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.

Rangel Goulart, Brunno Santos De Freitas Silva, and Fernanda Paula Yamamoto-Silva, The present report aimed to describe a rare case of juvenile mandibular chronic osteomyelitis in an 8-year-old. The patient was referred to our service presenting a painful, slight, and firm swelling in the region of the mandibular angle, with normal coloration and reduced mouth opening, with a 9-month evolution causing asymmetry. Panoramic radiography and cone beam computed tomography images revealed thickening of the mandibular body and angle extending to the ramus. Incisional biopsy was performed, microscopic analysis found no bone alterations, and blood culture was negative. Based on clinical and radiologic findings, the diagnosis was juvenile mandibular chronic osteomyelitis. The patient has been treated with 50 mg/day of indomethacin, with slight remission of the swelling, and oriented to continue the medication with a follow-up of 4 months without complete remission of the lesion.

SURGICAL TREATMENT FOR HYPERTROPHY OF BILATERAL MASSETER AND TEMPORAL MUSCLES: CASE REPORT *Camila Duarte Da Silva, Larissa Do Nascimento Silva, and Fabio Ricardo Loureiro Sato,* Hypertrophy of the masticatory muscles has an etiology not totally clarified and has been attributed to unilateral masticatory efforts due to tooth loss, temporomandibular joint disorders, or parafunctional habits. It usually affects young adults between the second and third decades of life. The objective of this research is to report a case of a 34-year-old male patient reporting an important bilateral increase in volume of the masseteric and temporal region associated with the myalgia of these muscles, the use of an occlusal splint for more than 5 years, and 2 previous applications of botulinum toxin with few improvements. The treatment option was surgical treatment with partial resection of the hypertrophied muscles, the masseter muscle through intraoral access, and the temporal muscle through bicoronal access. The patient has been undergoing clinical follow-up for 1 year, with improvement in both aesthetics and painful symptoms, with no signs of recurrence.

HERPETIC GINGIVOSTOMATITIS IN ADULT—CASE REPORT *Marielle Da Silva Oliveira, Elisa Morais De Carvalho, Daniella Cristina Borges, Ivânia Aparecida Pimenta Santos Silva, Denise De Souza Matos, Leonardo Bíscaro Pereira, and Rodrigo Soares De Andrade,* Herpetic gingivostomatitis (HGE) is a pathology caused herpes simplex virus. Although occurring more often in children, it can affect adults and is often more extensive and aggressive. Diagnosis is defined by clinical features, and hematological tests are important to treat cases in adults, where there is the possibility of some type of immunosuppression. The patient is a 46-year-old male patient who sought treatment for ulcerative and papular lesions on the gums, tongue, and oral mucosa the caused pain, discomfort, and dysphagia. The patient reported no recent illnesses of any kind. Platelet changes were observed on hematological exam. Clinical diagnosis was HGE. Propaedeutic was steroidal anti-inflammatory drugs and hygiene instructions. In 10 days, all lesions had regressed and the patient could eat again without difficulty.

THE USE OF OZONE AND HYPERBARIC OXYGEN THERAPIES FOR MANDIBULAR OSTEORADIONECROSIS CONTROL: A CASE REPORT *Fernanda Christina De Carvalho, João Vittor Ferreira Da Costa Nery, Isabella Stagliorio Dumet Faria, Antônio Lucas Castro Pimentel, Antônio Márcio Teixeira Marchionni, Silvia Regina De Almeida Reis, and Alena Ribeiro Alves Peixoto Medrado,* Osteoradionecrosis is a common complication of radiotherapy observed in patients with head and neck cancer. A 60-year-old male patient presented to a buccomaxillofacial service reporting pain in the mandibular body. He had a previous cancer diagnosis on the amygdala and jaw osteoradionecrosis. Extraoral physical exam revealed the presence of a fistula with necrotic bone exposure at the left submandibular region. In the oral cavity, bone exposure through the fistula at the mandibular alveolar edge was observed. Imaginologic findings showed a radiolucent area on the mandibular body, as well as horizontal and vertical bone loss. After adequacy of the oral environment was assessed, the patient was submitted to sessions of ozone therapy and hyperbaric oxygen therapy. At the end of these therapies, the patient was submitted to a mandibulectomy, with posterior oral rehabilitation. Two years after the surgery, the osteoradionecrosis relapsed and the patient is currently under palliative care.

STEVENS-JOHNSON SYNDROME IN SINONASAL UNDIFFERENTIATED CARCINOMA PATIENT DUE TO CHEMOTHERAPY *Éder Gerardo Dos Santos-Leite, Juliana Borges Lima Dantas, Hayana Ramos Lima, Alena Ribeiro Alves Peixoto Medrado, Gabriela Botelho Martins, and Manoela Carrera,* A 40-year-old woman diagnosed with sinonasal undifferentiated carcinoma was referred by the nursing team due to a "fetid odor that diffuses throughout the environment." In her medical history, the patient had multiple episodes of hypersensitivity reactions due to penicillin, cisplatin, and fluorouracil. On physical examination, an extensive area of gingival necrosis, presenting as a large and painful ulcerated area with exposure of the buccal and lingual mandibular bone, resulting in dental root exposure, was noticed. Skin ulceration and pigment change in both hands and arms were present. In a multidisciplinary approach, chemotherapy was interrupted and an intravenous antibiotic was administered. For oral lesions, chlorhexidine 0.12% and nystatin mouthwash were prescribed 4 times a day. In addition, weekly antimicrobial photodynamic therapy was performed. After 4 weeks of clinical follow-up, oral lesions were healing, and areas of epithelialization were seen. Unfortunately, the patient died from her malignancies during follow-up.

ORAL MUCOSAL LESIONS IN A COVID-19 PATIENT: A CASE REPORT *Laylla Galdino Dos Santos, Camila Barcellos Calderipe, Luíse Dos Santos Ferreira, André Luiz Rodrigues Mello, Laura Da Silva Fonseca, and Ana Carolina Uchoa Vasconcelos,* Because the oral health of patients with COVID-19 can be affected by the infection, there is doubt whether these manifestations could be a typical pattern resulting from the direct viral infection or result from systemic deterioration. A 24-year-old woman was referred to the general clinical doctor complaining about fever, headache, and shortness of breath lasting around 5 days. Medical history was unremarkable. A nasopharyngeal swab (reverse transcriptase polymerase chain reaction) for SARS-CoV-2 was positive. Azithromycin and supportive treatment were

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