tions revealed that CEA: -, canalicular pattern: +, EMA: -
, canalicular pattern: +, AFP: - = ±, α-1-AT: +, α-1-ACT:
Therefore, the tumor was considered to be a metastatic carcinoma appearing in the gingiva.

15D9: A case of left parotid gland tumor
Koyama H, Ohuchi T, Nakade O, Abiko Y, Kaku T,
Shirozaki H and Ikeda K
Dept of Oral Pathol, Health Sciences Univ of Hokkaido
Sch of Dent; Dept of Otorhinolaryngol, Dept of Clin
Pathol, Sapporo Med Univ Sch of Med

A case of left parotid gland tumor is examined.
The patient, a 71-year-old woman, complained of a
swelling of the left parotid region. Histopathological
examination showed the tumor cells consisted of solid
patterns with ductal structures and cribriform patterns.
The tumor cells lying near the stroma to which the PAS
positive deposit was adjacent, showed a peripheral
palisading pattern. The results of histochemical and
immunohistochemical stainings are shown as follows.
Keratin (+ +), S-M-actin (+), S-100 (+), mucicarmine (-),
vimentin (-). (Authors' final diagnosis: basal cell
adenoma)

16D10: A tumor of the palate
Shibata Y, Fujita S, Takahashi H and Okabe H
Dept of Oral Pathol, Nagasaki Univ Sch of Dent

A 32-year-old woman was admitted to 2nd Depart-
ment of Oral and Maxillofacial Surgery, Nagasaki
University School of Dentistry on February 1986 with a
chief complaint of a swelling in the left side of palate.
Physical examination revealed a well-defined swollen
mass covered by normal mucosa, measuring 1×1.3 cm
in diameter. Tumorectomy was performed, however,
recurrence had occurred 4 times until December 1996.
The tumor expanded from the same region of the palate
to the left side of the tonsil. Histopathologically, the
tumor was composed of epithelial cells arranged in
sheets, cords, ducts, and a focally cribriform pattern.
They were often immunopositive for S-100, EMA and
CEA. (Authors' final diagnosis: polymorphous low-grade
adenocarcinoma)

17D11: Tumor of lower lip
Azuma R and Saku T
Dept of Pathol, Niigata Univ Sch of Dent

A 21-year-old man had noticed a dark purple-
colored and slightly protuberant mass measuring 5 mm
in diameter at the right side of his lower lip for 3
months. The excisional biopsy specimen showed a
dilated blood vascular lumen in which organizing
thrombus was formed. Papillary growth of granulation
tissue covered with endothelial cells was noticeable.
The lining endothelial cells were immunopositive for
von Willebrand factor and UEA-I lectin binding.
(Authors' final diagnosis: papillary endothelial hyper-
plasia of the lip)

18D12: A small mass in the mucosalial fold
Sugiuira J and Fujiwara K
Dept of Oral Pathol, Ohu Univ Sch of Dent

A 74-year-old man is presented with a small mass
in the mucosalial fold. Histologically, the mass was
nonencapsulated and composed of mature lipocytes
separated by a branching network of small vessels.
Mature lipocytes and proliferating blood vessels were
wedging hand in hand through the cross-striated muscle
fibers. (Authors' final diagnosis: infiltrating
angiolipoma)

19D13: An HTLV-I-positive case showing calcium
deposition in systemic organs
Kumamoto H, Ichinohasama R, Onodera K and
Ooya K
Dept of Oral Pathol, Tohoku Univ Sch of Dent

A 56-year-old male exhibited clinical symptoms of
advanced cardiac insufficiency, respiratory disturbance,
renal failure, jaundice, leukocytosis, swelling of lymph
nodes and hypercalcemia. Anti-HTLV-I antibody titer
was increased, and the lesion of adult T cell
lymphoma/leukemia (ATLL) was clinically suspected.
He died of advanced cardiac failure 2 days after admi-
sion. The most conspicuous finding from the autopsy
was extensive calcification in systemic organs such as
heart, lungs, kidneys, tongue, liver, pancreas and
spleen. The lymph nodes grossly showed slight swelling,
and histologically revealed diffuse proliferation of
reactive small lymphocytes containing occasional
medium-sized atypical lymphoid cells. We discussed the
case for histopathological diagnosis and mechanism of
calcification. (Authors' final diagnosis: metastatic calcifi-
cation associated with an unusual lymphoproliferative
disorder seropositive for HTLV-I)

20D14: A case of juvenile periodontitis accompa-
nied with desquamative gingival lesion
Uyeno K, Kumagai A, Yegashi T, Kikuchi T and
Fujimoto A
Dept of Periodontol, Sch of Dent, Iwate Med Univ

A 17-year-old girl was referred to our clinic by a
local dentist for gingival lesions of unknown origin. The
gingiva and palatal mucosa showed occasional bleeding
and whitish but slippery surface architecture without
any pain, and a radiograph revealed generalized severe
bone resorption like periodontosis. A biopsy showed
severe inflammatory changes with neutrophilic band
formation and epithelial desquamation at gingival
surface. The patient had no obvious changes hematologi-
cally or serologically, but an increase of reticulocyte,
blood platelets, IgM and IgA. The gingival lesion was
treated with topical medication, and the periodontal
lesion was treated with scaling, root planing and tooth
splitting for 10 months. The patient discontinued treat-