clinic-pathological variables together with the PNI. Age, gender, pathological staging (7th AJCC edition), and grading were used in the model. A p values <0,05 was considered as statistically significant.
Results: PNI was reported in 57 patients (37%). The patients with PNI were at higher risk of death, reporting a worse overall survival. This risk was higher of 2 times compared to patients without PNI. Multivariate analysis confirmed the previous results and PNI resulted to be an independent prognostic factor for the overall survival in patients with OTSCC.
Conclusion: Our findings suggest that OTSCC patients with PNI may represent a more aggressive subtype, probably because the cancer cells spread along the bundle nerves, extending beyond the tumour mass. Indeed, PNI emerged as an independent prognostic factor for overall survival in OTSCC patients. Furthermore, the evaluation of PNI is simple, inexpensive and can be used to augment the risk stratification of OTSCC.

Morphea with oral mucosa involvement: case report

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Aim: Morphea, or localized scleroderma, is an autoimmune skin disorder that causes the sclerosis of the epithelium and underlying tissues due to excessive collagen deposition. The estimated incidence of morphea is 0.4 to 2.7 for 100,000 people; it is more common in Caucasian women, with a female:male ratio of 2.4-4.2:1. The etiopathogenesis of morphea remains unclear and poorly understood, but it is thought to be related to a combination of genetic predisposition, which generates an autoimmune response triggered by factors such as trauma, radiation, drugs, and infections. Vascular dysfunction is one of the earliest changes observed and may represent the initial event in the pathogenesis of the disease. Van der Veken et al. report that morphea differs from systemic scleroderma for the absence of Raynaud's phenomenon and the organs' compromise, such as the heart, lung, or kidneys. Oral localization is rare and can occur as white linear fibrotic areas with a scar-like appearance, atrophy of tongue papillae, gingival recession, and alveolar bone resorption. The aim of this paper is to describe a rare case of intraoral manifestation of "morphea".
Methods: We report a case of a young man who has attended our sector of Oral Medicine (University Hospital Policlinico "P. Giaccone" Palermo, Italy) for the presence of an erythematous area of the tongue.
Results: A 20-year-old Caucasian male presented at the University Hospital of Palermo in April 2018 complaining about an eight-months erythematous plaque surrounded by a white linear fibrotic area in the middle part of the tongue. The patient was not a smoker, not an alcohol consumer and his oral hygiene was good. Moreover, the patient has a medical history of cutaneous morphea, diagnosed two years earlier, and treated with cyclosporine therapy. Oral clinical examination, additionally, revealed the presence of analogous lesions in both mucous membranes of the cheeks; the tongue papillae and epithelium were atrophic. The patient complained about a burning sensation and pruritus. There was no history of preceding trauma. The histopathological evaluation showed mild hyperkeratotic and parakeratinized squamous epithelium with epithelial atrophy and a marked thickening of collagen in the lamina propria, associated with a perivascular lymphomonocytic infiltrate and a strong presence of eosinophils. The blood analysis, including a complete blood count and the search for vitamin deficiencies, were regular. Search for autoantibodies, such as anti-SS-A, anti-SS-B, ENA, ANA was negative. Also, serologies for syphilis, hepatitis B and C viruses and HIV were negative. Concerning the results obtained, the diagnosis was an oral manifestation of morphea. The patient was already taking cyclosporine therapy, so we prescribed topical use of clobetasol in association with a selective diet. After two months, we observed the complete remission of the lesions. At the most recent follow-up, the clinical picture was stable.
Conclusion: We have described here a case of oral morphea. The morphea pathogenesis is still unclear and poorly understood; rare oral localization of morphea should be diagnosed and early treated because it can be related to pain, pruritus, and burning sensation pruritus. Treatment often requires multidisciplinary collaboration, appropriate treatment can stop the progression of the disease and improve patient's quality of life.

Lymph vascular invasion as prognostic factor in oral cancer

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