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Introduction: Fibrolipoma is a rare histological variant of simple lipoma. Males are affected more often than females and it appears to occur in older patients. Fibrolipoma is freely mobile in relation to the surrounding tissues and it appears as a raised, painless and semi-soft lesion. They usually do not show recurrence after conservative surgical excision. **Purpose:** the aim of this study is to emphasize the importance of the histological findings to diagnose soft tissue lesions of the oral cavity. **Case report:** A 56-year-old female patient came to the Oral Surgery Service of Virgen de la Paloma Hospital and presented with swelling of few years duration. The medical history of the patient was unremarkable. The intraoral examination showed a 3x2 cm semi-soft, waxy and pinkish, rounded mass in the left jugal mucosa. The lesion was painless on palpation. It was not fixed and not fluctuant. After informed consent, the mass was surgically excised under local anesthesia. Histological examination showed round to oval shaped adipocytes admixed with dense collagenous fibers and fibroblasts. The microscopic diagnosis of 'fibrolipoma' was given. A follow-up of 2 years found no evidence of disease. **Conclusion:** histological findings provided by Oral Pathologists should be combined with clinical features for accurate diagnosis of soft tissue lesions of the oral cavity.

- Oral Presentation 12

TITLE: Oral squamous cell carcinoma in a patient with oral lichen planus

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Introduction: Oral lichen planus is a chronic inflammatory disease of unknown etiology with an autoimmune mechanism. Its malignancy transformation has motivated many studies and is controversial.

Case report: 60 years old male with type 2 Diabetes Mellitus, arrhythmia, hypertension and oral lichen planus.

He was under treatment with Enalapril, Tromalyt®, Metformina y Omeprazol, with no history of allergies or drugs. The patient was referred for extraction of 3.7 and 3.8. On intraoral examination, jugal lichenoid lesions and ulcerated lesion were seen in the retromolar and vestibular region of 3.7 and 3.8. The orthopantomography showed a radiolucent image with ill-defined margins around 3.8 involving retromolar area and mandibular ramus. An incisional biopsy of the lesion was performed which on histopathologic analysis revealed oral squamous cell carcinoma. The tumor was classified as T4N2bM0. An ipsilateral lymphadenectomy, segmental mandibulectomy of the left mandibular body and reconstruction of intraoral defects with vascularized fibular graft, modeling the bone in double bar for future dental rehabilitation was performed.

Conclusions: Although progress has been made in understanding the malignant transformation of potentially premalignant lesions, more prospective studies with diagnostic criteria are needed. Although different studies show that ulcerative and erosive types show higher incidence of malignization, all kinds of lesions must be monitored.

- Oral Presentation 13

TITLE: Guided bone regeneration in cystic pathology. Clinical case

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Introduction: Finding radiolucent lesions in radiographic images is usual in dentistry, so we must do a good differential diagnosis of such lesions to make a right treatment.

Clinical case: A 65-years-old woman, with allergy to tetracycline and no other pathology, came to our clinical service sent by CAP to do 2.7 extraction because of an irrestaurable caries. We found in the orthopantomography a radiolucent lesion of 1x1cm in 1.4 place, tooth that was took out one year ago. 1.3 vitality was not altered. The patient is upper PPR carrier. TC was conducted to determine the limits and features of the lesion and we observed a drilling of the buccal cortical bone. Our presumptive diagnosis was residual cyst associated with 1.4. We decided to perform the excision of the lesion and a simultaneous guided bone regeneration with