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Introduction: Rehabilitation with implants in atrophic maxillary anterior area presents major challenges for the oral surgeon due to the loss in terms of quantity and quality of bone after teeth extraction. Placement of dental implants in this area is limited in terms of the width; and the height by the presence of anatomical structures such as the nasal cavity. Currently described several techniques for the solution to the problem of height, including grafts onlay bone, Le Fort I osteotomy and elevation of the floor of the nasal cavity.

Clinical case: Patient attends inquiry asymptomatic without allergies or diseases reference. The radiographic exploration observed loss of bone in the former area of the quadrants I and II with metal crowns porcelain shabby in 11, 21 and 22. He is decided to make the extraction of anterior teeth and rehabilitate with four implants: for lack of height is decided to perform the lifting technique of nasal floor, raising the membrane lining the floor of nasal cavity to enter with the implant about 3 mm and filled with Bio-Oss® of the bone.

Conclusion: The elevation of nasal cavity is indicated and is very useful when it comes to rehabilitation with implants in atrophic jaws with low-altitude above areas. The use of bone filling will allow us to earn up to 7 mm height.

- Poster 16

TITLE: Infective endocarditis and antibiotic prophylaxis in dentistry

AUTHORS: Lozano Porras A, González Navarro B, Arranz Obispo C, Marí Roig A, Jané Salas E, López López J.

Postgraduate student of Oral Medicine, Oral Surgery and Implantology. Dental School. University of Barcelona, Catalonia, Spain.

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Objective: Perform an update on infective endocarditis (IE) in reference to its etiology, diagnosis and guidelines that are currently used for antibiotic prophylaxis prior to invasive dental treatment.

Material and Methods: A search was made at databases Pubmed-Medline in the last 10 years with the keywords: "infective endocarditis AND dental prophylaxis", "infective endocarditis AND guideline". Among the articles reviewed, three guides of bacterial endocarditis are queried. The guideline of the American Heart Association (AHA) (2007), the guide National Institute for

Health and Clinical Excellence (NICE) (2008) and the Spanish Society of Cardiology (SEC) (2009).

Results: There are 310 articles. 52 are focus on dental prophylaxis, which is the main purpose of the review. IE is a pathological state caused by microorganisms that reach the bloodstream and bind to damage areas of the endocardium creating vegetations that modify the normal functioning of the heart. More related microorganisms are staphylococci and enterococci. Nowadays, there is controversy over if antibiotic prophylaxis for IE is necessary or not. The AHA and SEC consider it is necessary in a few patients and certain procedures; NICE believes it is not necessary in any patient under any procedure.

Conclusions: There is controversy on whether antibiotic prophylaxis is effective or not. Different guides have been published but none of them have results based on scientific evidence. More studies are required.

- Oral Presentation 17

TITLE: Analysis of mental foramen morphological variations and mental foramen visibility regarding age using cone beam computed tomography and panoramic radiography

AUTHORS: Muinelo Lorenzo J, Fernández Alonso A, Rapado González O, Marsillas Rascado S, Muinelo Lorenzo M, Suárez Cunqueiro MM.

Department of Stomatology, Medicine and Dentistry School, University of Santiago de Compostela Spain.

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Objectives: The aim was two-fold: firstly, to analyze the morphological variations of mental foramen (MF) and accessory mental foramen (AMF) regarding age; and secondly, to determine their visualización using of panoramic radiographs (PAN), as well as the influence of age on the visualization

Material and Methods: The MFs and AMFs were analyzed using a total of 344 cone beam computed tomography (CBCT) selected out of the initial sample of 2420. Subsequently, corresponding PANs were analyzed to ascertain whether MF and AMF were visible

Results: A total of 344 (100%) MFs and 45 (13%) AMFs were observed on CBCTs. The morphological characteristics of MF showed statistically significant differences in terms of age. Patients over 50 years had a higher frequency of MF with a straight type of emergence. No differences were observed in MF and AMF long diameters, short diameters, and areas in terms of