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Objectives: To evaluate the differences on quality of life between patients rehabilitated with implant-supported dental prosthesis and conventional prostheses.

Materials and Methods: It was reviewed the published literature in PUBMED in the last 4 years, using the keywords: “dental implant”, “aged”, “quality of life”, “Implant-Supported Dental Prosthesis”. It was established as inclusion criterion those articles which focalized in quality of life, English or Spanish articles, human evaluations, scientifically valuable articles, and not-individualized studies. The ones which highlight the clinical effectiveness rather the quality of life were excluded. It was given more importance to the articles where appeared OHRQoL and OHIP measurements.

Results: It was found 50 articles related to the aim of the search and we selected 30 articles. Among them, there was given more value to retrospective case-control studies for the review.

Conclusions: Scientific evidence reported an increase of essential parameters such as masticatory efficiency, stability and retention, social interaction or comfort in implant-supported dental prosthesis over conventional prostheses. The quality of life increment is emphasized in the lower implant-supported rehabilitations.

- Oral Presentation 25

TITLE: White lesions on oral mucosa: differential diagnosis. A case report

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Introduction: White lesions in the oral cavity are a frequent purpose of visit in dentistry. It is important to take a correct clinical history and a thorough examination to perform a good differential diagnosis and an appropriate treatment plan.

Case report:

We present a case of a 65 year old male patient. The pa-

tient visited the Faculty of Dentistry with white lesions on his oral mucosa with 8 years of evolution and pain in the past months. On exploration, white plaques with inflammatory and erosive areas on right and left buccal mucous were observed. The patient wore dentures consisting of retainers that “irritated” the buccal mucous and also smoked 20 cigarettes a day. We decided remove the prosthesis and indicated no smoking and topical steroids were prescribed for the possible clinical diagnosis of lichen planus, lichenoid reaction or leukoplakia. The erosive lesions resolved with the treatment but two white homogeneous plaques persisted, despite having removed the prosthesis and reduced cigarette smoking. Therefore, we decided to perform a biopsy, the histopathological study of which revealed interface stomatitis with hyperkeratosis and parakeratosis without atypia.

Conclusions: White lesions have diverse etiologies. In order to reach a definitive diagnosis, different etiologic factors should be eliminated. In many cases when the etiological factor is removed, the lesion regresses. Otherwise it requires a histopathological examination for ruling out malignancy. However, although the histopathological analysis may not lead to aforementioned diagnoses, these lesions must be controlled on a periodic basis.

- Oral Presentation 26

TITLE: Bilateral white lesions. Clinical Case

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Introduction: The appearance of most of the white lesions that cannot be swept off is due to a hyperkeratosis. Any excess of keratin is wetted by the saliva showing white appearance and any visible keratinization in any significant degree is abnormal in the oral cavity, except the filiform papillae of the tongue.

Case report:

75 year old patient is presented with Crohn's disease, asthma, anxiety and dyslipidemia. The active medication patient is Atroaldo®, Sertralina, Alprazolam, Simvastatina, Imurel®, Ideos® and Buscapina. The patient reported pain in both jugal mucosa but particularly in a localized lesion in the right buccal mucosa. On examination lesions were observed in both jugal mucosal described as a white patches about 3 per 1 cm containing white papules that do not flow to scraping. The left