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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