

cancers that subsequently developed CK-19 was negative. In one case, both OLP lesion as well as OLP cancer were negative for CK-19. And in two cases the histological preparation of OLP lesion was negative for CK-19, whereas oral cancer samples tested positive, focally, for CK-19 in both basal and suprabasal cell layers of neoplastic tissue.

**Conclusion.** In these 7 patients, CK-19 does not seem to predict the risk of malignant transformation in OLP lesions due to differences in the level of expression patterns. Variable expression in basal focal marking of CK-19 in OLP lesions could be influenced by amount of inflammatory cell infiltrate.

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## Oral amelanotic melanoma: a case report

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**Objectives.** Primary oral melanoma is a very rare malignancy, representing about 0.5% of all melanomas, characterized by a wide clinical-histological variability and a very aggressive behavior. Aim of the present study is to describe a case of oral amelanotic melanoma, an infrequent variant with a poorer prognosis than that of pigmented melanomas for a more aggressive biological behavior and frequent delays for the correct diagnosis and for starting the treatment.

**Case report.** A 53-year-old white man referred at the Department Surgical, Oncological and Oral Sciences for a macular, scarcely pigmented lesion with irregular margins, located on anterior region of hard palate. The lesion, completely asymptomatic and without any history of trauma or injury, was observed by his dentist some months ago. The patient was a smoker (about 20 cigarettes a day for 30 years) and his anamnesis was negative for any systemic diseases and drug assumption. Histological examination, following the incisional biopsy, showed the hyperplasia of the junctional melanocytes with occasionally dendritic appearance and light atypia; on the recommendation of pathologist, a second incisional biopsy was performed, and a definitive diagnosis of “amelanotic melanoma *in situ*” was confirmed. After diagnosis, the patient was referred to the unit of Head and Neck Surgery for staging and surgical approach of the lesion.

**Conclusions.** This case report underlines the importance to perform biopsy of all lesions of the oral cavity to rule out malignancy, even when slightly colored, asymptomatic and with a clinically harmless presentation. Besides benign diseases (e.g melanotic macules, nevi, extravasation of blood pigments, amalgam tattoos and deposition of other exogenous/endogenous pigments), rare variant of non-pigmented melanoma should be considered in order to avoid a dangerous diagnostic and therapeutic delay.

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## Synchronous tumors arising in the hard palate

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**Objectives.** The concept and term “field cancerization” was first put forward by Slaughter et al. in 1953. Oral field cancerization implies that oral cancer does not arise as a singular cellular phenomenon but rather as an anaplastic tendency involving many cells at once and results in the multifocal development of cancer at various rates within the entire field in response to a carcinogen especially tobacco. This concept has been frequently used to explain the occurrence of multiple primary cancers and recurrences following complete excision of oral cancer.