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Introduction: The injuries of salivary glands represent a diverse group, where we can find benign and malignant pathologies that can be difficult to distinguish.

The sialolithiasis is one of the most common non-neoplastic glandular pathologies. The formation of salivary stones produces the obstruction of the salivary duct, being this a frequent alteration of the submandibular gland that usually shows signs of pain accompanied by inflammation.

The prevalence of these salivary stones in the submandibular gland represents between 80 and 95% of the total, whereas the 5-20% appear in the parotid gland and only the 1-2% affect the sublingual gland and the minor salivary glands.

Clinical case: We present three clinical cases of three patients of ages 58, 60 and 61 years old respectively that come to our service referring pain and inflammation episodes associated with mealtime and accompanied by xerostomy. An intraoral and extraoral exploration was realized in all cases, complemented by a radiographic study, in order to plan the surgical act. Lesions were extracted, in two cases by extraoral means under general anesthesia and a third case by intraoral means under local anesthesia. After monitoring for one year, no recurrence has been observed.

Conclusions: There exist anatomical, mechanical and chemical factors related to the sialolithiasis development. More studies are needed to be able to establish a criteria standardization of diagnosis and treatment of this pathology.

- Poster 9

TITLE: Influence of the age on nasopalatine canal morphometry: analysis on Cone Beam Computed Tomography

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Aims: To determine the influence of age on the 3-dimensional morphology of nasopalatine canal (NC) and the NC dimensions.

Material and Methods: 224 cone beam computed tomographies (CBCTs) were analyzed to evaluate the mor-

phology and measurements of CN (in apical, medial and coronal portions) in the three anatomical planes. CBCTs were categorized based on dental status of patients (+/+, dentulous; -/-, edentulous; +/-, partially edentulous) and age groups (<30, 31-60, > 60 years). The statistical tests used were: ANOVA, Bonferroni and Pearson's correlation.

Results: The age was significantly different between dentulous (++) and edentulous (-/-) patients ($p < 0.001$). NC morphology were not influenced by age in the three anatomical planes, but p-values were nearly to significance between CN with funnel-like and hourglass-like shapes ($p = 0.053$) in the sagittal plane. Significant differences were found between age groups for the following NC dimensions: coronal diameter of CN in its coronal portion (CD1; $p = 0.047$) and in its medial portion (CD2; $p = 0.043$). The CN dimensions that were correlated with age were the follows: CD1 ($r = 0.182$) and CD2 ($r = 0.160$).

Conclusions: The tooth loss increased when the patients get older, which was also associated with NC morphology changes in the sagittal plane. With the increasing of age, variations of NC dimensions were also showed, so the size of NC diameter in its medial and coronal portions was higher.

- Poster 10

TITLE: Peri-implant diseases: diagnosis and treatment

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Introducción: Peri-implantitis is an irreversible inflammatory process affecting the tissues surrounding the implant causing loss of bone structure. This is a highly prevalent condition that has suffered a great increase in recent years, generating the necessity to identify an effective treatment for this disease. A review of peri-implant disease basic concepts of anatomy and osseointegration criteria and microbial pathogenesis and periimplant evidence is presented. Clinical parameters of disease, development of diagnostic, therapeutic possibilities and maintenance are presented.

Objective: Identify the most effective treatment for peri-implant therapeutic actions.

Materials and Methods: A search is realized in the databases of PudMed, MedLine and Cochrane by means of the key words: “Peri-implantitis”, “Infection peri-implantitis”, “Factors of risk”, “Treatment peri-implantitis”. More excellent publications index-linked between the year 2010 and 2015 were included.

Results: The 14 most influential articles were selected. The evidence review that there are many possible risk factors that may relate to the peri-implant disease : poor oral hygiene , smoking , history of periodontitis , diabetes , genetic factors, etc. Probing depth , bleeding and oozing should be regularly assessed for the diagnosis of peri-implantitis ; and radiographs to assess levels of peri-implantary bone.

Conclusions: It is convenient to reach consensus on diagnostic criteria and definition of peri order to obtain meaningful conclusions about prevalence and severity, and this make an effective protocol for action against perimplantitis, however prospective studies are required.

- Poster 11

TITLE: Diagnosis and treatment of autoimmune blistering diseases

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Introduction: Autoimmune blistering diseases comprise a heterogeneous group of diseases that are characterized by autoantibodies directed against adhesion molecules of the skin and adjacent mucous membranes – including lichen planus, lupus erythematosus, pemphigoid, pemphigus vulgaris, exudative erythema multiforme, herpetiform dermatitis and linear IgA disease.

Aim: A review of the clinical manifestations of these diseases, with an analysis of the diagnosis and treatment modalities most commonly employed in such patients.

Materials and Methods: An electronic literature search was conducted by two reviewers (PG and AR) in several databases, including MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials and Cochrane Oral Health Group Trials Register databases for articles written in English from January 2010 up to April 2015.

Results: The diagnosis of autoimmune bullous diseases is by clinical suspicion of injuries, and confirmed by

biopsy and determination of antibodies in the blood or tissues. Immunoprecipitation studies are currently considered one of the most definitive.

The absence of long-term controlled studies to assess the efficacy of treatments has led to the use of a wide variety of drugs, being topical or systemic corticosteroids the most commonly used.

Conclusions: Knowledge of these disorders is important in elderly, particularly because the population is aging, and as the immune system evolves with senescence, immunobullous diseases increase in incidence.

- Poster 12

TITLE: Clinical characteristics of burning mouth syndrome (BMS) in elderly patients. Comparative study with younger patients of a total population of 183 patients of an Oral Medicine clinics

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Aims: To evaluate the characteristics of BMS in an elderly patients population (≥ 65 y) and compare with younger patients of the same Oral Medicine clinic and the international bibliography.

Material and Methods: Retrospective study by evaluation of patients' clinical records.

Results: 183 files of patients with BMS were evaluated. Of these 96 elderly (52.5%) (male = 14.6% , female= 85.4%) and 87 younger patients (47.5%) (male=14.9% , female= 85.1%)

Time between the beginning of the symptoms and final diagnosis was up to 6 months in 33.3%, up to 2 years in 41.7% and more than 2 years in 18.8% of the elderly group. With the younger patients percentages were 41.8%, 39.0% and 13.8% respectively. Of the elderly group 23% had psychiatric treatment (14.4% medicated with psycho drugs) and the same occurred in 15% of the younger patients (11.5% medicated with psycho drugs), without proper diagnosis. Also all this period 30% of the elderly patients were already medicated for their symptoms mainly with antifungal drugs (48.2%) as well as submitted to several useless diagnostic tests. At the younger group percentages are 24 % y 52.4% respectively

Conclusions: Our patients spent much time in specialties' consultations without a proper diagnosis, but