

*Máster de Medicina, Cirugía e Implantología Oral, Facultad de Odontología, Universidad de Barcelona.*

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**Objectives:** To evaluate the differences on quality of life between patients rehabilitated with implant-supported dental prosthesis and conventional prostheses.

**Materials and Methods:** It was reviewed the published literature in PUBMED in the last 4 years, using the keywords: “dental implant”, “aged”, “quality of life”, “Implant-Supported Dental Prosthesis”. It was established as inclusion criterion those articles which focalized in quality of life, English or Spanish articles, human evaluations, scientifically valuable articles, and not-individualized studies. The ones which highlight the clinical effectiveness rather the quality of life were excluded. It was given more importance to the articles where appeared OHRQoL and OHIP measurements.

**Results:** It was found 50 articles related to the aim of the search and we selected 30 articles. Among them, there was given more value to retrospective case-control studies for the review.

**Conclusions:** Scientific evidence reported an increase of essential parameters such as masticatory efficiency, stability and retention, social interaction or comfort in implant-supported dental prosthesis over conventional prostheses. The quality of life increment is emphasized in the lower implant-supported rehabilitations.

## - Oral Presentation 25

**TITLE: White lesions on oral mucosa: differential diagnosis. A case report**

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**Introduction:** White lesions in the oral cavity are a frequent purpose of visit in dentistry. It is important to take a correct clinical history and a thorough examination to perform a good differential diagnosis and an appropriate treatment plan.

**Case report:**

We present a case of a 65 year old male patient. The pa-

tient visited the Faculty of Dentistry with white lesions on his oral mucosa with 8 years of evolution and pain in the past months. On exploration, white plaques with inflammatory and erosive areas on right and left buccal mucous were observed. The patient wore dentures consisting of retainers that “irritated” the buccal mucous and also smoked 20 cigarettes a day. We decided remove the prosthesis and indicated no smoking and topical steroids were prescribed for the possible clinical diagnosis of lichen planus, lichenoid reaction or leukoplakia. The erosive lesions resolved with the treatment but two white homogeneous plaques persisted, despite having removed the prosthesis and reduced cigarette smoking. Therefore, we decided to perform a biopsy, the histopathological study of which revealed interface stomatitis with hyperkeratosis and parakeratosis without atypia.

**Conclusions:** White lesions have diverse etiologies. In order to reach a definitive diagnosis, different etiologic factors should be eliminated. In many cases when the etiological factor is removed, the lesion regresses. Otherwise it requires a histopathological examination for ruling out malignancy. However, although the histopathological analysis may not lead to aforementioned diagnoses, these lesions must be controlled on a periodic basis.

## - Oral Presentation 26

**TITLE: Bilateral white lesions. Clinical Case**

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**Introduction:** The appearance of most of the white lesions that cannot be swept off is due to a hyperkeratosis. Any excess of keratin is wetted by the saliva showing white appearance and any visible keratinization in any significant degree is abnormal in the oral cavity, except the filiform papillae of the tongue.

**Case report:**

75 year old patient is presented with Crohn's disease, asthma, anxiety and dyslipidemia. The active medication patient is Atroaldo®, Sertralina, Alprazolam, Simvastatina, Imurel®, Ideos® and Buscapina. The patient reported pain in both jugal mucosa but particularly in a localized lesion in the right buccal mucosa. On examination lesions were observed in both jugal mucosal described as a white patches about 3 per 1 cm containing white papules that do not flow to scraping. The left

yugar mucosa also presents lesions with striated appearance. The patient reported xerostomia that might be due to medication with Atroaldo®, Sertraline, Alprazolam and Buscapina. Sharp edges and other traumatic factors were removed and the patient was appointed within 15 days. Not improvement was observed and it was decided to perform incisional biopsy, resulting paraqueratosis epithelial hyperplasia with no signs of atypia compatible with leukoplakia.

**Conclusions:** The finding of any white lesion must be diagnosed because it can be a malignant or potentially malignant lesion. The use of incisional biopsy is an essential instrument for accurate diagnosis and proper monitoring of lesions in the oral cavity.

## - Oral Presentation 27

**TITLE:** L-PRF in bone and periodontal regeneration in the elderly population. Systematic review

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**Background:** Thanks to advances in medicine life expectancy is much higher than makes only a few tens of years. This longevity brings some problems when we focus on the field of oral surgery, such as problems in healing, prolonged healing time, increased risk of infections or profuse bleeding.

**Objective:** To study whether the L-PRF, being a new and innovative technique, can help address these complications in the field of oral surgery and determine advantages over other platelet concentrates.

**Materials and Methods:** A search was conducted in PubMed, Embase and Cochrane data with the keywords: "L-PRF", "bone regeneration", "periodontal regeneration" and "elderly population".

**Results:** 33 articles were obtained. They read the summary of these were found relevant to this review 27 of them for the last 5 years.

**Discussion:** The growth factors (PDGF-AB, FGF, and VEGF) released by platelets and anti-inflammatory cytokines (IL-4, IL-10 and IL-13) released by leukocytes, they promote angiogenesis and mark a pattern to promote in a simple and economical way, the regenerative processes related to oral surgery.

**Conclusions:** Regarding the periodontal tissues can say that the L-PRF decreases healing time, preventing hemorrhagic accidents and related complications such as dehiscence or infection, but instead in bone regeneration significant improvement is not seen since no sufficient clinical studies.

## - Oral Presentation 28

**TITLE:** Diagnosis of lichen planus, the importance of extraoral lesions. Clinic case

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**Introduction:** Lichen planus, is a autoimmune pathology coursing with reticular and white lesions in oral mucosa and could appear on limbs, trunk, hair and uncles. It's a chronic disease characterized by periods of remission and exacerbation of symptoms and only symptomatic treatment is available.

### Clinic case:

Male of 66 years old who came to our service to assess retrocommissural bilateral white lesions. He referred hypertension, MD2 and hypercholesterolemia treated with doxazosin, gemfibrozil, lercanidipine, torasemide and glicazide. He smoked 12 cigarettes/day and no known allergies. We recommended to let smoking habits and was cited for a new control three months later. In that visit he explained that he reduced consumption of tobacco but lesions remained the same so we decided to take a biopsy. obtaining a pathological outcome of focal epithelial hyperplasia without atypia with paraqueratosis, acute inflammation and microorganisms compatible with candida. We prescribed Mycostatin® for one month. In the following visit the patient came without changes and when we asked for lesions in other locations he referred that he had other skin lesions, treated by dermatologist, in legs, arms and back compatibles with lichen planus.

**Conclusions:** Lichen planus is a relative frequent pathology in odontologic area so its' very important to make a correct clinic history to obtain relevant informations to do a correct diagnosis.