regulated expression of S100A7(mRNA) is also detected in other inflammatory lesions and carcinomas, but not detectable in normal tissues. Recently, S100A7(mRNA) expression is reported to be tightly associated with the differentiation of malignant squamous epithelial cells, and therefore we investigated the regulatory of mechanism of S100A7(mRNA) expression in the oral squamous cell carcinoma (Oral SCC) cells. We especially analyzed the promoter activity of the 5′-flanking region of the S100A7 gene. Oral SCC cell lines (MISK81−5, sMISK, HSC-2, HSC-3 and HSC-4), gastric adenocarcinoma cell lines (MKN28, MKN45 and MKN74) and a keratinocyte cell line (HaCaT) were used in this study. The S100A7(mRNA) expression was compared among these cell lines by semi-quantitative RT-PCR. The promoter region of S100A7 gene was isolated from the HSC3 cell line that showed the high level expression of S100A7(mRNA), and its genomic sequences were comparatively analyzed the sequences retrieved from the NCBI human genomic databases. 5'-deletion analysis of S100A7 promoter-luciferase chimeric constructs in transient transfection was performed in HSC3, MISK81−5, HaCaT and MKN28 cell lines. S100A7(mRNA) expression was demonstrated in Oral SCC cell lines. However the expressions assay were under detectable levels in the other cells. Then S100A7 promoter isolated from the HSC3 cell line was extended to 3.5kb upstream of the transcription start site. These sequences were completely matched to sequences retrieved from the databases. In luciferase reporter gene expression, the chimeric constructs encompassing 1.0kb and 1.5kb upstream of S100A7 gene showed higher up-regulated transcriptional activity in oral SCC cell lines than other cell lines. However deletion of upstream of −989 bp resulted in a significant decrease in the transcriptional activity. These findings suggested that a region between −1513bp and −989bp of S100A contained some of the regulatory elements required for specific expression in oral SCC.

P225 MYOEPITHELIOMA OF THE PARAPHARYNGEAL SPACE: A CASE REPORT AND REVIEW OF THE LITERATURE

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Myoepithelioma is a rare tumor that seldom occur in the parapharyngeal space region. Misdiagnosis of this neoplasm as more aggressive tumor can lead to unnecessary treatment. We report a case of a myoepithelioma arising in the soft tissue of the parapharyngeal space. The histopathology of the tumor, its immunophenotype, its electron microscopic features, its differential diagnosis, and a review of the literature are presented. An MRI showed a 6 cm mass containing minimal calcification near the pterygoid plate area. Histological features showed nests of tumor cells in chondromyxoid stroma and spindle tumor cells in hyalinized stroma with multinodular growth pattern.On immunohistochemical analysis, the cells expressed EMA, SMA, Vimentin, and S-100 (focally positve). There were myofilaments with subplasmalemmal densities and intercellular junction in EM. An accurate diagnosis of myoepithelioma is very difficult due to its unusal location and cellular variation. We experienced a rare case of myoepithelioma in the parapharyngeal space and reported it to a literature review.

P226 DO BIOABSORBABLE PLATES PROVIDE ENOUGH STABILITY FOR MANDIBULAR ACCESS OSTEOTOMIES IN CANCER PATIENTS?

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Using bioabsorbable self-reinforced polylactide (SR-PLDLA) plates and screws in CMF cancer surgery offers many benefits over the conventional metallic devices. The material is radiolucent and tissue equivalent and hence does not interfere with imaging or radiotherapy either. Rehabilitation with implants is possible simultaneously in the same operation. The plates do not need to be removed later. This results in diminished number of operations and hastened rehabilitation. Fifteen patients (11 male and 4 female) were enrolled in this study. Age ranged from 44 to 82 years with median 63.1 years. All the patients had squamous cell carcinoma in oral cavity: in the base of the mouth, on the side of the tongue or on the gingiva without any bony invasion. Three carcinomas were recurrences, two of them previously radiated. Nine patients had been radiated postoperatively. Osteotomies were straight-line cut and were situated medially or paramedially. The fixation material used were SR-PLDLA miniplates and screws (2.0 and 2.4 system Biosorb®). No arch bars or intermaxillary fixation was routinely used. The follow-up ranged from 0.3 to 5.1 years, with median of 2.1 years. No problems were encountered during the operation. Only one patient required reoperation due to the failure in fixation. This patient had several predisposing general health factors for non-union. The fixation was not carried out according to Champy principles, either. He was the only patient who developed osteoradionecrosis. Twelve osteotomy lines were clinically stable, six of them totally and three partly consolidated in radiographs. Six non-consolidated lines were noted, three of them were clinically stable. One patient of the instable group was the patient with osteoradionecrosis, one instability was classified mild and the area was rehabilitated with implants later, one patients had rereconstruction on the second postoperative day because of necrosis of RFA. The use of bioabsorbable self-reinforced plates and screws to fixate access osteotomies in the mandible especially in cancer patients has many benefits, which make them superior to conventional devices. Care must be taken in patient selection. Principles in fixation should be obeyed and their use should be restricted to cases where titanium miniplate fixation is stable enough.

P227 SOLID ADENOID CYSTIC CARCINOMA OF THE MAXILLA: REPORT OF A CASE

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The aim of this paper is to present an unusual adenoid cystic carcinoma of the maxilla which was localized at the buccal alveolar ridge of the maxilla. Adenoid cystic carcinoma is a rare malignant tumor that affects the major and minor salivary glands, the lacrimal glands, the ceruminous glands,and occasionally the excretory glands of the female genital tract. %30–40 accounts for approximately 10 to 15% of all head and neck tumors. Approximately 50 tp 70%of reported cases occur in the minor salivary glands. The most common location is the palate, generally in the areaof the greater foramen. In this paper 53-year-old woman complained of a slowly growing, painless mass in the right maxilla premolar-molar region of 4 months duration. Under local anesthesia, an incisional biopsy was performed. The tissue was submitted for microscopic examination, an adenoid cyctic carcinoma was diagnosed. The tumour was removed under general anesthesia, via block resection of the right maxilla with exarticulation. A reconstruction plate was applied to the patient. The specimen submitted to microscopic examination. Operative biopsy confirmed that the tumor was an solid adenoid cyctic carcinoma of the maxilla. Adenoid cyctic carcinoma is generally characterized by a slow growth rate, and it is often present for several years before a patient seeks treatment. The solid central salivary gland tumour should be considered in the differential diagnosis of the aggressive lesions in the maxilla. Besides this, the final diagnosis of these tumours must be based on histologic investigation.

P228 SIMULTANEOUS OCCURRENCE OF A RADICULAR CYST AND AN AMELOBLASTOMA IN THE MANDIBLE. A CASE REPORT

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Around 60% of all jaw cysts are radicular or residual cysts of inflammatory origin, usually arising from the epithelial periapical granuloma. The epithelial lining of this inflammatory cyst derives from proliferation of small odontogenic epithelial residues within the periodontal ligament. Ameloblastomas are benign but locally invasive neoplasms with a high incidence of local recurrence, arising from remants of odontogenic epithelium and represent only about 1% of all tumors and cysts of the jaw. This report describes a case of the simultaneous occurrence of a radicular cyst and an ameloblastoma in the mandible. A 26-year-old female patient complained enlargement in the left anterior region of the mandible, with painful symptoms under palpation, and hard consistency similar to bone tissue. The patient did not report any systemic health problems. Clinical examination revealed swelling involving lower left canine, premolars region. Pulp vitality tests of the left mandible canine was positive and the both premolars showed non-vital teeth. The panoramic radiograph