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manifestation of OM and pain. The worst manifestation of OMWHO/OM-OMAS and the worst pain were related to lower BF.

**SYNCHRONIC CARCINOMA: A RARE OCCURRENCE IN THE ORAL CAVITY**

Aparecida Viviane Xavier De Souza, and Paulo De Camargo Moraes. A 66-year-old White female patient presented with the chief complaint of gum pain and gingival growth at the prosthesis support region. Her mother had osteoporosis and her father died of pneumonia. She reported hypertension, hypercholesterolemia controlled by drugs, and history of breast cancer, treated with 18 sessions of chemotherapy and 33 sessions of radiotherapy. No changes were observed on extraoral physical examination; however, intraorally it was possible to see 3 ulcerated areas all located on the alveolar ridge, at the region of teeth 34, 37, and 47. Biopsies of the 3 areas were performed and histologic diagnosis came back as 3 distinct epidermoid carcinomas. The patient underwent mandibulectomy and radiotherapy and is being followed up by the oncology service.

**ORAL LESIONS IN PATIENTS WITH COVID-19: REPORT OF TWO CLINICAL CASES**

Gerlane Lima Oliveira, Emilhy Silva, and Douglas Magno Guimarães. Case 1: A 45-year-old woman, diagnosed with COVID-19 by reverse transcription polymerase chain reaction (RT-PCR), sought care via messaging app complaining of tongue discomfort. She sent a picture of the lesion in which a hemorrhagic blister of approximately 1 cm on the tongue’s ventral face was observed. The patient denied trauma or the use of medication. Follow-up was carried out and complete resolution of the lesion was noted after 5 days. Case 2: A 6-year-old boy under treatment for acute lymphoid leukemia was hospitalized because of febrile neutropenia and respiratory complaints. In the clinical exam, multiple painful rounded erosions of approximately 2 mm in diameter were observed on the hard palate. As a result of the respiratory complaint, RT-PCR for COVID-19 was requested and the result was positive. The patient followed the treatment for COVID-19 and resolution of the lesions was noted after 7 days.

**LEISHMANIASIS IN IMMUNOCOMPROMISED PATIENT: CASE REPORT**

Gerlane Lima Oliveira, Emilhy Silva, and Douglas Magno Guimarães. Leishmaniasis represents a serious public health problem in Brazil and abroad, being endemic in 88 countries. In this context, the diagnosis is relevant to obtain the correct treatment. This study reports a clinical case of a 19-year-old woman under treatment for acute lymphoid leukemia, hospitalized presenting with neutropenia after chemotherapy. During the examination, an ulcerated lesion on the hard palate near the first right molar was noted. The lesion, approximately 1.5 cm, was flat and painless and had an irregular outline. Because of the neutropenia and thrombocytopenia, a biopsy of the lesion was not performed. However, serologic tests were requested, and they showed an IgM positive result for leishmaniasis. The patient was treated with amphotericin B, following the hospital protocol, and presented partial resolution of the lesion after 10 days of treatment.

**SQUAMOUS CELL CARCINOMA IN A 16-YEAR-OLD PATIENT: A CASE REPORT**

Emilhy Silva, Gerlane Lima Oliveira, Marco Túlio Brazão-Silva, and Douglas Magno Guimarães. Squamous cell carcinoma is the most common oral malignant neoplasm, occurring mainly in individuals over 45 years old. A 16-year-old girl sought dental care, complaining of a tongue wound and reporting frequent trauma at the site. A prior diagnosis of acute lymphoid leukemia at the age of 6 years, treated with chemotherapy, was reported. On intraoral examination, an ulcerated lesion was observed at the left border of the tongue, with an irregular shape and high, hardened edges, measuring 5 mm. An incisional biopsy was performed and the histopathologic analysis confirmed an oral squamous cell carcinoma. Additional immunohistochemistry tests for p16 were performed, showing negative result, and magnetic resonance imaging confirmed the expansive infiltrative lesion without cervical lymph nodes. The patient was submitted to partial glossectomy without neck dissection. After 2 months, the patient remains with no signs of lesion recurrence.

**U-SHAPED MICROVASCULAR FIBULA FLAP FOR MAXILLARY RECONSTRUCTION AFTER LE FORT I AVULSION**

Laurindo Moacir Sassi, Jose L. Dissenhia, Fernando L. Zanterra, Alfredo B. Silva, Marcio Vinicius Huczulack, Paola A.G. Pedruzzii, and Maria Isabel Gueburr. Our objective is to present the use of the U-shaped microvascular fibula flap (US-MFF) for post-traumatic maxillary reconstruction. The technique is indicated for full Le Fort I maxillary reconstruction. The fibula flap is cut into 3 segments. The first and third segments aim to reconstruct bilateral alveolar ridges as well as the zygomaticomaxillary buttresses. The middle segment is used to reconstruct the anterior maxilla. Flap is fixed with 2.0 mini plates and screws. A 20-year-old female patient involved in a jet ski accident presented full Le Fort I maxillary avulsion. Reconstruction was performed using the US-MFF technique. The procedure had no vascular complications and showed satisfactory stability. After 3 months, iliac free bone grafting was made to provide supplementary canine buttress width. The successful reconstruction of trauma victims is challenging, due to the extension of trauma and underlying social aspects. The US-MFF is a viable alternative for reconstructing extensive maxillary defects.

**JUVENILE PSAMMOMATOID OSSIFYING FIBROMA: A CASE REPORT**

Emilhy Silva, Gerlane Lima Oliveira, Marco Túlio Brazão-Silva, and Douglas Magno Guimarães. Ossifying fibroma represent neoplastic entities and are separated into trabecular and psammomatomoid variants. A 10-year-old girl sought dental care, complaining of facial volume increase that had been present for a year. On extraoral exam, an increase in volume on the left side of the lower third of the face, causing facial asymmetry, was observed. On intraoral examination, there was swelling near the first lower left molar with similar coloring to the mucosa. On radiographic examination, a unilocular radiolucent lesion with scalloped edges, involving the mandibular body and causing root resorption of the first lower molar, was noted. An incisional biopsy was performed and a final diagnosis of juvenile