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 Boreas 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,