Right answer

1. Necrotizing ulcerative gingivitis may be caused by *Klebsiella pneumoniae*, as well as other bacteria, may affect the gums and bone and can produce bleeding. However, this infection generally produces multiple ulcers and not a mass.
2. Squamous cell carcinoma of the oral cavity may occur both in immunocompetent and HIV positive patients and has been associated with smoking and with human papilloma virus (HPV) 16 infection. The lesion usually occurs on the tongue or the floor of the mouth and either has a whitish indurated appearance (leucoplakia), or may be erythematous or a combination of both. However, the lesion is usually flat, or minimally raised, and very rarely exophytic in nature.
3. *Histoplasma capsulatum* infection tends to produce deep ulcers with irregular margins on the lips or soft palate and does not tend to produce mass lesions. Autochthonous *Histoplasma* infections have infrequently been described in Mediterranean countries. Oral crytpococcosis presenting as multifocal tumor-like lesions in gingival tissues has been described in patients with AIDS (Delgado, Romero de Leon, 2008, 2(8) 298-301, Head and Neck pathology).
4. Kaposi´s sarcoma is one of the most frequent neoplasms in HIV positive patients. It may affect the oral cavity and can be one of the first manifestations of AIDS. Lesions may be flat or raised but are generally red or purple in colour.
5. The correct diagnosis is plasmablastic lymphoma. This is an aggressive variant of diffuse large B cell lymphoma that is associated with HIV infection in 80-90% of cases. It frequently involves the oral cavity, usually the soft tissues close to the gums, and may produce bony invasion or destruction due to local growth, producing displacement of the teeth. The excrescent mass may bleed and ulcerate. The typical histological findings include a monomorphic proliferation of CD38 (+) and CD138 (+) cells with plasmocytoid features that confirm the diagnosis.