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**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**

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### **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 bradyarrhythmias 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**

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**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

thalassemia minor. She refers history of multiple bone fractures that required surgical treatment, having been subjected to a caesarean and premature exfoliation of both dentitions. Physical examinations shows that the patient has low skeletal size, short and arched tips and ligamentous laxity. Intraorally a severe bone atrophy is observed, that she has two mandibular implants and a conventional maxillary prosthesis. Currently she is being treated with HidroferolR and Natecal D FlasR. After the patient's consent we proceeded to the preparation of the lower overdenture with 2 locators.

**Conclusions:** Hypophosphatasia is a rare disease with which the dentist should be familiar to detect and refer the patient to ensures the correct treatment.

### - Oral Presentation 57

**TITLE: Benign lymphoepithelial lesion of the parotid gland. A case report**

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**Introduction:** The benign lymphoepithelial lesion of the parotid gland is commonly associated with viral infections and normally causes painless, slow-growing and bilateral swelling.

**Case report:** 60-years-old female patient presenting swelling in the right parotid area, appearing to be well-defined, slightly depressible and soft, from 5 years ago. CT and MRI were performed and both showed right parotid (22 x 34 mm) and left (14 x 28 mm) enlarged. Besides, multiple small laterocervical lymph nodes were observed, so a fine needle aspiration was performed. The presence of acinar and ductal cells in plaques with no other nodal components was observed. The blood tests highlighted positive detection of certain high-risk HPV types and slight gamma-globulins increase, being the C-reactive protein negative. "Bilateral benign lymphoepithelial lesion" was established as diagnosis based on clinical features and observed findings. Expectant management was performed with periodic reviews every 6 months.

**Conclusion:** Depending on the final diagnosis, given mainly by imaging and serological tests and FNA, it is possible to establish an expectant management. If clinical symptoms requires it, there are other pharmacological or surgical therapeutic alternatives.

### - Oral Presentation 58

**TITLE: Glossopharyngeal Neuralgia. A case report**

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**Introduction:** Glossopharyngeal neuralgia (GN) is a condition characterized by a severe, stabbing and paroxysmal pain located in the pharynx and back of the tongue, which is triggered by stimuli such as swallowing. The diagnosis is primarily clinical and imaging such as CT or MRI is used to differentiate between idiopathic or secondary form. Pharmacological treatment is initially administered with antiepileptic, and in refractory cases surgical alternatives will arise. The aim of this communication is to describe how to perform sequentially the diagnosis of NG and assessing treatment with carbamazepine.

**Clinical Case:** 83 year old male patient, smoker, with a history of prostate cancer, went for a consultation for a pain in the back of his tongue and pharynx on the left side, attributing the same to contact with a complete denture. Anamnesis is performed by collecting the characteristics of pain and what triggers it and later performing the clinical examination, while exploring the somatic and gustatory sensitivity of the posterior third of the tongue finally ending with a topical lidocaine test resulted positive. A brain CT was requested which ruled out the presence of associated pathologies due to clinical suspicion of GN. A treatment of carbamazepine was prescribed.

**Conclusions:** GN is a pathological process that requires knowledge of the clinical manifestations and pharmacological responses, in which the dentist has an important role.

### - Oral Presentation 59

**TITLE: Lip mucocele: a case report**

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