Conclusions: The davigatran and ribaroxan have multiple advantages over its predecessors, but it is necessary to follow some rules for the proper management of patients treated with these drugs and in order to avoid mayor bleedings.

- Oral Presentation 26

TITLE: Temporal arteritis and orofacial effects

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Introduction: Giant cell arteritis is a chronic vasculitis characterized by inflammation of large and medium vessels. It especially affects to craneal arteries with preference for temporal artery and mostly women, white race and elderly. The etiopathogenesis is still unknown, though diverse genetic, immune and environmental factors may be involved. The clinical profile can greatly vary, ranging from constitutional symptoms to local cranial, headache, visual impairment, buccal, stroke and aortic manifestations. The diagnosis is based on clinic symptoms, on laboratory findings and with temporal artery biopsy (sensibility ranges from 15% to 40%). First-line treatment includes the use of corticosteroids, immunosuppressive drugs and biological therapy in refractory cases.

Objectives: Evaluate diagnosis and therapeutic role of the dentist in the management of this disease.

Clinic case: Two clinic cases are reported: a 72 years-old male and another 68 years-old female presenting history of possible temporal arteritis. The both patient's medical history revealed an intermittent bitemporal cephalaea with mandibular and occipital irradiation, hence a temporal artery biopsy was requested. The P-A was negative, however, this diagnosis was maintained after good response to corticosteroids.

Conclusions: It is essential to make always a proper clinic history. We should suspect and take into account this disease with a patient who presents temporal arteritis clinical profile and signs. Despite temporal artery biopsy is still the gold standard for diagnosis, another recent diagnosis tools, such as ultrasonography and PET, are used.

- Oral Presentation 27

TITLE: Histologic study of Frank sign and its relation with carotid calcifications and blood corpuscles and biochemical counting parameters

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Aim: The aim of this study is to know the epidemiology of Frank sign presence; the relation between this sign and the blood samples tested biochemical and blood-corpuscles counting parameters, the advanced periodontal disease, carotid calcifications; and to describe its histology.

Matherial and Methods: In our study the presence of the earlobe crease is analyzed in 655 patients in a Health Center to avoid the bias in studies undertaken at Cardiology Services. All patients with Franks sign and from the control group were orthopantogramed and blood tested. In the orthopantograms, presence or lack of carotid calcifications were evaluated, whereas the blood samples tested biochemical and blood-corpuscles counting parameters. Furthermore, 23 earlobes from corpses have been studied through complementary histological techniques (H-E, Masson and Orceine) to value the histology of regular and the diagonal ear lobe crease, since this matter has never been published in scientific literature to date.

Results: With our results we can't establish any relation between the Frank sign and all the parameters which have been studied. We describe for the first time the Frank sign histology in the scientific literature.

Conclusions: It may be necessary to reconsider the Frank sign morphological definition.

- Oral Presentation 28

TITLE: Flexure resistance on two different clinical-use composites after using alternative curing methods

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