

7,733mm ($\pm 1,8619$), opening 45,422mm ($\pm 6,1572$). The condylar path values have been $46,6925^\circ$ ($\pm 7,53386$) for the right side and $49,2299^\circ$ ($\pm 7,97528$) for the left one. Significant statistically differences have been found between the left and the right lateralities, being bigger the left one ($p < 0.000$) and between the right and the left condylar path, being higher the left one ($p = 0.009$).

Conclusion: In the current study we find out that in the population studied, the lateral movement is bigger and the condylar path is higher on the left side.

- Oral Presentation 57

TITLE: *Épulis fissuratum*. A case report

AUTHORS: Puente Fernández S, De la Calle Cañadas C, Martínez Rodríguez N, Fernández Cáliz F, Belarra Arenas C.

Máster en Cirugía Bucal e Implantología. Hospital Virgen de la Paloma.

SOURCE: *Med Oral Patol Oral Cir Bucal*. 2015 June 1;20(Supplement1):S23.

* doi:10.4317/medoral.17643947
http://dx.doi.org/10.4317/medoral.17643947

Introduction: Inflammatory fibrous hiperplasia or epulis fissuratum) is the most common lesion of soft tissue in the oral cavity. It is more frequent in females. It is an adaptive overgrowth located over the soft tissues of the vestibular sulcus or alveolar ridges caused by low intensity chronic irritation from poorly adapted prostheses. This lesion progresses to the formation of asymptomatic fibrous tissue.

Objective: The aim to this case is to describe the clinical characteristics and to establish the treatment of this lesion.

Case Report: A 68-years-old woman was referred to go to the Oral Surgery Hospital Virgen de la Paloma. She reported a tissue growth into the oral cavity located over left buccal mucosa. No relevant family and personal history. The intraoral examination revealed a pedunculated lesion 3x4cm, whitish, appeared with a fibrous consistency and ulcerated surface. After informed consent, we proceeded to anesthesia in the region with an infiltrative local technical and subsequent cleavage by scalpel. Histopathological analysis showed dense connective tissue with few fibroblasts and blood vessels and this result confirmed epulis fissuratum. The patient returned one year later, without any signs of recurrence.

Conclusion: It is characteristic of epulis fissuratum the presence of a lesion in folds enlarged or elongated in the seat area of the prosthesis with an ulcerated or not surface and a color ranging from white to erythematous. Treatment involves surgical removal of the lesion and elimination of the causing factors always with appropriate prosthetic reconstruction (the denture must be remade or substantially adjusted).

- Oral Presentation 58

TITLE: Oral pathology in the Inflammatory Bowel diseases.

AUTHORS: Rio Rouco P, Gallas Torreira M, Barreiro De Acosta M.

Faculty of Medicine and Dentistry. University of Santiago de Compostela (USC).

SOURCE: *Med Oral Patol Oral Cir Bucal*. 2015 June 1;20(Supplement1):S23.

* doi:10.4317/medoral.17643948
http://dx.doi.org/10.4317/medoral.17643948

Objectives: To analyze the predominance of different oral pathologies in patients with Inflammatory Bowel diseases (IBDs), studying the distribution in patients with Crohn disease (CD) and ulcerative colitis (UC).

Material and Methods: A cross-sectional prevalence study was performed. The population of this study are patients with IBD including biological treatment protocols (Remicade® and Humira®) that which they perform a basic clinical oral examination and a survey designed to detect oral pathology.

Results: Oral lesions affect 73,53 % of patients, 50 % of patients present apthae, gingival bleeding (49 %), gingivitis (38,23 %), periodontitis (26,47%) and the pain of Temporo-Mandibular Joint (TMJ) (26,47 %). The lesion with the lowest prevalence are the oral/dental abscesses, (11,76 %). Exist an heterogeneous distribution between the patients with CD or with UC, the prevalences are predominant for the gingivitis (32,35 %), the periodontitis (17,65 %), the gingival bleeding (38,8 %) and ATM pain (16,18%) in the CD, while in the UC more abscesses are presented (7,35 %). But only exist significantly statistically different for gingival bleeding ($p = 0,028$).

Conclusions: Oral diseases in IBD patients, treated with Remicade® and Humira® is high. Our results indicate the existence of oral pathology, although patients are being controlled with biological treatments and in periods of remission of their disease.

- Oral Presentation 59

TITLE: Perception of the “educational climate” in students from the university of Santiago de Compostela: medicine vs dentistry

AUTHORS: Romero González C, Ruiz Casalderrey D, Arce Vázquez VM, Casares de Cal MA, Palés Argullos J, Tomás Carmona I.

Oral Sciences Research Group. School of Medicine and Dentistry, University of Santiago de Compostela, Spain.

SOURCE: *Med Oral Patol Oral Cir Bucal*. 2015 June 1;20(Supplement1):S23.