It is expected that in future, number of incidents and peri-implantar pathologies will increase due to the growth of implants collocations in the recent past years

- Poster 39

TITLE: Free bone graft in rebuilding mandibular

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Introduction: The aim of the bone reconstruction is to restore function and facial aesthetics after wide extirpation of tumor lesions. Mandibular reconstruction can be performed immediately or in several surgeries.

Reconstructive techniques include the use of free grafts mainly in small defects; and microvascularized flaps in major defects.

Free iliac crest graft is a therapeutic option for defects under 3 centimeters, because it is obtain a considerable amounts of cortico-medullary bone. In higher reconstructions to 5 centimeters is considered better option microvascularized grafts as the fibula, the scapular or iliac crest.

Clinical case: 63 year old patient presents ulcerated area on the right retromolar trigone that does not subside after conservative treatment. The biopsy is performed, and histopathological exam are compatible with epidermoid carcinoma considering T4N0Mx. TC requested where it can be seen affectation mandibular bone.

Supraomohyoid neck hollowing is performed, excision with a safety margin with hemimandibulectomy. It is reconstructed with iliac crest graft 3,5x2cm, osteosynthesis with plate reconstruction. The patient develops properly and follow-up after 3 years, there are not signs of recurrence.

Conclusion: Free hip bone graft represents a therapeutic option for defects produced in oncologic resections after hemimandibulectomy, when the length is less than 3 centimeters.

- Poster 40

TITLE: Surgical removal treatment for pleomorphic adenoma based on 2 cases

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Introduction: Pleomorphic adenoma is the most common benign tumour in the salivary glands.

It's most usual location is at the parotid gland, although it can also be found in the minor salivary glands, being the palate the most common affection.

The lesions are usually round and firm, with an asymptomatic and slow growth.

Diagnose is done utilizing TC, RMN, PAFF or biopsy, taking the sample from the central part of the lesion to avoid its extension.

Clinical cases: Case No 1: 55 years old male attends for consultation at HM Hospital due to exophytic lesion circumscribed to posterior lateral left region. After histopathological exam the diagnosis results were pleomorphic adenoma.

A complete surgical removal is programmed as well as a palate reconstruction with a myomucosal flap taken from the buccinators muscle. No recurrence was detected over a year monitoring.

Case No 2: 66 years old woman with nodular lesion of a smaller size, firm consistency and limited borders in posterior central palate region. Complete surgical removal is programed allowed to heal by second intention. No recurrence was detected over a year monitoring.

Conclusions: The recommended treatment will be a complete surgical removal of the lesion with a 2-3mm safety margin on the healthy tissue for recurrence avoidance.

The closing technique may vary depending on size and bone erosion, being the options a reconstruction using buccinators flap or whole thickness palatal flap for moderate defects to direct closure or secondary intention healing.

Some cases with mayor magnitude have been reported requiring partial maxillectomy.

- Poster 41

TITLE: Mandibular fracture. Case report

AUTHORS: Díez Ochoa J, Pérez Corral I, Caballero Escobar C, Loughney González A, Fernández Domínguez M.

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