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Introduction: The term “mucocele “ refers to a benign cystic neof ormation of the minor salivary glands lining the oral mucosa. It is most commonly in the lower lip but can appear in other places. The most of the cases, the diagnosis may be suspected by the practitioner, although it should be to confirmed with histopathology. The aim of this case is to describe the clinical characteristics and to establish the treatment of this lesion.

Case report: A 66-years-old woman was referred to go to the Oral Surgery Servica of Virgen de la Paloma Hospital with a tissue growth into the right lower lip. The intraoral examination revealed a lesion of 1 cm in diameter, oval, soft consistency and pink -blue coloration. It refers not pain, but discomfort when eating and speaking. After signing the informed consent proceeded to perilesional infiltrative anesthesia and surgical excision of the lesion and adjacent glands by conventional scalpel. Histopathological analysis reported the presence of lip Mucocele. After 1 year follow-up of the patient there was no recurrence.

Conclusion: It is characteristic of mucocele , the presence of a rounded growth with a rose - bluish color. Treatment consists of surgical removal of the lesion and patient counseling to eliminate habits that favor the appearance of new lesions

- Oral Presentation 60

TITLE: Breathing problems during sleep. Report of clinical case

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Introduction: The obstructive sleep apnea-hypopnea syndrome (OSAHS) is a highly prevalent disease, whose great relevance is very high as it implies remarkable public health problems. OSAHS is used to define patients who suffer from recurrent airway collapses during sleep, followed by transient awakening. The aim of the present scientific communication is to describe a new diagnosis procedure and therapeutic approach using the APNiA® system.

An 80-year-old lady consulted the Oral Surgery and Implantology department of Hospital Virgen de la Paloma

in Madrid, presenting bruxism and TMJ pain. After a detailed clinical history and exhaustive clinical and radiological exams, sleep disorder was suspected and the diagnostic polysomnography realized to the patient indicated a light-to-moderate apnea-hypopnea index (AHI). The patient was treated with an advanced intraoral device (AID-APNiA®), which is a splint for both maxillae connected with tensors that prevent the mandibular jaw from retraction, by decreasing the number of apnea episodes the patient may suffer. In order to confirm the effectiveness of the treatment, a post-polysomnography was performed using the AID.

Conclusions: The odontologist has a major role in sleep apneas diagnosis. Today, thanks to significant technology advances, some sleep studies can be done in an outpatient setting.

- Oral Presentation 61

TITLE: Dentigerous cyst: a case report

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Introduction: A dentigerous cyst is a developmental odontogenic cyst which has an epithelial origin and it represents the second most frequent entity in this group. Normally, it is asymptomatic and its finding is mostly radiologic, being characteristic the radiotransparency surrounding the crown of the non-erupted tooth.

The treatment consists of a surgical approach, reaching the final diagnosis through the anatomopathological study.

The aim of the present communication is the exposition of a case report consisting of a dentigerous cyst and its surgical approach and also a literature review of the subject.

Case Report: A patient 65-year old woman is referred to our Service presenting an associated image to the crown of the third lower left molar without associated symptoms.

After the radiographical exploration, a 6 mm diameter radiotransparent image is observed surrounding the Crown of the third lower left molar.

After obtaining the informed consent of the patient, the extraction of the 38 and the cyst were performed under local anaesthetic. The cystic lesion was sent for its anatomopathological study after its removal, which confirmed the pressuntion diagnosis, dentigerous cyst.

The patient carried out posterior follow ups showing a positive healing of the bone around the surgical area.

Conclusions: radiographic exploration of non erupted third molars is crucial for the early diagnosis of possible pericoronal cystic pathology associated.

- Oral Presentation 62

TITLE: Zygomatic implants rehabilitation for atrophic maxillar age-related

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Objectives: Review the indications, surgical problems, complications and results related to the placement of zygomatic implants in elderly patients and anatomical changes associated with age.

Material and method: A literature review of the literature of the last 10 years consulting sources in medline via pubmed database. Selecting interesting articles that respond to key words: "elder zygomatic implants".

Results: The success of zygomatic implants does not decrease with age, conserving a survival rate above 95%. the negative points of other treatment options are avoided such as donor site morbidity in bone grafts in compromised health patients. However this technique also has risks. The prosthetic part allows functional, aesthetics and soft tissues rehabilitation, in less time for the patient. There are anatomical age-related changes in the maxilla and the zygomatic bone, which affect the placement of these implants.

Conclusions: Zygomatic implants are a recommended but complicated treatment option for the geriatric population in cases of large maxillary atrophy when treatment options by conventional implants are not posible.

- Oral Presentation 63

TITLE: Validity of diagnostic tests of sicca complaints in senile onset primary sjögren's syndrome

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Primary Sjögren's syndrome (pSS) is a systemic chronic autoimmune disease that is characterized by lymphocytic infiltration of the exocrine glands, which causes dry mucosas, especially mouth and eyes's. SSp prevalence in >70 years patients is 15% and for its diagnosis it's used two main tests: salivary glands scintigraphy (gS) and minor salivary glands biopsy (gB).

Objectives: 1) To report senile onset pSS prevalence in some patients with sicca complaints 2) To describe diagnostic validity of gS and/or gB in sPSS patients 3) To describe affectation patterns in salivary gland scintigraphy.

Patients and Methods: Retrospective observational study of >60 years patients with xerostomia and/or recurrent mayor salivary glands swelling referred for pSS screening in 2006-2012

Results: 57 patients (52 W), mean age 73.3 years + 5.7. Recurrent gland swelling 12.3%; associated comorbidity 75% and with xerostomia causal drugs 42%. Altered scan gS findings: 58% patients, 52% uptake predominantly vs 9% washout and 26% submandibular location. gB was performed in 18 patients: normal 72%; non-specific alterations 21%; focal sialoadenitis 7%. It was diagnosed sPSS in 17 (29.8%), of which just 17.6% had focal sialoadenitis and 23% non-specific alterations. 32% of non-sPSS patients presented non-specific alterations.

Conclusions: 1) 30% patients >60 years with sicca complaint were diagnosed sPSS 2) gS showed salivary function impairment in 58% patients, 3) gS alteration in uptake and submandibular predominance were the most commonly findings in sPSS. 3) 17.6% sPSS patients had focal sialoadenitis and gB was normal in 59%.

- Oral Presentation 64

TITLE: Extraction of a dental implant from the maxillary sinus, migrated during the explantation, in a geriatric patient

AUTHORS: García Moreno S, Gutiérrez Bonet C, Franco Carro B, López-Silva García MJ, Páez Egido V.

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