ISSN 2525-5711

JOURNAL OF ORAL DIAGNOSIS

Volume 10 • Supplement 1 • 2025

Abstracts of the XXIV JOCAPE

(November 22nd, 2024)

Official publication of

SOBE SOCIEDADE BRASILEIRA DE ESTOMATOLOGIA E PATOLOGIA ORAL

Affiliated societies

SAEMO Sociedad Argentina de Estomatología Medicina Oral

Abstracts of the XXIV JOCAPE (November 22nd, 2024)

1) Integration of 3d virtual simulation and extraoral distractors for managing Pierre Robin sequence in a 6-week-old newborn

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Pierre Robin sequence (PRS) is characterized by micrognathia, glossoptosis, and cleft palate, often causing severe respiratory and feeding difficulties in infants. This case study describes the use of 3D virtual simulation and extraoral distractors to manage PRS in a 6-week-old newborn with compromised airway requiring intubation. The infant presented with severe micrognathia and recurrent apnea, necessitating immediate airway intervention. A multidisciplinary team utilized high-resolution imaging, including multi-slice computed tomography, to create detailed 3D models of the craniofacial anatomy. These models enabled precise visualization of the spatial relationships between the mandible and airway, allowing for osteotomy planning, calculation of distraction vectors, and the design of surgical guides. The team established a gradual mandibular advancement protocol, activating the distractors by 2 mm daily to achieve a total advancement of 18 mm. The virtual simulation significantly aided preoperative planning and optimized the placement and activation of extraoral distractors. Postoperatively, the patient showed marked improvement in airway patency and feeding ability, facilitating extubation within days and eliminating the need for gastrostomy. This case highlights the value of integrating 3D virtual simulation with distraction osteogenesis for managing PRS, offering a model for improving surgical precision, airway management, and overall patient outcomes in similar cases.

2) Oral squamous cell carcinoma in an adult with intellectual disability: a case report

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Oral squamous cell carcinoma (OSCC) may arise from the malignant transformation of proliferative verrucous leukoplakia (PVL). Patients with intellectual disabilities often experience delayed diagnosis of oral cancer. PVL is a progressive, slow-growing, irreversible oral mucosal lesion, typically unrelated to tobacco use, and is more common in women over 50. It initially appears as a white, flat, or fissured plaque, progressing to bulky, exophytic masses. This case report describes a 67-year-old female referred to the stomatology department by her dentist after her sister noticed the presence of a 'spongy' lesion for three weeks, accompanied by discomfort. Oral examination revealed total edentulism and a 7-cm exophytic, verrucous lesion on the left hard palate and alveolar ridge, along with white plaques on the palate, tongue, and floor of the mouth. Histopathology confirmed well-differentiated verrucous squamous cell carcinoma. The patient was referred for hospital treatment, including complete lesion excision and trans-operative rehabilitation. In conclusion, dental practitioners play a crucial role in early detection of oral mucosal changes in patients with intellectual disabilities, helping to prevent PVL or enabling timely diagnosis and intervention.

3) Orofaciodigital syndrome: a case series

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Orofaciodigital syndrome (OFD) is a rare group of genetic disorders with thirteen known subtypes, characterized by anomalies in the face, mouth, hands, and feet. Besides craniofacial and oral abnormalities, other systems, such

https://doi.org/10.5327/2525-5711.291

as the central nervous and renal systems, may also be affected. This case series reports five OFD patients treated at the Special Care Dentistry Center of the University of São Paulo School of Dentistry, all presenting distinct facial features (e.g., hypertelorism, mid-face hypoplasia, broad nasal base, and low-set ears). Oral findings included bifid or lobed tongue, hypodontia, microdontia, hard palate malformations (high-arched or shallow), cleft lip and palate, and malocclusion. Physical examinations revealed limb anomalies, such as brachydactyly, syndactyly, polydactyly, and congenital clubfoot. Three patients exhibited intellectual disabilities; one had epilepsy, while another showed preserved neurodevelopment. OFD management requires an interdisciplinary approach involving neurologists, orthopedists, dentists, surgeons, speech therapists, and psychologists to improve patient quality of life. For dental surgeons, OFD syndromes present unique challenges due to complex oral and facial manifestations. A deep understanding of these anomalies is critical for creating tailored treatment plans to enhance masticatory, respiratory, and aesthetic functions, ensuring comprehensive care across all stages of life.

4) Challenges in managing drug-induced gingival hyperplasia in a patient with cerebral palsy and epilepsy

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Drug-induced gingival hyperplasia (DIGH) is characterized by excessive gingival tissue growth caused by medications like anticonvulsants. This condition impairs oral hygiene, aesthetics, and periodontal health, often necessitating surgical treatment. A 21-year-old woman with cerebral palsy and epilepsy was evaluated by the dentistry team at Bauru Clinical Hospital due to grade 3 gingival hyperplasia (GH). Her mother reported difficulty in maintaining oral hygiene and noted the use of phenobarbital (100 mg/day), carbamazepine (400 mg/day), risperidone (4 mg/day), and folic acid (5 mg/day). GH was observed covering the palatal/lingual and buccal surfaces of all teeth, leading to a diagnosis of DIGH likely associated with phenobarbital use, exacerbated by poor oral hygiene. Gingivectomy under general anesthesia was performed using a cold scalpel and diode laser in the mandibular arch, from the right second molar to the left second molar, due to significant bleeding. A second surgical stage for the maxillary arch was planned. Three months later, GH recurrence was observed in the mandibular region, attributed to continued phenobarbital use and inadequate oral hygiene. A second surgery was proposed, contingent on improved hygiene practices. This case highlights the challenges of managing DIGH in patients with cognitive and physical limitations, emphasizing the importance of pharmacotherapeutic re-evaluation and strict adherence to oral hygiene to reduce the need for recurrent surgeries.

5) Oral hemorrhage as a manifestation of disseminated intravascular coagulation secondary to aortic aneurysm: a case report

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Aortic aneurysm is characterized by abnormal dilation of the aorta, commonly associated with systemic factors such as hypertension, atherosclerosis, smoking, and rheumatic diseases. Although it typically affects the thoracic or abdominal aorta, it rarely leads to disseminated intravascular coagulation (DIC), a condition in which endothelial dysfunction triggers coagulation and fibrinolysis, causing thrombosis, depletion of coagulation factors, and excessive bleeding. A 77-year-old male, a former smoker with hypertension, dyslipidemia, and a history of myocardial infarction and angioplasty in 2003, presented with a thoracic aortic aneurysm. The patient, on aspirin, carvedilol, atorvastatin, and ezetimibe, sought dental care at a tertiary cardiology hospital due to unstable dentures. Clinical evaluation revealed total edentulism in the upper arch and partial edentulism in the lower arch, with two remaining teeth exhibiting advanced bone loss and grade II mobility. After tooth extractions, the patient experienced profuse, recurrent bleeding unresponsive to routine local measures. Hematological evaluation revealed chronic DIC secondary to the thoracic aortic aneurysm. The patient was hospitalized for intravenous antifibrinolytic therapy, after which a new dental procedure was successfully performed without further complications. This case highlights the importance of the dentist's role in recognizing and addressing systemic conditions like DIC through interdisciplinary collaboration, ensuring comprehensive patient care.

6) Oral verruciform xanthoma in a patient after hematopoietic stem cell transplantation: a case report

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Fanconi anaemia (FA) is a rare hereditary disorder characterized by bone marrow failure and consequent reduction in blood cell production. Haematopoietic stem cell transplantation (HSCT) is currently the most effective treatment, significantly improving the patient's survival. However, individuals with FA undergoing HSCT are at elevated risk of developing secondary malignancies, particularly oral squamous cell carcinoma. This study reports the case of a 29-year-old male patient with FA, who received HSCT 19 years earlier and subsequently developed multiple leukoplakic lesions in the oral mucosa. The patient had a history of moderate epithelial dysplasia associated with white lesions on the palate and gingiva. Clinical examination identified a verruciform white plaque measuring approximately 1.5 cm in diameter, located in the posterior lateral border of the tongue, asymptomatic and undetermined onset time. An incisional biopsy was performed for suspicion of oral leukoplakia. Histopathological analysis revealed numerous foam cells within the lamina propria and subepithelial papillae, along with elongated epithelial crypts, but with no signs of epithelial dysplasia. The final diagnosis was verruciform xanthoma and complete surgical excision of the lesion was undertaken. The patient remains under regular clinical surveillance, showing no evidence of recurrence or malignant transformation. This case underscores the need for rigorous long-term monitoring of patients with FA, as they are predisposed to developing several oral lesions that require early detection and appropriate management.

7) Orofacial pain manifestations in a patient with rheumatic diseases: a case report

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Rheumatic diseases can impact the musculoskeletal system, with orofacial pain as a frequent symptom, especially in autoimmune and inflammatory conditions. A 42-year-old woman with Sjögren's syndrome (SS) and fibromyalgia presented with chronic left-sided facial pain since 2012, following a complex tooth extraction. The pain is daily, throbbing, and worsens with stress, activity, and at night, peaking at 8/10 during exacerbations and averaging 5/10. It is localized to the pre-auricular region, masseter, and mandible, occasionally radiating to the ear and posterior teeth. Partial relief is achieved with thermotherapy (40%) and analgesics/anti-inflammatories (80%). Since 2019, the patient has also experienced burning mouth syndrome with dysgeusia, localized to the tongue apex and perioral region. Symptoms are triggered by acidic and spicy foods and alleviated with hydration, saliva substitutes, and lidocaine gel. Sleep bruxism and daytime clenching exacerbate her pain. Physical examination revealed diffuse facial pain, trigger points in masticatory muscles, hyperesthesia, and hyperalgesia in the left V2 and V3 regions, alongside reduced salivary flow. Diagnoses include fibromyalgia-associated facial pain, myofascial pain syndrome, and burning mouth syndrome secondary to SS. Treatment involves acupuncture, dry needling, thermotherapy, cognitive-behavioral therapy, a myorelaxant splint, dietary adjustments, and saliva substitutes. Orofacial manifestations are common but under-recognized in autoimmune rheumatic diseases, underscoring the importance of timely dental referral.

8) Evaluation of oral health of patients with trisomy 21 and the burden on their caregivers.

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Trisomy 21 (T21) is a genetic condition caused by an extra copy of chromosome 21, with a prevalence of approximately 3%. Characterized by physical and systemic alterations, T21 is associated with increased risks of leukemia, diabetes, epilepsy, behavioral disorders, and early-onset dementia (e.g., Alzheimer's disease). Caregivers play a critical role in supporting individuals with T21 but often face significant physical and emotional burdens due to their responsibilities. This pilot study aimed to evaluate the burden on caregivers of adult and elderly patients with T21 and examine the oral health of these patients, seeking to correlate these variables. The study included 51 T21 patients aged 19–60 years and 54 caregivers. Dental assessments identified a DMFT score of 494 (mean DMFT index of 9.7) and periodontitis in

all patients, indicating a high prevalence of oral disease according to WHO standards. Caregiver burden, assessed using the Zarit Burden Interview, revealed that 20.4% experienced no or mild burden, 38.9% moderate burden, and 40.7% moderate-to-severe burden. No statistically significant correlation was found between caregiver burden and patient oral health. Further studies are needed to investigate whether oral hygiene assistance contributes to caregiver burden and if this, in turn, affects oral health outcomes in individuals with T21.

9) Evaluation of the dentists' knowledge on care for patients with disabilities in asunción

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Dentistry faces significant challenges in providing care to the population with disabilities, including adjustments in infrastructure, professional training, and communication strategies. This study aims to assess the knowledge of dentists about dental care for patients with disabilities in the capital of Paraguay, Asunción. A cross-sectional observational study was conducted by using a validated survey administered to 273 dentists based on a non-probabilistic convenience sampling method. The results reveal that 98.9% of the respondents believe that patients with disabilities are at a higher risk of developing dental caries. Additionally, 71.8% think that these patients should be treated by dentists, even if they are not specialists. However, 73.3% believe that general dentists are not adequately trained for this task. Regarding education, 97.8% of the respondents support the inclusion of a course on dental care for disabled patients in the academic curricula. Furthermore, 98.2% point to a lack of knowledge among professionals in this field. In conclusion, it was determined that there is a deficit in several areas of knowledge regarding the care of patients with disabilities. Therefore, it is necessary to incorporate a course on the care of disabled patients into the dentistry curriculum and to encourage the training of dentists in postgraduate programs related to this issue.

10) Mih is associated with vaso-occlusive phenotype and lower erythroblast counts in sickle cell disease children

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Molar-incisor hypomineralisation (MIH) is an enamel defect affecting aesthetics and function, with a potentially higher prevalence in children with sickle cell disease (SCD). SCD is a genetic disorder of hemoglobin associated with systemic complications. This retrospective cohort study aimed to investigate clinical and laboratory factors associated with the presence and severity of MIH in children with SCD. The study was approved by the local research ethics committee (protocol number 48465321.1.0000.5440). Children aged 6–14 years with SCD were selected based on inclusion criteria. Clinical examinations evaluated MIH presence and severity, including aesthetic concerns and hypersensitivity. Laboratory tests from birth to age three assessed bone metabolism and systemic parameters. Statistical analyses included chi-square/Fisher exact and Mann-Whitney tests, with a 5% significance level. MIH was observed in 63.3% of participants (32 mild, 6 severe) and was significantly associated with vaso-occlusive phenotype ($p<0.001$) and lower erythroblast counts ($p=0.014$). Elevated lactate dehydrogenase (LDH) levels were noted in 75% of MIH patients, but without significant group differences. No associations were found with gender, aesthetic anxiety, or hypersensitivity. Children with SCD exhibited a high prevalence of MIH, with vaso-occlusive events and erythroblast reduction identified as potential risk factors. This study was supported by the National Council for Scientific and Technological Development (CNPq, process number 405914/2021-0).

11) Ttv viral load in saliva and il-6 polymorphism in sepsis

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Sepsis is a life-threatening organ dysfunction caused by a dysregulated immune response to infection. Torque teno virus (TTV) is highly prevalent globally and, although non-pathogenic, its viral load reflects the host's immunocompetence. Interleukin 6 (IL-6), a key cytokine, is associated with increased sepsis risk when

present at high levels. This study aimed to analyze IL-6 polymorphisms and TTV viral load in the saliva of sepsis patients to explore potential relationships between these biomarkers and sepsis. Saliva samples from 115 individuals were analyzed, divided into a sepsis group (n = 54) and a non-sepsis group (n = 61). TTV viral load was quantified, and IL-6 polymorphisms were identified using RT-PCR. TTV viral load was significantly higher in the sepsis group (5.94 log copies/mL) compared to the non-sepsis group (5.49 log copies/mL; p<0.05). No statistical difference in IL-6 polymorphism genotype distribution was observed between groups or clinical outcomes. Furthermore, no correlation was identified between TTV levels and IL-6 polymorphism, suggesting these are independent variables. Patients with sepsis exhibited a higher mortality rate (p = 0.025). The increased TTV viral load in sepsis patients underscores a potential correlation between TTV levels and systemic clinical conditions, emphasizing its relevance as a biomarker in sepsis.

12) Analysis of radiomorphometric indices in patients with chronic kidney disease: a pilot study

Special Care Dentistry Center of the University of São Paulo School of Dentistry (FOUSP); Central Institute of the Clinical Hospital of the University of São Paulo Medical School (HCFMUSP); Children and Adolescents Institute of the Clinical Hospital of the University of São Paulo Medical School (HCFMUSP), São Paulo, Brazil; Oral Medicine, Oral Surgery and Implantology Unit (MedOralRes) of the Faculty of Medicine and Dentistry, University of Santiago de Compostela, Spain.
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Chronic kidney disease (CKD) is a progressive, typically irreversible condition marked by declining kidney function, often accompanied by bone abnormalities affecting remodeling and mineralization. Radiomorphometric indices (RIs) assessed in panoramic radiographs (PRs) can suggest decreased bone mineral density (BMD). This study aimed to identify RIs indicative of reduced BMD in PRs of CKD patients and evaluate associations with clinical characteristics and biochemical blood tests. This retrospective observational study included 80 PRs from CKD patients (stages III, IV, and V) treated at the Dentistry Division of HCFMUSP and at the Special Care Dentistry Center. Mandibular cortical index (MCI) and mental index (MI) were analyzed and correlated with biochemical test results. The cohort was predominantly female (55%) with a mean age of 49.33 years. Abnormal MCI classifications (C2 and C3) were observed in 72.5% of patients, while 90% had MI values below the reference threshold of 3 mm (p<0.001). Statistically significant associations were found between MCI and serum urea (p=0.03), parathyroid hormone (PTH) levels (p=0.03), and vitamin D levels (p=0.01). However, no significant associations were identified between MI and biochemical tests. CKD patients exhibited abnormal RIs, with MCI alterations linked to elevated urea and PTH levels and low vitamin D, highlighting the utility of RIs in monitoring bone health in CKD.

13) Oral health of children with epilepsy: a systematic review

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Epilepsy is a neurological disorder characterized by excessive and uncontrolled central nervous system activity. The oral cavity can be affected both by the condition and the side effects of anticonvulsants. Children with epilepsy often face barriers to accessing oral health services, making it crucial for dentists to understand their oral health profile. This understanding allows for better anticipation of their needs and the provision of safer treatments. A systematic review was conducted to answer the question, "How is the oral health of children with epilepsy?" Following PRISMA guidelines, the review was registered in PROSPERO (CRD42023457197). Searches were performed in PubMed/MEDLINE, Embase, Scopus, Web of Science, Biblioteca Virtual em Saúde, and gray literature. Out of 1,884 studies retrieved, 1,699 titles and abstracts were screened, and 22 underwent full-text review. Nine studies met the eligibility criteria, involving 1,016 oral health assessments of children with epilepsy. Dental caries prevalence was 88.7%, with significant observations of gingivitis and plaque index. Gingival overgrowth and dental fractures had prevalences of 21% and 16.8%, respectively. Notably, 71.6% of the children had never visited a dentist, highlighting limited access to preventive care. The compromised oral health of children with epilepsy underscores the need for preventive actions and professional training.

14) Developing guidelines to optimize communication in pediatric dentistry for dominican hearing-impaired patients

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More than 5% of the global population has hearing impairment, with nearly 100,000 individuals affected in the Dominican Republic. This condition poses communication challenges during pediatric dental care. This study aimed to analyze the perspectives of pediatric dentists and patients with hearing impairment on communication during dental consultations and to develop a guide to improve interaction. Semi-structured interviews were conducted with six pediatric dentists, who reported experience treating these patients using aids like images, videos, improvised signs, transparent masks, and family assistance. Surveys were also completed by 85 children/adolescents with hearing impairment, with 65% identifying communication as their main concern during dental visits, and 60% suggesting that dental staff using sign language would enhance their experience. In collaboration with the Santa Rosa Institute for the Deaf, a 29-page guide was developed. It covers 13 topics, including key definitions, statistical data, communication strategies, practical recommendations, and a section with basic signs for interacting with hearing-impaired patients. This guide aims to improve accessibility and care quality in a more inclusive, respectful manner. Both dentists and hearing-impaired children emphasized communication difficulties in consultations. Implementing educational strategies like this guide helps address these issues, fostering inclusive care and improving interaction quality.

15) Oral microenvironment in children and adolescents undergoing chemotherapy for malignant neoplasms

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Chemotherapy significantly alters the oral microenvironment, yet the relationship between inflammatory and microbiological environments remains poorly understood. This study evaluated the prevalence of dental caries and periodontal disease and measured inflammatory cytokine levels (IL-4, IL-6, IL-8, IL-10, IFN-γ, TNF-α) in children and adolescents undergoing chemotherapy for malignant neoplasms. Sixty-five individuals participated, divided into a study group (SG, n=39) and a control group (CG, n=26). Two examiners assessed dental caries (ICDAS), periodontal disease (CPI index), oral mucositis (WHO), opportunistic infections, and other oral complications. Saliva samples were analyzed for cytokine concentrations using the Luminex® Cytokine Human 6-Plex Panel. The SG patients had a mean age of 9.54 years, with 53.8% being male. Among them, 59% were treated for solid tumors, while 41% were treated for hematological neoplasms, predominantly leukemia (38.4%). Results revealed dental caries prevalence of 66.6% and periodontal disease at 23.1% in SG. Elevated IL-4 levels (p=0.03) suggested an altered inflammatory environment, and IL-6 concentrations increased to 40.2 pg/mL in severe caries lesions (p=0.0136). The findings indicate that chemotherapy patients exhibit higher rates of initial and moderate caries, with a positive correlation between IL-6 levels and caries severity, highlighting the need for targeted oral health care in this population.

16) Oral clinical changes and cytokine profile in kidney transplant patients

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Kidney transplantation (KT) is the preferred treatment for end-stage renal disease, with immunosuppressants recommended to prevent graft rejection. However, the procedure and immunosuppressive therapy may trigger inflammation and opportunistic infections. This study aimed to evaluate cytokine profiles and correlate these levels with oral alterations and clinical changes in kidney transplant recipients (KTR). Data were retrospectively collected from the records of 48 KTRs who participated in a prior study (CAAE: 90602418.4.0000.0068) at the Clinical Hospital (HCFMUSP). Saliva and serum samples were obtained within five months post-KT. Cytokines analyzed included IL-4, IL-6, IL-8, IL-10, TNF-α, and IFN-γ. The Wilcoxon non-parametric test determined significant differences between cytokine levels and oral clinical changes (p=0.05). Results showed elevated

serum IL-6 associated with xerostomia (p=0.0351) and gingivitis (p=0.0247), as well as increased salivary IL-6 in gingivitis (p=0.026). Higher serum IL-4 was linked to oral candidiasis (p=0.0483), while lower salivary IL-10 correlated with tongue coating (p=0.0515). Lower serum TNF-α levels were observed in stomatitis (p=0.0351), and increased salivary IL-8 was associated with herpes simplex (p=0.0641), xerostomia (p=0.0443), tongue coating (p=0.0168), and gingivitis (p=0.0541). These findings highlight a significant association between cytokine levels in serum and saliva and oral alterations in KTR, representing a novel area of research.

17) Eating disorders in childhood and adolescence and the impact on oral health: a series of case reports

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Eating disorders (EDs) are psychiatric conditions affecting eating behaviors and body image perception, leading to significant dental changes that can impact food intake and quality of life. This study reports on eight cases of children and adolescents (aged 14–17) diagnosed with EDs, including anorexia nervosa, bulimia nervosa, and binge eating disorder, focusing on their oral manifestations and dental management at the Dental Clinic of the Psychiatric Institute, University of São Paulo School of Medicine (HCFMUSP). In 2024, dental examinations were performed on six hospitalized patients and two receiving outpatient care. Symptoms had persisted for 9 months to 5 years, with one patient still experiencing vomiting. Periodontal changes, such as calculus, were present in all patients, while two exhibited oral lesions (e.g., petechiae), one showed dental erosion, and two reported bruxism and dry mouth. No cases of orofacial pain were reported. DMFT scores ranged from 0 to 2, with only carious lesions, and all patients had visited a dentist within the past year. Initial management included oral hygiene guidance, periodontal scaling, fluoride application, and treatment of carious lesions when needed. Regular follow-ups ensured adherence to hygiene recommendations and monitored periodontal health, essential for preventing complications. Dentists play a crucial role in early detection and promoting long-term oral health and quality of life for these patients.

18) Oral and dental management in coffins-siris syndrome: a case report

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Emilie Idogava, Bianca Novais Soares Silva, Fabiana Martins, Marina Gallottini

Coffin-Siris syndrome (CSS, OMIN#135900) is a rare genetic disorder caused by mutations in genes encoding subunits of the SWI/SNF complex, also known as BAF complex. It is characterized by congenital anomalies, cognitive and developmental delay, and distinctive facial features. The main signs include craniofacial abnormalities, spinal anomalies, congenital heart defects, aplasia or hypoplasia of the distal phalanx or nail of the fifth finger, additional digits, hypotonia, hirsutism or hypertrichosis and thinning hair. Diagnosis is based on clinical signs and can be confirmed by molecular genetic testing. Oral anomalies are rarely described by the literature and include cleft palate, delayed eruption of permanent teeth, dental crowding, diastemas and dental developmental disturbances. A 9-year-old patient, diagnosed with CSS syndrome at the age of 7 was referred to the special care dentistry center for tooth extraction. Parents reported mental retardation, myopia, strabismus, recurrent otitis, fine motor disability, flat feet, inward knee, changes in the fifth digit and no congenital heart disease. The patient started speaking at the age of 7 and does not have full control of sphincter. Oral conditions reported included bruxism, mouth breathing, and sucking deficiency. Dental history revealed eruption of the first deciduous tooth at the age of 2 years. The patient has telecanthus, flat nasal bridge, wide mouth with thick lips, and thick eyebrows and eyelashes. Intra-oral examination revealed deep carious lesion on the first upper right molar, ogival palate, and germination of the first upper incisor. Panoramic X-ray revealed agenesis of the right upper lateral incisor. The patient is undergoing desensitization treatment, showing improvement with each visit.

19) Use of low-level laser therapy in the treatment of oral manifestations of crohn's disease: a case report

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Crohn's disease is an inflammatory bowel condition often affecting the lower small intestine, characterized

by abdominal pain, chronic diarrhea, and weight loss. It can also involve the oral cavity, with manifestations like vegetating pyostomatitis—ulcerated oral mucosal lesions accompanied by yellowish pustules with an erythematous halo. Laser therapy is a potential treatment option for such lesions, particularly when combined with systemic medical management. his report describes a 64-year-old female patient with Crohn's disease admitted to HCFMUSP for investigation and treatment of esophageal and oral ulcers following corticosteroid discontinuation. Diagnosed by the dermatology team with vegetating pyostomatitis, likely secondary to Crohn's disease, she was treated with high-dose corticosteroids and infliximab. The dental team evaluated ulcerations on the tongue, hard and soft palate, gingival, labial, and buccal mucosae. The patient reported pain, burning, and difficulty swallowing. Low-level laser therapy was initiated, resulting in a 90% reduction in pain and noticeable lesion regression after five sessions. Complete healing and symptom remission occurred after the seventh session. This case demonstrates that laser therapy can achieve satisfactory results in treating vegetating pyostomatitis lesions, improving the patient's clinical condition. However, it remains an adjuvant therapy and should complement systemic medical treatment.

20) Management of facial pain and masticatory muscle stiffness in a patient with primary progressive aphasia: a case study

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Aphasia is a neurodegenerative condition that impairs full or partial comprehension of spoken and written language. Affected individuals face difficulties in speaking, reading, writing, understanding, and repeating language. This case involves a 64-year-old female diagnosed with primary progressive aphasia in 2019, progressing to moderate-to-advanced stages. She attended neuropsychology sessions post-diagnosis but lost her speech in 2021. Currently under medical supervision, she takes escitalopram (12 mg) for anxiety and Donaren Retard (trazodone, 150 mg) for sleep. Despite being orally fed with bilateral chewing, she began speech therapy after experiencing choking on saliva and liquids. Speech therapy revealed reduced oral sensitivity, increased salivation, decreased mouth opening, and absent spontaneous swallowing with liquids. During dental consultation, the patient reported left-sided facial pain while chewing, attributed to stiffness in the masticatory muscles. Clinical examination, medical history, and X-rays confirmed tooth clenching and bruxism. A low-level laser therapy protocol was implemented with 10 joules applied to six bilateral sites across ten sessions. Sites included the central TMJ region, points above, below, and to the right of the TMJ center, the masseter muscle, and the external acoustic meatus. Following treatment, the patient showed reduced pain and stiffness in the masticatory muscles and significant improvement in mouth opening.

21) Hospital dentistry in the diagnosis of kaposi's sarcoma in a patient with hiv/aids: a case report

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Kaposi's sarcoma (KS) is a rare vascular neoplasm linked to the HHV-8 virus, commonly associated with HIV/AIDS. Although its incidence has decreased with antiretroviral therapies, it still occurs in approximately 6% of patients. This case involves a 23-year-old transgender woman with untreated ganglionic tuberculosis and HIV/AIDS, admitted to HCFMUSP due to pain and edema from purplish, vegetative, infiltrative lesions on her lower limbs. She began antiretroviral therapy (ART) and the RIPE protocol for tuberculosis treatment. During hospitalization, the dental team was consulted for tooth pain. Examination revealed a carious lesion on tooth #46 and a purplish spot (~20 mm) on the left side of the hard palate, painless upon palpation. KS was suspected, and incisional biopsies of the palate and lower limb lesions were performed. Histopathological analysis of the lower limb lesion revealed dermal fibrosis, superficial edema, and chronic inflammation without HHV-8 antigen presence. However, histological and immunohistochemical analysis of the hard palate lesion confirmed KS, showing positivity for the HHV-8 antigen. Four weeks later, the patient's respiratory function worsened, requiring ICU transfer. The palatal lesion infiltrated the soft palate completely. She died from acute respiratory failure secondary to KS and advanced AIDS. This case highlights the critical role of hospital-based dental surgeons in diagnosis and treatment planning for complex conditions.

22) The importance of a correct biopsy for the diagnosis of pemphigus vulgaris

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Clinicians may encounter various skin conditions presenting as vesiculobullous lesions, with pemphigus diseases being among the most severe due to their significant morbidity and mortality. Timely diagnosis is critical, relying on clinical evaluation and laboratory testing, including histopathology and direct immunofluorescence. Corticosteroids are the primary treatment for all forms of pemphigus, often combined with adjuvant therapies like azathioprine, mycophenolate mofetil, or rituximab. This case describes a 43-year-old man referred to the Mario Covas General Hospital with vesiculobullous oral mucosa lesions and flaccid cutaneous blisters, present for four months. An initial incisional biopsy diagnosed an infected ulcer, leading to treatment with corticosteroids and antibiotics under a clinical hypothesis of pemphigus foliaceus. Despite inconclusive histopathology, the patient was managed with azathioprine alone after hospital discharge. Following a consultation with the hospital dentistry team, a new biopsy confirmed pemphigus vulgaris. Unfortunately, by this time, the patient returned to the hospital in severe pain, and corticosteroids were resumed. Despite intervention, he developed cutaneous sepsis and passed away. The patient's initial lesions appeared on the oral mucosa months earlier. A timely biopsy by a dentist at that stage could have enabled an accurate diagnosis and effective treatment, potentially altering the outcome. This case underscores the critical role of dentists in early diagnosis and management of pemphigus.

23) Late impact of chemotherapy and radiotherapy on dental development: a case report

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Chemotherapy (CT) and radiotherapy (RT) to the head and neck during childhood can disrupt odontogenesis, leading to conditions such as dental agenesis and root malformation. This report details the case of a 23-year-old woman diagnosed with nasopharyngeal rhabdomyosarcoma at age 5, who underwent multiple RT and CT sessions between ages 5 and 6 without relapses. After a prolonged absence from follow-up, she sought dental care at HCFMUSP. Clinical examination revealed partial upper and lower dentition, tooth mobility, malocclusion, carious lesions, and poor oral hygiene. Radiographic analysis showed root malformation across all teeth and impacted teeth. While the patient expressed a desire for implants or prostheses, she was informed of the risks of surgical interventions, particularly osteoradionecrosis. A conservative treatment plan was agreed upon, including provisional restoration of tooth #38 and endodontic treatment for teeth #31 and #41. Ongoing follow-up aims to preserve her natural dentition, with a rehabilitative approach planned if tooth loss occurs. Dentofacial abnormalities resulting from cancer treatments profoundly impact oral health and quality of life. Preventing these complications requires proper oral hygiene and regular dental care. Dentists play a critical role in the comprehensive care and long-term follow-up of childhood cancer survivors.

24) Oral care of a patient with tuberous sclerosis complex and end-stage chronic kidney disease

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Tuberous sclerosis complex (TSC) is an autosomal dominant disorder, which affects 1 in 10,000 live births, characterized by the development of benign tumors in multiple organs, including brain, kidneys, heart and skin. Mutations in tumor suppressor genes (TSC1 and TSC2) lead to clinical changes, such as seizures, intellectual disability and skin angiofibroma. Oral changes include enamel hypoplasia, drug-induced gingival overgrowth secondary to the use of phenytoin and multiple fibrous papules affecting the anterior region of the gingival mucosa. The objective of this study was to describe a case of a woman with TSC and discuss the management of TSC patients with kidney disease. A 48-year-old black female seen in our clinic for eight years came back for dental treatment. The patient did not present intellectual impairment, but had a history of end-stage renal disease (ESRD) requiring

hemodialysis three times a week. Complications associated with ESRD, such as hypertension, secondary hyperparathyroidism and anemia, were reported. During physical examination we observed typical facial angiofibromas. Dental treatment for a patient with tuberous sclerosis and kidney failure presents several challenges, including increased bleeding risk due to renal dysfunction, medication prescription and seizure management if neurological symptoms are present.

25) Management of bacterial infections in a leukemia patient during hematopoietic stem cell transplantation: a case report

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This report discusses a 68-year-old female diagnosed with acute lymphoblastic leukemia (ALL). Acute leukemias lead to the buildup of abnormal blast cells in bone marrow, hindering normal cell production. Our goal is to share clinical experiences in managing oral infections in immunocompromised oncology patients, underscoring the importance of early diagnosis and targeted treatment. The patient has been under onco-hematological care since 2021, undergoing multiple treatments: chemotherapy, hematopoietic stem cell transplantation (HSCT) in 2022, CAR-T cell therapy in 2023, and a second HSCT in 2024. During the last HSCT, a rapidly developing, asymptomatic, white lesion was found on the tongue's dorsal surface. Biopsy and culture confirmed Candida albicans and Acinetobacter pitii. Antifungal and antibiotic treatments were initiated; however, new lesions emerged on the hard palate, tongue, and labial commissure. Follow-up analysis identified Stenotrophomonas maltophilia and Staphylococcus haemolyticus, both exhibiting high antimicrobial resistance. We then added sulfamethoxazole + trimethoprim to her treatment and enhanced oral hygiene practices. After 40 days, the infection resolved. Culture tests confirmed the infection and its antimicrobial sensitivity, allowing more precise antibiotic adjustments. Antimicrobial resistance poses a challenge in treating infections in immunocompromised patients, necessitating ongoing monitoring and preventive strategies.

26) Dental management in a patient with tourette syndrome: a clinical case report

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Tourette syndrome (TS) is a neurodevelopmental disorder characterized by involuntary motor and vocal tics, persisting for at least one year and onset before the age of 18, with a higher incidence in males and an estimated prevalence between 0.3% and 1%. Approximately 90% of the individuals with TS have one or more neuropsychiatric disorders directly affecting their quality of life. A 16-year-old male patient diagnosed with TS had obsessive-compulsive disorder and attention deficit hyperactivity disorder, including a history of coprolalia, copropraxia, agitation, insomnia and self-harm. The patient attended the dentistry outpatient clinic at the Institute of Psychiatry of the University of São Paulo Clinical Hospital for dental evaluation. Intraoral examination revealed complete dentition, preserved mouth opening, generalized biofilm, crowding of the upper and lower anterior teeth, and absence of carious lesions or other inflammatory/infectious signs. In the extraoral physical examination, injuries on the hands due to self-harm were identified. The patient underwent preventive and health promotion procedures, with an average interval between tics of 1'32"66 seconds. Appropriate behavioral management, combined with an integrated approach involving the family and a multidisciplinary team, is essential for developing strategies that ensure the effectiveness of dental treatment and consequently contribute to an improved quality of life for these individuals.

27) Oral benign triton tumor: a case report with immunohistochemical study of a rare entity

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Neuuscular hamartoma, or benign "triton" tumor (BTT), is a rare tumor characterized by cells with peripheral nerve and skeletal muscle differentiation. Although BTT can exhibit aggressive traits, causing sensory issues such as paresthesia and recurrence, its

exact etiology is unknown, with limited literature documenting only seven cases, including two in the oral cavity. This report details a 51-year-old female who visited the Stomatology Clinic at FOUSP, presenting with a painless, reddish swelling on her lower lip that had been present for three years. The lesion was mobile and had a fibrous consistency. The patient had previously undergone an unsuccessful removal of a lesion thought to be a hemangioma, with no histopathological analysis performed at that time. Dissatisfied with the aesthetic outcome, she attempted reconstruction through two plastic surgeries, which failed. At FOUSP, the dentist initially diagnosed the lesion as scarring or a fibrous mucocele and proceeded with an excisional biopsy. Histopathological analysis revealed peripheral nerve bundles intertwined with skeletal muscle fibers. Immunohistochemical staining was positive for S100 and Desmin, confirming the diagnosis of neuromuscular hamartoma. The surgical site healed well, leaving only mild fibrosis with no recurrence reported within three months. This case enriches the literature on BTT, providing valuable clinical and histological insights to enhance treatment strategies.

28) Oral care plan for neuropathic patient in palliative care: a case report

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In and progressive neurological diseases, palliative care is crucial for symptom management throughout the course of the disease, including end-of-life care. Orofacial alterations can result from the primary condition, associated morbidities, and pharmacological treatments, necessitating specialized dental care. This report discusses a 30-year-old male patient who suffered severe traumatic brain injury and was admitted to a high-complexity hospital for palliative care. Oral issues identified included trismus due to the underlying disease, drooling, sialectasis, mucosal trauma, and dry lips. Interventions focused on maintaining oral hygiene, hydrating the lips, utilizing low-level laser therapy, fitting a mouth guard, optimizing anticholinergic medications, and applying botulinum toxin to the salivary glands and facial muscles. Additionally, nursing and physiotherapy staff were trained on the patient's oral care needs. After five months of dental follow-up, the patient was transferred to a transitional care facility, and a post-discharge dental care plan was established. Caring for polytraumatized patients presents challenges due to the complexity of their conditions, requiring a multidisciplinary approach. Oral care plays a vital role in improving comfort and quality of life, making the dentist an essential member of the healthcare team and integrating oral care into the comprehensive treatment plan for such patients.

29) Natal tooth in a premature newborn with patau syndrome: clinical challenges and case report

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Patau syndrome, or trisomy of chromosome 13, is a rare genetic disorder with an estimated prevalence of 1 in 5,000 live births. This condition is marked by multiple congenital malformations, including central nervous system anomalies, cardiac and renal defects, facial abnormalities (e.g., microcephaly and orofacial clefts), microphthalmia, scalp cutis aplasia, and polydactyly. Natal teeth are uncommon but may appear in patients with trisomies and pose a risk of bronchoaspiration. A 2-day-old female patient, born prematurely at 33 weeks of gestation and diagnosed with Patau syndrome via karyotype analysis, was admitted to the Neonatal Intensive Care Unit (NICU) at UNICAMP Clinical Hospital on ambient air and fed through an orogastric tube. The medical team requested a dental evaluation due to a natal tooth. Clinical examination revealed two natal teeth in the lower central incisor area, exhibiting significant mobility and risk of bronchoaspiration. These teeth were extracted under local anesthesia in a controlled setting without complications. The occurrence of natal teeth in Patau syndrome is exceedingly rare, and immediate dental evaluation is crucial to mitigate aspiration risks. An interdisciplinary approach and timely dental intervention are vital for the patient's safety, while continuous follow-up in a hospital setting is essential for health and development considering the syndrome's constraints.

30) Dental approach in a patient with lowe syndrome: clinical challenges and case report

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Lowe syndrome, also known as oculocerebrorenal syndrome, is a rare genetic condition linked to the X chromosome, occurring in approximately 1 in every 500,000 live male births. It is characterized by ocular, neurological, and renal abnormalities. Typical facial features include a prominent forehead, deep-set orbits, and congenital cataracts. A 2-year-and-3-month-old patient, the first child of healthy, non-consanguineous parents, was diagnosed at 10 months with Lowe syndrome after pathogenic variants in the OCRL gene were identified. The mother reported frequent vomiting episodes during the child's first year, and the child was primarily fed a soft diet, struggling to accept solid foods. Neuroimaging revealed Blake's cyst and megacisterna magna. During a dental evaluation at the UNICAMP Clinical Hospital, the patient was assessed in a stroller. Notable features included the characteristic facial appearance, incomplete deciduous dentition due to delayed eruption, perimolysis signs on the lower central incisors, presumably linked to vomiting, and grade 2/3 tooth mobility. Extractions were performed under local anesthesia to reduce bronchoaspiration risk. Additionally, root malformations were noted, likely from poor nutrient absorption. Dental management should be interdisciplinary, focusing on preventing complications, maintaining oral health, and ensuring early intervention to enhance development and quality of life.