SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S18.

* doi:10.4317/medoral.17643936
http://dx.doi.org/10.4317/medoral.17643936

Objective: To assess the available scientific evidence regarding the application of PRP in the post extraction socket to improve the regeneration of both soft and maxillary and mandibular bone tissue and reduce the possible intervention post- morbidity

Material and Methods: Review and analysis of 25 articles published in PubMed and Medline. Limits: Publication in the last five years. Keywords: Platelet rich plasma, platelet rich in growth factors, oral surgery, tooth extraction, dental extraction.

Results: All articles consulted reported an initial acceleration of the healing process of soft and hard tissue, reducing post extraction morbidity but not necessarily an increase in bone formation as a final result. The lack of literature that meets quality criteria (randomized, double-blind, placebo and control groups and strict exclusion criteria) makes this second issue remains under debate.

Conclusion: Platelet rich plasma accelerates both bone and soft tissue healing process, thus improving the postoperative period and decreasing the incidence of complications due to slowdown. However, long term bone gaining cannot be assured, requiring further scientific evidence for use as hard tissue regenerator.

- Oral Presentation 47

TITLE: Relationship between acute myocardial infarction (AMI) and atherothrombotic stroke (ATS) with dental pathology

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SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S19.

* doi:10.4317/medoral.17643937
http://dx.doi.org/10.4317/medoral.17643937

Aim: To review the relationship between cardiovascular diseases and oral pathology, focusing in the acute myocardial infarction (AMI) and the atherothrombotic stroke (ATS).

Material and Methods: An electronic research was done on PubMed-Medline bases with the keywords: "myocardial acute infarction", "stroke", "oral pathology", and "dental pathology". Publications in English indexed in the period between 2005-2015 and referring to

the relationship between both cardiovascular diseases and oral pathology were included.

Results: 266 articles were found; from which 18 were included in our review, because they talk specifically about AMI and ATI; cardiovascular diseases commonly associated with oral pathology. In the reviewed articles, it has been observed that some bacteria in the oral cavity are involved in coronary plaque inflammation, during flowing in the vessel and in the development of coronary thrombus. It has been found the same pathogenic flora in periodontal pockets and in atheromatous plaques. It seems that the AMI influences in the degree of periodontal inflammation.

Conclusion: It is possible that cardiovascular diseases have a relationship with oral pathology. Dental infections and oral bacteria may be associated with the development of acute coronary thrombosis. Measuring the levels of MMP8 in the gingival crevicular fluid may help obtain information about the severity of periodontal disease. A poor oral health status and the presence of periodontitis can influence in the development of AMI.

- Oral Presentation 48

TITLE: Management of dental trauma in schools. A survey of Kindergarden and Elementary school teachers

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SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S19.

* doi:10.4317/medoral.17643938
http://dx.doi.org/10.4317/medoral.17643938

Objective: To analyze the knowledge of Nursery and Primary school teachers on immediate action response in children Traumatic Dental Injury (CTDI) in schools. **Material and Methods:** A questionnaire was designed which firstly collected teachers' basic demographic information (age, gender, work experience, etc.), followed by 9 questions concerning immediate action measures used to respond to different types of CTDIs. All teachers participated anonymously and voluntarily at their workplace.

Results: Data from 382 teachers from 30 schools spread across Galicia were obtained. Of the teachers completing the questionnaire, 59.4% have received first aid training; of these 2.1% received first aid training that included CTDI content, and 42.7% of the responding teachers have faced a CTDI in the past in the workplace. In relation to dental luxations, the most common action response (58.1%) was notifying parents. Similar results were obtained in cases of dental fractures. Pri-

mary action response errors related to the means of preserving avulsed teeth, usually opting for transporting teeth “dry”. The 86.4% of teachers were interested in receiving specific training guidelines for action in responding to CTDIs.

Conclusions: The knowledge of teachers on the first action measure to respond to a CTDI turned out to be significantly low. This is especially worrisome since many of the CTDIs occur in schools and increases the need to include CTDI content in teacher training programs.

- Oral Presentation 49

TITLE: Densitometric techniques in dental implantology: current status

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SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S20.

* doi:10.4317/medoral.17643939
http://dx.doi.org/10.4317/medoral.17643939

Objective: Bone density is one of the most important factors of osseointegration, therefore we need techniques to value it. The aim of this study was to compare the different densitometry techniques used in Implantology (Radiology, DXA, TC, CB-CT, MRI and QUS), evaluating the advantages and disadvantages of each one.

Material and Methods: We have done a bibliographic review from the database of Pubmed about 179 articles concerning to densitometric techniques: Radiology, DXA (Double X-Ray Absorptiometry), CT (Computed Tomography), CB-CT (Computed Tomography Cone Beam), MRI (Magnetic Resonance Imaging) and QUS (Quantitative Ultrasound).

Results: With QCT we get a density valued in Hounsfield units (HU) according to the degrees of attenuation of the R-X. With the CB-CT we obtain also gray levels (UH), but they are superior to those obtained with CT. DXA provides a mineral density of surface (BMD or BMD) expressed in mg Ha/cm². Radiology and visual and tactile scales (Lekholm-Zarb and Misch) are little accurate to assess bone density, providing an empirical and subjective estimate. The application of MRI and QUS in densitometry remains, for now, experimental.

Conclusions

- 1- CT is the most accurate densitometric technique.
- 2- CB-CT provides inaccurate and arbitrary UH, so we need attenuation coefficients.
- 3- DXA is difficult to apply in the maxillofacial area due to the overlapping of regions.

- Oral Presentation 50

TITLE: Biphosphonates applied locally as coating of titanium implants

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SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S20.

* doi:10.4317/medoral.17643940
http://dx.doi.org/10.4317/medoral.17643940

Objective: Biphosphonates are drugs used in treatment of osteoporosis and other diseases. They inhibit osteoclastic activity so they arrest the bone remodeling process. The high cell turnover rate presented in maxilar and mandibular bone during surgical procedures, makes them more vulnerable to biphosphonate-related osteonecrosis. This vulnerability is more pronounced in intravenous in comparison with oral biphosphonates. In recent years it has been studied the hypothesis that these drugs may improve the osseointegration of dental implants being applied locally by coating them.

Material and Methods: A review of published scientific literature on the effects on the osseointegration of local application of bisphosphonate coated titanium implants and the appearance or not of biphosphonate-related osteonecrosis as we see with systemic bisphosphonates. Most of the studies are based on research on animals, mainly rodents and sheep, but also have revised articles on human.

Results: The vast majority of the literature revised present an improved osseointegration of implants with bisphosphonates coating versus different groups of control. This improvement is registered with different parameters depending on the study, but the most usual parameters used are extraction torque and histomorphometric measurements in micro-ct: bone-implant contact, bone area around the implant and bone density.

Conclusions: The revised articles show an improvement of osseointegration, without relevant complications such as biphosphonate-related osteonecrosis in titanium implants coated by biphosphonates.

- Oral Presentation 51

TITLE: Periodontal plastic surgery procedures. Case report

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