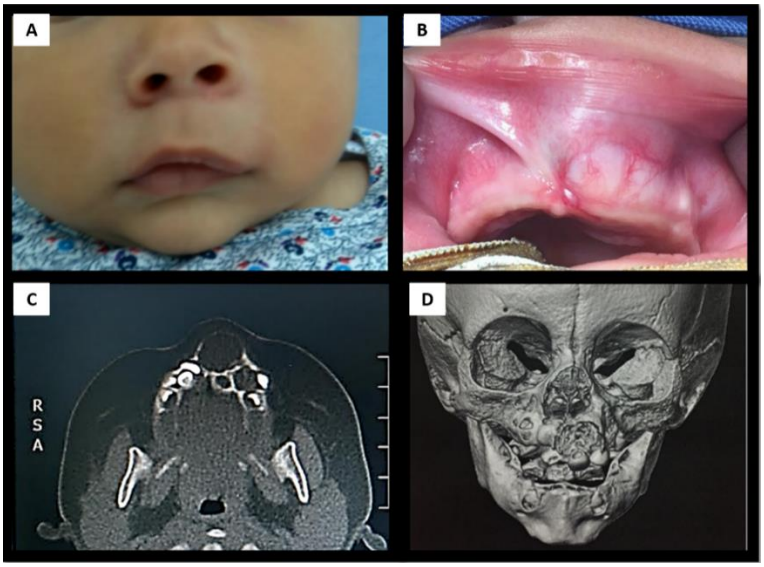

Figure 1. Melanotic Neuroectodermal Tumor of Infancy. A). Altered contour due to indurated mass at the alar base and deformed left naris, upper proquelia, and violet epidermis. B. Deformed contour on anterior alveolar maxillary region with pigmented, bluish mass. C). TAC axial cut: defined, multilocular, expansive maxillary lytic lesion. D). Tomography, 3D reconstruction: lesion with isodense content compromising premaxilla and left maxillary portion expanding to floor of nostrils. Lesion dimension: 27.4 mm x 13.7 mm x 17.6 mm (HOMI Case)

Source: by the authors

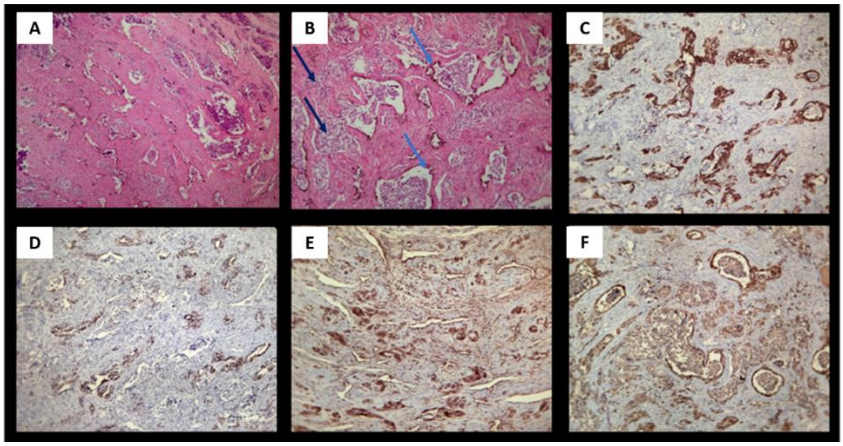

Figure 2. Histology and immunohistochemistry of the Melanotic Neuroectodermal Tumor of Infancy. A). Panoramic view: fibrous stroma, tumor cells are grouped into alveoli and nests. (H&E coloration, X40 magnification). B). Zoom showing that the alveoli are peripherally coated with pigment-laden melanocytes (light blue arrows point to melanocytes), small, round cells with hyperchromatic nucleus can be seen inside; these are neuroblastic, grouped in nests and also in the stroma. (Dark blue arrows point to neuroblast nests) (H&E coloration, X40 magnification). C). Positive marker for HMB45 immunohistochemistry. Melanocytic marker. Cytoplasmic marker (Magnification X40). D). Positive marker for immunohistochemistry protein S100, melanocytic marker. Cytoplasmic marker (Magnification X40). E). Positive marker for immunohistochemistry CD99, neuroectodermal marker. Membrane marker. (Magnification X40). F). Positive marker for immunohistochemistry NSE (enolase), neuroectodermal marker. Cytoplasmic marker (Magnification X40) (HOMI Case)

Source: by the authors