submitted to several tests and treatments with none efficacy and with a high economic and social cost until the definitive diagnosis of BMS. It is mandatory that, in Portugal, medical general practitioners and other medical specialties recognize BMS, for a correct diagnosis with no useless delay.

- Poster 13

TITLE: Influence of oral bisphosphonates in patients with dental implants

AUTHORS: Jalil-Abumalham D, Hurtado Celotti D, Buesa Báñez JM, Rubio Alonso L, Martínez-González JM.

Master en Cirugía Bucal e Implantología. Hospital Virgen de la Paloma.

SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S35.

* doi:10.4317/medoral.17643976
http://dx.doi.org/10.4317/medoral.17643976

Introduction: Bisphosphonates (BPs) are a class of agents used to treat osteoporosis and malignant bone metastases, among others. These drugs have been associated with a serious adverse reaction known as bisphosphonate-related osteonecrosis of the jaw (BRONJ) despite the benefits of this drug. The prevalence of BRONJ in patients receiving long term oral BPs was reported at 0, 0007 % per 100.000 patients (< 1 case per 100.000 exposed). The aim of this work it's to explain the association between the use of oral bisphosphonate therapy and dental implant failure.

Case presentation: This report documents a case of BRONJ after two dental implant placement in a osteoporotic patient (female/66 years) treated with ibandronic acid taken orally once a month for eight years. After clinical examination and an appropriate radiographic study, peri-implant radiolucency is observed which shows the failure of osseointegration of dental implants.

Conclusion: Despite the low risk of BRONJ occurrence after implant surgery in oral bisphosphonates users, the fate of dental implants may be affected to the type of drug used and the time of administration as well as the role of potential infection at site of surgery and hard tissue management.

- Poster 14

TITLE: Oral manifestations of syphilis. Systematic review

AUTHORS: León Blanco A, Arranz Opispo C, Roselló Llabrés X, Jané Salas E, López López J, Marí Roig A.

Máster Medicina, Cirugía e Implantología Oral, Universidad de Barcelona, Cataluña, España.

SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S35.

* doi:10.4317/medoral.17643977
http://dx.doi.org/10.4317/medoral.17643977

Objective: To review the epidemiology and oral manifestations of syphilis, highlighting the importance of knowing the dentist, who will diagnose and refer the patient to a specialist to apply the appropriate treatment.

Materials and Methods: An electronic search was performed in Pubmed data base. Using the terms "oral manifestations", "Syphilis". Duplicates are removed, take those published in the last five years, we discard those not included epidemiological data, statements in oral cavity and obtained a total of 10 items.

Results: In recent years, there have been reporting outbreaks in the United States, Canada, Russia, China, Central and Eastern Europe. This resurgence of the disease could be due to the high rate of promiscuity, lack of knowledge of the disease, the booming sex industry, decreased use of condoms and the sense of security that today Sexually Transmitted Diseases (STDs) are cured. It is well known that STDs are more common in the younger population, although the risk of STDs has increased in adults possibly due to the arrival of drugs for erectile dysfunction.

Conclusions: Because oral lesions are highly contagious, it is vital to make the correct diagnosis quickly, to initiate appropriate therapy and interrupt the chain of infection. The demonstration in oral cavity should be considered in the differential diagnosis of unusual oral ulcers and white patches that affect any patient.

- Poster 15

TITLE: Nasal floor elevation in the rehabilitation of atrophic maxilla with dental implants

AUTHORS: Lois Franco A, Oliván Molina S, Adarve Pérez A, Loughney González A, Fernández Domínguez M.

Master en Cirugía Bucal e Implantología. Universidad San Pablo-CEU. Madrid.

SOURCE: Med Oral Patol Oral Cir Bucal. 2015 June 1;20(Supplement1):S35.