY MANIFESTATION IN THE ORAL CAVITY: REPORT OF A CASE. E. Gagari, T. Danciu. U Athens School of Medicine, Mich, and U Michigan, Ann Arbor.

Extrapulmonary tuberculosis (EPTB) is a rare form of tuberculosis (TB) that may elude diagnosis. An 81-year-old male patient with no significant medical history presented with a large ulcerated lesion of the right buccal mucosa and commissure of 1 month’s duration. A biopsy was obtained disclosing the presence of caseating granulomata. The patient was informed that further evaluation was required but was unable to return because he had been hospitalized for a prostatectomy. Seven months later, he revisited the clinic complaining of the same oral lesion which had enlarged. Upon further evaluation, it was established that histopathology of the prostatectomy had also demonstrated the presence of caseating granulomata, but had not been followed up diagnostically. A blood test, chest x-ray and Mantoux test were performed. The results demonstrated a negative chest x-ray, strongly positive Mantoux test, and mild anemia. A second oral cavity biopsy specimen was obtained and used for Lowenstein-Jensen culture as well as mycobacteria growth indicator tube and amplified mycobacterium tuberculosis direct assays, all of which were found to be positive for mycobacterium. A Zielh-Neelsen stain of the specimen was negative. The patient was put on a rifampicin and ethambutol regimen, and the oral lesion resolved completely in 6 weeks.


Steatocystoma simplex is a benign cystic lesion of adnexal origin that occurs in the dermis. It occurs as a solitary firm cystic nodule, unlike steatocystoma multiplex which presents with multiple subcutaneous nodules. Though steatocystoma simplex is histopathologically similar to steatocystoma multiplex, there is no evidence of an inherited autosomal dominant pattern in steatocystoma simplex. Steatocystoma simplex occurs most commonly in the face and also occurs in the chest and limbs. Intraorally, it was first described by Olson et al. in 1988. To our knowledge, ours is the third report in the literature of steatocystoma simplex in the oral cavity. Histopathologic features include a cystic cavity lined by a corrugated thin epithelial lining of 2 or 3 layers. The characteristic features have been described as the presence of an eosinophlic horny superficial layer with the absence of a granular cell layer and the presence of sebaceous lobules within or adjacent to the cyst wall.

NUCLEAR LOCALIZATION OF E-CADHERIN IN ORAL SQUAMOUS CELL CARCINOMA. P. Pugalagiri, Y.-S. Cheng. Baylor College of Dentistry–Texas A&M U Health Science Center, Dallas.

E-Cadherin (E-cad) is the most important cell adhesion molecule that maintains stable cell-to-cell contact in the epithelium. Down-regulation of E-cad is known to be correlated with tumor invasion and metastasis in carcinomas. Evidence has suggested that down-regulation of E-cad can be due to at least 3 mechanisms: 1) mutation in the E-cad gene; 2) transcriptional repression; and 3) posttranscriptional alterations that increase degradation of E-cad. Recently, some studies have shown that after cleavage from the extracellular domain, the cytoplasmic domain of E-cad was translocated to the nucleus in some carcinomas. In esophageal squamous cell carcinoma, the cytoplasmic domain of E-cad in the nucleus was also found to activate the AP-1 transcription factor, which induced cyclin D1 promoter activity. These findings suggested a possible role of E-cad in growth of cancer cells. However, whether this event occurs in oral squamous cell carcinoma (OSCC) and/or is involved in oral carcinogenesis is unknown. In this study, we hypothesized that nuclear translocation of the cytoplasmic domain of E-cad is a feature of OSCC but not a feature of normal oral keratinocytes. Evidence is presented from Western blot findings.


Background. Multiple telangiectases are associated with several conditions, including hereditary hemorrhagic telangiectasia (HHT), an autosomal dominant inherited disorder. Major forms of HHT include: HHT1, a mutation of the endoglin gene, chromosome 9; and HHT2, a mutation of the activin A receptor type II–like kinase 1 gene, chromosome 12. In addition, a mutation of SMAD4, chromosome 18, is found in families with HHT and juvenile polyposis. Arteriovenous malformations (AVMs) and telangiectases of multiple anatomic sites characterize HHT. Clinical diagnostic criteria include recurrent spontaneous epistaxis, visceral or brain AVMs, and a first-degree relative with HHT. Complications associated with HHT1 and HHT2 include headache, brain abscesses, stroke, cirrhosis, high cardiac output secondary to left-to-right shunting, dyspnea, and cyanosis.

Objectives. The aim of this study was to review the work-up and treatment of a patient presenting with significant episodic oral bleeding in the context of concerns for possible HHT and other potential conditions.

Study design. Case study. An 11-year old adopted female presented for evaluation regarding episodes of spontaneous brisk bleeding from the tongue which were difficult to control. Clinical evaluation revealed telangiectases of the dorsal tongue and isolated telangiectases of the hand and finger.

Results. Work-up revealed a pulse oximeter reading of 99% and normal brain magnetic resonance imaging. Contrast echocardiography excluded right-to-left shunting at the atrial or pulmonary artery level. Other conditions in the differential were excluded. Genetic testing was not performed. Oral bleeding is being managed with QR Powder topically and epsilon aminocaproic acid (Amicar).

Conclusion. HHT could not be confirmed in this patient.


Oral melanoma is rare and accounts for <1% of all melanomas. Survival is low, and most patients die within 2 years after diagnosis. A 42-year-old caucasian woman presented with an ulcerated gingival mass in the upper left premolar region that had been present for 10 months. The mass was slightly tender and bled easily during oral hygiene procedures. Periapical radiographs showed enlargement of the periodontal ligament space, but no central lesion was noted. Incisional biopsy showed a spindle cell proliferation that stained strongly positive for