

**Oral and Maxillofacial Surgery Society**  
**1<sup>st</sup> International Congress**



**ABSTRACT BOOK**  
of AÇBİD 2007

**May, 16-20, 2007**  
**Antalya, Türkiye**

Ağız ve Çene-Yüz Cerrahisi Birliği Derneği

**ORAL and MAXILLOFACIAL SURGERY SOCIETY  
1<sup>ST</sup> INTERNATIONAL CONGRESS**

16-20 May 2007, Antalya, Türkiye

**Abstract Book of AÇBİD 2007**

**Prepared by**

Selçuk BASA  
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## **AÇBİD 2007**

### Organization Committee

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## **Dear Colleagues,**

**We are proud of organizing the 1st International Oral and Maxillofacial Surgery Congress which is held in one of the world's most exciting and stunning places, Antalya, Turkey, on May 16-20, 2007.**

**The congress was structured to include up to date scientific and educational content. We have all witnessed the scientific progress of Oral and Maxillofacial Surgery Worldwide.**

**This book offers the details of the scientific studies and experiences of our colleagues who participated to our congress and generously shared these with us.**

**We are honoured to host the first international meeting of our very young Oral and Maxillofacial Surgery Society and we would like to thank again to all members of the congress for their support and contributions.**

**We hope to meet again in our next congress.**

**With warm regards,**

**Reha KIŞNIŞCI**  
**Congress President**





# INVITED

# SPEAKERS

**Jay MALMQUIST**

Immediate Past President,  
American Association of Oral and Maxillofacial  
Surgeons  
Portland, Oregon, USA  
"BMP2 in ridge preservation"

**Steven GUTTENBERG**

President Elect,  
American College of Oral and  
Maxillofacial Surgeons  
Director,  
Washington Institute for Mouth, Face and Jaw  
Surgery, Washington, USA  
"In-office 3 dimensional cone-beam CT imaging  
for implants, pathology, dentoalveolar surgery,  
orthodontics and trauma"

**Takeshi UCHIYAMA**

Professor,  
Department of Oral and Maxillofacial Surgery  
Tokyo Dental College, JAPAN  
"Sequential Multi- Disciplinary treatment for cleft lip  
and palate patients"

**Peter WARD-BOOTH**

Immediate Past President,  
British Association of Oral and Maxillofacial  
Surgeons  
Professor,  
Department of Oral and Maxillofacial Surgery  
The Queen Victoria Hospital, East Grinstead, U.K.  
"Primary cleft lip and palate philosophies and current  
changes in cleft management"

**Nabil SAMMAN**

President Elect,  
International Association of Oral and Maxillofacial  
Surgeons (IAOMS)  
Professor,  
Department of Oral and Maxillofacial Surgery, Hong  
Kong University, CHINA  
"Revision surgery for severe secondary cleft lip  
deformity"

**Pill-Hoon CHOUNG**

Professor,  
Oral and Maxillofacial Surgery Department  
Seoul National University, KOREA  
"New Intraoral Orthognathic Techniques: Intraoral  
Le Fort II and III Osteotomies and Intraoral Vertico-  
Sagittal Ramus Osteotomy"

**Behzad RAHSEPAR**

Associate Professor,  
Oral and Maxillofacial Surgery Department  
Ebnesina Medical Center, Tehran University, Tehran,  
IRAN  
"Temporomandibular Joints: New Visions"

**Vitomir S. KONSTANTINOVIC**

Professor of Maxillofacial Surgery and Implantology  
Faculty of Dentistry, University of Belgrade,  
Belgrade, SERBIA  
"Implantology in severely atrophied maxilla and  
mandible"

**Daniel J. ARCHER**

Past President,  
British Skull Base Society,  
Consultant Maxillofacial Surgeon,  
Royal Marsden Hospital, U.K.  
"Benign and malignant conditions of the head and  
neck"

**James HUPP**

Editor-in-Chief,  
Oral Surgery, Oral Medicine Oral Pathology, Oral,  
Radiology, Endodontology  
Dean, School of Dentistry,  
Professor,  
Oral and Maxillofacial Surgery Department  
University of Mississippi Medical Center, USA  
"Contemporary Management of Oral-Maxillofacial  
Infections"

**Timothy TURVEY**

Professor and Chairman,  
Oral and Maxillofacial Surgery Department  
University of North Carolina, Chapel Hill, USA  
"Orthognathic Surgery Before Completion of  
Growth"

**Ahmed ALYAMANI**

Ass. Professor and Head  
Oral and Maxillofacial Surgery Department  
King Abdulaziz University, Jeddah, SAUDI ARABIA  
"Mandibular Distraction in Temporomandibular Joint Ankylosis"

**Ghali GHALI**

Chairman and Professor,  
Department of Oral and Maxillofacial Surgery  
Louisiana State University Health Sciences Center,  
Shreveport, USA  
"Distraction osteogenesis versus orthognathic surgery in the management of craniomaxillofacial deformities: indications, contraindications, and evolution"

**Chris SKOUTERIS**

Assoc. Professor,  
Department of Oral and Maxillofacial Surgery  
School of Dentistry, Athens University, Athens,  
GREECE  
"Essential Aesthetic Considerations in Orthognathic Surgery"

**Cornelius KLEIN**

Professor,  
Department for Oral, Cranio-Maxillofacial and Facial  
Plastic Surgery  
Johann Wolfgang Goethe University, Frankfurt,  
GERMANY  
"State-of-the art on distraction osteogenesis"

**Boyd TOMASETTI**

Past President,  
American Association of Oral and Maxillofacial  
Surgeons  
Littleton, Colorado, USA  
"Orthognathic Surgery Complications"

**Hatem EL-MEKKAWI**

Professor and Chairman,  
Department of Oral and Maxillofacial Surgery,  
Nasser Institute Hospital & Research Centre  
General Secretary,  
Egyptian Association of Oral & MaxilloFacial  
Surgeons, EGYPT  
"Syndromic Mandibular Deformity. A report of 66 cases"

**Behnam BOHLULI**

Ass. Professor,  
Department of Oral and Maxillofacial Surgery  
Azad School of Dentistry, Tehran, IRAN  
"Dynamics in Rhinoplasty"

**Bruce EPKER**

Director,  
Facial Esthetic Surgery Center, Weathorford, Texas,  
USA  
"The use of alloplasts in facial esthetic surgery"

**Piet HAERS**

Editor-in-Chief,  
International Journal of Oral and Maxillofacial  
Surgery,  
Professor in Oral and Maxillofacial Surgery,  
University of Surrey, U.K.  
"An overview of mandibular asymmetry"  
"How to write a scientific paper and get it published"

**Ahmed M. MEDRA**

Professor,  
Cranio-Maxillo-Facial, Oral, And Plastic Surgery  
Department  
Faculty of Dentistry, Alexandria University, EGYPT  
"Mandibular Reconstruction by Split Rib Bundle Bone Graft. Long-term follow up"



# **ORAL**

# **PRESENTATIONS**

**OP 50****COMPUTER-ASSISTED SURGICAL PLANNING FOR SOFT TISSUE PREDICTION IN ORTHOGNATHIC SURGERY**

**Ülkem Cilasun, Zafer Özgür Pektaş, Beyza Hancıoğlu Kircelli, Sina Uçkan**

**Introduction:** Orthognathic surgery differs from other procedures of maxillofacial surgery that, the aesthetic and psychosocial impact plays an important role in the patient perception of a success full treatment outcome. Therefore, the concept of the ideal result is rather subjective and mainly determined by the consistency between the patient expectations and the actual result. The purpose of the present study is to evaluate the accuracy of a computer-assisted imaging system in predicting the soft tissue response subsequent to skeletal changes in a variety of orthognathic cases.

**Methods:** The study sample consisted of 11 adult patients with a mean age of 23 years and 6 months. The preoperative and post operative lateral cephalograms were obtained after orthodontic preparation, immediately before surgery and at least one year after surgery. The computer-generated soft tissue image and the actual surgical outcome were compared to evaluate the accuracy of the imaging system.

**Results:** In the sagittal plane, the tip of nose was the most accurate site and the largest difference was seen in the upper lip. The lower lip was noted to be the least accurate and the subnasale was the most accurate region in vertical plane. Predictions were found to be more accurate for sagittal plane when compared with the ones for vertical plane.

**Conclusion:** Computer-assisted visual treatment objectives were proved to be satisfactory in predicting the soft tissue outcome following orthognathic surgery.

**OP51****EVALUATION OF ANTERIOR MAXILLARY OSTEOTOMY FOR CORRECTION OF MAXILLARY PROGNATHISM**

**Ashraf Mahmoud**

Maxillary prognathism imposes facial disfigurement that leads to dramatic psychic effects. Several approaches were developed to correct this deformity. In this paper we are evaluating anterior maxillary osteotomy for correction of maxillary prognathism. Twenty patients presented with various degrees of maxillary prognathism

were included in this study. Their ages ranged from 18-25 years with a mean of 21.5 years. They were selected from the out patient clinic of Oral and Maxillofacial Unit, Ahmed Maher Teaching Hospital, Cairo, Egypt. They were operated upon and followed up for a period ranged from 6 months up to one year. Their results were registered with the correlating photographic and radiographic analysis for presentation.

**OP52****A LOGARITHMIC APPROACH FOR TREATMENT OF CONDYLAR HYPERPLASIAZ**

**Ashraf Mahmoud**

In the present study we set our experience in treatment 10 cases of condylar hyperplasia, their ages ranged from 17-35 years with a mean of 26 years. They were selected from the out patient clinic of Oral and Maxillofacial Unit, Ahmed Maher Teaching Hospital, Cairo, Egypt. We performed a guide where various modalities in treatment of condylar hyperplasia discussed such as condylectomy, vertical subsgmoid osteotomy and genioplasty. Many variables were considered including patient's age, degree of chin deviation, degree of occlusal canting and patient satisfaction. Evaluation of all patients was done by both clinical and radiological methods. All patients were operated upon and followed up for a period ranged from 6 months up to one year. Their results were registered with the correlating photographic and radiographic analysis for presentation

**OP53****NEW TRENDS IN CORRECTION OF FACIAL DEFORMITIES BY DISTRACTION OSTEOGENESIS**

**Hatem El-Mekkawi**

**Aim of the Work:** To formulate effective management protocol for such deformities.

**Materials and Methods:** Deformities were divided into (a) Mandibular (191 cases): post-ankylotic (125 cases), syndromic (66 cases) (b) Maxillary (35 cases): retruded maxilla without cleft (8 cases), with cleft (7 cases) (c) Mandibular defects (37 cases): post-resection (34 cases), gunshot (3 cases) (d) Alveolar distraction (5 cases) (e) Pierre Robin Syndrome (7 cases)

**Results:** Mandible: (1) Pre-distraction release of ankylosis caused respiratory distress in 2 cases, necessitating

emergency tracheostomy (2) Post-distraction internal fixation was used in adults (3) Removal of tooth follicles was done to create space for device application Maxilla: (1) Traction by orthodontic wire &/or curved plates were unsuccessful; other means were sought (2) Cases with rigid fixation resulted in relapse Mandibular segment transfer: (1) Mandibular defects were reconstructed by extra-oral devices in a curvy-linear manner (2) Intra-oral distractors did not reconstruct the mandibular curves Pierre Robin Syndrome: Tongue traction sutures and pulse oxymetry were used during distraction. Conclusion: Mandible: (1) Distraction should precede release of ankylosis to avoid respiratory embarrassment (2) Internal fixation parallel to the vector of distraction is effective in preventing relapse (3) Removal of tooth follicles is advisable in cases of insufficient bone volume Maxilla: (1) Forward traction of the maxilla is best achieved by translabial wires (2) Internal fixation is not beneficial in preventing relapse (3) Modification of Molina technique is recommended for correction of occlusal cant Segment Transfer: Curvy-linear reconstruction of the mandible was accomplished by external distraction only Pierre Robin Syndrome: Early distraction is a life saving measure preventing drastic procedures e.g. tracheostomy. This is to be combined with tongue traction suture and continuous monitoring by pulse oxymetry. Fiberoptic intubation is essential in difficult cases.

**OP54**  
**EFFECTIVENESS OF LOW LEVEL LASER THERAPY IN THE TMJ DISORDERS**  
**Farzin Sarkarat**

Introduction: This study was aimed to evaluate the effectiveness of low level laser therapy (LLLT) in the treatment of painful temporomandibular joints in patients with temporomandibular disorders. Methods: A randomized and double blind clinical trial was performed in 50 patients with TMD, presenting temporomandibular joint pain. The samples divided into laser treated group (1) and placebo group (2). Group (1) exposed to the red laser (660 nm) and infrared laser (980 nm) at three points of TMJ in two sessions. The treatment was evaluated throughout two sessions, 4 and 8 days after the end of the therapy with Visual analogue scale.

Results: In both groups, statistically significant improvements were detected, but the pain decreased more significantly in group (1). ( $p < 0.05$ ) Conclusion: This study revealed that low level laser therapy is effective in pain relief of temporomandibular disorders

**OP55**  
**COMPLICATIONS IN IMPLANT DENTISTRY**  
**Behnam Bohluli**

Implant dentistry has many potential complications. Most of these complications can be easily prevented by a good treatment plan and conservative surgery so we decided to introduce and analyse the complications which were referred to our clinic method and material: we conducted a retrospective analysis among the referred implanted cases to treat a complication we had 75 cases results: we classified the complications to 3 categories 40 cases had bad plans (number of implants, size, diameter...) 30 cases had poor techniques, (bone loss, adjacent teeth injuries, injuries of important anatomic elements,...) 10 of them had emergency situation (hemorrhage, infection,...)

**OP56**  
**MAXILLOFACIAL SURGEONS AND SLEEP APNEA**  
**Hossein Mortazavi**

Introduction: Up to 40% of sleep disorder patients are involved with OSA problem among them 30 to 40 % have severe retrognathia and/or unilateral or bilateral ankylosis so the role of maxillofacial surgeon is most important to correct these anomalies. Method and Material: In this lecture, we will try to explain our 20 years experience in treating these patients. Results: A good plan of surgery can decrease the resistance of respiratory tract.

**OP57**  
**VALUE OF BIOLOGICAL WIDTH AS CORRECTIVE TOOL IN AESTHETIC IMPLANTOLOGY**  
**Atef Ismail**

Introduction: Extraction of anterior teeth may reveal bony defect that needs grafting or surgical correction This protocol is designed to use the value of biological



width with respect to nature and material of the implant used.

**Methods:** 20 patients with labial bony defect more than 3mm seeking implant restoration 20 SMILEA implants with zirconium neck. All implants threads were submerged in the bone with only zirconium collar protruding above the bone and emerging through the oral mucosa Application of CHLOSITE, Xanthan gel with chlorhexidine during Final restoration, after 6 months. All patients are recalled after 1 year.

**Results:** In this protocol all patients are free from any inflammation. The peri-implant zone had the color of normal, healthy gingival in all cases. one case was noticed to be slightly red, free from any undesirable hue showing from underneath the soft tissue. All the bony defects are corrected by the use of wider biological width of the zirconium neck.

**Conclusion:** In this type of protocol, the merits of biological width are presented in the selection of zirconium neck which is wider than the diameter of the body of the selected implant, this gives the chance of aesthetic correction of bony defects. Besides the biological value of CHLOSITE Gel sustained release for 4 weeks gives good media for healing and prevention of inflammation and reduction of plaque accumulation, providing excellent aesthetic in texture and color of gum.

#### OP59

#### **SILENT SINUS SYNDROME: A CONCLUSION OF NASAL FOREIGNBODY**

Vural Fidan

Nasal foreign body, silent sinus syndrome: Silent sinus syndrome is a rare condition which is characterized by enophthalmos and hypoglobus caused by the maxillary atelectasis. This syndrome is a clinical entity occurs in the third to fifth decade, shows equal sex distribution and caused by negative sinus pressure from acquired obstruction of the maxillary sinus ostium leading to enophthalmos and hypoglobus. Vertical diplopia, upper lid retraction, lagophthalmos, malar depression, and facial pressure can be the other symptoms. Approximately 160 cases have been published in the literature but none of them due to a nasal foreign body. In this article a case with silent sinus syndrome related to a foreign body was presented.

#### OP 60

#### **BENIGN ASYMMETRIC LIPOMATOSIS OF THE TONGUE IN MADELUNG'S DISEASE**

Czako Ladislav, Satko I., Grosch P., Beňo M.

**Introduction:** Madelung's disease is characterized by benign, non-encapsulated accumulations of fat in a symmetrical manner. Although rare, asymmetrical lipomatosis involving the tongue exclusively has been previously reported. Here another case is presented of Madelung's disease involving the tongue.

**Case report:** A 72-year-old man was referred with the diagnosis of Madelung's disease, with slight difficulty in swallowing, dysarthria and dyspnoea while sleeping due to tongue swelling caused by solitary tumors. Clinical examination revealed multiple, large disfiguring soft masses involving neck, upper arms and hips. There was enlargement of the tongue with good circumscribed tumors of the tongue bilaterally. The masses were soft, yellow colored and non-tender. Bilateral partial glossectomy and extirpation of the tumors was performed under general anesthesia. Histology revealed adipose tissue - lipomainterspersed within the lingual musculature.

**Discussion:** Lipomas in Madelung's disease are characterized by multiplicity, non-encapsulation and invasiveness. Over the years, the fat deposits enlarge significantly, become cosmetically deforming, and cause dysarthria, dyspnoea and dysphagia in advanced cases. The etiology of benign asymmetrical lipomatosis is still unknown. It is often accompanied by liver dysfunction probably due to alcoholism. Treatment is limited to surgical removal of the fatty tissue, in patients with a severe cosmetic deformity causing psychological stress, and in patients with dyspnoea or dysphagia if there is restriction of the aerodigestive tract.

**Keywords:** Madelung's disease; multiple asymmetrical lipomatosis; lipoma of the tongue.

#### OP 61

#### **NEW TREND IN THE MANAGEMENT OF AMELOBLASTOMA**

Mohamed Bahaa Khidr

Up till now the surgical management of ameloblastomas depend on the extension of the lesion radiographically and the histological findings. Meanwhile, there is

controversy regarding the surgical techniques of different types of ameloblastoma. The aim of this study was to assess the degree of aggressiveness of the lesion cells to clarify the potential biologic behavior of those lesions using p53. 17 cases (10 males and 7 females with age ranged between 13 and 67 year) has been operated in this study. Cases included primary, recurrent, and of malignant ameloblastoma. Immunohistochemical analysis was used to classify ameloblastomas into aggressive and non aggressive lesions. Surgical technique was done according the immunohistochemical result. The postoperative follow-up was accepted and no recurrence was observed in all cases. The study concluded that the histological and radiographical assessment is not enough for the final management of such cases and p53 is a unique approach to detect the biological behavior of the cells upon which surgery should be addressed.

#### OP 62

### EVALUATION THE EFFECT OF SAGITAL SPLIT OSTEOTOMY ON MANDIBULAR RANGE OF MOTION DUE TO MANDIBULAR SETBACK

Afshin Haraji

**Introduction:** In the orthognatic surgery of the mandible and specially bilateral sagital split osteotomy(bssso), the most complication is some change in mandibular border movement, and as a result limitation of mandibular movement . Aim of this study was to evaluate the changes in maximum interincisal opening, left and right lateral excursion, and protrusive movements in all patients before and after operation in the period of three to six months and the effects of modern physiotherapical plans (cpm) on increasing these movements after surgery.

**Material and Methods:** In this study 30 patients (18 females & 12 male) who were 13-30 years old (average age 20.5), bssso surgery was performed according to eper procedure with surgical handpiece and bur, rigid fixation were performed with 3 positional screw of 2 mm diameter for all patients. MIO, LLR, RLE, PM were measured before and after operation in the period of three to six months. At the end, the patients who still had mandibular movement limitations were divided into two groups of experiment and sample, then the effects of 20 physiotherapical sessions were studied after the 9th month.

**Results:** After 3 months post-op, considerable reduction in all mandibular movements has occurred, but after 6 months post-op 12 patients (40%) had significant limitation of mandibular movements, specially in MIO & PM. At the end of nine months post-op all patients in sample group, had limitation in mandibular mobility but in experimental group all patients had normal mandibular border movement.

#### OP 63

### EVALUATION THE BLEEDING IN PATIENTS MAINTAINED ON ORAL ANTICOAGULANT THERAPY WITHOUT INTERRUPTION OF THEIR TREATMENT AFTER USE OF TRANEXAMIC ACID MOUTHWASH

Afshin Haraji

Today many patients with some reasons need to use of anticoagulant drugs that interruption of this drugs may be dangerous. The purpose of this article is to evaluate the use of tranexamic 5% acid mouthwash to control hemostasis in 155 patients therapeutically anticoagulante medication undergo extraction without interruption of medication.

#### OP 64

### LASER USE IN CORONECTOMY: A PRELIMINARY REPORT

Kiki Marti, Chris A. Skouteris

Coronectomy is a viable alternative to odontectomy in cases where there is a close relationship between the roots of an impacted third mandibular molar and the inferior alveolar canal. This procedure avoids possible injury to the inferior alveolar nerve by removing only the crown of the impacted molar leaving the roots in place. In the present study 10 coronectomies were performed. Panoramic imaging criteria for coronectomy included interruption of the mandibular canal wall, darkening of the roots, diversion of the canal, narrowing of the canal, and narrowing and/or deflection of the roots. The final decision to employ the procedure was based on further radiographic assessment with cone-beam computer tomography. In 5 cases pulp remnants in the retained roots were ablated and the orifices of the root canals were treated using a diode laser. There were no adverse sequelae associated with this procedure. Healing was uneventful. Six months postoperatively there has

been no incidence of infection or root migration. In conclusion, our initial results seem to indicate that laser treatment of the retained roots following coronectomy facilitates the effective removal of pulp remnants from the remaining chamber and the orifices of the root canals without adversely affecting root retention or final treatment outcome.

#### OP 65

##### ALVEOLOPLASTY: AN ANALYSIS OF 168 PATIENTS

**Rameshwar L Bang**, Imad Al-Najadah, Asharaf Mukhtar, Hisham A. Burezq, Ibrahim E. Ghoneim, Ahmed N. Al-Fadhli, Prem N. Sharma

**Introduction:** One hundred & sixty-eight patients who had alveoloplasty at Al-Babtain Centre for Plastic Surgery and Burns, Kuwait, from April 1997 to November 2006 were studied.

**Material and Methods:** Of the 168 patients there were 78 males and 90 females, between the age ranged from 6 to 31 years, with mean of 14.3 (> 5.3 SD). The Kuwaiti to non-Kuwaiti ratio was 1.4:1.0. There were 213 alveolar clefts in 168 patients, comprising 123 unilateral (right-51, left-72) and 45 bilateral clefts. The cancellous iliac bone graft covered by ipsilateral gingival-mucoperiosteal flap was carried in most of the patients.

**Results:** Of the total patients 42% were in 6-12 years, 39% in 13-18 years and 19% in (>18) years age-group. They were assessed for canine eruption and inter-alveolar septal height. The complete canine eruption occurred in 149 (89%) patients. The septal height of Type-1 in 75%, Type-2 in 17%, Type-3 in 5.6% and Type-4 in 2.4% clefts, was observed. The complications included partial graft exposure in 7, haematoma & sinus in 5 donor sites, and transient paresthesia in 4 Patients. Twelve patients needed re-grafting. The oral hygiene improved practically in all patients.

**Conclusion:** In the assessment of 213 bone grafts, the secondary alveoloplasty is recommended between 6 to 12 years of age for best functional, as well as appearance out come.

**Key Words:** Cleft Lip-Palate, Alveoloplasty, Canine Tooth, Dentition.

#### OP 66

##### MANAGEMENT OF LIFE-THREATENING ODONTOGENIC INFECTIONS OF HEAD AND NECK

Nedim Özer, Altan Varol

Life-threatening odontogenic infections of the head and neck are much less common since the introduction of antibiotics and mortality rates are lower. Deep space infections are mostly odontogenic in origin. The vast majority of dental infections are treated with root canal, extraction or periodontal therapy before they become serious. However, a small number of infections follow a fulminant course and may become life-threatening either through airway compromise, necrotizing fasciitis, or rapid spread to involve the orbit, cranium or chest. Surgical drainage, appropriate antibiotic treatment and execution of causative factors are the primary steps of treatment. Airway obstruction from compression of the trachea is the most devastating complication which requires immediate establishment of secure airway. General anesthesia is generally preferred in deep space infections and neck abscesses to achieve successful drainage. Management of different cases treated in our clinic with deep space infections, neck abscesses and life-threatening infections of head and neck region will be presented .

#### OP 67

##### INTERLEUKIN-1 $\beta$ , INTERLEUKIN-6 AND INTERLEUKIN-8 LEVELS IN ODONTOGENIC CYSTS

Kubilay Işık, Hanife Ataoğlu, Seyfullah Haliloğlu

**Introduction:** It is known that there is a relationship between some cytokines and pathogenesis of odontogenic cysts. The aim of this study was to determine the levels of interleukin (IL) -1 $\beta$ , IL-6 and IL-8 in odontogenic cysts and to find a possible relationship among ILs' levels, types and some properties, such as size, location or type of odontogenic cysts.

**Methods:** Cystic fluids aspirated from 15 radicular, 7 dentigerous and 4 keratocysts were evaluated biochemically.

**Results:** There was not a significant relationship between cysts' locations, sizes or types and amount or type of ILs.

**Conclusion:** Within the limitations of this study, we can say that there is a relationship between these

ILs and odontogenic cysts. However, it is not possible to establish a correlation among the properties of an odontogenous cyst and these cytokines.

#### OP 68

##### EFFECTS OF ALENDRONATE ON THE RATE OF DISTRACTION IN RABBIT MANDIBLES

**Hakan H. TÜZ**, Umut TEKİN, Ercüment ÖNDER, Özkan Özkaynak, Petek Korkusuz

Most of the experimental studies on DO nowadays focused on the adjunctive methods to reduce distraction and consolidation periods in order to achieve final result as soon as possible. Various therapeutics shown to be effective in accelerating regeneration in the distracted bone. Among these modalities, bisphosphonates are used for inhibiting bone resorption in several diseases. In this experimental study, the effects of alendronate on mandibular distraction sites in rabbits at two different rates are evaluated. The study was carried on fifteen New Zealand White rabbits. Grup 1 consisted of animals which distraction made in 1mm/day rate (D1), group 2 consisted of animals which distraction made in the rate of 2 mm/day (D2). These experimental groups had post operative alendronate injection on the first three days of distraction phase. Control group consisted of animals which distraction made in the rate of 1 mm/day without alendronate injection (D3). Distraction was carried on only left sides of all animals until 10 mm of gap was achieved. On the 45th post operative day, the animals were sacrificed and mandibles of all animals were evaluated, radiographically and histologically. Radiographic images were also evaluated with microdensitometry. Histologically, bone healing is found to be significantly accelerated in D1 and D2 groups compared to control group (D3) ( $p < 0.05$ ). Bone healing was superior at the D2 group; but the difference was not statistically significant comparing to D1 group. Microdensitometric results revealed no statistical difference between groups. The results of this study revealed alendronate injection is found to be effective in the osteogenesis in the distraction gap, of the rabbit mandibles in 1 mm/day and 2 mm/day rates. TD results also showed that alendronate injection during distraction phase may be effective in performing 2 mm/day distraction rate in the rabbit mandible.

#### OP 69

##### KI 67 EXPRESSION IN DENTAL FOLLICLE OF THE ASYMPTOMATIC IMPACTED TEETH: A CASE REPORT

**Alparslan Esen**, Hasan Küçükkolbaşı, Hanife Ataoğlu, Ömer Günhan

**Introduction:** Oral and maxillofacial surgeons devote a large portion of their practice to the removal of impacted teeth. However, one of the most important argument in oral and maxillofacial surgery is the determination of indications for extraction of asymptomatic impacted third molar teeth. Previously, it was shown that asymptomatic odontogenic epithelial rests in the follicle tissues have no proliferation potential. In this report, we describe a case having an increase in the surrounding radiolucency of third molar tooth.

**Patient and Methods:** Thirty-eight years old man who has asymptomatic lesion around the left third molar tooth. After lesion was enucleated, histopathologic examination revealed fibrous connective tissue with myxoid changes of hyperplastic follicle.

**Results:** Ki-67 positivity was seen in some of the epithelial cells. In this patterns, early ameloblastomatous changes were found and proliferation potential is determined by Ki-67 immunopositivity in the epithelial.

**Conclusion:** Presented case is a model in transition of immature odontogenic epithelial rests found in dental follicles may gain neoplastic transformation.

#### OP 70

##### FACIAL FRACTURES IN KUWAIT: ANALYSIS OF 326 CONSECUTIVE CASES ADMITTED IN A REGIONAL HOSPITAL

**Petr Schütz**

Fast growing population of Kuwait, motorization, construction boom and increasing incidence of interpersonal violence bring about new challenges in management of maxillofacial trauma. The purpose of presented paper is to demonstrate these trends on the example of patients admitted for treatment of facial fractures to regional hospital serving population of about 350000, between January 2004 and March 2007.

**Method:** Following data were collected prospectively and analyzed: sex, age, cause of injury, diagnosis, concomitant injuries, method of treatment, complications.

Results: Male:female ratio was 6:1. The leading etiologies were road traffic accidents (48%), followed by falls from height (15%), assaults (10%) and industrial accidents (10%). Concomitant injuries were diagnosed in 114 patients (35%), of whom 8 died. Midface and upper face fractures prevailed, the most frequent fracture type was zygomaticomaxillary complex fracture (n=107), 85 patients suffered orbital fracture and 71 frontal bone fracture. Of 202 operated patients 161 were managed by miniplate osteosynthesis. Complications included exposure of miniplate in 1 case of mandibular body fracture, nonunion in 2 cases of mandibular angle fractures, unsatisfactory cosmetic result in 2 ZMC fractures and 4 frontobasal fractures, persistent cerebrospinal fluid leak in 2 frontobasal fractures.

Conclusions: In comparison with previous Kuwait studies we found increased severity of maxillofacial injuries, shift in fracture patterns towards more frequent involvement of upper face and higher incidence of concomitant injuries. While management of mandibular fractures became fairly straightforward owing to modern hardware, treatment of complicated midfacial and craniofacial injuries, namely with orbital involvement, remains considerable challenge.

#### OP 71

#### A NEW APPROACH IN ARTHROCENTESIS OF THE TEMPOROMANDIBULAR JOINT: TECHNICAL REPORT

Alper Alkan, Erdem Kılıç

Arthrocentesis is an easy, minimally invasive, and highly efficient procedure to decrease joint pain and increase the range of mouth opening in patients with closed lock of the temporomandibular joint. It is unknown whether the arthrocentesis performed with higher pressure in a short time period is more effective. In this report, we describe the use of surgical and dental motor as a new device to accomplish temporomandibular joint arthrocentesis with higher pressure. In our knowledge, we used the highest hydraulic pressure reported in the literature for temporomandibular lavage. Also the advantages of the technique like removing adhesions, efficiency of the treatment and simplicity of the procedure will be mentioned.

#### OP 72

#### SQUAMOUS METAPLASIE: IS IT A PHYSIOLOGIC PROCESS

Nurhan Güler, Fatih Cabbar, Nil Çomunoğlu

The aim of this study is to determine proliferative potentials of squamous metaplasie (SM) of radiographically asymptomatic impacted third molar teeth (ITMT) follicle by using Ki-67 and MCM-2 proliferation markers and to discuss whether the SM is age-related physiologic process or a real metaplasie. This study involved 33 DF showing SM of 32 patients (21 female and 11 male) ranging 18 to 65 (mean age 28,94±11,25 years) referred for clinically and radiographically asymptomatic lower ITMT. Thirteen healthy gingival tissues obtained during the ITMT operation in 13 patients served as a control group. DF widths on periapical radiographs below 2.5 mm were included in the study. 20 (54,1%) DF with SE was observed between 20 and 29 years. Ki-67 expression was found to have higher values than MCM-2 expression in both controls and DF (6,15±3,18, 12,33±3,37 and 4,46±1,39, 6,94±2,015). The expression of both proliferation markers in the squamous epithelium and inflammation were statistically significant ( $p < 0,01$ ). No statistically significant correlation was found between the sex, classification of teeth and proliferation markers ( $p > 0,05$ ). It was concluded that the squamous epithelium in DF of asymptomatic ITMT's might be metaplastic in origin and might be actively proliferating. In conclusion, we agree with prophylactically removal of ITMT.

#### OP 73

#### BISPHOSPHONATE-INDUCED NECROTIC BONE OF THE MANDIBLE: A REPORT OF TWO CASES

Ahmet Arslan, Bahadır Ezmek, Kemal Şençift

Bisphosphonates are recently acquiring increasing relevance with the treatment of several pathologies such as lytic bone metastasis, malignant hypercalcemia, multiple myeloma, osteoporosis and Paget's disease. More than 2 million people worldwide are treated with bisphosphonates as a part of cancer therapy and bone diseases. Despite the effectiveness of bisphosphonates, cases of avascular osteonecrosis associated with bisphosphonates have been presented since 2003. The mechanism of the avascular necrosis caused by bisphosphonates has remained unclear. The

major concern about bisphosphonates is the absence of definitive treatment for the avascular necrosis. The long half life and accumulation on the bone tissue of bisphosphonates limit surgical intervention because of the difficulty of finding surgical margins with vital, visibly bleeding bone in surgical therapy of patients with widely exposed bone for long time. Unlike osteonecrosis, bisphosphonates-associated with osteonecrosis of jaws is not amenable to hyperbaric oxygen therapy. Pharmacological therapy, such as antibiotics and chlorhexidine oral rinse, is the only method to manage acute symptoms of the bisphosphonates-associated with osteonecrosis of jaws. In our presentation, two cases of avascular necrosis caused by zoledronic acid that had been prescribed for the management of multiple myeloma and breast carcinoma, were reported.

#### OP 74

##### TEMPOROMANDIBULAR JOINT RECONSTRUCTION IN CHILDREN USING COSTOCHONDRAL GRAFTS

Gülten Ünlü, Serhat Atılğan, Ferhan Yaman

Temporomandibular joint (TMJ) ankylosis occurring in childhood can impair mandibular growth and function, which may later produce a severe facial asymmetry and mandibular retrusion. The facial disfiguration is usually characterized by deviation of the chin toward the affected side and a severely retrognathic appearance. The impairment of orofacial function may include limited chewing ability, impaired speech, compromised oral hygiene, restricted airway problems, and impeded mandibular molar eruption. Therefore this problem should be treated. In this study we present two cases with ankylosis of TMJ.

#### OP 75

##### SURGICAL AND CLINICAL DIFFICULTIES IN MAXILLARY AND MANDIBULAR TRANSVERSE DISTRACTION

Fethi Atıl, Hakan H. Tüz, Umut Tekin, Bülent Çatalbaş, Erhan Gelgör

Surgically assisted rapid palatal expansion (SARPE) and mandibular symphise distraction are the methods of treating transverse maxillary and mandibular deficiency in the adolescent and adult patients. The procedure is a combination of orthodontic and surgical procedures. By expanding the alveolar arches, adequate arch space is

achieved for further teeth alignment. Though the method provides a short term result in achieving alveolar bone, some complications may be encountered during and after distraction period. The purpose of this study is to present our experiences in the patients treated with SARPE. Complications associated with distraction methods in the alveolar bone are also reviewed and discussed with our clinical outcomes.

#### OP 76

##### CONSERVATIVE TREATMENT OF ODONTOGENIC KERATOCYST

Birkan Taha Özkan, Hanife Ataoğlu, Gülsün Yıldırım Öz, Alparslan Esen

The odontogenic keratocyst (OKC) is classified as a developmental cyst, derived from the enamel organ or from the dental lamina. It comprises approximately 11 % of the all cysts of the jaws. The cysts are most often seen in the mandibular ramus and angle. The most common characteristic clinical aspect of OKCs is the high frequency of recurrence. Most cases recur within the first 5 years after treatment. Treatment of OKCs remains a controversial subject. Advocates of conservative treatment suggest that marsupialization yields results comparable to those obtained with more extensive surgery. In this case reports, 2 cases of odontogenic keratocyst- the first involving the posterior body and ascending ramus of the mandible of an 26-year old female and the second involving the posterior maxilla of the 19-year old female with 2-year followup period will be presented and the advantages and disadvantages of alternative treatment methods will be discussed.

#### OP 77

##### CONSERVATIVE APPROACH TO LARGE ODONTOGENIC KERATOCYST

Gonca Duygu, Ceyda Tomruk Özçakır, Nurhan Güler

Odontogenic keratocyst (OKC) is a cyst of tooth origin with an aggressive clinical behavior including a high recurrence rate. It is considered a locally aggressive lesion, due to its fast growth and its very recurrent nature as well as its potential for the malignant transformation of its epithelium. It affects the posterior area of the mandible in 60% to 80% of the cases. This

cyst demonstrates a radiolucence, a well defined area, which is associated with an impacted tooth in 25% to 40% of the cases. Therapeutic approaches vary in different studies from marsupialization and enucleation, which may be combined with adjuvant therapy such as cryotherapy or Carnoy's solution, to marginal or radical resection. The choice of treatment should take into account various factors, including patient age, size and location of the cyst, soft tissue involvement, history of previous treatment, and histological variant of the lesion. The recurrent rate varies from approximately 20% to 62%. In this report, we will present four, large OKC case, the clinical behavior and the treatment options of the lesions are discussed.

#### OP 78

#### COMPARISON OF TWO DIFFERENT APPROACHES TO THE PTERYGOMAXILLARY JUNCTION IN LE FORT 1 OSTEOTOMY: An Anatomic Study

Celal Çandırılı, Alparslan Esen, Abdullah Kalaycı, Dilek Emlik, Aynur Emine Çiçekbaşı, Doğan Dolanmaz

**Introduction:** Le Fort I osteotomy is a useful procedure for correction of maxillary deformities. A number of techniques are used to achieve pterygomaxillary separation. Generally different types of osteotomies can be used for this purpose or this procedure can be done by leverage alone without the use of pterygoid chisel. The aim of this study is the evaluation of two different approaches to the pterygomaxillary junction on the cadaver model radiographically.

**Materials and Methods:** In this study, conventional Le fort 1 osteotomies were performed on the right side in six cadaver models. Same procedures were done without pterygomaxillary osteotomies on the left side. Down fracture was performed manually. Computed tomography scans of each specimen were obtained before and after the osteotomies and after down fractures to document damages.

**Results:** The separation of pterygomaxillary junction was observed more evident in osteotomized side than the opposite side. Additionally, tendency of secondary fractures related with pterygoid plates increased associated with the use of curved osteotome.

#### OP 79

#### THE USE OF AUTOGENOUS RAMUS BONE GRAFT FOR RECONSTRUCTION OF ORAL DEFECTS

Alparslan Esen, Celal Çandırılı, Gülsün Öz, Osman Etöz, Doğan Dolanmaz

**Introduction:** The use of autogenous bone grafts for the augmentation of the resorbed alveolar ridge is still considered the gold standard in oral and maxillofacial surgery. Autogenous bone graft can be obtained from extraoral or intraoral donor sites related with necessity. Most preferable donor sites of oral cavity are mandibular symphysis and ramus. The aim of this study is to present the use of autogenous ramus grafts on different clinical indications.

**Patients and Methods:** Eleven patients (six men and five women) of ages ranging from 18 to 45 years were included in the study. Fourteen ramus bone grafts were harvested. Indications are seven alveolar clefting in four patients, lateral augmentation of alveolar crest before implantation in 5 patients and repairing of fenestration defects of implants in two patients. Twelve of grafts were fixed with titanium screw or plate and screw. Two of them were used as particulate form.

**Results:** All the grafts were successfully integrated. No patients had infection in donor and recipient area. In two alveolar cleft patients grafts were exposed and managed with only irrigation. Extensive bleeding after the removal of the bone graft could not be encountered. An exposure of the inferior alveolar nerve did not occur. During the follow up, impairment of the superficial sensory function of the inferior alveolar nerve and lingual nerve were not observed.

**Conclusion:** Mandibular ramus bone grafts can be used safely for horizontal alveolar ridge augmentation and late alveolar bone grafting in patients with alveolar clefts.

#### OP 80

#### IMMEDIATE IMPLANT PLACEMENT IN "CONTROLLED" INFECTED SITE

Marzella Mega Lestari

Oral rehabilitation using dental implants is a well-established and widely used procedure. The success of implant treatment depends on the availability and condition of bone. The presence of infection at

implant site will defer the treatment to certain period of time. In this case presentation extraction of tooth, simultaneously with enucleation of infected cyst, immediate implant placement and bone graft were performed with good result. With this method, the delayed delivery of prosthesis is prevented.

#### OP 81

### RECONSTRUCTION OF THE MANDIBLE USING PREFABRICATED RECONSTRUCTION PLATES AND MICROVASCULAR COMPOSITE FLAPS

Brian Musgrove, Nicholas Pigadas

Reconstruction of the mandible has been revolutionised with the introduction of composite free flaps. This paper summarises the advantages and disadvantages of the different microvascular composite flaps available for reconstruction of the mandible and describes the use of three dimensional models as an aid to surgery following resection for oral cancer and radionecrosis of the mandible. Three dimensional reconstruction of the mandible allows the prefabrication of reconstruction plates which facilitates accurate three dimensional reconstruction of the mandible with vascularised bone grafts.

#### OP 82

### PREVALENCE OF TRISMUS IN HEAD AND NECK CANCER PATIENTS

Rana Lee

This study measures the impact of Trismus in Head and Neck cancer patient 56, new patients diagnosed with Head and Neck Cancer from January 2006 to date referred for primary surgical management and treatment at the Christie or Manchester Royal Infirmary Hospitals. A 'focus group' was set up to ascertain main problems encountered by Head and Neck cancer patients. The comments from the focus group included major problems with mouth opening, pain with mouth opening, unable to eat in front of friends and family, not been able to eat in public, poor oral hygiene, unable to have dentures/obturator fitted. Newly diagnosed head and neck cancer patients from a single MDT were evaluated for their maximum mouth opening prior to treatment

and again following surgery alone and again following radiotherapy treatment using a 'Therabite Motion Scale' (Platon Medical). A cut-off of  $\leq 35$ mm was used as the functional cut-off point for trismus in this group of patients (Dijkstra et al., 2006) We have shown that 53% of patients had maximum mouth opening of  $<35$ mm prior to any treatment, 65% of patients had maximum mouth opening of  $<35$ mm post-surgical treatment and that this figure increased to 78% for patients having both surgical and radiotherapy treatment. We have demonstrated the high prevalence of trismus in this cohort of head and neck cancer patients and shown the necessity of intervention to improve maximum mouth opening and hence improve quality of life for these patients.

#### OP 83

### BISPHOSPHONATE RELATED OSTEONECROSIS OF THE JAWS: A CLINIC REPORT OF 6 CASES

Figen Çizmeçi Şenel, Mustafa Çankaya, Özkan Özkaynak, Rukiye Kaplan, Esra Baltacıoğlu

Introduction: Bisphosphonates are compounds used in the treatment of various metabolic and malignant bone diseases. In the last 3 years there has been a significant increase in referrals to the department of oral and maxillofacial surgery of patients with exposed necrotic jaw bone, diagnosed elsewhere as chronic refractory osteomyelitis of jaws, mostly after several teeth extractions. The aim of this presentation is to report some cases of examples and review of the literature.

Methods: A retrospective study was performed of 6 patients using bisphosphonates referred to our clinic from October 2004 and January 2007. The management of the patients included medical treatment and various surgical procedures thereafter if needed.

Results: 4 patients presented with mandibular and 2 had maxillary involvement. All of the patients had recovered completely.

Conclusion: A new complication of bisphosphonate use which is called bisphosphonate-related osteonecrosis of the jaws, seems to be growing. All dental professions and oncologists should be aware of this new clinical entity and further investigation is needed to completely elucidate this phenomenon.



**OP 84****THE EVALUATION OF AMBULATORY (OUTPATIENT) SURGERY IN ORAL AND MAXILLOFACIAL SURGERY CLINIC**

Mustafa Çankaya, Özkan Özkaynak, Ahmet Can Şenel, Nuray Yılmaz, Fiğen Çizmeçi Şenel

**Introduction:** The growth in ambulatory surgery have been possible with the development of improved anesthetic and surgical techniques. Currently, more than 60% of elective surgery is performed in the outpatient surgical setting.

**Methods:** We operated 278 patients in outpatient surgery basis 165 of which was operated under sedation and local anesthesia as called monitored anesthesia care (MAC) and 113 of which under general anesthesia.

**Results:** We did not have any outcome from discharged patients and we had only one complication which was operated in MAC concept that we could not discharge the patient on the surgery date.

**Conclusion:** Ambulatory surgery can offer some advantages for patients, health care providers, third-party payers, and even hospitals. The range of acceptable ambulatory surgical procedures continues to expand and a growing number of patients are presenting for ambulatory surgery in every day.

**OP 85****A CLINICAL STUDY OF THE TEMPOROMANDIBULAR JOINT**

Behçet Erol, Belgin Görgün, Rezzan Tanrikulu, Çiğdem Çetin

Temporomandibular joint ankylosis is an important joint disorder which can result from trauma or as a result of local and systemic infections. The hypothesis has been proposed that in cases caused by trauma, intra-articular haematoma, scarring and excessive bone formation give rise to hipomobility. The majority of infections which give rise to ankylosis are secondary resulting from the spread of mastoiditis and otitis media. Restoration of normal function and jaw mobility in patient with TMJ ankylosis is difficult. Various techniques have been defined for its treatment. Resection of ankylosed bone, ipsilateral and contralateral coronoidectomy or coronoidotomy, interposition of soft tissue or costochondral grafts, early mobilization and aggressive physiotherapy can

be use as treatment methods. This study is based on the pre-, intra-, and post-operative evaluation of the patients between 1985 and 2007 whom arthroplasties were performed. The patients were evaluated with history, physical and radiological examinations. Also specifically recorded were age, gender, etiology of ankylosis, existing facial asymmetry, maximal preand post-operative mouth opening and complications encountered. Falls represented the most widespread etiological factors and women constituted the group with the highest incidence of ankylosis. Most of the TMJ ankylose cases were unilateral. GAP arthroplasties and interpositional arthroplasties were applied mostly these cases. In addition to radical and sufficient resection of ankylosed bone, early postoperative exercises, appropriate physiotherapy and close follow-up of the patient play an important role in the prevention of post-operative adhesion and re-ankylosis.

**OP 86****CONSERVATIVE TREATMENT OF ODONTOGENIC KERATOCYST AND UNICYSTIC AMELOBLASTOMA**

Caner Şahin, Yaşar Özkan, Altan Varol

Large cystic lesions can be treated by marsupialization and later by enucleation. Enucleation of odontogenic keratocyst is associated with the highest recurrence rate and is made difficult by thin walls, budding and easy cleavage between the epithelium and fibrous wall. The unicystic ameloblastoma contains numerous tumor islands within its fibrous capsule. The presence of tumor islands in the fibrous capsule may indicate a high risk of recurrence for unicystic ameloblastomas. So, unicystic ameloblastoma has a high recurrence rate and a potential to infiltrate into the surrounding tissues. Vigorous curettage of these cysts with careful visualization of all aspects may offer a greater likelihood of removing the entire lesion, but enucleation is not recommended in most clinical situations. Marsupialization of the cystic lesions of the jaws is the technique that relieves the pressure within the cyst and causes some decrease in size of the lesion, so that subsequent enucleation or curettage could be performed more simply and with less risk to adjacent vital structures. Large odontogenic keratocyst or unicystic ameloblastoma is marsupialized initially and then enucleated at a later stage, reducing the

possibility of pathological fracture of the mandible or the need for jaw resection. This presentation is about large odontogenic keratocyst and unicystic ameloblastoma that was initially treated by marsupialization and later by enucleation.

#### OP 87

#### COMPLICATIONS WITH LAG SCREW OSTEOSYNTHESIS IN BSSO PERFORMED BY OTHER SURGICAL DISCIPLINES: REPORT OF THREE CASES

Serdar Yılmaz, Altan Varol, Ayşegül Sipahi, Onur Atalı, Selçuk Basa

The use of lag screws in bilateral sagittal split osteotomies (BSSO) was first described more than 32 years ago. However, tooth injuries during the application of the lag screws have been reported in few papers. In this report, three patients admitted to Marmara University, School of Dentistry, Department of Oral and Maxillofacial Surgery who underwent fixation by lag screw osteosynthesis in BSSO at 2 different plastic surgery clinics. The patients had similar complaints such as pain and, trismus and serious infection.

All of the patients were clinically evaluated. Serious infection in the fixations sites were observed. In radiographs, the mandibular posterior teeth roots fracture due to drilling failure of the lag screws were examined.

After the antibiotic therapy the lag screws were removed and the damaged teeth were extracted. Two weeks of recall visits were scheduled and no complications were observed after 6 month of follow-up period.

#### OP 88

#### BLOOD TRANSFUSION ASSESSMENT IN ORTHOGNATHIC SURGERY: A RETROSPECTIVE STUDY

Onur Atalı, Ayşegül Sipahi, Serdar Yılmaz, Altan Varol, Selçuk Basa

Purpose: To assess the need for blood transfusion after the orthognathic surgery procedures. This clinical retrospective study has been made to assess the reduction of the hemoglobin value and the frequency of

blood transfusions in bimaxillary orthognathic surgery and to discuss the clinical consequences.

Patients and Methods: We examined the records of 32 consecutive bimaxillary osteotomies in Marmara University Dental Faculty over a 4 year period (October 2004 to May 2007). Pre- and postoperative values of blood parameters were evaluated.

Results: Despite the great variety of severe complications reported in the literature, their frequency seems to be extremely low in our study, and orthognathic surgery treatment can be considered to be a safe procedure. There were no fatal complications. A greater amount of blood was lost in the double-jaw surgeries than in the single-jaw surgeries. There was a significant difference between sagittal split ramus osteotomy (SSRO) alone and combined with Le Fort I osteotomy. However, none of the patients required transfusion intraoperatively. The individual statistics of the department show that there was only a limited reduction of the postoperative hemoglobin values as a consequence of bimaxillary orthognathic surgery.

Conclusion: The present results indicate that there is little risk of marked bleeding in routine procedures. Transfusion is indicated when hemoglobin decreases to 8 g/dL or less.

#### OP 89

#### TEMPORALIS MUSCLE- FASCIA FLAP IN TEMPOROMANDIBULAR JOINT ANKYLOSIS

Esra Arpacı, Altan Varol, Serdar Yılmaz, İmad Salih, Selçuk Basa

The temporal fascia flap was first described in 1898 and used for reconstruction of the external ear and lower eyelid. It has proven useful in the management of patients with a wide range of problems. Today it is used for auricular, nasal, oral and lip reconstruction, coverage of large scalp defects and contralateral temporal defects and also as a soft tissue filler in parotid defects. Also, it was found to be a valuable option for TMJ ankylosis treatment with the advantage of close proximity to the TMJ, minimum surgical morbidity and successful clinical results. And we treated TMJ ankylosis in 15 patients using temporalis fascia flap as an interpositional material to prevent reankylosis.

**OP 90****EFFECTS OF TITANIUM PLATE FIXATION ON MANDIBULAR GROWTH: AN EXPERIMENTAL STUDY IN RABBITS**

Sina Uçkan, Burak Bayram, Defne Keçik, Kenan Araz

**Purpose:** The effect of metallic fixation on growth is a major concern in children and is not yet clear. The aim of this study was to evaluate the effect of metallic fixation of mandibular corpus fracture on mandibular growth.

**Materials and Methods:** Thirteen 90 days old growing white New Zealand rabbits with body weight between 2 kg and 2.6 kg were used. Animals underwent unilateral mandibular osteotomy, simulating a body fracture on the left side of mandibular corpus. The bone segments were fixed with micro-plates and micro-screws (1.6mm). Micro-plates, which were used for fixation of the left side, were also used as a template for the drilling procedure on the right side of mandible. The plate was then removed and screws were inserted. This enabled us to standardize the distance between 2 screws on the control side. All rabbits underwent the same radiographic procedure. Each animal's head was fixed by special designed cephalostat and wire used for hanging rabbits from incisor teeth. Digital submentovertex radiographs were obtained for each animal before treatment and six months after surgery, cephalometric values were analyzed. All of the animals were sacrificed on postoperative 6th month. Distance between two screws on the right side of mandible was measured on the harvested mandibles for all samples and values were compared with left side of mandible where plates were placed on. Obtained data were statistically analyzed.

**Results:** Cephalometric analysis revealed that metallic fixation did not cause any restriction of mandibular growth and asymmetry ( $p$  is more than 0.05). Mean of amount of the mandibular growth was 4,38plus-minus2,43mm on the right side and 4,64plus-minus2,27mm on the left side. The distance between two screws at the first application was decreased at the postoperative 6th month. This difference was statistically significant ( $p$  is less than 0.05).

**Conclusion:** Metallic fixation of mandibular body fracture did not cause mandibular asymmetry and restriction of mandibular growth in growing rabbits. Other than increase statistically significant decrease of the distance between the screws in control side may

indicate a complex growth mechanism or the effect of incision and soft tissue dissection on mandibular growth.

**OP 91****BRAIN ABSCESSSES CAUSED BY ORAL BACTERIA - A CASE SERIES**

Belma Saldamlı, Andreas A. Müller, Stefan Stübinger, Hans-Florian Zeilhofer, Adrian Merlo, Katja Schwenzer-Zimmerer and Stefan Zimmerer

**Introduction:** Brain abscesses (BAs) are rare infections with bad prognosis. Without adequate treatment a lethal end is likely. In literature about 50 % of the cases seem to originate from contiguous suppurative focusses, 25 % from a remote hematogenous spread and 10% occur after skull trauma/surgery. In about 15% the source remains unidentified. Differentiated microbiological diagnostics show oral pathogens' involvement occasionally.

**Material:** We report a series of BA cases ( $n=10$ ) without previous skull trauma, diagnosed and treated in a 3 year period at our hospital.

**Therapy:** Craniotomy, abscess excision and immediate empirical antibiotic therapy was carried out. Oral flora involvement was registered in 9 of 10 cases. Specific antibiotic therapy was accordingly adjusted. Perioperative dental examination revealed poor dental status with suspect focuses in all but one of the patients. Half of the patients reported dental treatment in a 2-8 weeks period before onset of symptoms. Extensive dental focus eradication was carried out in all cases.

**Results:** All patients survived with a good outcome. An odontogenic origin of the BA was supposable in 90% of the BA cases.

**Conclusion:** Neurosurgical intervention together with immediate empirical broad antibiotic therapy is a prerequisite for successful treatment of BAs. The therapy has to be specifically adjusted when the pathogens have been identified. Indispensable part of the treatment is the localization and elimination of the primary focus. Dental pathogens seem to figure serious. In these cases of odontogenic BAs only an interdisciplinary approach, involving a dental surgeon, can provide an adequate and effective treatment.

**OP 92****ALVEOLAR DISTRACTION OSTEOGENESIS OF A MISPLACED IMPLANT: A CASE REPORT**

Sinan Yasin Ertem, Ufuk Ateş, Emine Alaaddinoğlu, Yener Oğuz, Sina Uçkan

Alveolar distraction osteogenesis (ADO) is a process used for vertical and horizontal lengthening or widening of the atrophic mandibular and maxillary alveolar ridges. A healthy 46-year-old male was referred to our clinic for evaluation of a misplaced maxillary implant. The treatment options were discussed with the patient and a decision was made to perform vertical distraction osteogenesis. During the distraction process the segment moved palatally. To correct the position, after removal of the distractor, wire ligature was adapted around the cervical of tooth #12 and the healing abutment of the implant. The osseointegrated implant served as anchorage. The described new technique for the correction of a malpositioned implant provides another option to the surgeon. Vertical distraction osteogenesis allows a predictable result with preservation of the dental unit, creates a more ideal environment for dental restoration with its ability to augment hard and soft tissues at the same time.

**OP 93****UROFACIAL (OCHOA) SYNDROME : A CASE REPORT**

Metin Kızılkaya, Esen Aydoğdu, Firdevs Şenel, Sina Uçkan

Urofacial (ochoa) syndrome (UFS) is an autosomal recessive disorder characterized by distorted facial expression and neurogenic bladder with resultant urogenital tract damage. The first symptom is usually an unusual "inverted" facial expression, such that when patients smile, their facial musculature inverts and they appear to be grimacing or crying. The urinary abnormality is a congenital obstructive uropathy as a result of neurogenic bladder. The majority of patients beyond the age of toilet training presents this enuresis, urinary tract infection, hydronephrosis and a spectrum of radiological abnormalities typical of obstructive and neurogenic bladders, such as trabeculated vesicoureteral reflex, external sphincter spasm, pyelonephritis, hyperreflexic bladder and noninhibited detrusor contraction. A patient with urofacial syndrome

is presented. To our knowledge this is the first report of a case from Turkey who was diagnosed as urofacial syndrome following her application to our orthodontic clinic.

**OP 94****ANALYSIS OF ZYGOMATIC MINIPLATES FOR ORTHODONTIC SKELETAL ANCHORAGE**

Tamer Eroğlu, Burak Bayram, Emre Dayangaç, Ayça Arman, Sina Uçkan

**Aim:** Optimal anchorage control is essential for successful orthodontic treatment, however movements of the anchoring units are inevitable. Recently, orthodontic anchorage systems consisting of screws and/or plates is being used frequently for intraoral bony anchorage. Zygomatic miniplates are one of these orthodontic anchorage systems. The aim of this study is to analyze surgical method, applications and complications of zygomatic anchorage system.

**Subject and Method:** 80 miniplates were inserted to 40 patients as means of direct or indirect anchorage in distalization of maxillary posterior segment, intrusion of posterior teeth, retraction of canines or incisors and en masse retraction.

**Result:** Surgical results of implant applications and the need for second surgery were analyzed.

**Conclusion:** Although zygomatic anchorage eliminates the need for extraoral appliances and forces, clinicians may face with some minor problems with this system.

**OP 95****COMPARISON OF MANDIBULAR RAMUS GRAFT VS. DISTRACTION OSTEOGENESIS**

Bertan Arpak, Ufuk Ateş, Yener Oğuz, Emre Dayangaç, Sina Uçkan

**Purpose:** Reconstruction of alveolar bone defects is essential for implant placement and prosthetic restorations. Onlay grafting and alveolar distraction are both accepted and used techniques for this purpose. The aim of this presentation is to compare the complications and outcomes of mandibular ramus derived onlay grafts vs. alveolar distraction osteogenesis.

**Material and Method:** 37 patients were operated for treatment of their severely atrophic jaws. 24 patients are treated with the alveolar distraction technique (26

distractions) and 14 patients with the mandibular ramus grafting technique (18 grafts).

Results: In 26 distracted segments overall complication rate was 61.53% (16 distractions). The minor complication rate in overall complications was 93.5% (15 distractions). Fracture of the distracted segment considered as major complication in one patient (6.5%). In mandibular ramus graft group overall complication rate was 38.8%. The minor complication rate in overall complications was 16.6% (3 grafts) and major complication rate was %22.2 (4 grafts). Most common complication in the distraction group was the tilting of the segment (50%) and in the ramus graft group was the exposure of the graft (38.8%). Four grafts were lost due to the exposure of the graft.

Conclusion: Although complication rates were higher in the distraction group; management of these complications was easier than the ones in the ramus graft group. Exposure of the graft was the main problem in the ramus group and makes the tension-free soft tissue closure important in this technique.

**OP 96**  
**EVALUATION OF ZYGOMATIC PLATE-SCREW**  
**ORTHODONTIC ANCHORAGE SYSTEM BY 3-D**  
**MODELLING AND FEM**

Taylan Akça, Firdevs Şenel, Kenan Araz, Sina Uçkan

Objective: Use of zygomatic plate screws for orthodontic anchorage is relatively new. Although the success rate of this procedure is high, loosening of the screws and soft tissue problems may occur. The purpose of this study was to evaluate force distribution along the plate-screw systems inserted to zygomatic bone for orthodontic anchorage on 3D models under the simulated orthodontic forces and design of new plate and screw systems which allows stable force distribution.

Study Design: A solid model of hemimaxilla was developed using two dimensional computed tomography obtained from an 41 years old cadaver and finite element analysis. The models were generated and three dimensional model and mesh generation constituted by using a software. Free method (free meshing) was used to constitute a mesh model.

Method: Four different type of plates and screws inserted on the zygomatic buttress at the level of first molars on the models and static horizontal 200

N loading in posteroanterior direction was performed. State of cortical and cancellous bone, plates and screws under this force have been evaluated individually for the cortical and cancellous bone.

Results: It was observed that the stress concentration along the bone around the plates and screws occurred mostly around the first screw. Changing the design of plates made this stress more balanced.

Conclusion: High stress distribution along the first screws of the standard miniplates may be diminished by newly designed plate.

**OP 97**  
**RAPID TOOTH MOVEMENT AND ORTHODONTIC**  
**TREATMENT BY USING DENTOALVEOLAR DISTRACTION**  
**OSTEOGENESIS**

Haluk İşeri, Reha Kışnişçi, Gökmen Kurt

Duration of treatment time is one of the most complained matters in orthodontics. To shorten the orthodontic treatment time, a new technique of rapid canine retraction using the principles of distraction osteogenesis, namely dentoalveolar distraction (DAD), is introduced by İşeri and Kışnişçi in 2000. In this presentation, the description of the DAD technique will be presented and the short term and long term effects on the dentofacial structures will be introduced. The study sample was consisted of 20 maxillary and mandibular canines of 12 growing or adult subjects. The canines were moved rapidly into the socket of extracted first premolar following a minor surgery. A custom made, intraoral rigid tooth-borne distraction device was used and activated twice at a rate of 0,8 mm/day. All of the cases continued their fixed appliance orthodontic treatment immediately after the DAD procedure. The mean time for full retraction of the canines was 11 days with a range of 10 to 15 days. The anchorage teeth were able to withstand the retraction forces with no anchorage lost. Most of the patients were finished their orthodontic treatment successfully within the period between 6-10 months, with no clinical and radiographic evidence of complications such as root fracture, root resorption, ankylosis and soft tissue dehiscence. The dentoalveolar distraction technique is an innovative method since it reduces the overall orthodontic treatment time about 50 %, with no unfavorable effects on surrounding structures.

**OP 98****MANAGEMENT OF COMPLICATED ORBITAL FRACTURES AND ASSOCIATED FACIAL INJURIES AND COMPARISON BETWEEN AUTOGENOUS BONE GRAFT AND SILICON IN ORBIT****Abbas Kazemi Ashtiani**

Orbital Fractures are more commonly associated with other facial fractures. Large orbital wall are frequently associated with enohtalmos and vertical globe dystopia. Which mandate surgical intervention in most of cases. In this study, 832 case of facial fractures reviewed from 1992 to 2002, among these, 182 cases had orbital fractures with 252 fracture sites which included 195 blow-out orbital Fx (significantly floor) 41 of cases had Le-Fort fractures. The patients between 5 and 7 years (average 45,9) the most common cause was car accident(50%) and the most common present symptom was diplopia (45%). The interval between injury and operation was than three weeks in about 2/3 of cases and 1/3 have been referred after 3 weeks. All cases (except 5 cases) have been managed surgically with open reduction and rigid fixation and mostly through subciliary. Of blow out fractures 186 fractures were Impure and 10 were pure blow out. 76 patient had defects extensive enough to need coverage. In 43 cases bone graft (iliac or Rib) are used and in 33 cases silicone sheets were applied over the effect the patients followed between 1 and 7 years., temporary facial nerve paralysis observed in 1 case and eotropion in another. As conclusion through evaluation and early surgical intervention are mandatory for management of these cases to reduce the possible complications. There is not difference between use of bone graft and silicone as reinforcement.

doppler ultrasonography (PDUSG) scans of synovial microvascularization in TMJ synovitis. Radiologic and clinical examinations were performed by magnetic resonance imaging, PDUSG and manuel palpation for internal derangements. PDUSG scans were obtained preoperatively to assess the presence of synovial microvascularization. The postoperative PDUSG scans were taken in a period of 3 months following the arthroscopic surgery to demonstrate any change in synovial microvascularization. TMJ arthroscopy with lavage and lysis was performed after failed comprehensive conservative treatment for internal derangements. After three months of postoperative period, the PDUSG scans confirmed significant decrease in the levels of synovial vascularization in arthroscopically trated patients.

**OP 99****EVALUATION OF SYNOVIAL MICROVASCULARIZATION USING POWER DOPPLER ULTRASONOGRAPHY IN ARTHROSCOPICALLY TREATED PATIENTS WITH DEGENERATIVE TEMPOROMANDIBULAR JOINT DISEASE****Altan Varol, Selçuk Basa, Aslı Topsakal**

The aim of this study is to evaluate the affect of TMJ arthroscopy on synovial microvascularization by comparing preoperative and postoperative power



# **POSTER**

# **PRESENTATIONS**



**PP 51****A LONG TERM FOLLOW-UP AND EVALUATION OF AN IMMEDIATE IMPLANT****H. Erol Bal**

Current dental implant technologies, materials, shapes and operation techniques continue to develop at a strong pace. Dental implants are ideal for people especially in good oral and general health and, who have lost a tooth due to an injury. In addition to functioning like a natural tooth, a dental implant replaces a single tooth without sacrificing the health of the neighbour teeth. It is well known that long-term success with implant-supported single-tooth restorations requires a comprehensive treatment approach. Important parameters which effect this success include such as the initial clinical situation, choice of the implant, the type of the surgical operation and the oral hygiene status of the patient. A maxillary right central incisor with an horizontally fractured root was replaced by an immediate ITI TE implant. In the second month of the healing phase the patient had a severe trauma directly on the implant side. Due to this trauma some of the labial bone supporting the implant was lost. The patient refused a second surgery leading to achieve some regeneration. The patient is followed up for four years about oral hygiene status and health of the periimplant tissue. It is concluded that one of the important parameters could be the preservation of the implant during the healing phase.

**PP 52****A NEW SENSORY FLAP : AURICULOMASTOID FASCIOCUTANEOUS FLAP (AMFC FLAP)****Joo Young Park, Pill-Hoon Choung, Young-Min Ji**

The AMFC flap has been used for reconstruction of orofacial defects since it was first introduced by Choung in 1994. The flap is designed with auriculomastoid skin pedicled on parietotemporal fascia based on superficial temporal vessel. This study aims to investigate advantages and clinical utilities of the AMFC flap.

**Methods:** Total 20 patients were randomly selected among 48 patients, who had underwent reconstruction surgeries using the AMFC flap from 1994 to 2006 at the department of oral and maxillofacial surgery,

Seoul national university dental hospital. The status of postoperative healing, flap survival, flap vascularity, flap sensitivity and the complications at the donor and the recipient sites were assessed at the routine follow up from the immediate to 5 years postoperatively.

**Results:** All flaps survived and their viability was confirmed by good postoperative healing and flap vascularity. The patients were interviewed about touching and salivation at the recipient sites and the sensitivity was developed in all patients. The sensation test including electrical stimulation showed positive reactions. There were no significant complications at the donor and the recipient site. The donor defects were closed directly and the scar was concealed behind the patients' ear.

**Discussion:** Reconstruction of facial defects using the AMFC flap is one of the best methods in the oral and maxillofacial area reconstruction. The flap is thin, flexible and has a good color match with the facial skin. The procedure is relevantly simple as microvascular anastomosis is unnecessary. Gradual sensory recovery at the recipient site is evident without neuroanastomosis so the patients were sensible when chewing food and salivation.

**PP 53****CYTOLOGICAL AND MICROBIAL INVESTIGATION OF THE PERIAPICAL TISSUE AFTER APICECTOMY****Amela Lacević, Nina Juric, Naida Hadziabdic, Ziba Ljutovic**

In a long standing infections the microflora in the root canal becomes established and the host defenses are less effective and microbial invasion of the periapical lesion can take place. Previous studies have confirmed that bacteria may survive in the granulation tissue outside the root canal.

**Aim:** The aim of this study was to investigate the cytological and microbiological appearance of periapical tissue after apicectomy and adjacent microscopic investigation of infected root canal smear.

**Material and Methods:** This study comprised 14 patients referred for surgical-endodontic treatment of teeth with apical periodontitis and cysts. The study population consisted of patients ranged in age of 21 to 50 years,

with diagnosed asymptomatic apical periodontitis in 7 cases, with periradicular abscess in 4 cases, and 3 radicular cysts. Samples were collected using strict asepsis. Endodontic treatment and surgery was performed by the same operators. The patients were treated with apicectomies. Marginal incision with one vertical releasing incision was made. A full-thickness muco-periosteal flap was reflected, starting from the vertical incision in an attempt to avoid contamination of the underlying bone by microorganisms from the gingival sulcus. The periapical lesions were removed using a sterile curette and immediately placed on a glass.

Results: Chronic apical lesions harbored most frequently: plasma cells, lymphocytes, histiocytes, mast cells, and rarely cocci and diplococci. Acute apical lesions harbored most frequently: neutrophils, lymphocytes, macrophage, mast cells, plasma cells, and a lot of cocci, diplococci, bacilli and coccobacilli. Cysts presented most frequently: macrophage, pigmentophage, neutrophils, fibrocytes, and microbes.

#### PP 54

#### THERAPEUTIC APPROACH TO JAW CYSTS

Naida Hadziabdic, Halid Sulejmanagic

Jaw cysts of various dimensions are a common pathology encountered in oral surgery. The therapeutic approach to these pathological outgrowths depends on their dimensions and locality. It is a challenging task for any oral surgeon to manage a cyst, be it mandibular or maxillary, by applying a jaw closing method. The aim of this paper is to present a case study involving two patients and our therapeutic approach to resolving a problem of mandibular and maxillary cyst, respectively. The surgical technique we applied in these patients and the preoperative and postoperative problems encountered in both cases are also reported in the present study.

Conclusion: By comparing the orthopantomographic pictures taken prior to surgical intervention with those taken several months following the surgical intervention, we could observe a good regeneration of the bone. Both patients were reported to be feeling well. Key terms: jaw cysts, therapy, complications

#### PP 55

#### THE EFFECT OF PREEMPTIVE ANALGESIA TO PEROPERATIVE AND POSTOPERATIVE PAIN IN ORAL SURGERY

Gülperi Koçer, Ali Alp Sağlam

Purpose: The objective of this study is to compare analgesic efficacy of single dose preoperative peroral different analgesics combined with perioperative infusion of intravenous 20 mg/h tramadol versus control group.

Patients and Methods: Sixty patients undergoing third molar surgery were divided into four groups. Fifteen individuals were included in each group. Group I did not receive any drug before and during the operation. 20 mg single dose piroxicam was administered one hour before operation periorally in Group II. Group III received 100 mg/5ml ibuprofen one hour before the operation. 50 mg/kg tramadol HCl was administered periorally one hour before operation in group IV. Except Group I all groups received %0,02 mg tramadol infusion for one hour starting 10 minutes before operation.

Pain intensity at postoperative 1th, 2nd, 3rd, 4th, 5th, 6th, 9th, 12th, 24th, 48th hours were recorded according to visual analog scale (VAS). Data were evaluated by using the Kruskal-Wallis and Chi-square statistical analysis methods.

Results: There were slightly different scores between all groups.  $p < 0,05$  was at VAS2, VAS3, VAS4, VAS5.

Conclusion: There were no statistically significant differences between groups.

#### PP 56

#### OSTEOMYELITIS OF THE ANTERIOR MANDIBLE FOLLOWING MULTIPLE TEETH EXTRACTION: A CASE REPORT

Sinem Gümgüm

Introduction: Osteomyelitis is an acute or chronic inflammatory process that can involve cortical and trabecular aspects of bone or bone marrow. This case report describes the medical and surgical treatment of osteomyelitis of the mandible in a 55 year old woman.

Case report: A 55 year old woman was referred to the maxillofacial surgery clinic with unhealed, infected teeth extraction sockets in the anterior mandible for 1 year.

Discussion: Osteomyelitis of the mandible is a relatively

rare inflammatory disease that usually stems from the odontogenic polymicrobial flora of the oral cavity. The combination of antibiotic therapy and surgical debridement was effective in the treatment of osteomyelitis of the mandible

**PP 57****ZOLEDRONATE INDUCED AVASCULAR NECROSIS OF THE MANDIBLE: A CASE REPORT**

Fethi Atıl, Umut Tekin, Hakan H. Tüz, Ömer Günhan

Bisphosphonates are widely used in the management of metastatic disease to the bone and in the treatment of osteoporosis. A recently described, potentially serious drug complications osteonecrosis of the jaws, which is suspected to be related to the use of the intravenously administered bisphosphonates, such as zoledronate. The purpose of this report is to present a case of osteomyelitis in the jaw of the patient who had received chronic zoledronate therapy for bone disease prevention because of prostate cancer.

**PP 58****REHABILITATION OF PARTIALLY RESECTED MANDIBLE WITH IMPLANT-SUPPORTED SCREW**

Serra Ahmet, Sinem Gümğüm, Özer Akıncı

**Introduction:** This article describes the method of fabrication of a screw retained fixed detachable hybrid prosthesis in a 28 year old male patient.

**Case Report:** Three implants were placed on the anterior mandible. After osteointegration period, a fixed detachable hybrid prosthesis was fabricated in order to regain aesthetics and function and to support the lower lip in the absence of attached gingiva and vestibular sulcus.

**Discussion:** Fixed implant supported prosthesis is a common treatment opinion for resected jaws. But in the absence of attached gingiva and vestibular sulcus, fabrication of a hybrid prosthesis reestablishes the esthetic and function.

**PP 59****ECTOPIC MENINGIOMA IN THE MAXILLARY ALVEOLAR MUCOSA: A CASE REPORT**

Nurgül Kömerik, Hasan Onur Şimşek

Meningiomas are benign intracranial tumours. Occurrence of extracranial meningiomas is very rare.

We report a 51 year-old edentulous woman with an ectopic meningioma on the right maxillary alveolar mucosa. The patient had complaints of dull pain and discharge from the right maxillary alveolar region. On clinical examination, lobulated lesion in 2x2 cm in size was observed. Oroantral communication from the root of the lesion into to the maxillary sinus with bony destruction was also noted. The lesion together with hyperplastic maxillary sinus mucosa around the sinus floor was excised under local anaesthesia. The oroantral communication was closed by buccal advancement flap. The histopathological diagnosis of the specimen was transitional type Grade I meningioma. The patient's follow up was uneventful.

**PP 60****ROSAI DORFMAN DISEASE WITH ISOLATED MANDIBULAR INVOLVEMENT**

Fethi Atıl, Umut Tekin, Hakan H. Tüz, Ömer Günhan

Sinus histiocytosis with massive lymphadenopathy (SHML) which first described in 1969 by Rosai Dorfman is a nonneoplastic, histiocytic proliferative disorder of unknown etiology that affects lymph nodes and has a wide clinic spectrum. All lymph nodes could be effected by the disease whereas servical lymph nodes appear to be more involved. Hipergammaglobunemi enitrosit sedimentation, anemia, notrofilic leucocytosis and fever symptoms are accompanied with lenfadenopatı. Spontaneous regression could be observed frequently and the illness could be progressive and fatal. Radiolitic lesions are observed When Sinus Histiositozis Masif Lenfadenopatı ( SHLM ) involve the bones. The disease is thought to emerge as a result of immune regulation defect and could damage the immunologic functions. Radiotherapy, chemotherapy and surgical excision are the treatment modalities so far suggested. In this report we presented a case of SHML in the mandible in a 21 year old woman without lymph node involvement.

**PP 61****SURGICAL CILIATED CYST: A CASE REPORT**

Fatih Cabbar, Nil Çomunoğlu

The surgical ciliated cyst is an intrabony cyst located near the floor of the maxillary sinus lined by pseudostratified ciliated columnar epithelium, caused by implantation of

normal mucus-secreting sinus epithelium during previous surgery. The pathogenesis of the surgical ciliated cyst is thought to be due to the entrapment of remnants of sinus mucosa in the wound after maxillary sinus surgery, or early closure of the natural ostium before the sinus is completely filled with regenerating granulation tissue. This may occur after trauma, extraction, or apical surgery of a tooth in close proximity to the sinus; a Caldwell-Luc procedure; or orthognatic surgery of the maxilla. An increased awareness of this possibility is necessary to avoid delays in diagnosis and this lesion should be considered to the differential diagnosis of symptomatic patients who have previously had antral or maxillary surgery. In this clinical poster presentation we present the case of a patient with a maxillary surgical ciliated cyst after right maxillary second molar teeth extraction.

#### PP 62

##### MYOEPITHELIOMA OF THE PALATE: A CASE REPORT

Hakkı Oğuz Kazancıoğlu, Esengül Uzunler, Aslı Hayırlıoğlu, Gülsüm Ak

**Introduction:** Myoepithelioma is a rare salivary gland tumour. The tumour usually appears as an asymptomatic mass, if it is benign. Myoepitheliomas account for less than 1% of all salivary gland tumours and usually affect patients in the fourth and fifth decades of life, without gender predilection. Most of these tumours are located in the parotid gland, while others occur in the submandibular gland or in the accessory glands of the oral cavity.

**Methods:** The present report describes a myoepithelioma arose in the hard palate of a 43-year-old male patient. He referred to Istanbul University, Faculty of Dentistry, Department of Oral Medicine and Oral Surgery with a painless, 1x1x0.5 cm diameter mass on palatal mucousa. Biopsy specimen of the lesion revealed tumor cells positive for cytokeratin 7 and 14, Ki-67 proliferation degree of %3, negative S-100 protein and muscle-specific actin to varying degrees. Based on this histopathological examination diagnosis of myoepithelioma was made.

**Results:** Myoepithelioma is a rare tumour of the salivary glands with a predilection for oral cavity. It's similarity of most frequently seen benign oral lesions (irritation fibroma, mucocele, pleomorphic adenoma) is giving an important role to dentist for making diagnosis.

**Evaluation:** Myoepitheliomas generally arise in oral cavity in this context dentists must be aware of this neoplasm's features and differential diagnosis.

#### PP 63

##### DENTIGEROUS CYST ASSOCIATED WITH PERMANENT MAXILLARY CENTRAL INCISOR: REPORT OF TWO CASE

Mahmut Sümer, Elif Sandıkçı Özen, Filiz Karagöz

Dentigerous cysts are the second most common type of cyst in the jaws. They are associated with the crown of an unerupted tooth. The clinical examination reveals a missing tooth or teeth and possibly a hard swelling, occasionally resulting in facial asymmetry. Dentigerous cyst is more commonly seen with mandibular third molar and maxillary canine followed by mandibular premolars, supernumerary teeth and rarely the central incisor. Two principal methods of treating a dentigerous cyst are enucleation and marsupialization. Removal of the entire cyst with the impacted tooth is a main treatment to prevent recurrence of the cyst. This report describes two unusual cases of dentigerous cysts in the anterior maxilla involving permanent central incisors.

#### PP 64

##### KI-67 EXPRESSION IN PERICORONAL TISSUES OF IMPACTED MANDIBULAR THIRD MOLARS

Mahmut Sümer, Levent Yıldız, Samet İnal, A. Pinar Sümer,

**Objective:** The study was performed to histologically and immunohistochemically evaluate soft tissue pathosis in pericoronal epithelial tissues of impacted mandibular third molars that did not exhibit pathologic pericoronal radiolucency and to clarify the role of Ki-67 expression for separation between healthy follicle and dentigerous cyst.

**Study Design:** Fifty pericoronal tissues associated with completely impacted mandibular third molars were submitted for histologic examination by each of 2 pathologists after surgical tooth removal was performed. Biopsy samples were fixed in 10% buffered neutral formalin solution and embedded in paraffin blocks. Sections (4-6µm) were obtained from the paraffin block and to evaluate the expression of Ki-67 sections were immunostained anti-Ki-67 primary antibody and streptavidin-biotin complex system.

**Results:** The incidence of normal tissue of a dental follicle was 22%, and the incidence of dentigerous cyst was 52%, and the incidence of chronic nonspecific inflammatory tissue was 26%. Ki-67 expression was positive in 19 of 26 lining epithel in cystic specimens, in 4 of 13 chronic nonspecific inflammatory tissue specimens, and in 0 of 11 healthy follicular specimens. **Conclusion:** These findings suggest that the majority of cystic specimens demonstrated proliferative activity, therefore the incidence of dentigerous cyst associated with impacted third molar teeth is high and proliferative marker may be played a role in diagnosis of dentigerous cyst associated with radiographically normal third molar impactions.

**PP 65****IRRITATION FIBROMAS PRESENTED IN DIFFERENT LOCALIZATIONS IN ORAL MUCOSA: REPORT OF FIVE CASES**

**Bora Özcan, Mehtap Muğlalı, Samet İnal**

Oral fibromas are frequently observed as connective tissue lesions. Oral fibromas have limited growth potential, and some reduction in size may be seen following prolonged removal of the irritation. The gingiva was the main location of traumatic fibroma as well as other intra-oral sites included buccal mucosa, labial mucosa, retromolar region and hard palate. In this report, five irritation fibromas presented in different locations were determined and related articles were reviewed.

**PP 66****LYMPHANGIOMA OF THE TONGUE: A REVIEW OF 4 CASES WITH DENTAL ASPECTS**

**Yaren Keskin, Kıvanç Bektaş-Kayhan, Meral Ünür**

Lymphangiomas are rare congenital malformations, commonly seen in the head and neck region. The disease can be histologically differentiated from other vascular disorders such as cavernous or capillary hemangioma with the lymphatic endothelium-lined cystic spaces. The onset of lymphangiomas are either at birth (60-70%) or up to 2 years of age (90%) and its rare in adults. The therapeutic strategies are mainly based on surgical removal of the lesion thus recurrence is evident in inadequate surgery. Lymphangioma of the tongue is a

common cause of macroglossia in children, which may lead to a dry/cracked tongue with ulcerating secondary infections, difficulty in swallowing and mastication, speech disturbances, exclusive nasal breathing, airway obstruction, mandibular prognathism and other possible deformities of maxillofacial structures. We aim to discuss the most relevant features, clinical manifestations, disease-related impairments and treatment options for lymphangioma of the tongue. Herewith, we present 4 cases of lymphangioma of tongue leading to macroglossia and problems in dentition.

**PP 67****SURGICAL DIFFICULTIES OF THE RAMUS LESIONS**

**Timuçin Baykul, Müge Çına Aksoy, Orçun Toptaş**

**Introduction:** Mostly seen lesions at ascending ramus of mandibula are dentigerous cysts, odontogenic keratocysts and ameloblastomas. The most frequently seen malign lesion at same region is squamosa cell carcinoma. The lesions placed at the ascending ramus of the mandibula can be in a close relationship with important anatomical structures. This entity creates some difficulties during surgery.

**Material and Methods:** A prospective analysis was conducted of all lesions that placed at ascending ramus of mandibula which we treated in the Department of Oral and Maxillofacial Surgery at Süleyman Demirel University between 2000 and 2006.

**Results:** 13 patients were operated. 6 of them were women, 7 of them were men. 4 of the lesions were ameloblastomas, 9 of the lesions were cysts. 12 patients were operated by enucleation and curretage, 1 patient was operated by marsupialization.

**Discussion:** The anatomical structures can be related with ramus like pterygomaxillary fossa, infratemporal fossa, parapharyngeal fossa, masseter muscle or medial pterygoid muscle. Neighbours of the ramus mandibula are masseter muscle laterally, medial pterygoid muscle medially, lateral pterygoid muscle superomedially, temporal muscle anterosuperiorly. Facial nerve, inferior alveolar nerve and internal maxillary artery are located between these muscles nearby the ascending ramus. Surgical approach to the ramus lesions gets harder because of these important anatomical structures surrounding the ramus. In addition to these anatomical structures, there may be some difficulties originated

from patients or muscle fatigue during longstanding operations performed under local anesthesia. In this presentation, surgical difficulties faced during the operations of the ramus lesions will be discussed.

#### PP 68

##### MUCOCELE - CLINICAL EXPERIENCE

**Sertan Ergun, Esma Kürklü, Gülsüm Ak, Hakkı Tanyeri**

Mucoceleles are the most common cystic lesions in the oral cavity, which result from rupture of a salivary gland duct and spillage of mucin, secretory product of the accessory (minor) salivary glands and the more prominent product of the sublingual (major) salivary gland, into the surrounding soft tissues. In this report, 25 cases of mucocele were presented. In the light of our clinical experience, etiopathogenesis, differential diagnosis, clinical presentation and management of the mucoceleles were discussed.

Keywords: Mucocele, clinical experience, management

#### PP 69

##### FLORID CEMENTO- OSSEOUS DYSPLASIA: REPORT OF TWO CASES

**Timuçin Baykul, H.Hüseyin Yılmaz, Müge Çına Aksoy, Semra Kayaaltı Özarslan**

Introduction: Florid cemento osseous dysplasia (FCOD) is a very rare lesion presenting in the jaws. The process may be totally asymptomatic and in such cases, the lesion is generally detected during routine radiographic examination unless an asymmetry occurs. The etiology of the lesion is unknown.

Materials and Methods: In this study 2 cases of florid cemento-osseous dysplasia was presented. Case 1 was a 53-year-old woman; she was asymptomatic. Biopsy was not required. Case 2 was a 41 year-old woman; she was referred to our clinic with pain in left third molar region. The impacted left third molar was extracted and biopsy was performed. Based on the clinical examination and radiographic evaluation we arrived at a diagnosis of florid cemento-osseous dysplasia.

Discussion: FCOD is a benign fibro-osseous lesion. The lesion is usually asymptomatic and requires no treatment. A biopsy is not required to confirm the diagnosis as this is usually established radiographically. Typically, this condition affects middle-aged women

and has a predilection for people of African and Asian descent. The radiographic appearance of FCOD depends on the degree of maturation of the lesion. Over time, the lesions progress to a mixed radiolucent-radiopaque stage before progressing to a completely radiopaque stage.

#### PP 70

##### AN IMPORTANT DIAGNOSTIC SIGN -ORAL ULCERATION:- AN ADULT CASE OF LANGERHANS CELL HISTIOCYTOSIS

**Ferhat Dizen, Kıvanç Bektaş Kayhan, Meral Ünür, Özlem Bayrak, Hicran Ercan, Şuayip Yalçın, Nesimi Büyükbabani**

Langerhans cell histiocytosis (LCH) is a rare disease of unknown etiology characterized by proliferation of pathological Langerhans cells within different organs. We report an adult case of LCH appearing as an allergic reaction due to dental prosthesis. A 24-year-old man was referred to our dental clinic because of erythema and ulceration on maxillary and mandibular gingivae where he had new crown prosthesis for four of his first molar teeth. An intraoral biopsy was performed since the recovery after renewing his dental prosthesis with a zirconium based material was inadequate. LCH was diagnosed since histiocytes were positive for S-100 protein and CD1a on immunohistochemical stain. Skin and lung involvement were also detected. The therapy included 24 cycles of vinblastin+corticosteroid therapy and no recurrence was observed within 6-months. In this paper we would like to remind the importance of differential diagnosis of intraoral lesions since head and neck are affected sites in almost 90% of the LCH cases.

#### PP 71

##### AUTOTRANSPLANTATION OF AN IMPACTED MAXILLARY CANINE TO ITS NORMAL POSITION AFTER PERSISTED CANINE EXTRACTION

**Bora Özan, Emel Bulut, Ayhan Özan, A. Alper Öz**

A transplantation in which donor and recipient are the same individual has been termed autogenous transplantation, autoplasmic transplantation, or autotransplantation. The most common reasons for tooth transplantation include the replacement of a

missing first molar, the transplantation of impacted canines to their normal positions in the arch, and the transplantation of premolars in areas of missing teeth, especially in the anterior area of the mouth. The purpose of this report was to describe a patient undergoing autotransplantation of an impacted maxillary canine to its normal position after persisted canine extraction and the 1 year follow-up.

**PP 72**

**LAMOTRIGINE-INDUCED STEVEN-JOHNSON SYNDROME: A CASE REPORT**

**Meltem Koray**, Duygu Ofluoğlu, Hakkı Tanyeri, Emre Tambay, Goncağül Babuna

Steven-Johnson syndrome (SJS) or erythema multiforme major is recognized as a severe form of erythema multiforme that predominantly involves the mucous membranes. Drugs are clearly the main causative factor and only few cases appear to be linked to infections or other factors. Prodromal systemic illness such as fever, cough, weakness, malaise, sore throat, arthralgia, myalgias and diarrhea usually precedes the appearance of bullae and erosion on the mucosa membranes. Lamotrigine is a novel antiepileptic drug effective in partial and generalized seizures. Recently, this drug has started being used for mood stabilization in psychiatric patients. The increased use of antiepileptic drugs for treatment of bipolar disorder and neurologic disorders has extended the risk of exfoliative disorder to this population of patients, and these patients and their health care providers may not be familiar with the risks involved with these drugs. We describe a case of a 76-years-old woman with bipolar disorder treated with lamotrigine, after poor responses to other drug regimens. Macules with blisters, typical to SJS had developed as well as erosions of the lips and buccal mucosa, after she had started treatment with lamotrigine. Mucosal biopsy confirmed the diagnosis of Stevens-Johnson Syndrome. The immediate withdrawal of lamotrigine and treatment with systemic steroids was followed of a slowly favourable course with disappearance of symptomatology ten days later. This report presents the diagnosis and management of SJS with Lamotrigine-induced severe oral adverse reactions.

**PP 73**

**PALATAL ADENOID CYSTIC CARCINOMA: CASE REPORT**

**Süleyman Kılıç**, Hakkı Oğuz Kazancıoğlu, Asli Hayırloğlu, Gülsüm Ak

Introduction: Adenoid cystic carcinoma (ACC) of salivary gland origin is an uncommon head and neck malignancy accounting for 4-15% of salivary gland tumors and 25-37% of minor salivary gland malignancies. The palate is the most common site of both benign and malignant tumors of minor salivary gland origin. ACC is a tumour that usually occurs in the fifth decade of life and rarely before the second decade. ACC is known for its prolonged clinical course, multiple recurrence and the delayed onset of distant metastases.

Methods: 55-year-old female patient was referred to the our clinic with two month history of swelling of right upper second molar's palate site. It was totally painless and she did not have any complain about it. The tooth has been extracted and biopsy specimen sent to pathologic examination and respond to it was an adenoid cystic carcinoma.

Results: ACC is an indolent tumor with locally aggressive behavior and a high rate of local recurrence, especially when perineural invasion is present. Long-term follow-up is needed because local recurrence and distant metastasis may occur late in the course of disease, especially among high-risk patients.

Evaluation: Adenoid cystic carcinoma may be misdiagnosed as a dental abscess, therefore biopsy always has to be taken from lesions which persistent more than two weeks.

**PP 74**

**BENIGN CEMENTOBLASTOMA: A CASE REPORT**

**Mustafa Cemil Büyükkurt**, Ertan Yalçın, M. Hamdi Aras, M.Selim Yavuz

The benign cementoblastoma (BC) or "true" cementoma is a rare benign neoplasm arising from the odontogenic ectomesenchyme and representing about 1% to 6.2% of all odontogenic tumors. The BC more frequently affects young males in an age range of 20-30 years, occurring in the mandible about 3 times more than in the maxilla, and it is always physically attached to the tooth roots. This tumor is often asymptomatic until it produces pain, expansion or swelling of the jaw segment or compression

of the inferior alveolar nerve. It usually presents as a distinct lesion with characteristic radiographic and histopathologic features. Pain, expansion and radiographic radiopacity surrounded by a peripheral radiolucent halo are the most striking features. A case of a 14-year-old woman with benign cementoblastoma and its treatment is presented. The lesion manifested as a round, radiopaque mass attached to the roots of the right first and second molars of the maxilla.

**PP 75**

**CENTRAL EPITHELIAL ODONTOGENIC GHOST CELL TUMOUR: AN EXTREMELY RARE VARIANT OF CALCIFYING ODONTOGENIC CYST AND AMELOBLASTOMA**

**Mustafa Çankaya, Figen Çizmeçi Şenel, Özkan Özkaynak, Şafak Ersöz**

Calcifying odontogenic cyst(COC) is an uncommon developmental odontogenic cyst first described by Gorlin in 1962. It is considered as extremely rare and more common in the mandible. We presented a subtype of this lesion, central epithelial odontogenic ghost cell tumour, in a 46 year-old woman's maxilla. The excised tumour had dentinoid material, ghost cells, ameloblastoma-like epithelium and dystrophic calcifications. We report this case since it is the first case report of a subtype of this rare lesion presenting a detailed panoramic radiograph and made a review of this lesion so called COC.

**PP 76**

**TREATMENT OF A FACIAL DEFECT USING A PROSTHESIS SUPPORTED BY EXTRAORAL IMPLANTS -CASE REPORT**

**Hanife Ataoğlu**

The use of extraoral osseointegrated implants provides the means to retain and stabilize a facial prosthesis. The purpose of this case report is to present a facial prosthesis that was made for a nasomaxillary defect. Material and Method: An 55 year old female was referred to our clinic for a facial defect. She was operated for basal cell carcinoma that was occurred in her nasal skin in 1994. Five years later it was recurred and she was operated again. Six years later from the second operation it was recurred again and she underwent a third operation. In this operation a wide resection

was made in her anterior and right maxillae and nasal region. Subsequent to the third operation radiotherapy was performed. Extraoral implants (ITI-Straumann) were placed after two years from radiotherapy. One of the implants was placed in frontal bone, the second one was placed in right zygomatic bone and the third one was placed in the left posterior maxillary alveolar bone under local anesthesia. After a period of eight weeks for osseointegration, facial prosthesis was made with an obturator.

Conclusion: Endosseous extraoral titanium implants are successful to secure maxillofacial prostheses if there are suitable bony structures. The resulting restorations are retentive, provide acceptable function and appearance and are well tolerated by the patient. The patient is under periodical follow-up medically in terms of any recurrence.

**PP 77**

**THE RELATIONSHIP BETWEEN ULTRASONOGRAPHIC MEASUREMENTS OF MASSETER MUSCLE THICKNESS AND TEMPOROMANDIBULAR DISORDERS**

**Burcu Baş, Nergiz Yılmaz, Emrah Gönülol, Hüseyin Akan, Erkan Gökçe**

Introduction: Masseter muscle can be measured non-invasively by using ultrasonography. The purpose of the present study is to determine ultrasonographic measurements of masseter muscle thickness in patients with unilateral temporomandibular disorders and to assess the relationship between the diseased and normal side.

Material and Methods: Present study was conducted in 80 joints of 40 patients with unilateral temporomandibular disorders. Twenty joints on the contralateral side of patients with unilateral disease were used as control group. Ultrasonographic and clinic examination performed and the patients were divided into two groups. Group 1: 20 patients with healthy joint in one side and anterior displacement with reduction in the other side. Group 2: 20 patients with healthy joints in one side and anterior displacement without reduction in the other side. Ultrasonographic investigations were performed with 10 MHz US. TMJ and masseter muscle thickness of both right and left sides was measured in each of 40 patients.

Results: There were significant differences between the thicknesses of masseter muscles of healthy side and



diseased side ( $p < 0.01$ ). In the side of the joints with temporomandibular disorder masseter thickness were found to be less than the healthy side. In the sides of the joints with anterior disc displacement with reduction masseter thicknesses were found to be significantly less than the healthy joint sides ( $p < 0.01$ ). In the side of the joint with anterior disc displacement without reduction, masseter thicknesses were less than the healthy joint sides, but it wasn't statistically significant.

Conclusion: Pain, joint sounds, and restricted mouth opening are the main symptoms of TMD. These symptoms are likely to effect masticatory function resulting in differences in masseter muscle thickness.

#### PP 78

#### LIGNEOUS PERIODONTITIS WITH CONJUNCTIVAL INVOLVEMENT: A CASE REPORT

**Esmâ Kürklü, Sertan Ergun, Özgür Mete, Gülsüm Ak, Şükrü Öztürk, Reyhan Diz-Küçükkaya, Kıvanç Çefle, Şükrü Palanduz, Nilüfer S. Alparslan, Hakkı Tanyeri**

Ligneous gingivitis is a rare disorder characterized by generalized gingival enlargement, caused by amyloid-like material deposits in the subepithelial connective tissue. The condition has been associated with ligneous conjunctivitis, which is a rare autosomal recessive form of chronic membranous conjunctivitis sometimes seen with associated lesions in the larynx, nose and cervix (OMIM number: 217090). The aetiology and pathogenesis of these oral lesions remains unclear, but an uncontrolled immunemediated inflammatory process possibly triggered by minor trauma, together with abnormal epithelial cell destruction, fibrin leakage and defective fibrin breakdown and some drugs have been associated as disease causing factors. Plasminogen deficiency has also been linked to the etiopathogenesis in some instances. A 30-year-old female sought consultation for the yellowish-white swelling affecting both maxillary and mandibular gingiva. The lesions were diffuse and uneven with a band-like appearance about 0.3 mm in height extending to mucojunctional area. Ulcerated areas were obvious in close proximity to the yellowish-white band which partially covered the teeth crowns with an irregular trace. The patient stated that the lesion had been present for several years and completely asymptomatic aside from the bleeding during tooth-brushing. Massive swelling of both eyelids

of the right eye and hard white pseudomembranes on the upper and lower tarsal conjunctiva with partial lid eversion was evident with a history of recurrent attacks despite of pseudomembrane excision. Parents were not consanguineous. Analysis of pedigree showed that no additional case in the family. Incisional biopsy of the gingiva was performed under local anaesthesia. Histopathological examination revealed subepithelial deposits of eosinophilic amorphous material which was histochemically Kongo negative and PAS positive. These findings were diagnosed as ligneous periodontitis. On reviewing the patient at the second postoperative week the area of surgery disclosed a good recovery but the lesion persisted. Haematological investigation was also performed which revealed a remarkably decreased functional activity of plasminogen. Genetic tests for plasminogen deficiency was planned.

#### PP 79

#### AESTHETIC PERPETUATION OF A PATIENT DURING ALVEOLAR DISTRACTION AND AFTER IMMEDIATE IMPLANT PLACEMENT

**Caner Şahin, Yaşar Özkan, Rifat Gözneli, Fidan Akalın, Altan Varol, Yasemin Kulak Özkan**

Distraction osteogenesis is a surgical process for reconstruction of skeletal deformities which results in simultaneous expansion of soft tissue and bone volume. This procedure creates new bone formation between vascularized bone surfaces being expanded and moved with a distraction device after an osteotomy. A 40-year-old patient presented with a demand on anterior esthetics was diagnosed with severe alveolar bone resorption and gingival recession on anterior maxilla. Evaluating patient's esthetic expectations, the intraoral situation and the radiographs, a treatment plan including alveolar distraction on anterior maxilla, followed with implant placement was made to re-establish the lost hard and soft tissue contours and gain space for implant placement. Maxillary central and lateral incisors could not be saved, thus it was decided to place four dental implants in their positions after the reconstruction of soft and hard tissue contouring using the alveolar distraction technique. Left central incisor was extracted before the placement of the distractor. The other incisors were left to preserve marginal soft tissues and for the saviour of anterior aesthetic aspect.

Horizontal and vertical osteotomies carried out with an oscillating microsaw. Vertical osteotomies were carried out at a distance of 1 mm to the adjacent teeth. The final separation of bone segment was performed with osteotoms. The distractor was adapted and screwed into position with microscrews into the place of the extracted left central incisor. This alternative procedure made it possible to mask the distractor rod by using a provisional crown during the activation period. After one week the distraction procedure was started by activation of the distraction screw. Distraction was performed by the patient at a daily rate of 1 mm until the planned distraction height of 10 mm was reached. Teeth were shortened to provide sufficient space for vertical distraction. The activation process was followed by a stabilization phase of 3 months. The maxillary right central and both lateral incisors were removed and four dental implants were placed in their positions after reconstruction. Immediate provisional crowns were prepared to preserve the gingival contour around the implants after the surgical operation.

#### PP 80

#### POSTTRAUMATIC MANDIBULAR OSTEOTOMY (A CASE REPORT)

Rezzan Tanırkulu, U. Nezih Yılmaz, Çiğdem Çetin, Behçet Erol

Maxillofacial traumas are the complex injuries which is needed to meticulous diagnose and treatment. According to the severity of the trauma, soft tissue loss and complex fracture's of hard tissue may happen. Fracture and soft tissue wounds should be treated by apply appropriate surgical and conservative treatment for the satisfactory clinical outcome. The general principles of the fracture treatment is the reduction and fixation of the fragments and restoration the anatomic form and functions. According to the severity of the trauma different organ and system and intracranial injuries associated with maxillofacial injuries. In these cases the treatment will be delayed so the situation getting complicated. And also in some cases after the inappropriate treatment undesirable results may obtained. In which cause of maxillofacial region fractures which is not treated adequately, functional and

aesthetical loss is absolute. These kind of patients must be rehabilitate with appropriate planned osteotomy techniques. 29 year-old male patient who has gunshot wounding story 6 years ago, refer us and realized that the main complaint is the lack of mastication functions. After the gunshot wounding he was operated many times on the other medical center. On his clinical examination, malocclusion were established on his left side after the inadequate treatment procedure. According to this malocclusion his mastication functions are impaired. Under general anesthesia mandibular osteotomy was performed to correct the malocclusion. In this case we aimed to present the diagnose, treatment and postoperative outcome of gunshot wound's patient. And also we try to discuss the treatment of posttraumatic malocclusion and deformities under the light of literature knowledge.

#### PP 81

#### ISOLATED ARCUS ZYGOMATICUS FRACTURES (9 CASE REPORT)

Rezzan Tanırkulu, U. Nezih Yılmaz

Arcus zygomaticus is one of the weakest part in the facial bone that can be easily affected and fractured by traumas. The typical shape of the fracture is midline depression and separation from zygomatic and temporal bone. Sometimes by the whole arcus fracture can be occur. The arcus fractures can be seen the component of the zygomatic complex fracture and also may happen as an isolated damage even if occurs minimal trauma to the lateral face parts. Most of the cases, as a result of fracture the arcus zygomaticus force the coronoid process and result in limited mouth opening and trismus. If these kinds of symptom will be seen the treatment is necessary. Conventionally, Keen, Gilles, Hook traction and open reduction treatment method and also new treatment method can be use. For satisfied functional and aesthetically clinical results, meticulous approach is necessary. In this study we aimed to present 9 zygomatic arch fracture's clinical findings and discuss its treatment results. In our study group we have 1 female and 8 male patient. Etiological factors are violence, falling, and sport accidents respectively 6 cases, 1 and 2 cases. Main compliment was limiting

of the mouth opening in all patients. Keen's method (Intraoral approach) and hook tractions method were preferred as a choice of treatment modalities. Only for one case, which is delayed arcus zygomaticus fracture, temporal approach was performed. After the operation along to 5-7 day, we performed Intermaxillary fixation all the patients. After operation maximal mouth opening and functional rehabilitation was obtained. Our study's aim is to present 9 isolated arcus zygoma fracture cases' clinical findings, treatment methods, and result. In addition, clinical findings, treatment methods will be discussed in the light of literature reviews.

#### PP 82

#### INTERESTING CASE: AN UNUSUAL LOCATION FOR A LARGE PLEOMORPHIC ADENOMA

Rezzan Tanrikulu, Serhat Atılğan, Berfin Kahraman, Belgin Görgün

The benign mixed tumour or pleomorphic adenoma, is the most common tumour of major and minor salivary gland. This tumour most occur parotid gland (85%). Pleomorphic adenomas may arise from any location (mostly plate) in the upper aerodigestive tract where minor salivary glands are located (7%). They are also found on the lip, cheek, oropharynx and tongue. Also rarely occurs in others sites in the head and neck (intraosseous, lacrimal gland, breast). A 51-year-old woman was referred to our department complaining of painless swelling of the left maxillary vestibular sulcus, which had been felt pain with the pressure. CT scan revealed a well defined expansile mass arising from pterygoid plates, infratemporal space to palatal bone and arcus zygoma. Transoral biopsy specimen showed pleomorphic adenoma. Patient was treated by surgical excision. Follow up goes on in postoperative period. Our study's aim is to present the pleomorphic adenoma's case which is extended up large propotion in an unusual location. Our case is evaluated by in terms of diagnose and treatment result. Furthermore in the light of literature reviews we discuss the pleomorphic adenoma's incidence, location, and recurrence rates. We believe that our presentation is interesting in point of view rare location and expansive mass.

#### PP 83

#### ORAL MANIFESTATIONS OF POLYCYTHEMIA VERA DISEASE: A CASE REPORT

Nihat Akbulut, Ayşegül Mine Tüzüner, Kaan Orhan, Gülümser Çölok

Polycythemia vera (PV) is a clonal myeloproliferative disease characterized by an erythroid dominant trilineage proliferation of hematopoietic precursor cells. Classified as a chronic myeloproliferative disease, PV represents a histopathologic spectrum of 2 recognized stages, the polycythemic and postpolycythemic phase. The clinical symptoms of hemorrhage, thrombosis, and increased red cell mass are directly related to primary bone marrow dysfunction. Maxillofacial manifestations of this disease have not been emphasized clearly and with this case report contribution to the literature is aimed. In this significant case, a 32 years old male patient with extensive periodontal loss and maxillomandibuler soft tissue proliferation related to Polycythemia vera disease is reported.

Key Words: Polycythemia vera (PV), eritrositosis, periodontal resorbision

#### PP 84

#### TREATMENT OF A FACIAL DEFECT USING A PROSTHESIS SUPPORTED BY EXTRAORAL IMPLANTS - CASE REPORT

Hanife Ataoğlu, Serhan Akman, Abdullah Kalaycı, Filiz Aykent, Türker Bulut

Introduction: The use of extraoral osseointegrated implants provides the means to retain and stabilize a facial prosthesis. The purpose of this case report is to present a facial prosthesis that was made for a nasomaxillary defect.

Material and Method: An 55 year old female was referred to our clinic for a facial defect. She had been operated for basal cell carcinoma that was occurred in her nasal skin in 1994 by otorhinolaryngologists. Five years later it had been recurred and she had been operated again. Six years later from the second operation she had been underwent a third operation. In this operation a wide resection had been made in the maxilla and nasal region. Subsequent to the third operation radiotherapy

had been performed. Two years later from radiotherapy three extraoral implants (ITI-Straumann) were placed under local anesthesia in Selçuk University, Faculty of Dentistry, Oral and Maxillofacial Surgery department. One of the implants was placed in frontal bone, the second one was placed in right zygomatic bone and the third one was placed in the left posterior maxillary edentulous alveolar bone. After a period of eight weeks for osseointegration, facial prosthesis was made with an obturator in the department of prosthodontology. Conclusion : Endosseous extraoral titanium implants are successful to secure maxillofacial prostheses if there are suitable bony structures. The resulting restorations are retentive, provide acceptable function and appearance and are well tolerated by the patient. The patient is under periodical follow-up medically in terms of any recurrence.

**PP 85****OSTEOPETROSIS: A CASE REPORT**

Anil Güven, Cem Üngör, Ümit Akal, Onur İçten

Purpose: In this case report, we aim to present clinical findings, treatment procedures and results of a patient diagnosed as osteopetrosis. In the light of this case, osteopetrosis is discussed according to clinical, therapeutical, histological and radiological aspects.

Introduction: Osteopetrosis is a group of rare hereditary skeletal disorders characterized by a marked increase in bone density resulting from a defect in remodeling caused by failure of normal osteoclast function. Osteopetrosis is also called Albers -Schönberg disease, marble bone disease and Osteosclerosis fragilis generalisata. The dental findings of this disease include delayed eruption, congenitally absent teeth, unerupted and malformed teeth, and enamel hypoplasia. Moreover decreased alveolar bone production, defective and abnormally thickened periodontal, and marked mandibular prognathism have been reported. Case Report: In this presentation a ten years old male patient with swelling, drainage of pus and fistula in his jaw after tooth extraction is demonstrated. Panoramic film and computed tomography showed marked sclerosis of the affected bones with obliteration of the medullary cavities and thickening of the cortices as well as multiple absent and unerupted teeth.

**PP 86****IMMEDIATE RECONSTRUCTION OF MANDIBULAR DEFECTS**

Nedim Özer, Fatih Cabbar, Nurhan Güler

Immediate reconstruction of mandibular defects resulting from mandibular resection caused by benign and malignant tumors, avulsive facial injuries or osteoradionecrosis, is an important approach for providing facial symmetry, occlusion and early post-operative comfort. Although otogen bone grafts are gold standard for the reconstruction of mandibular defects, it is not recommended for early reconstruction because of several factors such as recurrences, infection and malnutrition of the grafted area. For these reasons, rigid reconstruction plates are widely used for early reconstructions of mandibular defects. In this poster presentation, we will present the results of immediate reconstruction of mandibular defects with reconstruction plates.

**PP 87****LONG-TERM OUTCOMES OF TRAUMATIC TMJ ANKYLOSIS TREATED WITH COSTOCHONDRAL GRAFT IN CHILDREN**

Nedim Özer, Gonca Duygu, Nurhan Güler

Temporomandibular joint (TMJ) ankylosis caused by trauma or infection usually develops in childhood which can result in a severe facial asymmetry and mandibular retrusion. While several methods are described to reconstruct the TMJ ankylosis for correcting the facial deformity and repositioning the joint function in child, costochondral grafts are preferred for the most popular materials because of their biologic and anatomic similarities to the condyle. Although many advantages and disadvantages of this graft have been emphasized in the literature, there has been little knowledge for their long term outcomes. In this poster presentation, we will present the long-term outcomes of traumatic TMJ ankylosis treated with costochondral graft in twenty children.

PP 88

**OPEN REDUCTION AND RIGID INTERNAL FIXATION OF MANDIBULAR CONDYLAR FRACTURES**

Nedim Özer, Coşkun Güneysisi, Nurhan Güler

Fracture of condyle posses a high incidence in all mandibular fractures. However the treatment methods of condyle fractures are still one of the most discussed topics. Insufficient treatment of the fractures of this region often results in serious complications such as, TMJ disorders, malocclusions and persistent joint deformities. While conservative approaches are preferred in case of treatment of non-dislocated condyle fractures, open reduction and rigid fixation are indicated in the displacement of condyle to middle cranial fossa, unsuccessful treatment with close reduction, bilateral condyle fracture with middle face fractures and condyle fractures with extracapsular luxation. Different kinds of methods are described in surgical reduction and fixation of condyle fractures. However; mini plate osteosynthesis is preferred for their good anatomic reduction and rigid fixation properties. In this poster presentation, we will present the clinic, radiologic and follow-up studies of patients with condyle fractures treated with open reduction and internal rigid fixation.

PP 89

**PREVENTION OF MUCOSAL IRRITATION BY THE DISTRACTOR ROD DURING VERTICAL DISTRACTION BY USING A SIMPLE APPLIANCE: CASE REPORT**

Burak Bekçioğlu, Mehtap Muğlalı, Nükhet Çelebi, Samet İnal, Burcu Baş

Patient discomfort due to excessive length of the distractor rod is one of the disadvantages of alveolar distraction osteogenesis. Although, it seems to be a minor complication, it can cause severe mucosal irritation on the opposite arch and uncontrolled forces can lead loosening of the screws and inactivation of the distractor. The purpose of this case report is to introduce an acrylic appliance which is very useful in avoiding mucosal irritation caused by the long distractor rod. The appliance is simple, effective and easy to fabricate.

PP 90

**CORRECTION OF MANDIBULAR ASYMMETRY IN A PATIENT WITH OWREN DISEASE: CASE REPORT**

Ayşegül Sipahi, Onur Atalı, Serdar Yılmaz, Altan Varol, Selçuk Basa

Factor V deficiency which is also called Owren disease is a rare bleeding congenital disorder characterized by anormally slow blood coagulation. Bleeding can occur almost anywhere in the body, and death from hemorrhage is a possible result so this condition requires special attention during peri-operative period. Because of the rarity of the disease the optimum management is unknown. Available literature supports infusion of fresh frozen plasma. We report successful management of a patient has Owren disease administering fresh frozen plasma, antifibrinolytic drug such as tranexamic acid and vitamin K. During intraoperative and postoperative period we encountered no complications.

PP 91

**MODIFIED CONNECTIVE TISSUE FLAP: A NEW APPROACH TO CLOSURE OF AN OROANTRAL FISTULA**

Gühan Dergin, Gökhan Gürler, Onur Uzun, Bahar Gürsoy

Various methods have been operated for the closure of oroantral communications. However the most common question is how to provide better healing of the defect area. Palatal rotational flaps with blood supply from greater palatal artery cause superior healing when compared with other methods. However full thickness palatal flap hinders the palatal rotation especially at third molar region and cause secondary healing process at donor site. In order to these disadvantages connective tissue rotational flaps are being used. We modified connective tissue flap with 2 minor flaps. In our method with different flap design we eliminate exposition of the bone and obtain a better and rapid healing with superior patient comfort after operation.

PP 92

**THE CENTRAL GIANT CELL GRANULOMA: A CASE REPORT**

Ayşegül Apaydın, Sabri Şencan, Gülşah Horoz, Serpil Uygun

The central giant cell granuloma is a benign process that occurs almost exclusively within the jawbones. It's a rare pathology that presents a ratio %7 of all the

benign jaw lesions. Although the true nature of lesion remains unknown, etiologically, its origin considered as hormonal, traumatic or neoplastic. This process is found predominantly in children and young adults and females are affected more frequently than males, with a ratio of 2 to 1. Also, lesions occur more frequently in the mandible than maxilla and located at the anterior section of the jaw. The central giant cell granuloma typically produces a painless expansion or swelling of the affected jaw and growth may sometimes occur at a rapid rate. Sometimes anteriorly located lesions may remain asymptomatic. The roots of the teeth are often displaced and uncommonly resorbed. Generally mucosal surface integrity is found to be normal. The radiographic features of the central giant cell granuloma consist of a multilocular or, less frequently, unilocular radiolucency of bone. Brown tumor at hyperparathyroidism, fibrous dysplasia, aneurysmal bone cyst or another fibroosseous lesions may be difficult to differentiate from radiographic appearance of giant cell granuloma. Treatment modalities vary according to location and dimension of the lesion. Surgical management of these lesions with curettage is generally regarded as the treatment choice. Beside that intralesional calcitonin and cortison injection are also known as a successful treatment choice. The aim of this presentation is to discuss treatment modalities of a huge central giant cell granuloma case which seems to be rare and have massive dimensions extending from right 3rd molar to left first molar, including corpus and symphysis region leaving 2 mm of intact cortical layer at the basal level creating bone perforations by expansion at lingual and cortical regions.

#### PP 93

#### DENTAL TREATMENTS OF TWO PATIENTS WITH GLANZMANN THROMBASTHENIA: CASE REPORT

Hakkı Oğuz Kazancıoğlu, E. Bıçakçı, Aslı Hayırlıoğlu, S. Kılıç, Gülsüm Ak

Introduction: Glanzmann thrombasthenia (GT) is an autosomal recessive bleeding syndrome affecting the megakaryocyte lineage and characterized by a lack of platelet aggregation. It is a moderate to severe hemorrhagic disorder with mainly mucocutaneous bleeding. Despite variations in the severity and frequency

of bleeding episodes, most GT patients receive blood transfusions. Local bleeding can be treated by local measures, such as fibrin sealants. Epistaxis and gingival bleeding are successfully controlled in most patients by nasal packing or the application of gel foam soaked in topical thrombin. Regular dental care is essential to prevent gingival bleeding. For teeth extractions, or for hemorrhage accompanying the loss of deciduous teeth, hemostasis can be significantly improved by the application of individually prepared plastic splints that provide physical support for hemostasis.

Methods: The aim of presenting this case report is emphasize the importance of dental treatments in this patients. Two patients with Glanzmann thrombasthenia were referred to our clinic from Istanbul University Faculty of Medicine for their dental treatment and spontane gingival bleeding.

Results: Bleeding in patients with GT may be extremely difficult to stop. These patients have conventionally been managed with blood and blood component (platelet rich plasma and platelet concentrates) transfusions to control hemorrhage resulting from trauma or surgical procedures.

Evaluation: There was no postoperative bleeding or any complication after dental treatments of both patient, following the correct treatment procedure. Dental treatment of the patients with bleeding disorders can be performed by dentist undoubtedly with proper approach.

#### PP 94

#### ASSOCIATION BETWEEN LATERAL PTERYGOID MUSCLE ATTACHMENT TYPES, AND EITHER ANTERIOR DISC DISPLACEMENT OR PRESENCE OF CLINICAL COMPLAINT IN TEMPOROMANDIBULAR DISORDER- PATIENTS WITH ANTERIOR DISC DISPLACEMENT WITH REDUCTION

Bilge Çadır, Ayşe İlnur Karaduman, Cevriye Akdağ, Tufan Nayir, Ahmet Yeşildağ, Şenol Tüzüm

Introduction: Internal derangement of the TMJ involves the anterior displacement of the disc (ADD), which is thought to be the result of contraction of lateral pterygoid muscle (LPM) attached to the disc. Since

superior head of the LPM (SLPM) and inferior head of the LPM (ILPM) show variation in insertion into the TMJ-disc, -condyle and -capsule system, it is necessary to evaluate the types of LPM attachment in relation with TMJ disc displacement and with presence of clinical symptoms.

**Aim:** The aim of this study was to answer the following questions: (1) Do the temporomandibular disorder (TMDs) patient with ADD with reduction (ADDR) show any distinctive LPM attachment type? (2) Do patients with a specific LPM attachment type possess ADD and/or clinical symptom? (3) Do ADD and/or specific LPM attachment types have an association with clinical symptom?

**Methods and Materials:** Forty-eight TMD-patients with ADDR at least in their one joint were recruited to this study. LPM attachment types were categorized with MRI into two different types: (1) type I, where fibers of the SLPM were attached to the disc, and fibers of the ILPM were attached to condyle, and (2) type II, where fibers of the SLPM were attached to the disc and condyle, and fibers of the ILPM were attached to condyle.

**Results:** Out of 48 patients, 58% (n=28) had bilateral type I-; 25% (n=12) had bilateral type II-; and 17% (n=8) had both type I and II-muscle attachments. TMD-patients with ADDR showed largely bilateral type I LPM attachment (58%, n=28). MRI findings showed that 44% (n=42) of ADD was in type I-; 17% (n=16) of ADD was in type II-; and 13% (n=12) of ADD was in type I and II-muscle attachment groups (in 96 joint). Within the groups, the ratio of the presence of clinical symptom for each group was: 66% (n=37) in type I-; 83% (n=20) in type II-; and 63% (n=10) in type I and II-muscle attachment groups. However, there were no statistically significant association between the types of LPM attachment, and either ADD or presence of clinical symptom ( $p>0.05$ ). Dissociation was also seen between ADD and presence of clinical symptom ( $p>0.05$ ). These findings suggest that ADD and presence of clinical symptom are not related to the LPM attachment types, which might be in disagreement with previous statements.

**Conclusion:** Type of LPM attachment may not be prognostic factor for presentation of ADD and clinical symptom. However, there is need for further studies in larger number of patients.

#### PP 95

#### METHICILLIN-RESISTANT STAPHYLOCCUS AUREUS (MRSA) INFECTION AND MANDIBULAR OSTEOMYELITIS: A CASE REPORT

Ayşegül Mine Tüzüner, Cem Üngör, Timur Songür, Reha Kişnişci

MRSA is a source of constant concern given its potential resistance to broad spectrum antibiotics, high risk prevalence in health care facilities, and its ability to cause serious and fatal infections. This nasocomial pathogen has become a great treat in hospitals globally. Up to 40% of the normal population carries *S.aureus* in the anterior nares, and this carriage rate is often increased in hospitalized patients and their attendants. In this case report a male patient was referred with a previous history of operated parasymphseal fracture where external open reduction and rigid fixation was carried out at another institution. He has failed to recover despite prolonged postoperative treatment strategies and administration of several antibiotics as nonunion along with chronic infection was resulted. At this stage the patient thoroughly examined as the patient presented with an aggressive osteomyelitis with both external and intraoral purulent discharge. It turned out to be MRSA infection following laboratory work up. The patient was given iv clindamycin in addition to removal of sequestra, fistular tract and previous hardware. MRSA infection is a persistent infection which may have serious effects on healing process and morbidity. Antimicrobial treatment should be the first line of therapy for these patients however necessary surgical interventions should be employed where appropriate.

#### PP 96

#### PRIMARY STAGED FUNCTIONAL CLOSURE OF CLEFT PLATE AND ALVEOLUS: REPORT OF 147 OPERATIONS

Ayşegül Mine Tüzüner, Utku Dede, Reha Kişnişci

The controversy for the reconstruction of cleft palate and alveolus regarding timing and surgical technique is still an ongoing source of research as several regimens have been described to achieve the best functional and esthetic outcome. In this presentation our experience with staged closure of 49 consecutive cleft palate and alveolus patients are described. Staged closure involves the reconstruction of soft palate, hard palate

either at the time of alveolus closure or postponing the latter not later than 30 months of age. In this selected group of patients 147 operations involving soft and hard palate repair incorporating alveolar closure as primary gingivoperiostoplasty were carried out. The treatment philosophy was based on early soft palate closure at 5-10 months then hard palate closure at 14-24 months and finally gingivoperiostoplasty at 24 - 30 months. Functional closure of the complete cleft plate patients in a staged manner may be another contemporary alternative although a need for long follow-up periods requires scrutinizing any added benefits as far as the functional and esthetic outcomes are concerned.

**PP 97****PRIMARY FUNCTIONAL RECONSTRUCTION OF CLEFT LIP: AN AUDIT ON 52 CASES**

Ayşegül Mine Tüzüner, Utku Dede, Timur Songür, Reha Kişnişci

Cleft lip presents with several facial stigmata in newborns with birth defects. It can be manifested with a variety of clinical appearances including from incomplete, isolated clefts that may affect single or both sides, to simultaneous existence with alveolar and / or cleft palates, it not only prevents joining of facial tissue layers thereby causing facial disfigurement but also converts normal growth due to absence of normal functional forces upon facial structures. Hence reconstructive strategies should include functional restoration during primary repair and not just focus on pulling together the cleft edges. A total number of 52 (male; n=27, female; n=25) patients were operated basically using the physiological approach that was described by Delaire. The most important element functional lip closure technique is to incorporate appropriate nasolabial and labial muscle identification and reconstruction.

**PP 98****MASTOID CORTEX BONE GRAFT FOR RECONSTRUCTION OF ANTERIOR MAXILLARY SINUS WALL DEFECT**

Hakan Akman, Suat Avcı, Leyla Kansu, Betül Gözel Ulusal, Sina Uçkan

Post-traumatic bone defects of maxilla can be reconstructed by autologous, allogeneous grafts or prosthetic appliances. Autogenous grafts are the

preferable form of reconstruction especially in case of small defects. Various donor sites are available including iliac bone, ribs, mandibular symphysis and calvaria. In this report, we present the use of mastoid cortex bone graft as a new and alternative donor area. Traumatic defect of the right anterior maxillary sinus of a 38 years-old male patient was acutely reconstructed with a right mastoid cortex bone graft. Simultaneously, temporal fascia graft was harvested through the same incision and adapted over the bone graft to provide additional graft stability and facial projection. Graft consolidation and wound healing was acceptable at a follow up period of 6 months. There was no morbidity of the donor site and the scar was almost invisible. Ability to harvest mastoid cortex bone graft with the overlying temporal fascia, relative ease of preparing the donor area, good contour match to the thin sinus wall bony architecture are amongst the advantages. The technique possesses almost no donor site morbidity.

**PP 99****CLOSURE OF OROANTRAL COMMUNICATION WITH A SEPTAL CARTILAGE GRAFT- USING THE "ALTERNATE" TO REDUCE MORBIDITY**

Hakan Akman, Leyla Kansu, Sina Uçkan

Surgical intervention to the posterior maxillary area may lead to inadvertent communication with the maxillary sinus. Spontaneous healing of 1 to 2 mm openings is usually possible. However, in patients with larger oroantral communications, and those with a history of sinus disease, surgical closure is often indicated. Reconstruction with autogenic and allogeneic grafts as well as synthetic materials are always along with additional cost and donor site morbidity. In this report, simultaneous correction of septal deviation and reconstruction of a large oroantral communication with the harvested septal cartilage graft was presented in a 44 years old patient. The continuity of mucosa was good at a follow-up period of 6 months. The repair of bone defect with a cartilage graft is relatively new and a rarely applied technique and can be an alternative to reduce donor site morbidity, cost and the operation time.



**PP 100****CRANIOFACIAL CHARACTERISTICS AND CLINICAL FINDINGS IN APERT SYNDROME: A CASE REPORT****Volkan Güney, Zaur Novruzov, Ufuk Toygar Memikoğlu**

**Aim:** Apert syndrome is a rare genetic disorder that is characterized by: craniosynostosis, midface hypoplasia, ocular manifestation and limb abnormalities. This syndrome is a result of genetic mutation. To the diagnosis of this syndrome by an orthodontist or dental practice, are observed specific findings in dental and skeletal structures. The aim of this study is to represent the craniofacial characteristics and clinical findings of apert syndrome.

**Case Report:** Patient D.A. was a 22.8 age chronologically adult female, when referred to the Orthodontic Department of Ankara University, Faculty of Dentistry. She's presented the typical skeletal and dental findings of Apert's syndrome. She had a normal intelligence and her chief complaints were anterior Open-bite and facial aesthetics.

**Treatment Objectives and Plan:** 1. Maxillary Fen type expansion, levelling maxillary and mandibular arch, 2. Orthognathic surgery to correct the retruzive midface and intermaxillary skeletal discrepancy.

**Conclusions:** Ideally, treatment of Apert syndrome begins at birth with the proper diagnosis. A multidisciplinary approach is used by physicians in the best arrangements. A craniofacial anomalies team may consist of a craniofacial surgeon, neurosurgeon, ENT, audiologist, speech pathologist, oral surgeon, psychologist, ophthalmologist, and an orthodontist. The majority of treatment methods is surgical and the individual will likely require many operations. Besides the role of orthodontists is very important, in description and treatment of this syndromes, especially which recognized in the late growth period.

**PP 101****AN AGGRESSIVE CENTRAL GIANT CELL GRANULOMA RESISTED TO INTRALESIONAL CORTICOSTEROID THERAPY****Ceyda Özçakır Tomruk, Erdoğan Fişekçioğlu, Nedim Özer, Ferda Özkan**

Central giant cell granuloma (CGCG) is a benign lesion of the jaws with occasionally local aggressive behaviour.

The most common therapy is surgical curettage although it has a high recurrence rate, especially in lesions showing pain, paresthesia, root-resorption and rapid growth. Alternative therapies such as interferon alpha (INFalpha), corticosteroids or calcitonin are described in the literature. In pediatric patients, treatment modals depend on the following factors clinical behaviour, location size and radiographic appearance which could compromise vital structures. In this poster presentation we will present a 9-year-old boy with a lesion, diagnosed as giant cell granuloma which resisted to intralesional prednisolone therapy

**PP 102****CHANGES IN DEPRESSION AND ANXIETY LEVELS IN RESPONSE TO DIFFERENT TYPE OF TREATMENT APPROACHES IN TEMPOROMANDIBULAR DISORDER PATIENTS WITH ANTERIOR DISC DISPLACEMENT WITH REDUCTION****Ayşe İknur Karaduman, Bilge Çadır, Tufan Nayır, İbrahim Eren, Serpil Savaş, Şenol Tüzüm**

Temporomandibular Disorders (TMDs) have multifactorial origin. Although the exact etiology of TMDs is not known, psychological factors might be adjunctive or covariant, and that the combination may yield the TMDs. These data implies that the management of patients' psychology is essential, and the choice of treatment approach for anterior disc displacement with reduction (ADDR) might be important for the management outcome. Therefore, the aim of this study was to determine an association between the type of treatment approach, and the depression and anxiety levels of the ADDR patients.

**Materials and Methods:** Thirty-three (n=33) consecutive TMD patients with ADDR were recruited to this study. Patients were randomly allocated to occlusal splint, physiotherapy or antidepressant drug therapy groups. Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) as well as clinical, radiographical and MRI findings were recorded a day before (-1), and 1-, 3- and 6-months after the initial of treatments. Non-parametric methods used for statistical analysis were applied with Statistics Package for Social Science.

**Results:** The results showed that there were statistically significant decrease in the levels of depression ( $p < 0.05$ ) and anxiety ( $p < 0.05$ ) in all treatment groups except the

anxiety level in physiotherapy group ( $p > 0.05$ ) between pre-treatment (-1) and 6-months after the initial of treatment. The association between the depression and anxiety were also presented. **CONCLUSION:** The results of this study suggest that depression and anxiety levels of TMDs patients with ADDR are influenced from all types of treatments used in this study.

#### PP 103

##### **ANALYSIS OF THE GIANT CELL GRANULOMAS TREATED IN KARADENİZ TECHNICAL UNIVERSITY, FACULTY OF DENTISTRY, DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY**

**Figen Çizmeci Şenel, Mustafa Çankaya, Esra Baltacıoğlu, Özkan Özkaynak, Emre Tosun, Cem Üngör**

**Introduction:** Giant cell granulomas are benign lesions of unknown etiology with two forms as central giant cell granuloma and periferal giant cell granuloma. It occurs predominantly in the mandible and females.

**Methods:** In this article a retrospective analysis was conducted on the giant cell lesions that referred to our clinic between 2005 and 2007. There were 18 patients in this category 8 of which was female.

**Results:** 11 of 15 lesions diagnosed as peripheral giant cell granuloma while other 7 was central. The lesions predominantly occurred in the mandible and all treated surgically by excision or enucleation.

**Conclusion:** There has been no recurrence reported in our post surgical follow-up and it is concluded that thorough excision or enucleation is a satisfactory method for the treatment of giant cell granuloma lesions.

#### PP 104

##### **CENTRAL EPITHELIAL ODONTOGENIC GHOST CELL TUMOUR: AN EXTREMELY RARE VARIANT OF CALCIFYING ODONTOGENIC CYST AND AMELOBLASTOMA**

**Figen Çizmeci Şenel, Mustafa Çankaya, Özkan Özkaynak, Şafak Ersöz**

Calcifying odontogenic cyst(COC) is an uncommon developmental odontogenic cyst first described by Gorlin in 1962. It is considered as extremely rare and more common in the mandible. We presented a subtype of this lesion, central epithelial odontogenic ghost cell tumour, in a 46 year-old woman's maxilla. The excised tumour

had dentinoid material, ghost cells, ameloblastoma-like epithelium and dystrophic calcifications. We report this case since it is the first case report of a subtype of this rare lesion presenting a detailed panoramic radiograph and made a review of this lesion so called COC.

#### PP 105

##### **SEVERE OSTEOMYELITIS OF THE MANDIBLE ASSOCIATED WITH THE USE OF NON- NITROGEN CONTAINING BISPSPHONATE: REPORT OF A CASE**

**Figen Çizmeci Şenel, Umut Saraçoğlu Tekin, Ahmet Durmuş, Bora Bağış**

Bisphosphonate-associated osteonecrosis of the jaws (ONJ) is a very topical subject. After the first report of Bisphosphonate-associated osteonecrosis by Marx in 2003, many dental professionals, especially oral and maxillofacial surgeons, have identified numerous cases, and several authors have reported additional cases. This report presents a case of osteomyelitis in the jaw of a patient, a 72-year-old female, who had received chronic non-nitrogen-containing bisphosphonate (disodium clodronate) therapy for prevention of bone disease due to multiple myeloma. These complications developed several days after the tooth extraction, which was done approximately 2 years prior to her application to our clinic. Local alveoplasty was performed, followed by antibiotherapy with massive doses of penicillin G. Clinical response was good, with progressive healing of the infection. Further studies are needed to elucidate the precise relationship between bisphosphonates and osteonecrosis

#### PP 106

##### **ANALYSIS OF THE AMELOBLASTOMA CASES TREATED IN KARADENİZ TECHNICAL UNIVERSITY, FACULTY OF DENTISTRY, DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY**

**Figen Çizmeci Şenel, Mustafa Çankaya, Özkan Özkaynak, Cem Üngör, Emre Tosun, Nuray Yılmaz**

**Introduction:** Ameloblastoma is a rare histological benign but locally aggressive tumor with a marked tendency for recurrence. It accounts for 1% of oral tumours and for 9% to 11% of all odontogenic tumours.

**Methods:** A review of 8 cases of giant ameloblastoma is presented. All patients were treated by enucleation

and 17 mm overjet, 0 mm overbite. Upper and lower arch crowding were 5 mm and 4 mm respectively. She had incompetence upper lip and her profile was concave. Lower face height was increased and chin was retropositioned. She had mixed respiration. Class II vertical maxillary excess case was treated with maxillary impaction, sagittal ramus osteotomy and genioplasty. As a result of the treatment harmonious profile cahange was obtained.

**PP 114**

**COMPARISON OF STABILITY BETWEEN SURGICALLY ASSISTED RME AND ORTHOPEDIC RME**

**Ayşe Tuba Altuğ Ataç, Gökmen Kurt**

**Aim:** The objective of this study is to investigate and compare the long-term skeletal responses of orthopedic rapid maxillary expansion (RME) and surgically assisted RME.

**Subjects and Method:** The sample consisted of 30 patients and divided into three groups. The first group of 10 patients (six males, four females; mean age, 15.51 years) received orthopedic RME. The second group of 10 patients (seven males, three females; average age: 19.01 years) received surgically assisted RME (SARME) and the third group of 10 patients (six males, 4 females; mean age 16.02 years) as the untreated control group. The cephalograms of the patients included in the control group was obtained from the longitudinal study material of achieves of Ankara University, Department of Orthodontics. All treated patients underwent maxillary expansion with occlusal-coverage Hyrax-type expanders activated two turns a day (0.25 mm per turn). The expander was kept on the teeth as a passive retainer for an average of about 3 months. Immediately after the expander was removed, fixed Straightwire appliances were placed. Lateral and posteroanterior cephalograms were obtained for each patient at preexpansion (T1), postexpansion (T2) and three years after the removal of expanders (T3). Analysis of variance (ANOVA) and Duncan's tests were used, respectively, to compare the cephalometric measurements of patients at T1, T2 and T3. Paired t-tests were also performed to analyze changes within the observation periods.

**Results:** Statistically significant differences were found

between the SARME and RME groups in the N-ANS, SN/PP ( $P < .01$ ) and SNA, SNB, mandibular dentoalveolar width (LmolR-LmolL; greater in RME), and the tipping of the maxillary bony base (MxR/cg/MxL; greater in SARME) ( $P < .05$ ) measurements at the end of expansion (T1-T2). As all treated patients received fixed appliance therapy following maxillary expansion, only the skeletal parameters were evaluated for the long-term follow-up period (T3). It is observed that the achieved increase in the maxillary bony width (MxR-MxL) was reduced slightly and insignificantly within both expansion groups, and the amount of relapse was also not statistically significant. **Conclusion:** Clinically, there is no diffe

**PP 115**

**LOWER LIP ALTERATION FOLLOWING ORTHOGNATHIC SURGERY**

**Ufuk Toygar Memikoğlu, Ayşe Tuba Altuğ Ataç, Halise Bolatoğlu**

**Aim:** To determine the changes of lower lip position in skeletal Class III patients who underwent bimaxillary orthognathic surgery.

**Materials and Methods:** Pre-treatment (T1), pre-operative (T2) and post-treatment (T3) cephalometric soft and hard tissue variables were measured on lateral cephalometric radiographs for 20 individuals (9 male, 11 female; mean age 21.3 years at T1, 22.4 years at T2 and 23.4 years at T3) who had maxillary advancement and mandibular set back. Area measurements were also done by digital planimeter. Analysis of variance (ANOVA) and Duncan's tests were used, respectively, to compare the cephalometric hard and soft tissue measurements at the beginning of treatment, pre- and post-surgery period. Paired t-tests were also performed to analyze changes within the periods.

**Results:** The tip of the nose was effected less with the movement of the underlying skeletal structure (0.25%), while the soft tissue B point (B') moved equally with the skeletal B point. The maxilla related variables increased due to the forward movement. With the backward movement of the mandible, the superior part of the lower lip (LLA-VR) retracted significantly when compared with the other soft tissue landmarks on the chin (B'-VR and Pg'-VR).

**Conclusion:** The results of our study suggest that the dramatic improvement in the facial profiles of the bimaxillary surgery patients is primarily related with the backward movement of the mandible and the significant reduction in the superior lower lip area.

**PP 116**

**INTRALESIONAL INFILTRATION OF CORTICOSTEROIDS IN THE TREATMENT OF LOCALISED LANGERHANS' CELL HISTIOCYTOSIS OF THE MANDIBLE: A CASE REPORT ABSTRACT**

**Alparslan Esen**, Abdullah Kalaycı, Celal Çandırılı, Doğan Dolanmaz, Ömer Günhan

**Introduction:** Eosinophilic granuloma is the localized and most benign form of Langerhans' cell histiocytosis. The disease shows a particular predilection for the maxillofacial region and usually involves the skull bones, where it manifests as well-defined lytic lesions on standard radiographs. Solitary bone lesions may resolve spontaneously after diagnostic biopsy in a period of months to years. If treatment is indicated, as in larger lesions with pain, swelling and risk for spontaneous fracture, the disease can be controlled by chemotherapy or local measures such as surgical curettage, low-dose radiotherapy and intralesional injection of corticosteroids.

**Patient and Methods:** A 25-year-old man with Langerhans' cell histiocytosis of the mandible were treated in an one stage procedure with intralesional injection of 80 mg methylpredisalone succinate, respectively, as the primary form of treatment. Patient was seen for clinical and radiological evaluation in first, third and sixth months. Eight months after first injection 40 mg methylpredisalone succinate was injected intralesionally again.

**Results:** The overall outcome was excellent. The lesion showed clinically and radiologically complete remission approximately 12 months after treatment. There were no complications nor morbidity of the treatment. After a follow-up period of two years, the patient is well with no evidence of residual disease on radiographs.

**Conclusion:** Local injection of corticosteroids should be the initial choice of treatment of Langerhans' cell histiocytosis of the mandible, because of the favourable treatment outcome in this disease and possible complications and lasting effects of surgery, radiotherapy and chemotherapy.

**PP 117**

**EFFECTS OF POLYGLECAPRONE 25, SILK AND CATGUT SUTURE MATERIALS ON WOUND HEALING IN DIABETIC RATS AND EVALUATION OF NITRIC OXIDE DYNAMICS**

Nergiz Yılmaz, Samet İnal, Mehtap Muğlalı, Tolga Güvenç, Burcu Baş

**Introduction:** Diabetic wound healing impairment is one of the most well-known chronic wound situations. The factors ensuring appropriate intercellular communication during wound repair are not completely understood. Although protein-type mediators are well-established players in this process, emerging evidence from both animal and human studies indicates that nitric oxide (NO) plays a key role in wound repair. The aim of this study is to investigate the effects of monocryl (Polyglecaprone 25), silk and catgut suture materials on wound healing in diabetic rats and to evaluate nitric oxide dynamics.

**Method:** Fourty-eight male Wistar-Albino rats weighting 220-270 g were used in this study. The rats were categorized into 2 groups, as control group (n=24) and streptozotocin (STZ) induced diabetic group (n=24). For each group, wounds of equal length those were 1,5 cm, were created on the buccal mucosa of the animals and wounds were closed primarily with three different sutures. Eight rats were used in each group and excisional biopsies were performed at 2., 7., 14., 21. day (2 rats per day) from the initial surgical procedure. Effects of these suture materials on wound healing and nitric oxide synthase activities were compared immunohistochemically in the study.

**Results:** In control groups, complete healing was observed at the 14. day however in diabetic group it was prolonged up to 21. day. In diabetic group Polyglecaprone

25 presented a lower nitric oxide synthase activity than the other materials immunohistochemically. Conclusions: All of the materials have the potential capacity to be well tolerated however Polyglecaprone 25 seemed to have more beneficial effects on wound healing in diabetic subjects.

**PP 118****TOOTH INJURIES DUE TO LAG SCREW FIXATION IN SAGITTAL SPLIT OSTEOTOMY: CASE REPORT**

**Serdar Yılmaz**, Altan Varol, Ayşegül Sipahi, Onur Atalı, Selçuk Basa

The use of stainless steel lag screws to provide rigid internal fixation for sagittal split osteotomies was first described more than 32 years ago. However, tooth injury during the application of the lag screws have been reported in few papers. In this report three patients came to Marmara University Oral and Maxillofacial Surgery Department who underwent lag screw fixation after sagittal split osteotomy at somewhere else had similar complaints such as pain, swelling and one of them having serious infection and trismus. All of the patients were clinically evaluated and infection around the osteotomy sites were observed. In radiographs the mandibular posterior teeth roots' fracture due to drilling failure of the lag screws were examined. After the antibiotic therapy the lag screws and the damaged teeth were removed 2 weeks recall visits were scheduled and there was no problem after 6 months followup period.

**PP 119****TREATMENT OF MAXILLARY ANTERIOR ALVEOLAR DEFECT WITH SIMULTANEOUS APPLICATION OF ONLAY GRAFT, DISTRACTION OSTEOGENESIS AND PTFE MEMBRANE: A CASE REPORT**

**Gökhan Gürler**; Gühan Dergin, Onur Uzun, Bahar Gürsoy

Multiple reconstruction procedures have been described to improve alveolar bone in patients with defects associated with trauma, facial deformities, cancer, and premature dental loss. Alveolar distraction osteogenesis and bone graft augmentation have been described to improve these defects and to generate adequate bone support for placement of dental implants and future

restoration. The purpose of this article is to describe a case with severe anterior maxillary defect, using a combination of distraction osteogenesis, onlay bone grafts, and implant rehabilitation. An autogenous bone graft is harvested from the ramus mandible to establish sufficient horizontal bone for implant placement. Also the surgical procedure involves simultaneous placement of an alveolar distraction device and PTFE membrane followed by about than 10 mm of distraction of the alveolus. Implants are placed after consolidation period followed by fabrication of a fixed prosthesis. The combination of distraction and onlay bone grafting, and implant placement has been able to reconstruct patients with severe alveolar defects.

**PP 120****CASE REPORT OF A RARE LESION ADENOMATOID HYPERPLASIA OF THE MINOR SALIVARY GLAND**

**Emre Çimen**; Yasemin Kartal, İ. Doruk Koçyiğit, Reha Kişnişçi, Kaan Orhan, Ömer Günhan

Adenomatoid hyperplasia of the minor salivary glands is a benign tumor of the oral cavity which was first reported in 1971, by Giansanti et al. It is a rarely described and reported lesion in literature. The importance of the lesion is, it is very difficult to distinguish the lesion from salivary gland neoplasms clinically, it must be excised and examined microscopically. Etiology of the lesion is still unknown. This presentation discusses a buccal adenomatoid hyperplasia of the minor salivary glands for diagnostic, clinical and histological perspectives. It is thought to be the first reported case for the Turkish population.

**PP 121****OPTIMIZING AESTHETICS FOR IMPLANT IN THE ESTHETIC ZONE**

**Chairunnisa**

An esthetics is a challenge for clinicians because of anatomic and implant placement considerations. An Esthetic zone can be define as any area to be restored that is visible in the patient's full smile. Clinicians would not consider restoring the esthetic zone as a simple treatment. The purpose of this article is to review and prediction treatment procedures for areas of esthetic concern. Furthermore, aspects of preoperative analysis,

are described in all three dimensions is required, followed by recommendations for the surgical procedures.

#### PP 122

#### **SURGICAL AND PROSTHETIC ADVANTAGES AND DISADVANTAGES OF SURGICAL GUIDES AND IMPLANT PLANNING SUPPORTED WITH 3D COMPUTERIZED TOMOGRAPHY (CT)**

**Reha Kışınçisi**, Hakan Terzioğlu, Elif Ünsal, İsmail Doruk Koçyiğit, Özkan Özgül, Emre Çimen, Yasemin Kartal, Özkan Özkaynak

Osseointegration of implants is the most important but not the only requirement for a successful implant supported prosthesis. Several studies have demonstrated that functional and esthetic implant supported prosthesis depends on the optimal placement of osseointegrated implants. The current trend is to develop techniques that can provide function, esthetics, and comfort with a minimally invasive surgical approach. 3-dimensional volumetric images of the maxilla and mandible has allowed surgeons to evaluate anatomy before surgery and plan for the placement of implants in ideal positions. Surgical guides can facilitate correct implant placement. On this study the CT images, having acquisition slices of 0.125 and 0.625 mm, have taken from partially and totally edentulous patients. Oral implants were planned on CT scans for the patients. Surgical guides were fabricated with the aid of the CT scan and stetcad 3D implant programme. 151 implants were placed to 22 patients. The aim of this study was to evaluate advantages and precautions of surgical guides and surgical procedures. This paper also describes the surgical guided flapless implant surgery in case selection, surgical techniques, and prosthodontic protocol. In conclusion, appropriate case selection and well-tailored surgical guides with surgical and prosthodontic protocols are considered to be the key elements for the successful implant placement.

#### PP 123

#### **DIGITALIZING IN THE ORTHODONTIC PRACTICE AND ORTHOGNATHIC SURGERY: AN OVERVIEW**

**Ulaş Öz**

Digital dentistry is not the wave of the future; it is occurring now. Whether a dentist embraces new technology will define his or her practice and, possibly, future. Digital technology is becoming day by day a

more important procedure in most of the clinic activities and, thus, orthodontists are increasingly adding digital technology to their orthodontics records. In this article we want to outline the advantages and disadvantages of the use of digital cephalometric radiography. We will also present the state of the art related to dentists that use these digital records routinely in our country.

#### PP 124

#### **APPLICATION OF BECLOMETHASONE AND TETRACYCLINE CONTAINING ORAL ADHESIVE DISCS TO RECURRENT APHTHOUS STOMATITIS: A PILOT STUDY INCLUDED 43 PATIENTS**

**Asriye Mocan**, Funda E. Tuğcu, Ayşegül Karataş, Canan Hasççek, Fatih Mehmet Coşkunes, İsmail Doruk Koçyiğit

RAS is one of the most common inflammatory condition of oral mucosa characterized by recurring painful, small ulcers with a round or oval aspect, clean borders, a peripheral erythematous halo and a yellow or greyish base. They may be classified as minor, major or herpetiform types. The etiopathogenesis of this disease is unclear and multiple local and general factors such as nutritional deficiencies, trauma, hormonal imbalance, psychologic stress, micro-organism, hereditary influences or a defect in immunity have been suggested to predispose these small ulcers. Women have the disease more than men. Various treatment modalities have been suggested in management of RAS. No causative treatment is presently available. The primary goals of all treatment modalities are to control pain of ulcers, promote healing and prevent recurrence. Many topical agents have been applied to lesions to achieve this goal. Keeping the agent to lesion in contact for a sufficient time seems useful. Tissue adhesives have been used in the treatment of RAS in last years. In this study we applied adhesive agents containing varied amounts of beclomethasone, tetracycline to aphthous lesions in the goal of reducing pain, recurrence and to provide a more comfortable healing time. We applied adhesive discs to lesions containing beclomethasone (7 men and 9 women) and tetracycline (15 men and 12 women). None of the patients in beclomethasone group had pain after second day as well as twenty-one of patients in tetracycline group. Five of the patients in tetracycline group had less pain definitely after second day.



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