It is expected that in future, number of incidents and peri-implantar pathologies will increase due to the growth of implants collocations in the recent past years.

**- Poster 39**

**TITLE:** Free bone graft in rebuilding mandibular

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**Introduction:** The aim of the bone reconstruction is to restore function and facial aesthetics after wide extirpation of tumor lesions. Mandibular reconstruction can be performed immediately or in several surgeries. Reconstructive techniques include the use of free grafts mainly in small defects; and microvascularized flaps in major defects.

Free iliac crest graft is a therapeutic option for defects under 3 centimeters, because it is obtain a considerable amounts of cortico-medullary bone. In higher reconstructions to 5 centimeters is considered better option microvascularized grafts as the fibula, the scapular or iliac crest.

**Clinical case:** 63 year old patient presents ulcerated area on the right retromolar trigone that does not subsides after conservative treatment. The biopsy is performed, and histopathological exam are compatible with epidermoid carcinoma considering T4N0Mx. TC requested where it can be seen affectation mandibular bone. Supraomohyoid neck hollowing is performed, excision with a safety margin with hemimandibulectomy. It is reconstructed with iliac crest graft 3,5x2cm, osteosynthesis with plate reconstruction. The patient develops properly and follow-up after 3 years, there are not signs of recurrence.

**Conclusion:** Free hip bone graft represents a therapeutic option for defects produced in oncologic resections after hemimandibulectomy, when the length is less than 3 centimeters.

**- Poster 40**

**TITLE:** Surgical removal treatment for pleomorphic adenoma based on 2 cases

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**Introduction:** Pleomorphic adenoma is the most common benign tumour in the salivary glands. It’s most usual location is at the parotid gland, although it can also be found in the minor salivary glands, being the palate the most common affection. The lesions are usually round and firm, with an asymptomatic and slow growth. Diagnose is done utilizing TC, RMN, PAFF or biopsy, taking the sample from the central part of the lesion to avoid its extension.

**Clinical cases:** Case No 1: 55 years old male attends for consultation at HM Hospital due to exophytic lesion circumscribed to posterior lateral left region. After hystopathological exam the diagnosis results were pleomorphic adenoma. A complete surgical removal is programmed as well as a palate reconstruction with a myomucosal flap taken from the buccinators muscle. No recurrence was detected over a year monitoring.

Case No 2: 66 years old woman with nodular lesion of a smaller size, firm consistency and limited borders in posterior central palate region. Complete surgical removal is programed allowed to heal by second intention. No recurrence was detected over a year monitoring.

**Conclusions:** The recommended treatment will be a complete surgical removal of the lesion with a 2-3mm safety margin on the healthy tissue for recurrence avoidance. The closing technique may vary depending on size and bone erosion, being the options a reconstruction using buccinators flap or whole thickness palatal flap for moderate defects to direct closure or secondary intention healing. Some cases with mayor magnitude have been reported requiring partial maxillectomy.

**- Poster 41**

**TITLE:** Mandibular fracture. Case report

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**Introduction:** The mandibular fracture as the structural alteration is defined jawbone after a facial trauma of diverse etiology. During the twentieth century, the management of mandibular fractures was practically limited to the maxillo-mandibular fixation. In recent years, internal fixation has become more familiar to the maxillofacial surgeons, enabling faster recovery and an early return of the patient to their daily activities.

**Clinical case:** Female patient, 81 years old, who suffered trauma to the anterior base of the jaw, after the radiographic study (orthopantomography and TAC) bilateral atrophic closed mandibular fracture in the body of the mandible with osseous displacement is confirmed. In the intervention, after securing the airway, the fragment is repositioned in position, it splinted with two osteosynthesis plates and miniscrews later sutured.

**Conclusions:** The definitive treatment of mandibular fractures can usually be deferred until the airway is secured, stopped the bleeding and have been previously treated neurosurgical, thoracic and abdominal injuries that compromise the patient’s life. However, it is shown that early completion of the treatment of mandibular fractures improves outcomes, reduces the residual potential decreases morbidity and hospitalization time. Now it considered a difficult case those fractures in atrophic jaws with bone height of less than 10 mm. Above this height fixation with mini plates it is satisfactory. In more atrophic mandibles the result is unpredictable.

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**Poster 42**

**TITLE:** Severe oral dysplasia in elderly patients. A case report

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**Introduction:** Dysplasia is composed of two terms derived from the greek word that are “sys” and “plassein”, the first word means bad and second word means shape or pattern, so that when applied to the epithelium refers to alterations in volume, shape and organization of cells. Dysplastic lesions of the upper aerodigestive tract, particularly of the oral cavity, have a broad spectrum histological. Pindborg in 1977, uses the term to describe dysplasia lesions in which part of the thickness of the epithelium is replaced by cells showing varying degrees of cellular atypia. Later the World Health Organization (OMS) in 1978, establishing the histological criteria that occur in epithelial dysplasia.

**Clinical case:** Patient female, 92 year old presents a raised lesion with irregular borders on the tongue extending on both dorsal and ventral face. In histopathologic analysis in squamous mucosa presenting a disorganized squamous epithelium with loss of polarity and cytologic atypia it is observed. It is observed hyperkeratosis. Disqueratinocitos is not observed. On the surface sheet dense inflammatory infiltrate linfoplasmatico band, with frequent permeation intraepithelial (lichenoid pattern) is identified. Neoplastic infiltration isn’t identified in biopsied material.

**Conclusions:** After the diagnosis of the biopsy is concluded that this is a severe dysplasia without evidence of neoplastic infiltration. It was decided to carry out a plan of conservative treatment, with periodic reviews for possible malignancy.

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**Poster 43**

**TITLE:** A review on salivary biomarkers for oral cancer detection

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**Introduction:** Oral cancer is a disease associated with molecular, genetic and tissue changes. It is essential that the diagnosis is made early. Biomarker discovery in saliva provides a tool for diagnosis, prognosis and monitoring.

**Objectives:** To describe the different existing saliva biomarkers to detect oral cancer and study its potential as a diagnostic technique.

**Material and Method:** Literature review of the last 10 years using PubMed, Medline and the Cochrane Library data base. 33 publications have been selected. Keywords: Saliva; Biomarker; Oral cancer.

**Results:** since the late 90s, more than 100 items have been suggested as possible salivary biomarkers of oral cancer. Some of the most important biomarkers found are: