**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 granuloma. 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 granuloma, 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 eosinophilic horny superficial layer with 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.

**ORAL AND CUTANEOUS TELANGIECTASES: DIAGNOSTIC AND MANAGEMENT CHALLENGES.** D. Kligman, J. Fantasia. Long Island Jewish Medical Center, New Hyde Park, NY.

**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, cirsoid, 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...
MelanA/MART and S-100 proteins. A diagnosis of spindle cell melanoma was made. Proton-emission tomography (PET) revealed abnormal radiotracer accumulation in the lesional area. A few subcentimetric lung nodules were noted on computerized tomography (CT), but these did not show radiotracer uptake on whole-body PET scan. A left hemi-maxillectomy was performed with resection of 3 sentinel nodes which were negative for melanoma. Adjuvant radiotherapy was given because of close margins. Five months after surgery, the patient presented with a large submandibular mass. CT and PET scans suggested metastatic disease with an standardized uptake value of 12.2. Suspicious lymph nodes also were noted in the contralateral neck. The small pulmonary nodules seen on initial work-up had not changed on both CT and PET scans. A bilateral modified radical neck dissection was performed and interferon was given. Seven months later, chest radiographs revealed multiple bilateral pulmonary nodules, suggestive of metastatic disease. CT and PET scans confirmed pulmonary metastasis and enlargement of the nodules. There were no signs of local recurrence. The patient is presently under palliative care. This case emphasizes the poor prognosis of oral melanoma and the importance of early diagnosis.

LYMPHATIC VESSEL DENSITY IN EARLY-STAGE ORAL SQUAMOUS CELL CARCINOMAS. S. Faustino, D. Oliveira, S. Nonogaki, G. Landman, A. Carvalho, L. Kowalski, Bauru School of Dentistry, Bauru, Adolfo Lutz Institute, São Paulo, AC Camargo Cancer Hospital, São Paulo, Barretos Cancer Hospital, Barretos, Brazil.

The aim of this study was to evaluate lymphatic vessel density (LVD) in correlation with vascular endothelial growth factor (VEGF) C expression by tumors cells and with clinical and pathologic variables in patients with oral squamous cell carcinomas (OSCC). Eighty-seven patients with primary OSCC arising on the tongue or floor of the mouth, clinically T1N0M0 or T2N0M0, with occult lymph-node metastases (pN+) and without (pN0), treated in the A. C. Camargo Cancer Hospital, São Paulo, Brazil, from 1968 to 2001, were analyzed. Archived paraffin-embedded tumor specimens were sectioned and stained with anti-human podoplanin and VEGF-C antibodies (streptavidin-biotin-peroxidase technique). Lymphatic vessels were counted in intratumoral and peritumoral areas (hot spot) in 5 high-power fields (×400) from each tumor. Average values were obtained and used as cutoff point. The correlations between LVD and VEGF-C expression and clinicopathologic parameters were obtained by chi-square test. The 5- and 10-year survival rates were calculated by the Kaplan-Meier method and compared by log-rank test. No statistically significant difference was found between VEGF-C expression in OSCC regarding clinicopathologic parameters. A correlation between the intratumoral LVD and regional recurrence was found (P = .047), and occult neck metastasis was a significant prognostic factor for overall survival (P = .030). These findings indicate that high intratumoral LVD may influence the regional recurrence in neck lymph nodes of patients with early OSCC; however, this information was not enough to influence the disease-free survival rates of these patients. These findings also reinforce that occult lymph-node metastases (pN+) is the most important prognostic factor for the overall survival of the same patients. (São Paulo Foundation for Research Support [FAPESP] grant no. 2007/04907-0)


A 24-year-old man presented for removal of a unique soft nodule at the left border of the tongue. The nodule had been present since he was a teenager. His family history revealed no similar findings. Ophthalmologic and thyroid exams were normal. Introral examination revealed a unique sharply demarcated, coalescent, pink, pedunculated, and superficially ulcerated nodule, measuring 1.0 × 1.0 cm, on the dorsal surface extending along the left border of the tongue. An excisional biopsy was performed under local anesthesia, and the surgical specimen was submitted to the Bauru School of Dentistry Oral Pathology Biopsy Service, University of São Paulo. Histopathologic examination showed irregular haphazardly arranged proliferation of Schwann cells and regenerating nerve fascicles of various sizes and shapes embedded in a fibrous stroma. Superficially, we observed oral mucosa recovered by discontinuous stratified parakeratinized epithelium and an ulcer re-covered by pseudomembrane. Immunohistochemical stains for S-100 protein, epithelial membrane antigen (EMA) CD57, and collagen IV were accomplished with a standard streptavidin-biotin-peroxidase method on deparaffinized tissue sections. Immunoreactivity was graded with a semiquantitative method, and the number of positively stained cells was evaluated in 5 high-power (×400) fields. The immunostaining revealed diffuse and intense expression of S-100 by spindle cells of the nerve fascicles, intense positivity to EMA by perineurium, moderate expression of CD57 (Leu-7) by Schwann cells, and an intense collagen IV expression by endothelial cells of the blood vessels, but no expression of collagen IV was detected in the lesion. After immunohistochemical analysis the final diagnosis was traumatic neuroma of the oral cavity. (São Paulo Foundation for Research Support [FAPESP] grant no. 2007/04907-0)

ZOONOTIC ANATRICHISOMIASIS IN HUMAN ORAL CAVITY: FIRST REPORTED CASE. N. Handoo, M. Finkelstein, B. Mathison, H. Bishop, M. Eberhard, J. Hellstein. U Iowa, Iowa City, Centers for Disease Control, Atlanta, Ga.

This case presents a 44-year-old male patient from Iowa with zoonotic anatrichiasisomiasis. An immigrant from Mexico, he originally presented with a history of multiple oral and lip ulcers which occasionally resulted in enlarged lower lip. These symptoms progressed to crust formation on the ulcers and subsequently complete resolution within 48-72 hours. Also noted were 2 submucosal nodules on the dorsal surface of the tongue. An incisional biopsy was carried out to assist with diagnosis. Histopathologic examination revealed the presence of a coiled nematode with esophagus embedded in a prominent stichosome in the anterior end, paired bacillary bands, and small size. These characteristics were consistent with trichuroid features that aided in the identification. This diagnosis was confirmed by the Division of Parasitic Diseases at the Centers for Disease Control. Only a handful of human cases of infection with anatrichiasomes have been reported in literature. Four of the earlier cases occurred as skin lesions, whereas the most recent one, reported in 2005, was an incidental finding in a breast biopsy. The causative parasite for the present case has been suggested, but not confirmed, to be Anatrichisoma buccalis of the opossum. This is an unusual case, because it is the first report involving the oral cavity in humans.