bone, teeth mobility and jaw fracture may occur. The dentist should be able to make an early diagnosis of odontogenic cysts based upon the clinical manifestations, radiological and histopathological examination.

- Poster 26

TITLE: Osteonecrosis of the jaw associated with denosumab (prolia®). Review of literature

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Aim: The main purpose is to study the risk posed by patients treated with denosumab to develop osteonecrosis of the jaw (ONJ) and to analyze the most appropriate measures to prevent the onset of this disease.

Material and Methods: A review of the literature has been made on the Pubmed database, using the following keywords: osteonecrosis of the jaws; denosumab. The inclusion criteria were articles published in the last 5 years which have reported cases of ONJ associated with denosumab treatment, in ages between 50 and 85 years old.

Results: According to the previous criteria, 12 articles have been selected for this review, where 23 cases of ONJ associated with denosumab treatment have been identified. All of them after receiving oral surgery treatment, and being the mandible's posterior portion the most common location. The risk of developing ONJ is significantly higher in patients with metastatic bone disease who are receiving antiresorptive therapy compared to those receiving this treatment for osteoporosis.

Conclusion: Given the increase in the prescription of denosumab as a antiresorptive agent, it is advisable to know the risk of appearing ONJ in patients who are about to undergo an oral invasive treatment, as well as to apply an appropriate dental preventive program before starting the denosumab treatment, reducing this way the incidence of ONJ, as a single dose of this drug may induce the disease.

- Poster 27

TITLE: Radiotherapy-induced xerostomia: Update.

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Aim: The aim of this article is to review the literature of the last ten years regarding the relation between radiotherapy and xerostomia.

Methods and Materials: a literature search was conducted in Pubmed with the following search terms: ("Xerostomia/prevention and control" AND "Radiotherapy") OR ("Xerostomia" AND "Intensity modulated radiotherapy"). Articles published between 2005 and 2015 that included measurement of xerostomia and its prevention using IMRT, amifostine, pilocarpine and submandibular gland transfer, were included in our study.

Discussion: Observer-based or patient-reported evaluation tools can be used in order to evaluate the degree of xerostomia following radiation therapy. Thanks to modern techniques, such as IMRT, parotid-sparing allows the subjects to keep part of this gland's function. However, patients may not feel a significant improvement in the severity of xerostomia. This leads us to look for alternative techniques, such as radioprotective drugs (amifostine, pilocarpine), or surgical techniques such as submandibular gland transfer in order to protect this gland.

Conclusions: Dose sparing to the oral cavity and salivary glands can be achieved with new radiation techniques. Nevertheless, radiation-induced xerostomia has a complex physiopathology and may be influenced by multiple factors that hinder its treatment, so that current approaches to treat this symptom are focused mainly on its prevention.

- Poster 28

TITLE: Proliferative Verrucous Leukoplakia (PVL): A Case Review

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