Objectives: Introduce the split crest technique and determine its advantages comparing to other bone regeneration techniques as an alternative for the alveolar crests volume augmentation.

Material and Method: Literature review of papers published between 2005 and 2015 consulting Pubmed database, in Spanish and English. Key words used: split crest, bone expansion, ridge split, corticotomia, osteodilatadores, and dental implant. 20 papers were selected for our literature review. There were not restrictions regarding the type of study.

Results: The split crest technique is indicated when a bone structure with pyramidal form is found, where the apex of the pyramid is on the edge of the bone crest. This technique is more indicated in the upper maxilla where we can find a spongier bone, and when the bone remaining architecture is at least 10mm apical coronal, the width of the alveolar bone is 3 mm as a minimum and the base of the bone has a 7 mm width at least.

Conclusions:

- The split crest is an alternative to the use of other bone regeneration techniques.
- This technique has become a common way of working in the daily practise, achieving long term good results in the implants treatments, with low morbidity, and excellent results when the case selection is the adequate.
- A good diagnosis and case planning is essential.

- Oral Presentation 34

TITLE: Osteoporosis and periodontitis in post menopausal women in Barcelona, Spain

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<http://dx.doi.org/10.4317/medoral.17643924>

Aim: The aim of this study was to explore the relationship between osteoporosis and periodontitis in a group of postmenopausal women in Barcelona, Spain.

Material and Methods: A periodontal examination in 73 postmenopausal women, and collection of the history of osteoporosis / osteopenia was performed using bone densitometry. Other clinical characteristics were collected: the presence of lesions in the oral mucosa, salivary pH, level of oral hygiene and number of missing teeth. The results were statistically analyzed using SPSS 17.0 program.

Results: The median age of women was 63 (IQR 2). The median of missing teeth was 5 (IQR 8.75). Of the 73

women, 47.9% had periodontitis, osteoporosis 25.3% and osteopenia 53.3%. The level of oral hygiene was categorized: Good (32.9%), Regular (43.8%) and Poor (23.3%). With regard to the other variables, the presence of mucosal lesions were in 38.4%; the pH was basic at 20.3% and acid in 40.6%, the rest had a neutral pH. An analysis of the correlation between periodontitis and osteoporosis showed that periodontitis was found in 22.9% of women without a diagnosis of osteopenia or osteoporosis, 57.1% of women with osteopenia and 20% of women with osteoporosis ($p = 0.522$), therefore, there was no association between osteoporosis/osteopenia and periodontitis.

Conclusions: According to our findings, the presence of osteoporosis/osteopenia does not influence the prevalence of periodontitis among postmenopausal women.

- Oral Presentation 35

TITLE: Monostotic fibrous dysplasia. Report of a clinical case

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Introduction: Fibrous dysplasia is a fibroosseous lesion associated mutation GNAS1 gene, presenting clinically as an intraosseous tumor in which normal bone is replaced by a proliferation of fibrous connective tissue which cellularity is moderate or high. This connective tissue as mature lesion begins to form islands of metaplastic trabecular bone. Fibrous dysplasia has a wide variation in clinical presentation, ranging from solitary or monostotic lesions to polyostotic. 80% of cases are associated with monostotic fibrous dysplasia, affecting mainly women. Clinically facial asymmetry is observed that mainly affects the mandibular region, asymptomatic. Treatment varies from a tracking control to remodeling surgery, depending on the size of the lesion.

Clinical case: Female 65 years old, who assisted Dental Hospital - University of Barcelona (Postgrade of Dentistry in Oncologic and Immunocompromised Patients), for dental health problems, At oral exam was observed a single lesion in the third mandibular quadrant, asymptomatic. The patient reported an increase from 35 years old, so it was necessary a clinical and radiographic study, with diagnosis of monostotic fibrous dysplasia.