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