**Material and Method:** A retrospective, longitudinal, observational, single-center study was conducted by reviewing the medical records of 653 patients and 1208 implants.

**Results:** Patients over 65 accounted for 15.50% (101) patients and 203 implants were placed (16,80%). There were 17 complications (8.62%), 9 (4.56%) corresponded to the suture dehiscence, 3 (1.52%) infections, 2 (1.01%) to fracture or fenestration of the cortical bone and lost 3 (1.52%) implants. 11 sinus lift (11.82%) were performed and there was piercing the membrane of Schneider in a case. Conclusions: 1-The main complication we can find is suture dehiscence. 2-Most complications were caused by external factors to patients. The 3-Most complications do not involve the failure of the implants. 4-3 implants were lost, representing 1.47% of the implants.

---

**- Oral Presentation 52**

**TITLE:** Oral care in geriatric patients with reduced mobility

**AUTHORS:** Callow Pueyo S, García Moreno S, Fernández Cáliz F, Franco Carro B, López-Silva García MJ, Martínez González MJS.

*Master de Cirugía e Implantología del Hospital Virgen de la Paloma. Madrid.*


* doi:10.4317/medoral.17644046

http://dx.doi.org/10.4317/medoral.17644046

**Aims:** To identify existing barriers regarding oral care of elderly patients who, due to neurodegenerative, musculoskeletal or other conditions, have their mobility decreased, as well as to describe said barriers when treating them, in order to overcome these obstacles and provide them with proper dental care, integrating disabled patients into the healthcare system.

**Material and Methods:** A bibliographic search was carried out, in both medical, legal and architectural journals to draw up some basic recommendations to allow these patients to receive dental treatment.

**Results:** Dental surgeries must be specifically designed to be able to adapt to the disabled patient’s needs, furthermore, their condition should not pose an obstacle to receive any kind of dental care.

**Conclusions:** The clinician must be aware and prepared to comply with special necessities, which extends also to the design of the dental surgery.

---

**- Oral Presentation 53**

**TITLE:** Therapeutic irrigation of periodontal pockets

**AUTHORS:** De la Calle Cañadas C, Puente Fernández S, Leco Berrocal I, Martínez-Rodríguez N, de Dios Cano J, Barona Dorado C.

*Máster de Cirugía Bucal e Implantología Hospital Virgen de la Paloma. Madrid.*


* doi:10.4317/medoral.17644047

http://dx.doi.org/10.4317/medoral.17644047

**Introduction:** The existing literature is inconsistent regarding whether there is any additional effect of irrigation as an adjunctive to scaling and root planing, and, if there is an effect, what its size is.

**Purpose:** The aim of this study is to observe the influence of chlorhexidine, povidone-iodine and metronidazole in decreasing probing depth compared to control group and to determine which cases will reach probing depths less than or equal to 3 mm.

**Methods:** Fourty adult patients with generalized chronic periodontitis were enrolled. During scaling and root planing, a subgingival irrigation was performed in four different groups: group I being the control group without any additional irrigation agent; group II with 0,2% chlorhexidine digluconate; group III with povidone-iodine; and group IV, with 4% metronidazole.

**Results:** In the control group a progressive decrease in probing depths was observed. In the chlorhexidine group, the best results were observed at 7 days. In the group of povidone-iodine, the decrease of probing depths was more progressive than the other groups. In the group of metronidazole, the decrease of probing depths was greater during the first week in incisors and canines.

**Conclusions:** Chlorhexidine digluconate adjunctive to mechanical debridement were more effective than the control group showing better results than the other antimicrobial agents employed in the present study.

---

**- Oral Presentation 54**

**TITLE:** Delayed effects of bisphosphonates in dental implants treatment: A case report

**AUTHORS:** Jalil-Abumalham D, Hurtado Celotti D, Martínez Rodríguez N, De Dios Cano J, Gutiérrez Sánchez L, Páez Egido V.

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

Introduction: Oral bisphosphonates (BFFs) are frequently used in the treatment of progressive systemic pathologies such as osteoporosis or Paget's disease. They are the first choice due to their ability to inhibit osteoclast activity, prevent resorption and modulate bone turnover rate. The plethora of clinical studies that analyses multiple variables to estimate the feasibility of dental implants between users oral BBF, agree that the failure rate is minimal, and generally there are multiple elements, classified into four categories: bacterial factors, factors biomechanical, psychological factors and systemic factors. Its late effects include pain, swelling, paresthesia, discharge, ulcers, fistulas, periodontal pockets, tooth loss, radiolucent osteolytic lesions, among others.

Case report: We documented an exceptional case of the loss of two dental implants osseointegrated and charged rightly, 15 years ago in a 66 years-old patient with osteoporosis who has been taking ibandronic acid orally once a month for the last eight years.

Conclusion: The clinician must cover all preventive and interceptive aspects prior to dental implant treatment in order to prevent failure thereof, despite being low incidence among users of bisphosphonates.

- Oral Presentation 55
TITLE: Hemodynamic monitorization elderly patients during implant procedures

Máster de Cirugía Bucal e Implantología. Hospital Virgen de la Paloma, Madrid.

Aims:
1. To observe the possible alterations of blood pressure (BP), heart rate (HR) and electrocardiogram (ECG) during implant surgery.
2. To study the possible effects on the analyzed constants associated with:
   - Patient’s previous pathology
   - A state of anxiety or fear
   - Pain during treatment

Material and Methods: The constants of 100 patients were analyzed, before treatment, at the local anaesthetic (LA) injection, during treatment, and at the end of it. Anxiety level (Corah test) and experienced pain (VAS) were also evaluated.

Results: Regarding heart rate, 12 tachyarrhythmias, 45 tachycardias and 9 bradycardrhythmias were observed. As for blood pressure, the highest rates were registered at the moment of the injection, 35 patients showed electrocardiographic alterations, 7 in the form of sinus bradycardia, and 28 in the form of tachycardia.

10 patients also showed symptoms, 6 with tachycardia and 4 with dizziness. 9 patients referred discomfort, and regarding anxiety, 26 patients showed moderate anxiety and 12 showed intense anxiety.

Conclusions: Electrocardiographic alterations were present in 35 % of the cases, being sinus tachycardia the most frequent, followed by bradycardia.

1. 48% of the cases showed systolic BP alterations, as well as 42% regarding diastolic pressure. Arterial hypertension was the most frequent alteration and hypotension the least frequent.
2. 10% of the patients showed clinical symptoms
3. Anxiety and hypertension increased the risk of alterations

- Oral Presentation 56
TITLE: Hypophosphatasia. A case report

Máster de Cirugía Bucal e Implantología. Hospital Virgen de la Paloma, Madrid.

Introduction: The hypophosphatasia is a rare inherited disorder characterized by a defect in the mineralization of bone and teeth and a decrease in serum alkaline phosphatase. Depending on when the diagnosis has been made and the severity of the symptoms there are six different clinical forms recognized. It mainly cursed with anormal bone mineralization, premature exfoliation of teeth and severe bone atrophy. The treatment is symptomatic.

The purpose of this communication is to describe the most relevant clinical characteristics of patients with hypophosphatasia with special emphasis on oral repercussions.

Clinical case: Patient, it’s a 68 years old woman who comes to our service refereed for rehabilitation of the mandibular arch. She has been diagnosed in adult form of hypophosphatasia without family history and