Objective: The aim is to realize a bibliographical review on the short implants in posterior atrophic sectors, to evaluate his predictability and long-term efficiency.

Material and Methods: A search was realized in databases Pubmed-Medline and Cochrane of last 10 years, with the key words: "Short dental implants" and implants survival ". There were applied criteria of incorporation that were systematic reviews, clinical randomized studies and studies with a minimal follow-up of 2 years.

Results: 73 articles were obtained. Once read the summary of the same ones, 20 articles were selected. Of them 16 are prospective studies and 4 systematic reviews.

Conclusion: The short implants are usefull in posterior atrophic sectors, proximity with the NDI or maxillary sinus. Due to the shortage of randomized clinical studies, further prospective studies are required to evaluate its effectiveness in the long term.

- Poster 34

TITLE: Differential diagnosis of bullous lesion in a polymedicated patient

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Introduction: Bullous diseases are a heterogeneous group of acquired mucocutaneous disorders. They share several characteristics: the blister and autoimmune processes, without dismiss the congenic origin as in the case of the epidermolysis bullosa. Depending on the location of the injury, they are classified in intraepidermal blisters (pemphigus) and subepidermal blister (pemphigoid and bullous diseases Ig A). In addition, we also found other autoimmune affections like Lichen Planus or Discoid Lupus that also affect the mucocutaneous level being able to produce bullous manifestations.

Case Report: In 22 February 2016 comes to the hospital a male of 60 years old. He has any allergic process but he presents an important medical history: Menière's syndrome, controlled hypertension, hypercholesterolemia and Hyphortyroidism; thereby he is taking the following medications: Betahistine 16mgr, Lisinopril 20 mgr, Simvastatin 20 mgr and Eutirox 112mgr. As a toxic habit he smokes a cigar per week.

The patient reported pain on left buccal mucosa. The intraoral examination showed smalls vesicles in different stadiums of healing, compatible lesion with Wickham Striae on both jugal mucosa and eritroleucoplásica lesion present in hard palate (second quadrant). We suspect of bullous lichen planus. To make a definitive diagnosis, we decided to take three biopsies: in palate, left buccal mucosa and right retromolar area and we request analytical patient to evaluate various parameters (ANA, Ac. SSA, Ac. SSB, C-reactive protein, ESR, LDH).

In our differential diagnosis we include bullous diseases, lichen planus and discoid lupus.

Conclusion: Pending pathological study results.

- Poster 35

TITLE: Review of the literature. Leukoplakia and snuff

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Objectives:

- To assess the current state of the scientific literature on the consumption of snuff and the incidence of leukoplakia.

- Identification of specific oral manifestations related to the different methods of snuff consumption.

Material and Methods: A systematic review of the scientific literature in Medline / PubMed search with the following MeSH terms was made: "oral leukoplakia" AND "tobacco". Only studies published in English between 2006-2016 were included.

Results: 57 articles found, discarding letters to the editor, case reports and articles in other languages, finally selecting 27 of them.

Conclusions: although there is considerable controversy and debate about how to define oral leukoplakia, there is no doubt that snuff consumption in any form or betel nut are the main risk factors for developing this disease.

Various lesions have been reported in association with snuff consumption: leukoplakia, melanosis smoker and oral submucosa fibrosis.

Snuff chewing or smoking habits are the most common etiologic factors of warty carcinoma, although leukoplakia can act as a predisposing factor.