performed. Initially, Kaposi sarcoma was suspected. However, after incisional biopsy and positive immunohistochemical reactions for Ki-67 (high expression), LCA, plasma cell, CD138, and EBER and negative reaction for CD20 and CD34, the diagnosis of PBL was established. The patient's health status deteriorated rapidly, and shortly after the receiving the results of the analyses, she died before initiation of cancer treatment.

GINGIVAL CYST OF THE NEWBORN: A CASE REPORT WITH UNUSUAL FEATURES. *GLACIELE MARIA DE SOUZA, RAFAELA NOGUEIRA MOREIRA GONÇALVES, IGHOR ANDRADE FERNANDES, ESMERALDA MARIA DA SILVEIRA, NÁDIA LAGES LIMA, SAULO GABRIEL MOREIRA FALCI, ANA TEREZINHA MARQUES MESQUITA.*

Gingival cyst of the newborn presents as whitish papules in the alveolar ridge, being rare after age 3 months. An 8-month-old white male baby was referred for evaluation of a lesion in the lower alveolar ridge, noticed by his mother about 2 months prior to presentation. The child had shown symptoms of fever and vomiting for about a week. Intraoral examination revealed a single painless papular lesion, whitish in color, of smooth surface, fibroelastic consistency, located on the left lower alveolar ridge, and measuring $2 \times 1 \times 1$ cm. Based on the clinical findings, the diagnosis was gingival cyst of the newborn. After 3 months of follow-up, the lesion regressed completely without any intervention. The importance of this case lies in the presentation of a gingival cyst of the newborn with unusual clinical features with respect to patient age and lesion location and size, which can produce errors of diagnosis and unnecessary treatment. Support: FAPEMIG.

AN UNUSUAL CASE OF BURKITT LYMPHOMA PRESENTING AS A GINGIVAL ENLARGEMENT. *JULIANA BUENO SANTANA, HARIM TAVARES DOS SANTOS, JULIANA MOTA SIQUEIRA, MARIANNA SAMPAIO SERPA, ANA PAULA MOLINA VIVAS, FELIPE D'ALMEIDA COSTA, GRAZIELLA CHAGAS JAGUAR.*

Burkitt lymphoma (BL) is an aggressive form of non-Hodgkin B-cell lymphoma. The purpose of this study was to report an atypical case of BL clinically manifesting as a gingival enlargement. A 25-year-old man was hospitalized for progressive symptoms of fatigue and a prominent gingival swelling of 6 months' duration, without resolution following treatment for a presumed odontogenic infection. The patient also reported a nodule in the inguinal region. Oral examination revealed dental mobility and gingival hyperplasia involving both arches. Drug-induced hyperplasia or malignant neoplasm were considered in the differential diagnosis. Incisional biopsy of the inguinal region and gingiva was performed, and histologic and immunohistochemical analyses confirmed the diagnosis of BL. The patient succumbed to the disease before any therapy could be instituted. This case emphasizes the fact that an inconspicuous and benign-appearing gingival enlargement may represent an aggressive malignancy, such as BL.

UNDIFFERENTIATED PLEOMORPHIC SARCOMA OF THE MANDIBLE: A CASE REPORT. *BERNAR MONTEIRO BENITES, FELIPE PAIVA FONSECA, MARCOS CESAR PITTA, GUSTAVO NADER MARTA, RAFAEL SARLO VILELA, EDUARDO RODRIGUES FREGNANI.*

Undifferentiated pleomorphic sarcoma (UPS) is a high-grade and aggressive neoplasm, most commonly located in the extremities and retroperitoneum and only rarely diagnosed in the oral cavity. In this report, we describe an original case of mandibular UPS affecting an 88-year-old woman and first diagnosed as a central giant cell granuloma that was surgically removed. After 5 months of follow-up, because of persistent pain and local soft tissue recurrence, new incisional biopsy was performed, and microscopic analysis revealed an aggressive neoplasm with pleomorphic cells, atypical mitotic figures, and areas of necrosis, infiltrating adjacent cortical and medullary mandibular bone. Immunohistochemical analysis revealed only a focal positivity for smooth muscle actin, AE1/AE3, and CD99; thus, microscopic and immunohistochemical findings led to the diagnosis of UPS. The patient was referred for radiotherapy, and 6 months after the UPS treatment, the patient is well, free of tumor.

METHOTREXATE-ASSOCIATED ORAL ULCERS: A REPORT OF TWO CASES. *NATHÁLIA FIGUEIREDO DE BRITO, BRUNA THAMIRIS DA SILVA BATISTA LESSA, SIMONE MACEDO AMARAL, ÁGUIDA MARIA MENEZES AGUIAR MIRANDA, FÁBIO RAMÔA PIRES, JULIANA DE NORONHA SANTOS NETTO.*

Methotrexate, an immune system suppressant, used to treat immunologic diseases, can be associated with several side effects, such as oral ulcerations. We report 2 cases of oral ulcers associated with methotrexate emphasizing their clinicopathologic aspects: case 1, a 75-year-old woman with multiple ulcers of 1 month's duration in the buccal mucosa and vestibule; case 2, a 64-year-old woman with an ulcer of a 2 months' duration in the lower lip. Both patients were under a methotrexate regimen for rheumatoid arthritis. The clinical diagnosis included pemphigus vulgaris and methotrexate-associated ulcers; incisional biopsies were performed in both cases. Histopathologic analysis revealed an atrophic squamous epithelium with ulceration and exocytosis associated with chronic inflammation in the adjacent connective tissue and the presence of multinucleated cells in the vessel walls. The diagnosis was consistent with methotrexate-associated oral ulcers, and suspension of the drug resulted in total remission of the lesions, with no evidence of recurrence.

NEURILEMMOMA IN THE PALATE: A RARE LOCATION. *EDUARDO LIBERATO DA SILVA, ISADORA FOLLAK DE SOUZA, NATÁLIA BATISTA DAROIT, MANOEL SANT'ANA FILHO, MARCO ANTONIO TREVIZANI MARTINS, MÁRCIA GAIGER DE OLIVEIRA, FERNANDA VISIOLI.*

The head and neck region is the area most affected by neurilemmoma; intraoral regional occurrence is observed only in 1% of the cases, the tongue being the most common site, with a few reports of neurilemmoma in the palate. A 56-year-old man sought the dentistry service, reporting discomfort and increased volume between the hard and soft palates since 18 months. Clinically, a sessile submucosal well-delimited nodule, with fibrous consistency, measuring 1.5 cm in diameter, and no color change was detected. No trauma was observed, so the clinical hypothesis was pleomorphic adenoma. Incisional biopsy and microscopic analysis revealed Schwann cell proliferation in Antoni A and B patterns, with surrounding connective tissue delimiting the lesion. Immunohistochemistry was positive for the S-100 marker. The final diagnosis was neurilemmoma. The patient returned 30 days after the first intervention for total removal of the lesion and has been followed-up for more than 1 year, showing no relapse.