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

* doi:10.4317/medoral.17643941
http://dx.doi.org/10.4317/medoral.17643941

Introduction: The goal of the periodontal mucogingival surgery is to correct the morphology, position or defects of the gum tissue. This is done through plastic and surgical procedures, where the area of the inserted gum is widened and keratinized and/or the exposed roots are covered. The mucogingival surgery can be isolated or in conjunction with the flap surgeries.

Case report:

We have a 68 year old female patient, with mucogingival surgery. She has controlled hypertension and is in consult for aesthetic reasons. She presents gingival hypertrophy in the anterior maxillary zone. A gingivoplasty technique was done resulting in a cosmetic improvement in just one session with a mucogingival surgical procedure.

Conclusion:

Due to patient requirements of shorter and more aesthetic treatments, mucogingival surgeries are presented as an alternative treatment designed to correct defects in the morphology, position and dimension of the gum, therefore finding an aesthetic vision of soft tissue.

- Oral Presentation 52

TITLE: Treatment in consulting room and oral effects of most frequent system pathology in elderly patients

AUTHORS: Moquillaza González LE; Turégano Alarcón BV, Somacarrera Pérez ML.

Biomedical Department. Universidad Europea de Madrid.

SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S21.

* doi:10.4317/medoral.17643942
http://dx.doi.org/10.4317/medoral.17643942

Aim: To carry out a cross-sectional descriptive study of the most common systemic disease in the elderly. Then proceed to form a small guide with an updated intervention protocol associated with these pathologies, in conformity with dental procedures and finding the most common oral manifestations

Methods: Search in the SNS, IMSERSO, a sample of 6000 patients from San Rafael Hospital and La Paz Carlos III-Cantoblanco Hospital and a sample of 100 patients from Universidad Europea de Madrid's polyclinic, more common systemic diseases in patients over 65 years. Then proceed to an exhaustive search in medical literature, journals, etc... about the protocol that should lead the dentist with these patients, associated oral pa-

thology, emphasizing on its location in the oral cavity and possible systemic manifestations.

Results: The most common associated systemic diseases in patients over 65 were related to cardiovascular, and respiratory systems. Particularly highlight hypertension and its derivative pathology.

Conclusions: The dentist must know the pathologies present in elderly patients who come to attend the consult and therefore know the protocol for a possible emergency or habitual treatment; from the position on the dental chair, to medical prescriptions.

- Oral Presentation 53

TITLE: The impact of dental treatments on blood pressure variability in geriatric patients

AUTHORS: Olmo B, Ribera M.

Universitat Internacional de Catalunya. Barcelona.

Department of dentistry for Special Patients, Oral Medicine and Gerodontology.

SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S21.

* doi:10.4317/medoral.17643943
http://dx.doi.org/10.4317/medoral.17643943

Objectives: To evaluate blood pressure fluctuations before, during, and after dental treatment in geriatric patients (general population) and geriatric patients with hypertension and antihypertensive drugs.

To describe side effects of antihypertensive drugs in the oral cavity.

Material and Methods: Prospective observational study, comparing:

- General population (without antihypertensive treatment). n: 20.

- Hypertensive population (high blood pressure and antihypertensive treatment). n: 20.

Results: No significant differences in fluctuation of PAS, for a period of time (before, during and after dental treatments), in hypertensive patients with antihypertensive treatment, (p-value: 0,5680), and in patients without hypertension (p-value: 0,4524). No significant differences between the two groups of population (p= 0,2605). Statistically significant differences were observed, in the fluctuation of PAD, for a period of time (before, during and after dental treatments). There was an increase in PAD over time, statistically significant in the two populations (p=0.0011), in the group of patients without hypertension was significantly elevated the PAD over time (p-value = 0.0001). In hypertensive patients with antihypertensive drugs, was not observed statistically significant elevation (p-value: 0.1710).

Conclusions: The dental treatments in normotensive/hypertensive geriatric patients treated with antihyper-