of GS is the recurrence of infections, specially pulmonary infections and bronchiectasis. Another frequent complication is chronic diarrhea associated to malabsorption.

**Case report:**
A 64 year old male with thymoma history was referred to the HOUB by the Catalan Health Institute. The patient had undergone surgery to remove the tumor several years ago and has been in treatment ever since. He presented several oral lesions compatible with oral lichen planus in both buccal mucoses and the lateral portion of the tongue. He referred general discomfort of the mouth, including intense burning sensations in the mucosa. Due to the clinical presentation and after the physical exploration, we prescribed a formula with triamcinolone acid during one week. We also asked for a recent analytic checkup and took pictures of all the lesions, and told him to come visit us for a follow-up and biopsies if needed. In the second visit there was a discreet improvement, the analysis were correct and we performed an incisional biopsy of an oral lesion. The histopathological result indicated it was “compatible with oral lichen planus”.

**Conclusion:** In the available literature they say there is a higher risk of autoimmune lesions in GS patients, oral lichen planus is one of them. However, there is not a clear association between the two conditions. We need more studies to clarify if there is a connection between oral lichen planus and Good’s syndrome.

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**- Oral Presentation 32**
**TITLE:** “Graft: current and future“

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**Objectives:** To evaluate the clinical efficacy and predictability of grafts for reconstruction of the maxillary and mandibular horizontal and vertical defects obtained in regenerative therapies and know the properties, advantages and disadvantages offered by different alternatives for a correct choice during planning treatment.

**Materials and Methods:** A search was conducted in the databases PudMed, MedLine and Cochrane using the keywords: “Bone grafts”, “Allograft”, “Xenograft”, “autograft”, “Alloplastic grafts”. Indexed relevant publications between 2010 and 2015 in English and with results in human clinical trials were included.

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**Results:** We obtained a total of 179 items. 13 literature reviews that make the greatest impact on the treatment of bone loss are selected.

**Conclusions:** Several authors agree that autologous bone graft is the ideal, despite the requirement of a donor area. Other grafts offer similar advantages and results, providing a predictable alternative. More detailed studies are needed, with more patients and longer follow-up to develop specific protocols.

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**- Oral Presentation 33**
**TITLE:** Mandibular overdentures in geriatric edentulous patients with diabetes. A case-control study

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* doi:10.4317/medoral.17644027
http://dx.doi.org/10.4317/medoral.17644027

**Introduction and Objectives:** Today, implant dentistry constitute a therapeutic modality in the prosthodontic treatment of totally edentulous patients. This study reports the comparative evaluation of treatment with overdentures in the mandible in edentulous older patients with and without diabetes.

**Material and Methods:** 48 edentulous patients, 24 diabetic patients type 2 and 24 healthy patients, were treated with 96 Galimplant® sand-blasted and acid-etched surface implants for prosthodontic rehabilitation with overdentures in the mandible. Two implants were inserted in each patient. Implants were loaded after a healing free-loading period between 6 weeks with locator attachments. Clinical findings (implants and prosthetics) were followed during at least 60 months.

**Results:** 48 overdentures were realized over two implants. One implant was lost during the healing period in each group. Clinical results indicate a survival and success rate of implants of 97.9% after a mean follow-up of 74.4 months. Technical complications were related with plastic components of attaches and reported in 5 implants, one in diabetic patients (2.1%) and four (8.3%) in healthy patients. Mean marginal bone loss was 0.408 mm in diabetic patients 0.400 mm in healthy patients.

**Conclusions:** Clinical results of this study indicate that there are not differences in prosthodontic rehabilitation in the mandible of edentulous diabetics patients compared with healthy patients.