Hygiene (brushing, toothpaste) and the dental status (being or not edentulous).

Conclusions: The oral health has a high impact on quality of life. The oral quality of life does not seem to be related to the general quality of life. The oral hygiene and getting toothless influence negatively on the quality of life of elderly population.

- Oral Presentation 62

TITLE: Complications in prosthetic rehabilitations on implants: a retrospective observational clinical study

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SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S25.

* doi:10.4317/medoral.17643952
http://dx.doi.org/10.4317/medoral.17643952

Objectives: analyze the complications in prosthesis on implants in patients rehabilitated at the Oral surgery and implantology master from Hospital Virgen de la Paloma, as well as to establish the percentage of these depending on the type of prosthesis and the time elapsed since its placement.

Material and Methods: An observational retrospective clinical study was carried out on a total of 284 stories, in which the following variables were evaluated: epidemiological data, elapsed time, type of prosthesis and complication. The results were submitted to descriptive and inferential statistical treatment using the SPSS 21.0 system for Mac OC X.

Results: 284 stories were reviewed among which, 64 patients were found with complications in their prosthetic rehabilitation on implants. The average age was 69, 2±11, 19 years old. The most used prosthesis was fixed (65.6%). The main complication (40.6%) was related to prosthetic attachments, however, no statistically significant difference was found between the types of prostheses, and complications. The average elapsed time from the placement of the prosthesis until the complication appears was 21,41 ± 34,38 months.

Conclusions: Complications on implants rehabilitations frequently affect prosthetic attachments. Therefore, it is necessary the maintenance of prosthetic rehabilitations every 6-12 months to avoid complications and to assess the condition of the periimplant tissue.

- Oral Presentation 63

TITLE: Ulcerative oral lesion on a leukoplakia. A case report

AUTHORS: Schemel Suárez M, Dávila Monzón C, López López J, Jané Salas E.

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SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S25.

* doi:10.4317/medoral.17643953
http://dx.doi.org/10.4317/medoral.17643953

Introduction: Oral ulcers are very frequent and have a diverse etiology (infectious factors, trauma, neoplasia, multiple syndromes, among others). The most common cause of oral ulcers is trauma, and the treatment in this cases is the removal of the traumatic agent (sharp teeth, inadequate dental prosthesis, etc.), but when a lesion does not resolve in a 2 week period after the removal of the traumatic agent, the diagnosis will be confirmed with a biopsy, because it could be a process that needs a more complex treatment.

Case report: A 65 year old woman with a medical history of OSCC in the upper left maxilla, on a lesion years before diagnose as an oral lichen planus, attends the dental clinic for evaluation. Intraoral examination revealed an ulcer on a non-removable white plaque in the left lateral border of the tongue. Because of the patient's medical history, a biopsy and histological study was performed. The result rules out a malignant lesion but indicates the presence of viral inclusions.

Conclusions: A periodic dental evaluation is very important, especially in patients that are on chronic treatment with topical or systemic corticosteroids since the immunosuppressive action of this drug can produce oral lesions that sometimes can mimic malignant pathologies.

- Oral Presentation 64

TITLE: Oral Cancer: Risk factors in elderly. An update

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SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S25.

* doi:10.4317/medoral.17643954
http://dx.doi.org/10.4317/medoral.17643954

Objective: Oral cancer is a prevalent disease in the elderly. It is estimated to claim about 1117 lives a year in