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

AUTHORS: Santos García-Navas C, Pérez Corral I, Palma Maldonado P, Loughney González A, Fernández Domínguez M.

Máster en Cirugía Bucal e Implantología. Universidad San Pablo CEU. Madrid.

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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 painDETECT

AUTHORS: López Jornet P, Galera Mulero F, Valenzuela S.

Universidad de Murcia. Facultad de Medicina y Odontología. Medicina Bucal.

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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