Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

prescribed. On the fifth day after the onset of symptoms (2 days after the start of antibiotic) the patient complained about sores in the mouth. Intraoral examination showed several painful, red ulcers with irregular margins and varying sizes and a nonhemorrhagic background in the oropharyngeal region. Topical anesthetic mouthrinse was prescribed. Two weeks after the initial signs, the patient is symptom free with no evidence of local or systemic disease.

CENTRAL GIANT CELL GRANULOMA ASSOCIATED WITH CENTRAL OSSIFYING FIBROMA: REPORT OF AN UNUSUAL CASE
Giovanna Matos De Souza, Mariene Da Silva Monteiro, Águida Maria Menezes Aguiar Miranda, Bruno Augusto Benevenuto De Andrade, Mário José Romañach, Aline Corrêa Abrahão, and Gustavo Gaffrée Braz, We contribute with an uncommon case of central giant cell granuloma associated with central ossifying fibroma (CGCG-COF) in the mandible of a 38-year-old female patient. Clinically, painless swelling of 10 months' duration was detected in the anterior mandible, exhibiting prominent lingual cortical expansion. Imaging exams revealed an ill-defined multilocular mixed radiolucent-radiopaque lesion in the tooth-bearing area, measuring approximately 4 cm, causing root displacement of the lower incisors, canine, and premolars and causing exuberant expansion of bone cortices. Incisional biopsy was performed, and microscopic analysis revealed multinucleated giant cells in a hemorrhagic cellular stroma, intermingled with areas of benign fibro-osseous lesion. The diagnosis was CGCG-COF. Laboratory blood tests ruled out secondary hyperparathyroidism. The treatment consisted of marginal mandibular resection and the patient has been under strict follow-up over the last 4 months. We report an unusual case of CGCG-COF exhibiting clinical-radiographic features of aggressiveness, and long-term follow-up is required.

ORAL SIGNS OF COVID-19 IN HOSPITALIZED PATIENTS: A SERIES OF 9 CASES
Camila Alves Costa, Ana Carolina Serafim Vilela, Suzane Aparecida Oliveira, Elismauro Francisco De Mendonça, Cláudio Rodrigues Leles, and Nádia Lago Costa, Oral manifestations have been related to COVID-19 patients with COVID-19, classified as necrotic/hemorrhagic ulcers, aphthous-like ulcerations, and petechiae. Here we report a series of 9 patients hospitalized with COVID-19 with one of the oral signs of COVID-19. Multiple erythema/petechiae were diagnosed in the palate of 3 patients with moderate symptoms of COVID-19, without reports of pain or discomfort. Three other patients with moderate symptoms of COVID-19 related discomfort on palpation and intraoral examination revealed multiple superficial aphthous-like ulcers with irregular margins and many sizes covered with a mucopurulent membrane in the buccal mucosa and palate. In the intensive care unit, 3 patients with COVID-19 with critical symptoms presented necrotic/hemorrhagic ulcers affecting the lip mucosa, alveolar ridge, and dorsal and lateral tongues, characterized by bleeding and focal areas of shallow necrosis. All cases were followed up by dentists of the multidisciplinary team at the hospitals.

THE POTENTIALLY MALIGNANT TRANSFORMATION OF LICHEN PLANUS: CASE REPORT *Renata Santos Fedato Tobias, Eneida Franco Vêncio, Mario Serra Ferreira, and Maria Alves Garcia Silva,* Verrucous carcinoma is an indolent variant of the squamous cell carcinoma. Clinically, it presents most often as a slow-growing verrucous lesion. This study aims to report a case of a 47-year-old White man who presented 2 painless lesions: white patches on the dorsal surface of the tongue and a white verrucous nodule on the lateral border of the tongue. Another lesion at the same location 10 years earlier was reported by the patient. Complete hemogram, previous antifungal treatment, and incisional biopsy were requested. The final diagnoses were lichen planus (dorsum) and verrucous squamous cell carcinoma (lateral border). The patient was referred for cancer treatment, with surgery and radiotherapy. He died 1 year later. The possible malignant transformation of a previous lichen planus is discussed. This case report also highlights the responsibility of the professional to advise the patient about the follow-up of potentially malignant lesions.

SURGICAL EXCISION OF POLYMORPHOUS ADENOCARCINOMA OF THE PALATE
Patrick Pereira Garcia, Nelise Alexandre Da Silva Lascane, Bruno Tavares Sedassari, Pedro Henrique De Aguiar Moreira, Suzana Cantanhede Orsini Machado De Souza, and Thalita Santana, We report a case of successful surgical excision of polymorphous adenocarcinoma (PAC) in a 58-year-old male patient. Clinically, the patient presented an asymptomatic mass in the palate, measuring 3 cm in diameter, with a history of 3 years of evolution. The patient had undergone an incisional biopsy and the diagnosis was suggestive of pleomorphic adenoma. Surgical excision of the lesion was performed, and histological analysis revealed a proliferation of epithelial cells organized in lobular solid nests, trabecular patterns, duct-like structures, and individual cells aligned in single file. Neoplastic cells showed undefined borders, eosinophilic cytoplasm, and a pale round nucleus, with finely dispersed chromatin. Tumor stroma was hyalinized and areas of neural and vascular invasion were noted. Immunohistochemistry was diffusely positive to CK7, vimentin, and S-100. The specimen was diagnosed as PAC. The patient was referred for cancer treatment and has been in follow-up for 5 years with no recurrence.

MANAGEMENT OF A MAXILLO-ZYGOMATIC FIBROUS DYSPLASIA IN A GROWING-UP CHILD: EIGHT YEARS' FOLLOW-UP CASE REPORT *Fernanda Aparecida Stresser, Ana Carolina Pascoal Domingues, Giselle Emilãine Da Silva Reis, Rafaela Scariot, Delson João Da Costa, Leandro Eduardo Klüppel, and Aline Monise Sebastiani,* Fibrous dysplasia (FD) is a benign dysplastic disorder of bone development in which the normal bone matrix is replaced by fibroblastic proliferation. The aim of this case report is to report a case of a 12-year-old White male patient who was referred to an oral and maxillofacial surgery service with the main complaint of facial asymmetry and tumefaction in the right maxillo-zygomatic region. Physical examination, computed tomography, and incisional biopsy were performed, which confirmed the diagnosis of FD. A stereolithographic model was generated to manufacture a surgical guide. Osteoplasty was conducted under general anesthesia and the patient was follows up every 6 months after surgery. After 8 years of follow-up, a positive control of facial asymmetry, contour, and volume of bone affected were achieved. Final computed tomography showed that the maxilla and zygomatic