bone, teeth mobility and jaw fracture may occur. The dentist should be able to make an early diagnosis of odontogenic cysts based upon the clinical manifestations, radiological and histopathological examination.

- Poster 26
TITLE: Osteonecrosis of the jaw associated with denosumab (prolia®). Review of literature

Máster en Cirugía Bucal e Implantología. Universidad San Pablo CEU. Madrid.
* doi:10.4317/medoral.17644102
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Aim: The main purpose is to study the risk posed by patients treated with denosumab to develop osteonecrosis of the jaw (ONJ) and to analyze the most appropriate measures to prevent the onset of this disease.

Material and Methods: A review of the literature has been made on the Pubmed database, using the following keywords: osteonecrosis of the jaws; denosumab. The inclusion criteria were articles published in the last 5 years which have reported cases of ONJ associated with denosumab treatment, in ages between 50 and 85 years old.

Results: According to the previous criteria, 12 articles have been selected for this review, where 23 cases of ONJ associated with denosumab treatment have been identified. All of them after receiving oral surgery treatment, and being the mandible’s posterior portion the most common location. The risk of developing ONJ is significantly higher in patients with metastatic bone disease who are receiving antiresorptive therapy compared to those receiving this treatment for osteoporosis.

Conclusion: Given the increase in the prescription of denosumab as an antiresorptive agent, it is advisable to know the risk of appearing ONJ in patients who are about to undergo an oral invasive treatment, as well as to apply an appropriate dental preventive program before starting the denosumab treatment, reducing this way the incidence of ONJ, as a single dose of this drug may induce the disease.

- Poster 27
TITLE: Radiotherapy-induced xerostomia: Update.

Máster de Odontología en Pacientes Oncológicos e Inmunocomprometidos. Universidad de Barcelona.
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Aim: The aim of this article is to review the literature of the last ten years regarding the relation between radiotherapy and xerostomia.

Methods and Materials: a literature search was conducted in Pubmed with the following search terms: (“Xerostomia/prevention and control” AND “Radiotherapy”) OR (“Xerostomia” AND “Intensity modulated radiotherapy”). Articles published between 2005 and 2015 that included measurement of xerostomia and its prevention using IMRT, amifostine, pilocarpine and submandibular gland transfer, were included in our study.

Discussion: Observer-based or patient-reported evaluation tools can be used in order to evaluate the degree of xerostomia following radiation therapy. Thanks to modern techniques, such as IMRT, parotid-sparing allows the subjects to keep part of this gland’s function. However, patients may not feel a significant improvement in the severity of xerostomia. This leads us to look for alternative techniques, such as radioprotective drugs (amifostine, pilocarpine), or surgical techniques such as submandibular gland transfer in order to protect this gland.

Conclusions: Dose sparing to the oral cavity and salivary glands can be achieved with new radiation techniques. Nevertheless, radiation-induced xerostomia has a complex physiopathology and may be influenced by multiple factors that hinder its treatment, so that current approaches to treat this symptom are focused mainly on its prevention.

- Poster 28
TITLE: Proliferative Verrucous Leukoplakia (PVL): A Case Review

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**Introduction:** The proliferative verrucous leukoplakia (PVL), initially described by Hansen in 1985; LVP is a precancerous lesion of unknown origin, slow growth, warty, exophytic, durable and irreversible appearance, begins as a simple benign hyperkeratosis, which tends to spread, becoming a multifocal lesion, possibly becoming malignant and present a high mortality rate in developing carcinoma because of the propensity for dysplasia and malignant. It has a higher incidence in older women, where the primary lesion (leukoplakia) is present for many years.

**Case report:** We report a case of a female patient of 75 years old, non-smoker, does not drink alcohol, carrier upper and lower dentures, diagnosed in 1994 homogeneous leukoplakia and lichen planus, I will perform monitoring and controls in the department of medicine and orofacial surgery UCM, where non homogeneous lesions (red and white areas level right tuberosity, and warty level tuberosity left type white areas) is observed in 2016, new biopsy was performed in April this year, resulting homogeneous leukoplakia transformation to proliferative verrucous leukoplakia.

**Conclusions:** The LVP has a high rate of malignant and very unpredictable, for this reason the need for periodic checks are very important, and thus diagnose early, its evolution malignant carcinoma.

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**- Poster 29**

**TITLE:** Zirconium implants, the immediate future in implantology?

**AUTHORS:** García Polo E, Nunes Pereira F.

**Clinica Caser Dental.**

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Excellence in our profession is a constant and for that reason there are new developments. We aproach this review the use of zirconium implants in clinical day by day.

Ceramics are different chemical compounds to metals. Zirconium is a high performance ceramic.

The advantages are: high biocompatibility (allergic to metal choice), aesthetics (recessions and gingival smiles, thin soft tissue), high osseointegration >98% in clinic (surface treated with laser decreases colonization and reabsorption), excellent mechanical properties (tense flexural, tore up to 70 Ncm anterior and posterior teeth) and it also does not suffer corrosion. Radiopaque material, with the possibility of intraoral carved after placement and immediate loading with provisional, very aesthetic.

The monobloc system avoids the “gap” that can bring about bone resorption; however if the implants has not primary stability we can not load and we will lose aesthetics.

**Material and Methods:**

All literature found; research articles and collections of information; onset and evolution until now.

**Results:**

According to literature, shows a very high standar. In the beginning few studies they thought proved their use; but today is a good choice.

**Conclusions:**

Guarantee of success; front and especially in posterior teeth, its aesthetics and its histological properties. Acceptation holistic dentistry to be “free metal”. Material with high guarantees to revoke titanium.

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**- Poster 30**

**TITLE:** Merkel cell carcinoma: a case report


**Máster de Odontología en pacientes oncológicos e immunocomprometidos. Facultad de Odontología, Universidad de Barcelona.**

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**Background:** Merkel cell carcinoma (MCC) is an aggressive neuroendocrine tumor that mainly affects the skin. Its incidence is less than 0.5 /100,000 people per year, and has a predilection for the elder. The treatment of election is surgery even though early metastases in distant lymph nodes, followed by distant skin, lung, central nervous system and bone are common. These features give the patients a poor prognosis with a survival rate at 5 years of approximately 50%.

**Case report:**

We present a 67-year-old male patient with a macula in his right elbow histologically diagnosed as CCM. A year after the diagnosis he developed an oropharyngeal injury that was biopsied, with a diagnosis compa-tible with CCM, as well as bilateral lymph nodes. The extension study was negative. The patient had the lesion