



of metalloproteinase 9 (MMP-9) in squamous cell carcinomas of oral tongue (SCCOT) and its correlation with clinicopathological factors, in order to use it as prognostic marker.

Methods: This study includes 60 surgical specimens of SCCOT obtained from patients undergoing glossectomy or hemiglossectomy. Data were retrieved and cataloged from clinical records and from the archive of the Institute of Pathology of the Polytechnic University of Marche by a single operator, in order to ensure the uniformity of the collected data.

Serial sections (4 µm) from formalin-fixed, paraffin embedded blocks were cut for each case and mounted on poly-L-lysine-coated glass slides, and 1 section stained with hematoxylin-eosin was used to confirm the histopathologic diagnosis. The sections were incubated for one hour at room temperature, with the anti-CD56 antibody diluted 1:200 (clone 56-2A4). The expression of MMP-9 was evaluated in all the samples at the invasive front. MMP-9 immunostaining was classified as negative (<5% of cells expressing MMP-9), 1+ (5-50%), and 2+ (>50%).

Results: There was a significant correlation between MMP-9 expression at the invasive zone with lymph node status and clinical stage of the disease, while it was not observed significant correlation with the other clinicopathological parameters. We observed a correlation between overexpression of MMP-9 and lymph node metastases. In fact, no cases with negative score showed lymph node involvement, while cases with score 2+ always presented lymph nodes tumor extension. Furthermore, a correlation between overexpression of MMP-9 and advanced clinical stage was found. We observed that the score of MMP-9 expression in the cases with stage I and II was largely negative (75.9%), while most of the cases with stage III and IV showed a score 2+ (67.7%). Lastly, we did not observe any significant relationship between the score at the invasive front and the parameter T.

Conclusion: According to these data, the MMP-9 was overexpressed in more aggressive SCCOT. In fact, MMP-9 expression correlated with cell proliferation, tumor growth, invasiveness and metastases.

Contemporary diagnosis of mucoepidermoid carcinoma of the hard palate and intracranial cavernous angioma: a case report of a young adult

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Aim: The specialisation of Oral Medicine provides clinical care to patients with a wide variety of oro-facial conditions, including: diseases of the oral mucosa; syndromes involving oro-facial pain; disorders of the salivary glands; and other oral manifestations of systemic diseases. The management of multiple, oro-facial diseases is the remit of the Oral Medicine specialist (OMs). Ranging from taking an accurate medical history to a detailed intra- and/or extra-oral examination, the OMs should be able to diagnose the most complex and systemic of diseases. We report a case of a young adult patient with two brace of diagnoses: mucoepidermoid carcinoma (MEC) of the palate and intracranial cavernous angioma.

Case report: A 35 -year-old Caucasian man referred by his dentist to Oral Medicine Unit of Dept. of Surgical, Oncological and Oral Sciences (University of Palermo) for a swelling of hard palate, with a slow growing during the last month. Intra-oral examination showed a fixed, rubbery, and painless mass on the hard palate; extra-oral inspection revealed unilateral proptosis of the left eye, appeared from seven days. Then, we programmed the following investigations: I) incisional biopsy of intra-oral lesion and histological evaluation; II) maxillofacial contrast-enhanced computed tomography (CT) to assess the extension of the palatal mass and the unilateral proptosis. Report and images of CT scan indicated the absence of palatal bone involvement of the intra-oral lesion and the presence of suspected intracranial lympho-proliferative mass that was compressing and dislocating the optic nerve. No relationship between two lesions have been appreciated. After, histopathological confirmation of mucoepidermoid carcinoma (MEC) of the oral cavity, the patient was firstly referred to the Plastic and Reconstructive Surgery (University of Palermo) for a total resection of intra-oral lesion. Subsequently, he was transferred to the Neurosurgery Unit for the management of intracranial lesion. Histological report of neurosurgical resection was cavernous angioma.

Conclusion: The Oral Medicine specialist may be able to intercept systemic diseases or diseases that affect multi-anatomical areas. Contemporary presence of two histo-morphological different disease in the same oro-facial district is rare and the correct intra-oral and extra-oral examination and management was fundamental for timely diagnosis and successful treatments.

Treatment of localized langerhans' cell histiocytosis of the palate with a combined