- Oral Presentation 1

TITLE: Performance on dental extraction in patients treated with new oral anticoagulants: as a result of a case report

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Introduction: The patients treated with oral anticoagulants have major risk of bleed if they have to go through surgery or any invasive procedure like a dental extraction. Recently new oral anticoagulants have appeared on the market: Dabigatran (Pradaxa®), Apixaban (Eliquis®) y Rivaroxaban (Xarelto®).

These drugs are prescribed to patients with bad control of INR or with allergy or intolerance to the coumarins/4-hydroxycoumarins anticoagulants. They do not depend on the vitamin K so the monitoring with INR is not useful.

Case report: Lady of 80 years old that comes to the Basic Health Zone in order to fulfill three dental extractions. The patient undergoes treatment with Dabigatran and therefore we contact the cardiologist in order to reach an understanding on the performance protocol: the treatment is removed for 48 hours and the dental extractions are completed without mishaps.

Conclusions: The new oral anticoagulants are more predictable, they have less interaction with drugs and food. The disadvantage is that we are not able to quantify the anticoagulation level of the patient. Also there is no antidote.

The performance protocol on the new anticoagulants depends on the average life thereof and on the renal function of the patient. It is recommended the removal of the drug between 1 and 4 days before the procedure.

- Oral Presentation 2

TITLE: Rehabilitation treatment in patient with associated Pathology: Case report

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Diabetes mellitus DM, is a metabolic disorder characterized by the increase of blood glucose levels. For a long time considered a contraindication in patients with poor metabolic control and rehabilitation with implants. The DM type II has a multifactorial origin that result from environmental effects, individual genetic predisposition, is related to age, obesity and sedentary lifestyle. It is sometimes associated with dento-periodontal pathology, and this in turn may cause poor metabolic control of it.

Case presentation: A 73-year-old female with a history of type II diabetes, arrhythmia, hypertension, vertigo and hypercholesterolemia, controlled with Micardis Plus®, Seguril digoxin®, Humalog®, Serc®, Omeprazole. Does not report known allergies or toxic habits. The patient comes to the Master of dentistry in oncology and immunocompromised patients from the University of Barcelona for oral rehabilitation. Clinical examination shows generalized periodontal disease, mandibular partial edentulism and defective old restorations. It decides to carry out rehabilitation treatment, which included, periodontal treatment of mouth parts, extractions, dentures fixed upper and lower implant supported overdenture.

Conclusion: The diabetic patient well compensated and with all intraoral local factors controlled, is a tributary of a conventional rehabilitation treatment.

- Oral Presentation 3

TITLE: Oral pathology related to the use of dental prosthesis

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Aim: Analyze the most common oral lesions in elderly people, with the aim to identify those risk factors and try to establish preventive methods and improve the oral health situation in this kind of population.

Materials and Methods: An exhaustive review of the last 10 years articles was done from the Pubmed and Medline data base. Keywords: Oral lesions; oral hygiene; Denture lesions; prosthesis pathology, Prosthesis candida, Elderly oral lesions.

Results: Prosthesis patients present a higher oral lesions prevalence. If those prosthesis are in poor conditions and also poor hygiene this risk increases. Trauma