

Results: Data from 382 teachers from 30 schools spread across Galicia were obtained. Of the teachers completing the questionnaire, 59.4% have received first aid training; of these 2.1% received first aid training that included CTDI content, and 42.7% of the responding teachers have faced a CTDI in the past in the workplace. In relation to dental luxations, the most common action response (58.1%) was notifying parents. Similar results were obtained in cases of dental fractures. Primary action response errors related to the means of preserving avulsed teeth, usually opting for transporting teeth “dry”. The 86.4% of teachers were interested in receiving specific training guidelines for action in responding to CTDIs.

Conclusions: The knowledge of teachers on the first action measure to respond to a CTDI turned out to be significantly low. This is especially worrisome since many of the CTDIs occur in schools and increases the need to include CTDI content in teacher training programs.

- Oral Presentation 24

TITLE: Role of the dentist in the diagnosis of the abused geriatric patient

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Objectives: Provide the dentist the tools and skills necessary to identify geriatric patients who attend your dental practice and have been victims of abuse and neglect.

Provide the patient with instructions for managing situations of suspicious of any form of abuse in geriatric patients.

Material and Method: A bibliographic literature review of the last 10 years was conducted, consulting first sources in medline via pubmed database. Articles of interest that respond to key words were selected: “elder abuse”, “elder neglect” and “dentist”.

Results: The mistreatment of individuals over 65 years of age constitutes a public health problem. It is estimated a prevalence of 32 cases per 1,000 people and it is growing.

About abuse types, neglect and physical abuse constitutes nearly 50%, appearing two of each three in the maxillofacial region and upper extremities. The oral facial manifestations in these patients are bruising, lacerations, traumatic alopecia, and neglect signs in their

oral hygiene like poor plaque removal, broken dentures being maintained, dehydration or sores that get worse.

Conclusions: Dentists are in an ideal position to identify and designate suspicions of mistreatment in the geriatric population, due to examination in the area of the head, neck and because usually patients are seen a minimum of twice a year.

Understand what they can and can not do by themselves, differentiating between pathologies proper of their age or intentional is the key to determine the presence of any abuse.

- Oral Presentation 25

TITLE: New oral anticoagulants and their impact on the dental management of the geriatric patient

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Objectives: Knowing which are the main clinical and pharmacological characteristics of the new oral anticoagulants (davigatran, ribaroxacan) and according to them, set some recommendations for the proper management of geriatric dental patients.

Material and Methods: A review of the literature in major medical databases (PubMed, Embase and Cochrane) was performed using the keywords “davigatran”, “ribaroxacan” and “Pradaxa”, limiting the search to the last five years.

Results: A total number of 18 articles were selected, these found that ribaroxacan and mainly davigatran are drugs with an increasing demand, replacing gradually warfarine and heparine as anticoagulants of choice. They are, according to most randomized clinical trials, at least as effective as the previous ones in the prevention and treatment of thromboembolism, but with fewer drug and food interactions and also allows predictable anticoagulation levels at a fixed dose without regular monitoring. Although they are safer, it will be necessary to establish some preventive actions to avoid complications such as to measure the Activated Partial Thromboplastin Time (APTT) prior to mayor oral surgery, to withdraw the drug 24 hours before the surgery when there is a risk of bleeding or to know if there is any degree of renal deterioration in order to prevent spontaneous or mayor bleeding.

Conclusions: The davigatran and ribaroxan have multiple advantages over its predecessors, but it is necessary to follow some rules for the proper management of patients treated with these drugs and in order to avoid mayor bleedings.

- Oral Presentation 26

TITLE: Temporal arteritis and orofacial effects

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Introduction: Giant cell arteritis is a chronic vasculitis characterized by inflammation of large and medium vessels. It especially affects to craneal arteries with preference for temporal artery and mostly women, white race and elderly. The etiopathogenesis is still unknown, though diverse genetic, immune and environmental factors may be involved. The clinical profile can greatly vary, ranging from constitutional symptoms to local cranial, headache, visual impairment, buccal, stroke and aortic manifestations. The diagnosis is based on clinic symptoms, on laboratory findings and with temporal artery biopsy (sensitivity ranges from 15% to 40%). First-line treatment includes the use of corticosteroids, immunosuppressive drugs and biological therapy in refractory cases.

Objectives: Evaluate diagnosis and therapeutic role of the dentist in the management of this disease.

Clinic case: Two clinic cases are reported: a 72 years-old male and another 68 years-old female presenting history of possible temporal arteritis. The both patient's medical history revealed an intermittent bitemporal cephalgia with mandibular and occipital irradiation, hence a temporal artery biopsy was requested. The P-A was negative, however, this diagnosis was maintained after good response to corticosteroids.

Conclusions: It is essential to make always a proper clinic history. We should suspect and take into account this disease with a patient who presents temporal arteritis clinical profile and signs. Despite temporal artery biopsy is still the gold standard for diagnosis, another recent diagnosis tools, such as ultrasonography and PET, are used.

- Oral Presentation 27

TITLE: Histologic study of Frank sign and its relation with carotid calcifications and blood corpuscles and biochemical counting parameters

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Aim: The aim of this study is to know the epidemiology of Frank sign presence; the relation between this sign and the blood samples tested biochemical and blood-corpuscles counting parameters, the advanced periodontal disease, carotid calcifications; and to describe its histology.

Matherial and Methods: In our study the presence of the earlobe crease is analyzed in 655 patients in a Health Center to avoid the bias in studies undertaken at Cardiology Services. All patients with Franks sign and from the control group were orthopantogramed and blood tested. In the orthopantograms, presence or lack of carotid calcifications were evaluated, whereas the blood samples tested biochemical and blood-corpuscles counting parameters. Furthermore, 23 earlobes from corpses have been studied through complementary histological techniques (H-E, Masson and Orceine) to value the histology of regular and the diagonal ear lobe crease, since this matter has never been published in scientific literature to date.

Results: With our results we can't establish any relation between the Frank sign and all the parameters which have been studied. We describe for the first time the Frank sign histology in the scientific literature.

Conclusions: It may be necessary to reconsider the Frank sign morphological definition.

- Oral Presentation 28

TITLE: Flexure resistance on two different clinical-use composites after using alternative curing methods

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