

useful solution for improving the masticatory performance in elderly patients.

Material and Methods: A research in PubMed and Cochrane was made with the keywords ((dental prosthesis) AND nutrition) AND elderly, filtered by Clinical Trial and published in the last 5 years.

Results: We selected 6 articles that fulfilled inclusion criteria. There is scientific evidence supporting that there is a relation between edentulism and a reduction in the intake of some nutrients because of the change in the long term of dietary habits without introducing substitutes in diet. Nevertheless, there are not significative differences in nutritional parameters between patients who wear conventional mandibular complete dentures and those who wear complete dentures retained by two dental implants. Despite this, placing two dental implants in the mandible in order to retain low complete dentures improves the masticatory performance and the bite force and also the patient's life quality, this is why it is the gold standard for the treatment of complete mandibular edentulism.

Conclusions: The use of mandibular removable complete dentures retained by two implants improves masticatory performance but it does not seem to be determinant in the nutrition of the elderly patient, because this is a multifactorial condition.

- Poster 19

TITLE: Immediate Post-Extraction Implants: Report of a Case

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Introduction: Due to current aesthetic requirements, the technique of immediate post-extraction implants has become a routine implant technique. This procedure is based on post-extraction implant placement and immediate restoration within a maximum period of 48 hours after the implant placement, with no functional load. In turn, immediate implants prevent atrophy of the alveolar process-improving buccolingual direction and thus achieving a better emergence profile. This allows the conservation of soft tissues, in addition to the positive psychological effects for the patient. On the other hand, the immediate restoration helps reduce the number of surgeries and offers greater patient comfort as it avoids placing a conventional removable prosthesis. Numerous studies support this technique, with around 97.4% of results showing success with the implants.

Case Study: 67 year old female patient presented with the complaint of a bad taste in her mouth and halitosis. The patient wore a fixed prosthesis and through radiological examination multiple non-restorable root cavities were observed in the abutment teeth bearing the prosthesis. In this situation it was decided to proceed with the extraction of these teeth. It was also decided that in order to start the rehabilitation with the implants, a cosmetic procedure would take place immediately, with the same prosthesis.

Conclusions: With proper previous diagnosis, immediate placement post extraction implants and aesthetic restoration within 48 hours shows satisfactory results and permits treatment with lower amount of surgical intervention.

- Poster 20

TITLE: Role of ages in chronic periodontitis associated type 2 diabetes

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Introduction: A review of AGEs and their interaction in chronic periodontitis associated with type 2 Glycation diabetes. Its final products of certain compounds circulating chemicals (known as the union of an aldehyde group of a sugar with an amino group, is usually done of a protein) and is a union that does not require enzymatic reaction. These products take a decisive character in many cases chronic periodontitis associated with type 2 diabetes.

Objective: Discover the cells involved in such pathologies.

Material and Method: Search in PubMed with the terms "AGEs and Periodontitis"

Results: They are determined as the pathogenic mechanisms of both diseases using the RAGE receptors found in the cell membrane of different cell groups and as advocate of AGEs, by AGER receptors, which are able to clean up toxic products are associated.

These AGEs should be administered by different cellular systems of the human body such as: Monocytes, lymphocytes, macrophages, PMN, adipocytes, pancreatic beta cells, endothelial cells and periodontal ligament fibroblasts. All these cells have their defensive mechanism and participate balance and homeostasis, generating antioxidants and thus neutralizing the inflammatory response and decreasing oxidative stress associated cell in both pathologies.

Conclusions: Uncontrolled type 2 diabetes favors the EP Both diseases can promote atherosclerosis.

Diabetes cases with intense Macroalbuminuria and severe periodontitis, are associated with increased mortality Cardio-Renal.

It is very important after the diabetes diagnosis, strict coordination between the physician and dental dpto, for the prevention of periodontitis.

In decompensated chronic periodontitis with increased oxidative stress it is not necessary to have dental plaque.

- Poster 21

TITLE: Relationship between xerostomia and occlusion disturbances. A case report

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Introduction: Xerostomia is a quite frequent symptom particularly in elderly patients. The causes of dry mouth syndrome include pharmacological compounds intake like antidepressants, antihypertensive, opiates, bronchodilators... On the other hand may be due to autoimmune disease (Sjögren syndrome), radiation therapy and chemotherapy for the treatment of cancer, hormone disorders and some infections.

Other xerostomia common causes may be dehydration, blockage of the transporting saliva ducts, swallowing increased, local irritant effects and anxiety or stress pathological conditions.

Clinical case: A 67-year-old female suffer sudden change occlusion due to one prosthetic crown, stomatognathic apparatus disorder and antihypertensive and anxiolytic medication. Combined with a personal high stress situation, began developing a mastication referral losing, nervousness and significant dry mouth feeling.

In this clinical case were identified a coincidence of adverse life events and iatrogenesis with the beginning of the dry mouth clinic which was the main reason for the visit. Treating the occlusal situation improved xerostomia satisfyingly.

Conclusions: We suggest exploring mastication function and dynamic besides static occlusion as possible trigger factor of xerostomia. There are in addition other elements like in the case here stressors and xerostomizing drugs that may limit in significant way our patients quality of life.

- Poster 22

TITLE: Oral fibrolipoma: a purpose of a case

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Introduction: Fibrolipomas (FL) are an uncommon, histological variant of the classic lipomas. Clinically, fibrolipoma is a soft tissue neoplasms, slow growing, asymptomatic, well circumscribed and soft or semi-firm consistency. Their presence in the oral cavity is rare, being more frequent in buccal mucosa and tongue. Histologically, FL is composed of mature adipose cells, divided into lobes by fibrous outbreaks, with fibrous connective tissue in the periphery. As for the pathogenesis no consensus can be inherited by degeneration of fat, trauma, infection or hormonal. The differential diagnosis should be realized with other lesions, such as inflammatory hyperplasia, benign tumors or malignant tumors. Diagnosis should be made with clinical dates and histopathology. The treatment of choice is surgical and monitoring of the patient.

Clinical case: Woman 92 years old who attends the Master of Oral Medicine, Oral Surgery and Implantology of the University of Santiago de Compostela for oral rehabilitation. On examination we see a growth 2 cm in diameter, pedunculated in palatal mucosa, smooth surface, long time of evolution, which prevented us use her prosthesis. Surgical removal and histopathological study program. The result was fibrolipoma.

Conclusion:

- For diagnosis and proper management of this rare lesion of the oral cavity should always be done the clinical and histopathology study.

- The importance of complete histological description, as the FL can infiltrate adjacent tissues, simulating a malignant lesion.

- Poster 23

TITLE: The relationship between primary hypothyroidism and oral lichen planus. A review of the literature and case series

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