**- Oral Presentation 14**

**TITLE:** Oral topical corticosteroids effect on glycemia levels

**AUTHORS:** Vilar Villanueva M, Suarez Alén F, Peñamaría Mallón M, Gamallo Moure A, Otero Rey E, Blanco Carrión A.


* doi:10.4317/medoral.17644008
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**Objectives:** To analyze the oral topical corticosteroids effects on glycemia levels in diabetic and non-diabetic patients.

**Material and Methods:** Patients older than 65 who were treated with oral topical corticosteroids at the Máster de Medicina oral, Cirugía oral e Implantología and at the Máster en Patología Médico-quirúrgica oral y Odontología integral were selected due to their chronic autoimmune inflammatory disease. Clinical and histological aspects concerning their illness were collected. Additionally, relevant data, such as age, systemic diseases, drug usage or type of corticoid applied were gathered. Two blood test were requested; the former before treatment and the latter, at least, one month after starting triamcinolone acetonide 0.3-0.5 % or clobetasol propionate 0.03-0.05 % treatment. Glycemia levels of each patient were compared to verify if they had changed after the steroid administration in diabetic and non-diabetic patients.

**Results:** The results will be presented during the congress.

**Conclusions:** The conclusions will be shown during the congress.

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**- Oral Presentation 15**

**TITLE:** Incidence of osteonecrosis of the jaws in patients over 64 years who have undergone intravenous bisphosphonates therapy. A retrospective study of 149 patients

**AUTHORS:** Rodríguez Zorrilla S, Vidal Real C, Pérez Sayáns M, Gándara Vila P, García García A, Blanco Carrión A.

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* doi:10.4317/medoral.17644010
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**Objectives:** Osteonecrosis of the jaws in patients who have undergone intravenous bisphosphonates therapy is defined as the presence of exposed or necrotic bone that has persisted for at least 8 weeks in patients who have not received radiation therapy of the jaw and bisphosphonates are used or have been used.

The objective is to determine the incidence of osteonecrosis by bisphosphonates in patients who have undergone treatment with intravenous bisphosphonates, particularly zoledronic acid, and the relationship with other risk factors that may favor this process.

**Material and Method:** A retrospective study of 149 patients older than 64 years treated with zoledronic acid from the Complejo Hospitalario Universitario de Santiago de Compostela and treated in the Master of Oral Medicine, Oral Surgery and Implantology at the School of Dentistry at the University of Santiago de Compostela were treated in the period between 2004 and 2015.

**Results:** An incidence of osteonecrosis of 12.1% was found with an average age of 75.17 years incidence. 20.6% of the women developed osteonecrosis while only 9.6% of men suffered. We appreciate a clear relationship between performing extractions prior to the start of treatment \( p = 0.043 \) and during the treatment \( p = 0.006 \) with the presence of osteonecrosis.

**Conclusions:** The etiology of osteonecrosis bisphosphonate is complex. We must avoid oral surgery in patients about to start or have started treatment with intravenous bisphosphonates and control other risk factors such as diabetes or periodontal status that can influence its development.

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**- Oral Presentation 16**

**TITLE:** Proliferative verrucous leukoplakia. Clinical case

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**Introduction:** PVL is a disease of unknown etiology that begins as a slow growing hyperkeratosis, which tends to spread and become multifocal and eventually develops, similar to warts, exophytic erythroleukoplasics areas or patches with aggressive biological behavior due to its high probability of recurrence and a high rate of malignant transformation. It is more common in older women and doesn’t have the smoking habits. It has a dangerous development and high rate of recurrence.
after excision. Diagnosis is based on clinical and histopathological study of injuries.

Case Report:
67 years old woman, smoker of 40 cigarettes a day for over 40 years with no medical history of interest. The patient has whitish lesions, asymptomatic, of rough appearance on both jugal mucosa, hard palate, floor of the mouth, ventral surface of the tongue and tonsillar pillars since 5 years ago. We decided to biopsy lesions of the ventral surface of the tongue and floor of mouth. The pathology revealed Stomatitis interface with moderate dysplasia. After 12 months of checkups with no injuries found, we decided to undergo a new biopsy obtaining a Squamous Cell Carcinoma In situ. We referred to the Maxillofacial Service for surgical excision of the lesions.

Conclusion: PVL is a very dangerous disease because of its high percentage of malignant, difficult and controversial treatment monitoring, and questionable effectiveness.

- Oral Presentation 17
TITLE: Protocol and multidisciplinary treatment in Geriatric Dentistry Unit of Central Hospital of the Red Cross in Madrid

AUTHORS: Ruiz Sáenz PL, García García A, Sanz Alonso J, Merchán Morales S, Barona Dorado C, Martínez-González JM.
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Objective: The objective of this review is to assess the degree of interaction of hyaluronic acid in the various stages of healing and assess its accelerating capacity in the post-extraction alveolus.

Materials and Methods: An electronic literature search in PubMed database with the following sequence of keywords: “Dental acid hyaluronan” (Mesh) OR “dental hyaluronic” “dental hyaluronan” OR OR “dental hyaluronic acid “AND” alveolar socket healing” (Mesh) OR “tooth extraction sites” OR “alveolar socket preservation” . 27 articles related to hyaluronic acid and its properties were selected as scarring agent, mainly extraction site, including between 1969 and 2015.

Results: The use of hyaluronic acid in extraction sockets is based on the assumption that hyaluronic acid can improve wound healing, being linked to tissue repair, due to its antimicrobial properties, anti-inflammatory and angiogenic capacity, chondrogenic, and osteoinductive. Increased bone after application of hyaluronic acid can be explained by their osteoinductive properties and has been proposed that the acceleration of wound healing in the bone matrix occurs due to stimulation of angiogenesis caused by hyaluronic acid.

Conclusions: Hyaluronic acid has proven to be an accelerator enhancer and tissue regeneration, both soft and hard due to their osteoinductive properties and osteogenic tissue. That is why its use may be favorable for acceleration in healing the extraction site.

- Oral Presentation 18
TITLE: Usefulness of hyaluronic acid as accelerator post-extraction healing

AUTHORS: Ribera Uribe JM, Silva Antúnez AM, Areales García C, Mir Rodríguez X, Arranz Pujol S.
Universitat Internacional de Catalunya (UIC).

Objective: The use of hyaluronic acid in extraction sockets is based on the assumption that hyaluronic acid can improve wound healing, being linked to tissue repair, due to its antimicrobial properties, anti-inflammatory and angiogenic capacity, chondrogenic, and osteoinductive. Increased bone after application of hyaluronic acid can be explained by their osteoinductive properties and has been proposed that the acceleration of wound healing in the bone matrix occurs due to stimulation of angiogenesis caused by hyaluronic acid.

Conclusions: Hyaluronic acid has proven to be an accelerator enhancer and tissue regeneration, both soft and hard due to their osteoinductive properties and osteogenic tissue. That is why its use may be favorable for acceleration in healing the extraction site.