Conclusions: Uncontrolled type 2 diabetes favors the EP. Both diseases can promote atherosclerosis.

Diabetes cases with intense Macroalbuminuria and severe periodontitis, are associated with increased mortality Cardio-Renal.

It is very important after the diabetes diagnosis, strict coordination between the physician and dental dpto, for the prevention of periodontitis.

In decompensated chronic periodontitis with increased oxidative stress it is not necessary to have dental plaque.

- Poster 21

TITLE: Relationship between xerostomia and occlusion disturbances. A case report

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S41.

* doi:10.4317/medoral.17644097

<http://dx.doi.org/10.4317/medoral.17644097>

Introduction: Xerostomia is a quite frequent symptom particularly in elderly patients. The causes of dry mouth syndrome include pharmacological compounds intake like antidepressants, antihypertensive, opiates, bronchodilators... On the other hand may be due to autoimmune disease (Sjögren syndrome), radiation therapy and chemotherapy for the treatment of cancer, hormone disorders and some infections.

Other xerostomia common causes may be dehydration, blockage of the transporting saliva ducts, swallowing increased, local irritant effects and anxiety or stress pathological conditions.

Clinical case: A 67-year-old female suffer sudden change occlusion due to one prosthetic crown, stomatognathic apparatus disorder and antihypertensive and anxiolytic medication. Combined with a personal high stress situation, began developing a mastication referral losing, nervousness and significant dry mouth feeling.

In this clinical case were identified a coincidence of adverse life events and iatrogenesis with the beginning of the dry mouth clinic which was the main reason for the visit. Treating the occlusal situation improved xerostomia satisfyingly.

Conclusions: We suggest exploring mastication function and dynamic besides static occlusion as possible trigger factor of xerostomia. There are in addition other elements like in the case here stressors and xerostomizing drugs that may limit in significant way our patients quality of life.

- Poster 22

TITLE: Oral fibrolipoma: a purpose of a case

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement2):S41.

* doi:10.4317/medoral.17644098

<http://dx.doi.org/10.4317/medoral.17644098>

Introduction: Fibrolipomas (FL) are an uncommon, histological variant of the classic lipomas. Clinically, fibrolipoma is a soft tissue neoplasms, slow growing, asymptomatic, well circumscribed and soft or semi-firm consistency. Their presence in the oral cavity is rare, being more frequent in buccal mucosa and tongue. Histologically, FL is composed of mature adipose cells, divided into lobes by fibrous outbreaks, with fibrous connective tissue in the periphery. As for the pathogenesis no consensus can be inherited by degeneration of fat, trauma, infection or hormonal. The differential diagnosis should be realized with other lesions, such as inflammatory hyperplasia, benign tumors or malignant tumors. Diagnosis should be made with clinical dates and histopathology. The treatment of choice is surgical and monitoring of the patient.

Clinical case: Woman 92 years old who attends the Master of Oral Medicine, Oral Surgery and Implantology of the University of Santiago de Compostela for oral rehabilitation. On examination we see a growth 2 cm in diameter, pedunculated in palatal mucosa, smooth surface, long time of evolution, which prevented us use her prosthesis. Surgical removal and histopathological study program. The result was fibrolipoma.

Conclusion:

- For diagnosis and proper management of this rare lesion of the oral cavity should always be done the clinical and histopathology study.

- The importance of complete histological description, as the FL can infiltrate adjacent tissues, simulating a malignant lesion.

- Poster 23

TITLE: The relationship between primary hypothyroidism and oral lichen planus. A review of the literature and case series

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S41.

* doi:10.4317/medoral.17644099

<http://dx.doi.org/10.4317/medoral.17644099>

Introduction: Oral lichen planus (OLP) is a chronic inflammatory disease affecting the oral mucosa, commonly found in women. OLP has been linked to other diseases such as diabetes mellitus, hepatitis C or lupus erythematosus. Needless to say, primary hypothyroidism (PHT) is an autoimmune disorder with a predilection for women, and associated with systemic diseases as the previously mentioned. The aim of this paper is to review the relationship between OLP and HTP, and present a case series where we found the association between these two entities.

Case series: We present two patients diagnosed and treated at the Oral Medicine Department in the Faculty of Dentistry of Complutense University of Madrid. Both women diagnosed with PHT presented reticulate and erythematous lesions in areas of the oral mucosa. Both had a previous histopathological diagnosis of OLP; helping us with a proper treatment.

Conclusions: It is important to rule out the presence of hypothyroidism in patients diagnosed with oral lichen planus, especially when we come across asymptomatic cases.

Patients with PAH should know the risk to develop OLP lesions; therefore, emphasizing a thorough search of such lesions in every dental visit.

- Poster 24

TITLE: Minimal invasive aesthetics rehabilitation in the elderly patient

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S42.

* doi:10.4317/medoral.17644100

<http://dx.doi.org/10.4317/medoral.17644100>

Introduction: Currently, one of the treatment options for elderly patients is minimally invasive dentistry. The development of adhesive dentistry techniques is letting grow the tend to preserve a larger amount of healthy dental tissue when performing a full rehabilitation.

Clinical case: This case report describes a vertical dimension of occlusion rehabilitation in a senior patient with multiple tooth loss and subsequent posterior bite collapse. The primary aesthetic diagnostic evaluations

were conducted using plaster models set up on the articulator in a maximum intercuspation position and an estimation of vertical dimension loss. The treatment plan focuses on an increase of the vertical dimension through a teeth change on the upper removable partial denture that the patient already had and some indirect overlay restorations on the upper jaw remaining molars and a some aesthetic direct composite restorations.

Conclusion: The vertical dimension recovery is critical to rehabilitate the function and aesthetics, and more importantly, in case of elderly patients, this procedure must be conducted introducing the least possible changes.

- Poster 25

TITLE: Odontogenic Cysts in Geriatric Patients: A case report

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S42.

* doi:10.4317/medoral.17644101

<http://dx.doi.org/10.4317/medoral.17644101>

Introduction: There are 2 types of odontogenic cysts: The ones originated as a consequence of the inflammatory stimulation and the ones derived from a developmental error. Those cysts originated due to the inflammatory stimulation can be radicular or paradental. Radicular cysts present a prevalence ranging from the 52 and 75%, being the more common odontogenic cysts. Although usually diagnosed between the age of 30 to 60 years old, they can appear at any age. The more affected teeth are maxillary incisors and canines. Clinically, they are asymptomatic, and the majority don't produce cortical bone expansion, but if they do, it affects the buccal area. Paradental cysts are located close to the cervical margin of the lateral area of the root, due to the inflammation of a periodontal pocket and affecting the disto-vestibular area of partially erupted lower third molars with a previous history of pericoronaritis.

Case report: A 65-year-old male patient, asymptomatic. On routine radiological examination a radiolucent image is observed in the upper left quadrant. Surgical excision is performed and sample is sent to the laboratory to confirm the diagnosis. The results of the histopathological examination showed a radicular cyst.

Conclusions: Radicular cysts are usually seen in male elderly patients with poor oral hygiene. Since they are asymptomatic, the diagnosis is performed at an advanced stage, and therefore deformities of the affected