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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

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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

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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

age. The MF-alveolar bone crest and the AMF-alveolar bone crest distances were significantly higher in younger group. Conversely, the MF exit angle was statistically higher in the older. Only 83 % of the MFs and 45 % of the AMFs were also visible on PANs. The identification of FMs was easier in younger patients ($p=.03$). In logistic regression, age was an influencing factor for MF visualization ($B=.61$, $p=.005$).

Conclusions: PANs are not adequate to properly identify MF and AMF. The identification of MFs using OPGs was more difficult in older. For surgery involving the MF anatomical region, a preoperative study with CBCT is of crucial importance

- Poster 18

TITLE: Oral fibroma and it's relationship with oral care, a purpose of a case

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Introduction: Benign tumors are rare entities in the field of Oral Medicine . Many of them, unknown by patients because of its asymptomatic nature and may evolve over months until consultation with the professional.

Case report: Female 69 years with a history of hypertension and obesity, no known allergies. Presents to the Oral Medicine, Surgery and Implantology Dental Hospital of Bellvitge (Universitat de Barcelona) by a third asymptomatic lingual tumor quadrant four years of evolution and marked growth in the last six months. On examination a single lesion and near the region of the first molar in the same quadrant pedicle is observed and reaches approximately 2.5 cm diameter. Radiographic tests confirm the presence of apical granuloma and fractured mandibular left first molar. The therapeutic approach is made molar extraction of causal and excisional biopsy of the lesion for subsequent histological study.

Conclusions: The fibroma is the most common benign tumor of the oral cavity. The most common age of presentation is from the third decade and its location is different still prevalent in areas exposed to irritating factors. The diagnosis is clinical and pathological; treatment is surgical excision. In various publications their presence is associated, as in this case, patients with poor oral care, during the revision to be made.

- Poster 19

TITLE: Prosthetic rehabilitation in patient treated for oropharyngeal carcinoma

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Introduction: Patients who have been treated by an oncology process of head and neck have altered their basic functions, such as chewing, phonation and aesthetics, which decreases to form expresses in its quality of life. Because this patients in most cases are irradiated, treatment with endosseous implants is less predictable, however, there are techniques to improve the prognosis of these interventions and the durability of the posterior prosthetic rehabilitation.

Case report: Male 57yo, no known allergies, ex- smoker and ex- severe alcoholism with a previous history of TB in 2004, nguinal hernia repair in 2005. Squamous Cell Carcinoma of Supraglottis T4N0M0 in 2006 treated with induction chemotherapy and radiotherapy, which recurrence in 2007 and treated with total laryngectomy, tracheostomy and cervical lymphadenectomy. Total edentulous and rehabilitated through guided implant surgery. Prostheses over cad-cam confectioned bar on top and hybrid ceramic metal prothesis lower.

Conclusion: The oral rehabilitation in cancer patients treated with chemotherapy and / or radiotherapy implants should not be considered a contraindication, but if surgical and prosthetic design appropriate strategies are used, provide a substantial improvement in their oral function and aesthetics and both its quality of life.

- Poster 20

TITLE: Fracture management in edentulous atrophic mandibles. Two case reports

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