yugar mucosa also presents lesions with striated appearance. The patient reported xerostomia that might be due to medication with Atroaldo®, Sertraline, Alprazolam and Buscapina. Sharp edges and other traumatic factors were removed and the patient was appointed within 15 days. Not improvement was observed and it was decided to perform incisional biopsy, resulting paraqueratosis epithelial hyperplasia with no signs of atypia compatible with leukoplakia.

Conclusions: The finding of any white lesion must be diagnosed because it can be a malignant or potentially malignant lesion. The use of incisional biopsy is an essential instrument for accurate diagnosis and proper monitoring of lesions in the oral cavity.

- Oral Presentation 27

TITLE: L-PRF in bone and periodontal regeneration in the elderly population. Systematic review

AUTHORS: Sirvent Iniesta JR, Roselló Camps A, González Navarro B, Roselló Llabrés X, Arranz Obispo C, López López J.

Máster de Medicina, Cirugía e Implantología Oral, Facultad de Odontología, Universidad de Barcelona.

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Background: Thanks to advances in medicine life expectancy is much higher than makes only a few tens of years. This longevity brings some problems when we focus on the field of oral surgery, such as problems in healing, prolonged healing time, increased risk of infections or profuse bleeding.

Objective: To study whether the L-PRF, being a new and innovative technique, can help address these complications in the field of oral surgery and determine advantages over other platelet concentrates.

Materials and Methods: A search was conducted in PubMed, Embase and Cochrane data with the keywords: "L-PRF", "bone regeneration", "periodontal regeneration" and "elderly population".

Results: 33 articles were obtained. They read the summary of these were found relevant to this review 27 of them for the last 5 years.

Discussion: The growth factors (PDGF-AB, FGF, and VEGF) released by platelets and anti-inflammatory cytokines (IL-4, IL-10 and IL-13) released by leukocytes, they promote angiogenesis and mark a pattern to promote in a simple and economical way, the regenerative processes related to oral surgery.

Conclusions: Regarding the periodontal tissues can say that the L-PRF decreases healing time, preventing hemorrhagic accidents and related complications such as dehiscence or infection, but instead in bone regeneration significant improvement is not seen since no sufficient clinical studies.

- Oral Presentation 28

TITLE: Diagnosis of lichen planus, the importance of extraoral lesions. Clinic case

AUTHORS: Díaz Garrido L, Navarro Sangrà C, Lozano Porras AB, Céspedes Sánchez JM, Morera García J, López López J.

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

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Introduction: Lichen planus, is a autoimmune pathology coursing with reticular and white lesions in oral mucosa and could appear on limbs, trunk, hair and uncles. It's a chronic disease characterized by periods of remission and exacerbation of symptoms and only symptomatic treatment is available.

Clinic case:

Male of 66 years old who came to our service to assess retrocommissural bilateral white lesions. He referred hypertension, MD2 and hypercholesterolemia treated with doxazosin, gemfibrozil, lercanidipine, torasemide and glicazide. He smoked 12 cigarettes/day and no known allergies. We recommended to let smoking habits and was cited for a new control three months later. In that visit he explained that he reduced consumption of tobacco but lesions remained the same so we decided to take a biopsy. obtaining a pathological outcome of focal epithelial hyperplasia without atypia with paraqueratosis, acute inflammation and microorganisms compatible with candida. We prescribed Mycostatin® for one month. In the following visit the patient came without changes and when we asked for lesions in other locations he referred that he had other skin lesions, treated by dermatologist, in legs, arms and back compatibles with lichen planus.

Conclusions: Lichen planus is a relative frequent pathology in odontologic area so its' very important to make a correct clinic history to obtain relevant informations to do a correct diagnosis.