**Introduction:** The migration of dental implant to the maxillary sinus is an increasingly frequent complication in implantology, this occurs at the time of implant placement or at the first subsequent months, but there is also risk of impulsion to the antrum of Highmore of the implant in the process of explantation.

**Case Report:** A 75 years old woman came to the Oral Surgery and Implantology department at the Hospital Virgen de la Paloma, without any trascendent medical history, presenting symptoms consistent with chronic sinusitis. In the intraoral examination is discovered the presence of an oro-antral fistula on the alveolar ridge at the location of the right first molar. The patient reported that an explant have taken place in the same location a month ago in a dental clinic. In the radiographic examination with CT and panoramic radiograph is seen the presence of a dental implant in the right maxillary sinus, along with a full occupation of it.

Through a Cadwell-Luc approach it was accessed within the maxillary sinus. All granulation tissue and the implant inside was removed, then we proceeded to carry out disinfection of it with profuse irrigation with 0.2% chlorhexidine. Finally the edges of the orasinual fistula were cleaned and the surgical wound was sutured which was removed two weeks later.

**Conclusions:** There were no intra or postoperative complications. Nowadays, one year after the intervention, a complete sinus health can be seen without the presence of any kind of oro-antral communication.

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**- Oral Presentation 65**
**TITLE:** Menière’s syndrome. A case report

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**Introduction:** Menière’s syndrome is characterized by vertigo, hearing loss, hearing fullness, tinnitus; being the disenchanting factor a endolymphatic edema. The etiology is unknown, it is associated with high salt intake, HSV infection, blocked drainage and in recent years is believed that may have close relationship with the intraosseous pathology of maxilla and mandible. The diagnosis is by exclusion and there is no resolutive treatment.

The purpose of this communication is to present a case in which a clinical examination is carried out to study whether the disenchanting factor of vertigo can be an intraosseous dental pathology.

**Clinical Case:** Woman 65 years after NMR studies audiometric tests and was diagnosed by an otolaryngologist Sd. Menière 9 years ago. Pacient under daily treatment with diuretics and nightly lingual apparatus “Bonnet”. The pacient presents as constant tinnitus symptoms. Given the possibility that the etiology could be a odontogenic lesion and a clinical examination was performed to study it.

The examination consisted of intra and extraoral exam, radiological tests with panoramic radiography and periapical radiography of the incisors previously endonotized, adding a functional study due to malocclusion of the patient.

The tests were negative, there was no presence of dental pathologies, through radiological tests there were no signs of pathology, whereas in the functional study atypical swallowing was observed malocclusion, negative scan ATM.

**Conclusion:** In recent years maxillofacial pathology is considered a possible etiologic cause of Menière’s syndrome.

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**- Oral Presentation 66**
**TITLE:** Warthin’s tumour: description of a case report

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**Introduction:** Warthin’s tumour (WT) is a benign tumour of the major salivary glands, restricted to the parotid gland.

It is a soft, irregular, slow-growing tumour, generally painless and unlikely to become malignant. Clinical suspicion is based on test such as ultrasounds, NMRs and FNABs, whereas a definitive diagnosis will be determined with tumour resection accompanied by superficial parotidectomy. The treatment of WTs is surgical, consisting in the full resection of the tumour.

This paper focuses on a case report relative to female patient, including an analysis of the clinical manifestations and diagnostic management of this pathological process.