The most diagnosed pathologies at this group of patients were: Burning mouth syndrome (BMS) in 24.5% (male=14%, female=86%) ; oral lichen planus (OLP) in 16.9% (male=25%, female =75%) ; candidosis 6,3% ; traumatic ulcers 4.5%; frictional keratosis 3.8% etc. 13 oral cancers were also diagnosed (3.3%) and 8 potentially malignant lesions (2%) . All pathologies encountered will be compared with the ones of the younger group of patients and discussed com published relevant papers.

Conclusions: Few published papers deal with clinical data because most study histological (biopsy) results, with the exclusion of pain syndromes like BMS and others. There is also a clear indefiniton of most authors about the diagnosis making difficult to compare results. In our elderly and younger patient the main reasons for oral medicine consultations are clearly BMS and OLP. If we consider this disease as potentially malignant (which is debatable), 18.9 % of our elderly patients presents this type of lesion.

- Poster 4

TITLE: Bisphosphonate-related Jaws Osteonecrosis. A review of the literature

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Bisphosphonates are commonly used in the treatment of bone disorders caused by cancer and osteoporosis. More recently, it has been highlighted that these drugs could may induce jaw osteonecrosis (ONJ).

Objectives: To assess the current state of scientific literature related to bisphosphonate osteonecrosis, identifying the different etiological factors and the main treatment options.

Methods: Systematic review of the literature in Medline/PubMed using the following keywords (MeSH): “osteonecrosis” AND “bisphosphonates” AND “jaw”. Only the studies written in English and published between the years 2005-2015 were included in the review.

Results: The initial search resulted in 185 articles, and 18 of them met the inclusion criteria. Osteonecrosis often occurs in patients who were treated with oral bisphosphonates for more than three years, with an average time of 5.6 years. Time of use of intravenous bisphosphonates can be less than 1 year. The route of

administration, the relative potency of the drug and the dosage significantly influence the development of the lesion. Other comorbid factors may be highlighted. The treatment of osteonecrosis depends on the stage of the lesion. The convenience and the timing of a surgical treatment is the option that arises more questions.

Conclusions: The ONJ has a clinically significant impact for the patient and the dentist. Making an early diagnosis of ONJ is advisable to avoid or reduce the morbidity associated with destructive bone lesions.

- Poster 5

TITLE: Guidelines in the el design of implant-retained and implant-tissue supported overdentures: A clinical case

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Introduction: This communication aimed to establish standards of management for the rehabilitation of a total edentulous patient with implant-retained and implant-tissue supported overdentures. In turn we establish the advantages and indications of this kind of treatment compared to more expensive and technical complex prosthodontics implantsupported treatments.

Clinical case: We report the case of a totally edentulous 76 years-old woman. Taking into account her anatomical/socioeconomic factors, a prosthodontic rehabilitation through overdentures was decided. The upper jaw was rehabilitated with 4 implants and we used a splinted bar retention system. On the other hand the mandible treatment choice was through a two unsplinted implant overdenture (Locator ®). Besides we seek a balanced occlusion in centric relation.

Conclusions: Totally edentulous patients have been frequently condemned to wear complete dentures. A study in USA prognosticated that in 2020 the number of edentulous jaws will increase to 38 millions. It seemed a well accepted principle that implant-retained and implant-tissue supported overdentures offers an affordable and comfortable treatment for our patients. These overdentures provide an excellent patient satisfaction, due to their chewing efficiency and their simple hygiene needs.