sinus. An incisional biopsy was performed and histopathologic examination revealed cords and islands of odontogenic epithelium embedded in a stroma with dense connective tissue. Basal cells showed cytoplasmic vacuolization and reverse polarization of the nuclei. The cells in the central region were loosely arranged and there were foci of cystic degeneration. After diagnosis of ameloblastoma, the lesion was enucleated and no recurrence was observed during follow-up.

HUMAN IMMUNODEFICIENCY VIRUS–ASSOCIATED BURKITT LYMPHOMA IN SUBMANDIBULAR REGION: A CASE REPORT. *MILENA GOMES MELO LEITE, ELIANDRO DE SOUZA FREITAS, YAMILLE DE LIMA SOUZA, RENATA GUALBERTO DA CUNHA, MOYARA MENDONÇA LIMA DE FARIAS, JECONIAS CÂMARA and, FRANCISCO AMADIS BATISTA FERREIRA*

Immunodeficiency-associated Burkitt lymphoma is a variant of Burkitt lymphoma and occurs frequently in human immunodeficiency virus (HIV)-infected adult patients with high a CD4 T-cell count. A 37-year-old HIV-positive male patient with leukoderma presented with an asymptomatic swelling of 6 months' duration in left submandibular region, 6 cm in diameter, with a slightly wavy surface and solid consistency. The clinical diagnostic hypothesis was a salivary gland tumor. The ultrasonography revealed an expansive process with a lobed outline in the submandibular gland without lymphadenomegaly or local alteration. Excisional biopsy was performed and histopathologic analysis revealed malignant neoplasia with proliferation of lymphocyticlike cells exhibiting pleomorphism and vacuolated nuclei, evident nucleoli, abundant mitoses, and the presence of hyperchromatic cells in a "starry-sky" pattern. The histopathologic diagnosis compatible with Burkitt lymphoma was established. Immunohistochemical panel showed positive marking for CD20, CD10, and Ki-67 (95%), and a negative marking for Bcl-2, favoring the diagnosis of Burkitt lymphoma. The patient was immediately referred to chemotherapy treatment and after 1 year of follow-up, there is no evidence of recurrence.

BROWN TUMOR IN A PATIENT WITH RENAL FAILURE AND SECONDARY HYPERPARATHYROIDISM. *TAIANE BERGUEMAIER DE LIMA, NATÁLIA BATISTA DAROIT, LAURA DE CAMPOS HILDEBRAND, MÁRCIA GAIGER DE OLIVEIRA and, FERNANDA VISIOLI*

A 28-year-old woman sought care due to an increase in mandible volume lasting approximately 1 year. The patient had chronic kidney disease caused by Berger disease in childhood, and underwent hemodialysis 3 times a week. An intraoral clinical examination revealed an expansive lesion on the left side of the mandible, causing mobility of the adjacent teeth. The radiographic examination showed a lesion of imprecise borders in the region of the right mandible of approximately 2 cm in size. An incisional biopsy and histologic examination revealed a giant cell lesion. Due to the patient's systemic picture of secondary hyperparathyroidism, the diagnosis is compatible with Brown tumor. After 6 months, she received a kidney transplant and after 6 months of follow-up, the lesion presented with partial healing. However, hyperparathyroidism did not show improvement, and surgery for the removal of parathyroid glands was indicated by the endocrinologist.

ORAL LICHEN PLANUS: CAN WE ASSOCIATE IT WITH PSYCHOLOGICAL STATES (ANXIETY AND DEPRESSION)? A CASE REPORT. *UARLEI NOGUEIRA PORTO, MICHELLE ROXO GONÇALVES and, FLÁVIA CRISTINA ROSAS DE CARVALHO*

Many factors have been studied in order to identify the causes of oral lichen planus (OLP), such as use of drugs, autoimmune diseases, diabetes, and hepatitis C virus infection. Some researchers have been trying to find a connection between psychological states and OLP. The authors report a case of a 36-year-old female patient who went to the stomatology care service complaining of a "white ball on the tongue," which was causing her some discomfort over a year. During anamnesis, the patient reported taking lithium and bupropion (treating depression and anxiety, respectively). On physical examination, it was possible to identify some keratotic white lesions and erythematous areas on both jugal mucosae and white plaques at the back of the tongue. After incisional biopsy, the diagnosis of OLP by histopathologic study was done. The patient was advised of her disease. Corticoid and topical antifungals were prescribed to her. She is now under medical observation.

EARLY DIAGNOSIS OF ORAL CANCER IN PATIENTS WITH FANCONI ANEMIA: 2 CASES OF CARCINOMA IN SITU. *BÁRBARA SOLDATELLI BALLARDIN, ARTHUR MAGNO MEDEIROS DE ARAÚJO, ROBERTA TARGA STRAMANDINOLI-ZANICOTTI, JOSÉ MIGUEL AMENÁBAR CÉSPEDES, JULIANA LUCENA SCHUSSEL and, CASSIUS CARVALHO TORRES-PEREIRA*

Fanconi anemia (FA) is a rare autosomal recessive syndrome characterized by bone marrow failure, malformations, and chromosome fragility. Patients who reach adulthood are more likely to develop solid tumors, such as oral squamous cell carcinoma. The survival rate of patients with FA is low, since they present with hematologic complications, septicemia, or malignant neoplasias. The aim of this study is to report 2 cases of female patients with FA at 20 and 34 years of age, both of whom underwent transplantation of hematopoietic stem cells 8 and 17 years ago, respectively, and who developed oral lesions on the tongue and gingival ridge of the maxilla, with diagnosis of carcinoma in situ, after incisional biopsy. The cases reinforce the importance of rigorous periodic monitoring of patients with FA by a multidisciplinary team, including a dentist for early diagnosis of oral cancer, thereby improving the prognosis and increasing survival of these patients.

BROWN TUMORS OF GNATHIC BONES AS THE FIRST MANIFESTATION OF PRIMARY HYPERPARATHYROIDISM. *KELLY TAMBASCO BEZERRA, WUISLANE LÚCIA RIBEIRO SOUZA, ELLEN BRILHANTE CORTEZZI, BRUNO AUGUSTO BENEVENUTO DE ANDRADE, MÁRIO JOSÉ ROMAÑACH and, MICHELLE AGOSTINI*