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

AUTHORS: Garnier Rodríguez JL, Jalil-Abumalham D, Martínez Rodríguez N, Fernández Cáliz F, Santos Marino J.

Máster de Cirugía Bucal e Implantología Hospital Virgen de la Paloma.

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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

AUTHORS: Garrido Castro A, Fernández González M, Fernández Gato A, Suárez Quintanilla JA.

Stomatology Department, Faculty of Medicine and Dentistry. University of Santiago de Compostela.

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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

AUTHORS: Gómez Freire XA, Castelo Baz P, Martín Biedma B, Bahillo Varela J, Ruiz Piñón M.

Stomatology Department, Faculty of Medicine and Dentistry. University of Santiago de Compostela.

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Objective: Microwaving and autoclaving composite onlays are becoming increasingly popular ways for improving their polymerization ratio. The purpose of this study was to assess the flexure resistance of two clinical-use composites by following their manufacturer instructions and several post-polymerization systems.

Material and Methods: A series of 1,5mm-width and A2 shade disks was manufactured using the Campionatore (Styleitaliano®) system (Grandioso, Voco® and Esthet X, Dentsply®). All disks were light-cured for 40 seconds on both sides with Demetron II LED lamp, 800 mW/cm² (Kerr®).

Three groups were made up:

G1: included those that were light-cured according to the manufacturer's instructions.

G2: were autoclaved for 25 minutes, 138°, 2.58 bar (one cycle).

G3: suffered a microwave cycle (3 minutes, 1800W).

All samples were put under flexural tests on the Instron® machine and the results were analyzed for verifying the statistical significance by a one-way ANOVA.

Results: The average resistance for Grandioso samples was 132,76 N/mm² and 142,34 N/mm² for Esthet X, with statistic significance of $p < 0,01$. According to post-curing methods, G1: 109,95 N/mm²; G2: 101,70 N/mm²; G3: 81,88 N/mm².

Conclusions: Due to the inherent limited conditions of this research we did not obtain statistically significant differences among the flexure resistance of the composites subdued to the different kinds of post-polymerization, therefore it would be necessary further investigation.

- Oral Presentation 29

TITLE: Immediate post-extraction implant on a patient treated with biphosphonates. Case report

AUTHORS: González Regueiro I, Sanz Sánchez A, Fernández Cáliz F, Martínez-González JM, Barona Dorado C.

Máster de Cirugía Bucal e Implantología. Hospital Virgen de la Paloma.

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Introduction: Bisphosphonates are synthetic analogues of inorganic pyrophosphates with a high affinity for calcium. They are intravenously supplied for the treatment of oncological diseases. The oral supply of bisphosphonates is employed on a great number of bone metabolic diseases, some of them, like osteoporosis, very common among elderly population.

Case report: Female 67 year old patient attends the Virgen de la Paloma Hospital Oral Surgery and Implantology service due to a tooth fracture. There were no clinical or radiological signs of infection, so an immediate post-extraction implant was recommended. On the anamnesis the patient referred to be on treatment with oral bisphosphonates due to osteoporosis, so the treatment was suspended for 3 months before the surgery. Afterwards, we proceeded to the atraumatic extraction of 25, and an immediate post-extraction implant was placed with biological drilling. Amoxicilin 750 was prescribed for a week, and clorhexidine 0,12% for two weeks as postoperative measures.

Conclusions: Despite the risk of maxillary osteonecrosis on patients undergoing treatment with oral bisphosphonates is rare, it is mandatory to withdraw this treatment 3 months previous to the surgical intervention, and until the lesion has healed.

- Oral Presentation 30

TITLE: Ridge preservation. A review of the literature

AUTHORS: Guenin Gutiérrez CV, Pérez Corral I, Martínez Bores C, Loughney González A, Fernández Domínguez M.

Máster en Cirugía Bucal e Implantología. Universidad San Pablo CEU. Madrid.

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Objective: Ridge preservation is any procedure undertaken at the time of or following an extraction that is designed to minimize external resorption of the ridge and to maximize bone formation within the socket. The aim of the present literature review focuses on the healing pattern of sockets, with and without the use of regenerative materials, the indications for ridge preservation and the management of some of the most used techniques.

Material and Method: A bibliographic research is made in Pubmed, using the following key words: tooth extraction, ridge preservation, bone grafts, implants. Among the reviewed articles, we include only the ones published in the last ten years.

Results: After tooth extraction, the alveolar ridge suffers both morphologic and dimensional changes, which can highly complicate the subsequent prosthetic and restorative stages. According to the reviewed literature, the efficiency of the socket preservation is demonstrated and supported by most of the authors. Nowadays the most used technique is the placement of a bone graft inside the alveolar process and sealed with membrane,