- Tumor growth markers: Telomerase, Endothelin-1 (ET-1), Cyclin D, Ki-67, Galectins.
- Tumor suppressor markers: p53.
- Tumor invasion markers: Matrix metalloproteinases (MMPs), calcium binding protein S100P.
- Enzyme markers: lactate dehydrogenase (LDH).
- Intracellular markers: Cyfra 21-1.

Conclusion: Salivary biomarkers represent a non-invasive and promising approach for the early detection of oral cancer. However, there are some problems in establishing them as a reliable, sensitive and specific method for clinical use. Such as a lack of standardization for sample collection, processing and storage and the wide variability in salivary levels between individuals.

- Poster 44

TITLE: Squamous cell carcinoma in lower lip: about a case

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Introduction: Malignancies lip are up to 2% of all malignancies; half of them are diagnosed after age 65. The most common histology is squamous cell carcinoma and in 90% of cases are located on the lower lip.

Associated risk factors include smoke, alcohol, solar exposition, genetic predisposition, diet, immunosuppression and infections human papillomavirus.

Patient case: the case of a male 67-years old smoker with an injury to the lower lip of months of evolution that does not subside after conservative treatment, so it was decided to biopsy, resulting in squamous cell carcinoma. The treatment performed was a wedge resection with safety borders and direct sealing planes. The definitive histopathological result was epidermoid carcinoma with free margins T1N0M0, Stage I.

Conclusion: The dentist is responsible for education, early detection and referral to the specialist the patient with oral cancer; because the survival of lesions smaller than 2 cm on the lower lip after surgery is 90% at 5 years; however in larger injuries, decreases to 30-70%. In minor injuries to 2 cm, surgery and radiation are considered effective; therefore, the treatment of choice in small lesions located on the lower lip and lateral thirds of the upper lip is the wedge simple and direct closure.

- Poster 45

TITLE: Dental implants in patients with osteoporosis

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Osteoporosis is a major skeletal disease affecting millions of people worldwide. Recent studies claim that patients with osteoporosis do not have a higher risk of early implant failure compared to non-osteoporotic patients although it should be carried out proper planning. But, does osteoporosis affect the primary stability of the implant? At implant placement, primary stability is an important factor for achieve this purpose. The length and diameter of the implant may have a significant effect in the stability of the implant. As for the rate of survival, the patients with osteoporosis present a rate of survival similar to non-osteoporotic patients. Implant stability seems to be influenced by bone density. The lower stability scores in patient with osteoporosis reinforce the recommendations that safe protocols and longer healing times before the load of the prosthesis could be recommended when treating those patients with dental implants.

- Poster 46

TITLE: Unusual mandibular manifestation of hematopoiesis in α -thalassemia: review of the literature and case report

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Alpha (α)-thalassemias are the most common genetic disorder of hemoglobin (Hb) synthesis, affecting up to 5% of the world's population. These congenital hemolytic anemias induce extramedullary hematopoiesis, in-

cluding the liver, spleen, sinuses, and the diploic spaces of the skull. Oral health problems in patients with thalassemias are mostly related to a varied degree of facial deformities, malocclusions, and/or dental arch dimensions. We present a case with a 69-year-old man, diagnosed with homozygous α thalassemia that came to the Faculty of Dentistry at the University of Murcia for a dental treatment. His medical history was notable for recurrent episodes of bleeding since childhood. Panoramic radiography revealed changes in the mandible, with widening of medullary spaces, coarsening of the trabeculae and thinning of cortical bone because of a compensatory extramedullary hematopoiesis. Here, a brief review of the clinical, radiographic, laboratory, and dental implications of these hemoglobin disorders are presented. The patient required several dental extractions and two blood transfusions were administered the same day of the intervention. Thereafter, additional transfusions were planned only depending on the degree of bleeding.

- Poster 47

TITLE: Regenerative surgery for periimplantitis treatment. Case report

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Introduction: In the treatment of peri-implantitis, main thing is to stop the progression of bone loss, controlling bacterial infection. To make this effective treatments should be standardized through a global consensus. We classified based on whether treatment is an access surgery, surgery resective or a regenerative therapy.

Clinical case: The Proceedings of the 3rd European Workshop on Periodontology established a scheme of action according to clinical parameters: If there are less than 4 mm bags is mechanical cleaning and oral hygiene (level A); If bags of 4-5 mm there are level A more antiseptic local by adding a radiographic control (level B); if there are bags of 5 mm is added the antibiotic therapy (level C); Finally, if there are bags larger than 5 mm will be levels a-b - C plus a surgical treatment of soft tissue and bone defect (level D). 66 year-old male in which bags larger than 5 mm in the anteroinferior sector we observed in implants in position 42 and 32. We proceed

to make regenerative surgery to recover bone loss. Used bone bovine particulate and resorbable membrane and a few holes in the cortex are made to facilitate a vascularization of the new bone.

Conclusions: Should be treated with regeneration procedures only those defects periimplant presenting bleeding on probing and bone loss of more than 5 mm. The characteristics of the surface of the implant and design can influence the reosteointegration.

- Poster 48

TITLE: Neuropathic pain in patients with burning mouth syndrome evaluated using pain-DETECT

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Objective: This study set out to identify the neuropathic component of pain experienced by BMS patients evaluated using painDETECT, a diagnostic tool that could easily be introduced into clinical practice.

Materials and Methods: this study included 64 patients (33 BMS and 31 suffering nociceptive pain). Each completed the painDETECT neuropathic pain questionnaire, the Hospital Anxiety and Depression Scale, and pain intensity was also measured using a visual analogue scale (VAS).

Results: Pain among BMS patients (evaluated by VAS) was 6.1 ± 1.9 and patients 4.3 ± 1.7 among nociceptive patients ($p < 0.001$). PainDETECT obtained total scores ≥ 19 in 21% of BMS patients, indicating the presence of neuropathic pain. Logistic regression analysis of BMS patients found that VAS scoring was the strongest determinant predicting neuropathic pain.

Conclusion: The present study suggests that almost a third of BMS patients present neuropathic pain, which is strongly associated with the intensity of pain measured using VAS. These data could provide the basis for further research