



2nd BAMFS Congress

(Balkan Association of Maxillofacial Surgery)

5th ACBID International Conference

(Oral & Maxillofacial Surgery Society, Turkey)

in conjunction with Pan Arab Society of Oral & Maxillofacial Surgery and
in conjunction with 7th International Congress of Iranian Oral & Maxillofacial Surgery



MAY 25 - 29, 2011

**Gloria Hotels & Convention Center,
BELEK, ANTALYA / TURKEY**

ABSTRACT BOOK



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in conjunction with Pan Arab Society of Oral & Maxillofacial Surgery and in conjunction with
7th International Congress of Iranian Oral & Maxillofacial Surgery



Dear Colleagues and Dear Friends,

I am greatly honored to chair an International Scientific Meeting hosting 2nd Balkan Association of Maxillofacial Surgeons (BAMS) and 5th Oral and Maxillofacial Surgery Society, Turkey (ACBID) in conjunction with Pan Arab Society of Oral & Maxillofacial Surgery and in conjunction with 7th International Congress of Iranian Oral Maxillofacial Surgery. The meeting will take place in the Mediterranean Coast of Turkey at Gloria Hotels and Convention Center. The scientific program will have plenary lectures, symposium, and courses by experts all around the globe, and free paper presentations. The main theme will be the changing trends in clinical practice and innovations in all aspects of the related field. We will do our best to create an atmosphere so that the current practice and experiences will be discussed and shared by speakers, presenters, delegates and exhibitors from different regions, units, and practices where each and everyone will enjoy all throughout the meeting.

Among various attractions renowned golf courses are either attached or very close to whom would like to enjoy playing at the courses at which pro-golfers also regularly meet on their tours. The venue is one of the best resort hotels in Turkey which provides outstanding local cuisine of highest quality as well as international cuisines at various restaurants by Michelin stars awarded chefs. The area is extraordinarily rich in offering breathtaking numerous historical sites, exceptional excursion opportunities and fantastic recreational attractions.

Again, I am privileged to host such a meeting with diverse International attendance leading to strengthen cohesiveness among those whose primary focus is to improve quality of care and promote interaction at personal levels.

On behalf of all societies it would be my pleasure to welcome and cordially invite each and every one of you to attend this exciting upcoming scientific meeting and exhibition.

Reha Kishnisci

Congress Chair, 2nd BAMS and 5th ACBID in conjunction with PAAOMFS & in conjunction with 7th Int Congress of IOMFS
President-Elect, Balkan Association of Maxillofacial Surgeons



I am indeed delighted that an International Scientific Meeting hosting 2nd Balkan Association of Maxillofacial Surgeons (BAMS) and 5th Oral and Maxillofacial Surgery Society, Turkey (ACBID) in conjunction with Pan Arab Society of Oral & Maxillofacial Surgery and also with 7th International Congress of Iranian Oral Maxillofacial Surgery will take place in Antalya, Turkey from May 25 to the 29th in 2011.

Conferences such as this serve to bring Oral and Maxillofacial surgeons from across entire regions and numerous countries together and this leads to innumerable opportunities to gain new insights into the rapid advancements being made in our specialty. The face to face meetings, exchange of ideas that happen are unique opportunities that sometimes provide to be the best learning experiences in addition to the high quality Scientific Program that is being put together.

The International Association of Oral and maxillofacial Surgeons (IAOMS) offers all of you here the chance to join in as members of the world wide fraternity and I urge all those of you who are not already involved with it to join in this world wide movement. It will provide you access to the International Journal of Oral and maxillofacial Surgery (IJOMS) one of the foremost peer reviewed Journals within our Specialty and also the unique opportunity to interact with colleagues worldwide and attend the biennial International Conference on Oral and Maxillofacial Surgery (ICOMS).

I am sure that this congress in under Dr. Reha Kishnisci will be an unique one and it will offer excellent platforms for Scientific and Social interactions, old friendships will be renewed and many new ones will be forged. That is really what Conferences are all about!!

I wish all of you a great Congress and am sure that you will have a great time in Antalya.

Dr. Kishore Nayak

MDS, FDSRCS (Eng. and Glas), FFDRCS (Ire)
President Elect,
International Association of Oral and Maxillofacial Surgeons



Dear Friends and Colleagues,
It is always a pleasure to witness blossoming scientific societies within and outside Europe getting together, sharing privileged moments of reflexion, scientific debate as well as conviviality and it

is a very special privilege to participate to such landmark events!

This scientific venue associating the Balkan Association of Maxillofacial Surgeons (BAMS), the Oral and Maxillofacial Surgery Society of Turkey (ACBID), in conjunction with the Pan Arab Society of Oral & Maxillofacial Surgery and the 7th International Congress of Iranian Oral Maxillofacial Surgery clearly demonstrates the vitality, the diversity and depth of our specialty. This Specialty of Cranio-Maxillo-Facial Surgery is a vast family with many subspecialties accustomed to multidisciplinary. Quoting St Exupery, I firmly believe that this diversity, far from dividing or impoverishing us, is a source of constant enrichment.

I am honoured to participate to this Scientific Meeting and wish to warmly thank Prof Reha Kisnisci and the Organising Committee for the invitation. I bring you the respectful salute and support of the European Association for Cranio-Maxillo-Facial Surgery whose "raison d'être" is education and scientific exchange. I look forward to meeting you in Antalya!

Henri Thuau

Secretary General EACMFS



Dear colleagues,
I am glad to invite you to the 5th international scientific congress of ACBID.

Becoming more institutional in its scientific activities, ACBID has also entertained Balkan Oral and Maxillofacial Surgery Congress held together both by Pan Arab Association of OMFS and 7th International Congress of Iranian OMFS this year.

Being sure that all colleagues will be happy with the traditional ACBID hospitality we are still excited to carry out this organisation.

All scientific spectrum of our branch will be thoroughly investigated with conferences, presentations and courses. Besides these satisfactory scientific activities I hope our colleagues will find the opportunity to relax and forget about their tire-some in a warm social circumstance.

Dear colleagues,

On behalf of the Executive Committee I want to mention once more that we will be happy to be together in this ACBID Congress.

I greet you with respect and love hoping to meet in Antalya Gloria Golf Resort in 25-29 May.

Prof. Dr. Onur İçten

ACBID Head of Executive Committee



In the Name of God The Compassionate The Merciful

Ladies and Gentlemen, Fellow Colleagues, Mr. Chairman,

As president of the Iranian Society of Oral and Maxillofacial Surgeons it gives me great pleasure

to welcome you to the 7th International Congress of Iranian society of Oral and Maxillofacial Surgeons here in the neighboring country of Turkey conducted in conjunction with the 2nd Congress of the Balkan Association of Maxillofacial Surgery, the 5th International ACBID Congress (Oral and Maxillofacial Surgery Society, Turkey), and the Pan Arab Association of Oral and Maxillofacial Surgery congress on May 25-29, 2011. I believe this joint congress will provide the provision for the strengthening of international ties and allow for the initiation of future collaboration and greater scientific cooperation within our profession throughout the region.

Last year I had the privilege to stay at the beautiful Gloria Resort in Antalya and attend the OMFS congress to present a lecture and enjoy the amenities of that auspicious event. I am certain that this joint congress will have a profound impact in the propagation, dissemination and exchange of scientific information in the region thereby securing the status and betterment of our profession internationally. I would like to thank the organizing committee and all those who made this congress possible.

It is an honor and a privilege to invite our colleagues for participation and collaboration.

Hope to see you there and have nice days together. Thank you very much.

H. Mortazavi MD, DMD, OMFS, FICD

President

Iranian Society of OMFS



Dear Colleagues of Pan Arab Association,

I would like to announce with a great pleasure of the next Scientific Meeting of Pan Arab Association of Oral and Maxillofacial Surgery that will be held in

Belek, Turkey on May 25-29, 2011, in conjunction with the 2nd Congress of Balkan Association of Maxillofacial Surgery, 5th International ACBID (Oral and Maxillofacial Surgery Society, Turkey) Conference and 7th International Congress of Iranian Society of Oral and Maxillofacial Surgery.

This one-of-kind Greater Regional as well as International meeting will primarily focus in bringing colleagues, clinicians and researchers together with an interest in oral and maxillofacial region and their way of practicing and scholarly activities. The main theme will be on the innovations, technological advances and sharing the diverse experiences on diagnostic and management techniques concerning several problems of the field.

I strongly encourage all Pan Arab colleagues as well as clinicians and researchers of interest at the field to participate and collaborate at a friendly and glamorous atmosphere with colleagues and leaders of the specialty worldwide. On behalf of PAAOMFS I would be very much pleased to invite all our colleagues to attend at the upcoming meeting being one of the host societies.

Once again, I would like to thank to all whom made this joint meeting a reality and look forward to welcome you all to Gloria Hotels and Convention Center in Belek, Antalya, Turkey.

Issam Chaaban

President

Pan Arab Association of Oral and Maxillofacial Surgery

COMMITTEES

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GENERAL SECRETARY

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Ayşegül TUZUNER-ONCUL - Turkey

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(Iranian Association of Oral & Maxillofacial Surgery)

Chris SKOUTERIS - Greece
(Balkan Association of Maxillofacial Surgery)

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(Pan Arab Association of Oral & Maxillofacial Surgery)

SCIENTIFIC COMMITTEE CHAIRMAN

Piet HAERS - UK

SCIENTIFIC COMMITTEE

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| Nebojsa Jovic - Serbia | Sharifah Fauziah ALHABSHI - Malaysia | Figen CIZMECI SENEL - Turkey |
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Hakkı TANYERI

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Hakan AKMAN
Ufuk ATES
Cevlan Ertuđrul KOYMEN
Raşit BAYAR
Osman ETÖZ
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Fethi ATIL
Kubilay ISIK
Cem UNGOR
Timur SONGUR
Ferit BAYRAM
Burak BAYRAM
Utku DEDE

SCIENTIFIC PROGRAMME

DAY 1 WEDNESDAY, MAY 25

| | |
|-------------|---|
| 08:00-18:00 | REGISTRATION |
| 14:30-17:45 | PRE-CONFERENCE MINI COURSES Gloria Serenity Hotel HALL A |
| 14:30-16:00 | Tim TURVEY - Pitch, Roll and Yaw for Planning Orthognathic Surgery |
| 16:15-17:45 | Henri THUAU – Office Based Cosmetic Interventions (Botulinum toxin and Fillers) |
| 18:00 | OPENING CEREMONY Gloria Golf Convention Center HALL A |
| 19:00 | WELCOME RECEPTION Golf Hotel Open Air Pool Area |
| 20:30-21:30 | Dinner |

DAY 2 THURSDAY, MAY 26

| | | |
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| 08:00-17:00 | Poster Presentations Gloria Golf Convention Center HALL C | |
| 08:00-10:10 | Oral Scientific Presentations Gloria Golf Convention Center HALLS A & B | |
| | HALL A | HALL B |
| | Gloria Golf Convention Center Moderators: Abdel Fattah SADAKAH, Corputty JOHAN, Figen CIZMECI | Gloria Golf Convention Center Moderators: Umit ERTAS Dogan DOLANMAZ, Hamed ALBARGI |
| | TMJ, CRANIOFACIAL, ANESTHESIA & ORTHOGNATHIC SURGERY | IMPLANT & ORTHOGNATHIC SURGERY |
| 08:00-08:10 | Does hormone relaxin have a potential role on tmj internal derangement Kagan DENIZ / Turkiye | Maxillary sinus floor augmentation in patients with maxillary sinus pseudocyst: Case report Zeynep Burçin Gönen/Turkiye |
| 08:10-08:20 | A logarithmic approach for Treatment of Condylar Hyperplasia Abdel Fattah MAHMOUD/Egypt | Examination of the Effects of Heat Production in Bone Caused by Dental Implant Drills with Different Surface Characteristics Nilay ER/Turkiye |
| 08:20-08:30 | Discectomy for Management of Internal Derangements of the Temporomandibular Joint Gamze OLUŞ/Turkiye | Determination of lingual vascular canals in the interforaminal region before implant surgery to prevent life-threatening bleeding complications Murat ULU/ Turkiye |

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| 08:30-08:40 | The effects of chronic pain on oral health related quality of life in patients with anterior disc displacement with reduction Umit KARACAYLI/Turkiye | Retrospective study of the survival rate of one piece immediate load cylindrical implants (OPILCW) of NSS system Kaveh Ghaleh GOLAB/Iran |
| 08:40-08:50 | Nasal airway evaluation after Lefort 1 osteotomy Sayed Fereydoun POURDANESH/Iran | Titanium tetrafluoride and implant surgery Cevlan ERTUGRUL/ Turkiye |
| 08:50-09:00 | Paradigm Shift in accelerated orthognathic surgery: Sendai Surgery-First approach with skeletal anchorage system Zaher AYMACH/Japan | Versatility of Genioplasty as a treatment for lower face abnormalities Fawzy Tantawy EL SAYED/Egypt |
| 09:00-09:10 | Effects of Glucosamine/Chondroitine Sulphate Combination and Tramadol on IL-1 β , IL-6, TNF α and PGE2 Levels in TMJ Synovial Fluid Ibrahim DAMLAR / Turkiye | Patients' knowledge and awareness of dental implants in a Turkish subpopulation Ceyda Ozcakir TOMRUK / Turkiye |
| 09:10-09:20 | Correction of maxillofacial deformities in unilateral coronal craniosynostosis Review of literature and a case report Mansour KHORASANI / Iran | Conventional multi-slice (ct) and cone-beam computed tomography (cbct) in computer-aided planning and placement of dental implants Volkan ARISAN/Turkiye |
| 09:20-09:30 | Congenital Fusion of the Jaws: A case report Shaghayegh NOORIBAYAT / Iran | Maxillary sinus floor elevation using a modified technique of crestal approach Erdem KILIÇ/Turkiye |
| 09:30-09:40 | Intravenous sedative agents in children undergoing dental extraction with general anaesthesia Duygu YAZICIOGLU /Turkiye | Esthetic and functional outcomes of autogenous ramus bone graft augmentation and implant therapy Ferit BAYRAM/Turkiye |
| 09:40-09:50 | Comparison of the Effects of New Folkloric Hemostatic Agent on Peripheral Nerve Function: An electrophysiological study in rats Ezher Hamza DAYISOYLU/Turkiye | Alveolar Bone Splitting Technique: Clinical experiences Ramazan KOYMEN/Turkiye |
| 09:50-10:00 | Unilateral facelift a useful surgical procedure for massive neurofibromatosis of the face. (Report of a case) Ali Hossein MESGARZADEH/Iran | Surgical Management of Class III Skeletal relationship: Can single jaw suffice? Ghassan DHAIF/Bahrain |
| 10:10-10:40 | TEA / COFFEE BREAK, POSTER PRESENTATIONS EXHIBITION VISIT | |

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| 10:40-12:00 | Plenary Session Gloria Golf Convention Center HALL A <i>Moderators:</i> Nabil SAMMAN, Onur ICTEN, Issam CHABAAN | |
| 10:40-11:00 | Abdel Fattah SADAKAH | Treatment modalities of TMJ ankylosis (Egyptian experience) |
| 11:00-11:20 | Vedran UGLEŠIĆ | Microvascular flap reconstruction for the maxillary defects |
| 11:20-11:40 | Constantinos ALEXANDRIDIS | Free bone grafts for maxillofacial Reconstruction: Indications, techniques, Fixation |
| 11:40-12:00 | Hossein MORTAZAVI | Complications of Rhinoplasties |
| 12:00-13:30 | LUNCH AND LEARN SESSIONS Attendance Limited to 25 Person Tickets Required Serenity Hotel LL 1 ROOM D Michael MILORO 3-D Planning in Implant and Orthognathic Surgery LL 2 ROOM E Boyd TOMASETTI Current concepts in Alloplastic Temporomandibular Joint Reconstruction | 12:00-13:30 LUNCH Gloria Golf Hotel |
| 13:30-14:50 | Plenary Session Gloria Golf Convention Center HALL A <i>Moderators:</i> Nebojsa JOVIC, Constantinos ALEXANDRIDIS, Luiz M. H. MARINHO | |
| 13:30-13:50 | Paul MANSON | Secondary Periorbital Reconstruction after Trauma |
| 13:50-14:10 | Nabil SAMMAN | Cleft Rhinoplasty: When and How |
| 14:10-14:30 | Asri ARUMSARI | A retrospective study of Indonesian cleft foundation: 30 years of service and quality |
| 14:30-14:50 | Kishore NAYAK | Management of ameloblastomas-the case for aggressive treatment |
| 14:50-15:20 | TEA / COFFEE BREAK, POSTER PRESENTATIONS EXHIBITION VISIT | |
| 15:20-16:40 | Plenary Session Gloria Golf Convention Center HALL A <i>Moderators:</i> Vitomir KONSTANTINOVIC, Hossein MORTAZAVI, Sherif EL-MOFTY | |
| 15:20-15:40 | Hamed AL BARGI | The Art of Oral and Maxillofacial Trauma |
| 15:40-16:00 | Josip S. BILL | Aesthetic Axis and Aesthetic Facial Surgery-Integral Part of CMF-Surgery |
| 16:00-16:20 | Yavuz AYDINTUG | Pathological potential of the follicle of the impacted Teeth |
| 16:20-16:40 | Chris SKOUTERIS | Orofacial reconstruction: Regional flaps revisited |
| 16:40-17:00 | Ian ORMISTON | Open bite deformities |
| 17:00-17:20 | Raja KUMMOONA | Biological Reconstruction of Tmj Using Costachondral Grafts |
| 17:20-17:40 | Henri Thuau - Ocular and adnexal trauma: relevance in OMFS | |
| 17:40-18:00 | Abdullah ALGORASHI | Art and Science of Mandibular Reconstruction |
| 19:00-21:30 | Dinner | |

DAY 3
Friday, MAY 27

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| 08:00-17:00 Poster Presentations Gloria Golf Convention Center HALL C | |
| 08:00-10:00 Oral Scientific Presentations Gloria Golf Convention Center HALLS A & B | |
| HALL A | HALL B |
| Gloria Golf Convention Center Moderators: Asri ARUMSARI Ian ORMISTON, AlperALKAN | Gloria Golf Convention Center Moderators: Farzin SARKARAT, Timucin BAYKUL, Moutaz ALKARMI |
| DISTRACTION OSTEOGENESIS& DENTOALVEOLAR SURGERY | TRAUMA& CLEFT |
| 08:00-08:10 Comparison of distractor and tooth born appliance in the use of surgically assisted maxillary expansion (SARPE): A Pilot Study Ismail Doruk KOCYIGIT/Turkiye | Evaluation of War Injuries in the Maxillofacial Region in Mosul City-Iraq (2007-2011). Ali Salim MAHMOOD/Iraq |
| 08:10-08:20 Effect of Chemotherapy on Mandibular Distraction Osteogenesis Mohamed Baha'a KHIDR/Egypt | Comparative analysis of maxillofacial fractures pattern in three neighbour countries (Iran -Turkiye -Bulgaria). Ali Hossein MESGARZADEH/ Iran |
| 08:20-08:30 Lengthening of the hypoplastic mandible by gradual distraction: Report of 12 cases. Benhalima HANANE/Morocco | Assessment of double 2.0 osteosynthesis bone plates at the inferior border of the mandible as a sole way of fixation for treatment of mandibular fracture Khaled ELHAYES/ Egypt |
| 08:30-08:40 Evaluation of the effect of resveratrol on newly formed bone in distraction osteogenesis Huseyin AKCAY/Turkiye | The Outcome of Zygomatic Fracture Treatment: A Retrospective Study of Trauma Cases in King Abdulaziz Medical City in Riyadh. Dina AMEEN/ Saudi Arabia |
| 08:40-08:50 Enhancemet Of Mandibular distraction osteogenesis in Nonimmunosuppressed Rabbits With Human Dental Pulp Stem Cells Of Deciduous Teeth (SHED) Amera ALKIASI/Malaysia | Effects Of Titanium Plate Fixation On Mandibular Growth: An Experimental Study In Rabbits Esra ERSOZ/Turkiye |
| 08:50-09:00 The Impact of General and Local Factors as Criteria of Assessment for the Difficult Lower Wisdom Tooth. A Retrospective Study Wael SHEET/Iraq | Surgical procedures and clinical result in the treatment of delayed mandible fractures Serahim Serhat ATILGAN/Turkiye |
| 09:00-09:10 Descending necrotizing mediastinitis associated with an infected dentigerous cyst: a case report Seda YILMAZ/Turkiye | Ameloblastoma: radical versus conservative treatment Mojtaba SALEHI/Iran |

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| 09:10-09:20 | Novel technique in closure of large oroantral fistula in a heavy smoker patient by using of pedicled temporal myofacial flap with coronoid process Sahand Samiei RAD/Iran | Biodynamic of Veloplasty in closure of wide cleft palate (Terro's 3-stage Technique) Wahid TERRO/ Lebanon |
| 09:20-09:30 | Mandibular 3rd molars and prevalence of distal caries of mandibular 2nd molars Nur ALTIPARMAK/Turkiye | An unexpected problem during bimaxillary orthognathic surgery Serdar YILMAZ/Turkiye |
| 09:30-09:40 | The Comparison of The Piezosurgery And Traditional Surgical Technique In Odontogenic Cyst Enucleation Ismail Doruk KOCYIGIT /Turkiye | Epidermoid Cyst of the Floor of the Mouth: Report of a Rare Case Serahim Serhat ATILGAN/Turkiye |
| 09:40-09:50 | Effect of Platelet-Rich Fibrin (PRF) on Pain, Swelling and Trismus Following Impacted Third Molar Surgery (Multi-Center Clinical Study) Ismail Doruk KOCYIGIT /Turkiye | Fibro-osseous lesions of the orofacial region Serahim Serhat ATILGAN/Turkiye |
| 09:50-10:00 | Distraction osteogenesis as followed by CT scan in Piere robin sequence Ahmed MAHROUS/Egypt | Oral Mucosal Involvement in Langerhans' Cell Histiocytosis:Long-Term Follow-Up of an Uncommon Case Nilay ER/Turkiye |
| 10:00-10:30 | TEA / COFFEE BREAK, POSTER PRESENTATIONS EXHIBITION VISIT | |
| 10:30-11:50 | Plenary Session Gloria Golf Convention Center HALL A Moderators: James HUPP, Kishore NAYAK, Belgin GULSUN | |
| 10:30-10:50 | Tim TURVEY | Orthognathic surgery in older patients |
| 10:50-11:10 | Henning SCHLIEPHAKE | Regenerative Strategies in Reconstructive Surgery |
| 11:10-11:30 | Alexis OLSSON | Frontal Sinus Fractures |
| 11:30-11:50 | Michael MILORO | Endoscopy in Maxillofacial Surgery |
| 11:50-13:30 | LUNCH AND LEARN SESSIONS Attendance Limited to 25 Person #Tickets Required Serenity Hotel LL 3 ROOM D Henning Schliephake Augmentation in conjunction with implants LL 4 ROOM E Paul Manson Acute and Late Correction of Facial Injuries | 11:50-13:30 LUNCH Gloria Golf Hotel |

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|-------------|--|---|
| 13:30-14:30 | Plenary Session Gloria Golf Convention Center HALL A <i>Moderators:</i> Alexis OLSSON, Hakkı TANYERI, Josip S. BILL | |
| 13:30-13:50 | Sherif El-Mofty | Facial reconstruction of patients with Ankylosis of TMJ |
| 13:50-14:10 | Vitomir Konstantinovic | Possible Solutions of Treatment with Dental Implant in Severe Maxillary Atrophy Cases |
| 14:10-14:30 | Issam Chabaan | Burkitt's Lymphoma in Syria? |
| 14:30-15:00 | TEA / COFFEE BREAK, POSTER PRESENTATIONS EXHIBITION VISIT | |
| | HALL A | HALL B |
| 15:00-16:00 | Oral Scientific Presentations Gloria Golf Convention Center HALLS A | 15:00-17:00 Oral Scientific Presentations Gloria Golf Convention Center HALLS B |
| | HALL A Gloria Golf Convention Center <i>Moderators:</i> Tim TURVEY, Selcuk BASA, AWWAD ALBISHRI | HALL B Gloria Golf Convention Center <i>Moderators:</i> Piet HAERS, Sina UCKAN, Chris SKOUTERIS |
| | TMJ & ORTHOGNATHIC SURGERY | PATHOLOGY |
| 15:00-15:10 | Psychological, Esthetic and Functional Satisfaction in Patients with/without Dentofacial Deformity Sidika sinem SOYDAN/Turkiye | A New Era in the Management of Ameloblastoma Mohamed Baha'a KHIDR/Egypt |
| 15:10-15:20 | A safe surgical approach to the temporomandibular joint Celal CANDIRLI/ Turkiye | Cyclin D1 amplification in tongue and buccal mucosa oral squamous cell carcinoma Haydar MAHDEY/Malaysia |
| 15:20-15:30 | Does the angle of the genioplasty osteotomy effect the mentolabial curvature? Gorkem MUFTUOGLU/ Turkiye | Parotid tumour surgery: Advances, means, and techniques Anastassios MYLONAS/Greece |
| 15:30-15:40 | Orthognathic surgery complication cases Umit ERTAS/Turkiye | Histopathological factors Influencing recurrence and survival of oral cancer patients Danica Popovich MONEVSKA/Macedonia |
| 15:40-15:50 | One stage bimaxillary deformity correction using inverted L ramus osteotomy and costochondral grafts after ramus distraction in hemifacial microsomia patients Berfin KARATAS/Turkiye | Characteristics of oral cavity lesions and accuracy of initial clinical diagnoses: a retrospective demographic study of 1390 patients Ozgur ERDOGAN/ Turkiye |
| 15:50-16:00 | Orthognathic approaches and clinical experiences:a retrospective study Serahim Serhat ATILGAN/Turkiye | Prognostic Significance of DNA Methylation Detected in Surgical Margins of Oral Squamous Cell Carcinomas Zvonko MAGIC/Serbia |

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| | | 16:00-16:10 A comparative study of a 980 nm diode laser and CO2 laser in the treatment of oral leukoplakia Marti KYRIAKI/Greece |
| | | 16:10-16:20 Non Invasive Treatment of Venous Malformations with Ethanolamine Oleate , A Case Series Study and Review of Literature Dina AMEEN/Saudi Arabia |
| | | 16:20-16:30 The surgical treatment of vascular lesions in maxillofacial region; an experience in treatment of differenr cases Qais ALNEAMA/Iraq |
| | | 16:30-16:40 An Unusual Size of Mandibular Osteoma Osman A ETOZ/Turkiye |
| | | 16:40-16:50 Intraoral Removal of Large Odontomas Using Mandibular Sagittal Split Osteotomy Erol KUCUKKELES/Turkiye |
| | | 16:50-17:00 Determination and Evaluation of the Expression of NO, HSP60 and HSP70 in Periapical Lesions Ertan YALCIN/Turkiye |
| 20:30 | Gala Dinner | |

DAY 4
SATURDAY, MAY 28

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| 08:00-17:00 Poster Presentations Gloria Golf Convention Center HALL C | |
| 08:30-10:00 Oral Scientific Presentations Gloria Golf Convention Center HALLS A & B | |
| HALL A | HALL B |
| Gloria Golf Convention Center Moderators: Mohamed FATA, Gulsum AK, Hakan TUZ | Gloria Golf Convention Center Moderators: Ahmed ALYAMANI, Behcet EROL, Thet Hta WAY |
| RECONSTRUCTION | RESEARCH & REGENERATIVE SURGERY |
| 08:30-08:40 | Posterior versus Anterior Iliac Crest Graft for Maxillofacial Reconstruction: Step-by step harvesting techniques, morbidity and functional outcomes Gokhan GOCMEN/Turkiye |
| 08:40-08:50 | Management of Maxillofacial tumors in the Infra-temporal fossa Ashraf Abdel Fattah MAHMOUD/Egypt |
| 08:50-09:00 | Laser management of gingival pigmentation Islam KASSEM/ Egypt |
| 09:00-09:10 | Oral squamous cell carcinoma in serbian population-epidemiological study Drago JELOVAC/Serbia |
| 09:10-09:20 | Fibula free vascularized flap for reconstruction of maxillary ameloblastoma. M. AL-BAHRANI/Saudi arabia |
| 09:20-09:30 | Ex vivo produced oral mucosa keratinocytes by explant technique Aydin GULSES/Turkiye |
| 09:30-09:40 | Technical Considerations and Morbidity in Calvarial Bone Graft Harvesting Gokhan GOCMEN/Turkiye |
| 09:40-09:50 | Comparison of osseodifferentiation of Mesenchymal Stem cells on nanospiculated titanium surface and SLA surface Kaveh Ghaleh GOLAB/Iran |
| 09:50-10:00 | Management of Giant Cell Tumors of the Jaws; Clinical Experience of Oral & Maxillofacial Surgery Dept. of Marmara Universit Elif Merve OZCAN/ Turkiye/Turkiye |
| 10:00-10:10 | Immunohistochemical and histological investigation of mesenchymal stem cells, biphasic calcium phosphate ceramics and platelet rich plasma on bone regeneration Serkan AGACAYAK/Turkiye |
| 10:10-10:20 | The influence of rifamycin decontamination on incorporation of autologous onlay bone grafts in rats. a histometric and immunohistochemical evaluation Ufuk TASDEMIR/Turkiye |
| 10:20-10:30 | Evaluation of IL-6, IL-8, Tnf- α levels after chronic bisphosphonate application in rat Fatih TASKESEN/Turkiye |
| 10:30-10:40 | Non vascularized bone grafts versus Microvascular fibula transfer in reconstruction of mandibular defects Ashraf Abdel Fattah MAHMOUD/Egypt |
| 10:40-10:50 | Evaluation of supplementary vit-d application on BRONJ Kerem Turgut ATASOY/ Turkiye |

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|-------------|--|---|
| 09:40-9:50 | Long term follow up of tibial bone graft, for correction of alveolar bone defects: A retrospective study Hamad ALHARBI/Saudi Arabia | Effects of systemic zoledronic acid administration on osseintegrated hydroxy apatite (ha) coated and resorbable blast material (rbm) surface implants in rabbit Serkan AGACAYAK/Turkey |
| 09:50-10:00 | Donor site morbidity after bone harvesting from the anterior iliac crest Tuba DEVELI/Turkiye | |
| 10:00-10:20 | TEA / COFFEE BREAK, POSTER PRESENTATIONS EXHIBITION VISIT | |
| 10:20-12:00 | Plenary Session Gloria Golf Convention Center HALL A Moderators: Paul MANSON, Aysegul APAYDIN, Vedran UGLESIC | |
| 10:20-10:40 | Piet HAERS | Genetics and cleft lip/palate in surgical perspective |
| 10:40-11:00 | Nebojsa JOVIC | Surgical Treatment of Injured Facial Nerve |
| 11:00-11:20 | James HUPP | Managing Impacted Third Molars - Lessons Learned |
| 11:20-11:40 | Vladimir POPOVSKI | Malignant Parotid Gland Neoplasms: Controverses and Contemporary Approaches |
| 11:40-12:00 | Ahmed AL YAMANI | Management Of Exorbitism using Midface distraction Osteogenesis |
| 12:00-13:30 | LUNCH AND LEARN SESSIONS Attendance Limited to 25 Person #Tickets Required Serenity Hotel LL 5 ROOM D James HUPP Managing patients with the 5 most common medical conditions LL 6 ROOM E Piet HAERS Facial contouring to improve function and esthetics | 12:00-13:30 LUNCH Gloria Golf Hotel |
| 13:30-15:30 | Plenary Session Gloria Golf Convention Center HALL A Moderators: Boyd TOMASETTI, Yavuz AYDINTUG, Vladimir POPOVSKI | |
| 13:30-14:00 | Boyd TOMASETTI | Short Implants and Evolving Indications |
| 14:00-14:30 | Luiz MARINHO | Cranial bone grafts: Myths and Trues |
| 14:30-14:50 | Ibrahim ZEITOUN | Zygoma anchored External Distractor(ZED) in Post Cleft Maxillary Hypoplasia |
| 14:50-15:10 | Mohamed FATA | Lasers in Vascular Malformations of the Oro-facial Region |
| 15:10-15:30 | Mohamed Said Hamed | Effect of Platelet Rich Plasma in Mandibular Distraction Osteogenesis |
| 19:00-21:30 | Dinner | |

DAY 5
SUNDAY, MAY 29

No Scientific Program

Checkout

Lunch and Learn Sessions – Purchased Tickets Required
(12:00-13:30)

Thursday, 26 May 2010

L&L1 – Michael MILORO

(3-D Planning in Implant and Orthognathic Surgery)

L&L2 – Boyd TOMASETTI

(Current concepts in Alloplastic Temporomandibular Joint Reconstruction)

Friday, 27 May 2010

L&L3 – Henning SCHLIEPHAKE

(Augmentation in conjunction with implants)

L&L4 - Paul MANSON

(Acute and Late Correction of Facial Injuries)

Saturday, 28 May 2010

L&L5 – James HUPP

(Managing patients with the 5 most common medical Conditions)

L&L6 - Piet HAERS

(Facial contouring to improve function and esthetics)

ORAL PRESENTATION

TMJ, CRANIOFACIAL, ANESTHESIA & ORTHOGNATIC SURGERY

S01

DOES HORMONE RELAXIN HAVE A POTENTIAL ROLE IN TEMPOROMANDIBULAR JOINT INTERNAL DERANGEMENTS

Kagan DENİZ DDS PhD*, Neslihan Bascil TUTUNCU MD**,
Nilufer BAYRAKTAR MD***, Sina UCKAN DDS PhD*

*Baskent University, School of Dentistry, Department of Oral and Maxillofacial Surgery

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Background: Relaxin is a well known pregnancy hormone that is produced mainly by the corpus luteum in both pregnant and nonpregnant females. The major effect of this hormone is to soften the fibrocartilaginous pubic symphysis by causing the induction of tissue degrading enzymes of the matrix metalloproteinases.

Patients and Methods: A total of 32 pre-menopausal women with TMJ internal derangement and sex and age-matched group of 24 healthy controls were included in this study. In all patients blood samples were collected in follicular phases of the menstrual cycle and relaxin serum levels were determined using a Enzyme-Linked-Immuno-Sorbent-Assay (ELISA). A Mann-Whitney U test was performed to compare mean relaxin serum levels in the TMJ internal derangement group with mean serum levels of control group. Significance was set at $p < 0.05$.

Results: Significant differences between patients affected by TMJ internal derangements and healthy controls were found for serum concentration of relaxin ($p = 0.038$).

Conclusion: The results of this study suggest that high serum relaxin levels might be implicated in the physiopathology of temporomandibular joint internal derangements, since subjects with these pathologies showed significantly higher serum levels with respect to a group of healthy controls.

S02

A LOGARITHMIC APPROACH FOR TREATMENT OF CONDYLAR HYPERPLASIA

Abdel Fattah MAHMOUD, Egypt

Objectives: 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.

Methods: We performed a guide where various modalities in treatment of condylar hyperplasia discussed such as condylectomy, vertical subsigmoid 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.

Results: All patients were operated upon and followed up for a period ranged from 6 months up to one year. Their results were satisfactory including adequate facial contour, facial symmetry, proper occlusal relationship and accepted facial esthetics without relapse.

Conclusion: Condylar hyperplasia must be treated surgically as soon as documented both radiologically and clinically to correct esthetics and function.

S03

DISCECTOMY FOR MANAGEMENT OF INTERNAL DERANGEMENTS OF THE TEMPOROMANDIBULAR JOINT

Altan VAROL, Oral and Maxillofacial Department, Marmara University
Gamze OLUS, Oral and Maxillofacial Department, Marmara University
Gökhan GÖÇMEN, Oral and Maxillofacial Department, Marmara University
Berfin KARATAŞ, Oral and Maxillofacial Department, Marmara University
Selçuk BASA, Oral and Maxillofacial Department, Marmara University

Introduction: Discectomy is often performed on patients with symptomatic, treatment-resistant, painful, degenerative intraarticular disorders and patients who haven't responded to conservative therapy and arthroscopic surgeries. The damaged and perforated disc is removed and patients are set to diet restriction and intermaxillary fixation for a short period.

Purpose: The aim of our study was to evaluate the outcomes in patients suffering from internal derangement who underwent TMJ discectomy following failed minimally invasive intra-articular procedures and long term non-surgical therapy.

Patients and Methods: 10 consecutive patients (9 female patient) with internal derangement of TMJ who suffer from reduction of mandibular mobility and chewing function were treated with discectomy. Using the standardized Helkimo Anamnestic and Clinical Dysfunction Indexes, 10 patients or 16 joint surgeries, were evaluated postoperatively ranging from 2 to 16 months.

Results: All 10 patients showed improvements in mandibular mobility, joint and masticatory function and reduction in pain level. Postoperatively 8 of 10 patients scored clinically symptom-free or only a minor dysfunction. Pain results from TMJ, muscle and mobility scored the lowest point index.

Conclusion: In selected cases, discectomy of the TMJ leads to a significant improvement in masticatory function and clinical symptoms.

Keywords: discectomy internal derangement degenerated disc

S04

THE EFFECTS OF CHRONIC PAIN ON ORAL HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH ANTERIOR DISC DISPLACEMENT WITH REDUCTION

Umit KARACAYLI, Oral and Maxillofacial Surgery, Gulhane Military Medical Academy
Ramazan KOYMEN, Oral and Maxillofacial Surgery, Gulhane Military Medical Academy

The aim of this study was to evaluate the chronic pain in patients with anterior disc displacement with reduction and its effects on oral health related quality of life. Sixty three patients who had disc displacement with reduction were selected. Patients with DDwR were persons who had not undergone any treatment protocols during the previous six months and were in the Grade I group. Age- and gender-matched healthy subjects healthy control were used as a control group. Data were collected by means of a clinical examination and a questionnaire about pain status which included a jaw disability scale RDC/TMD. Oral health related quality of life over the previous six months was evaluated by an oral health impact profile-14 questionnaire. OHIP-14 score was significantly correlations were observed between the OHIP-14 score and the pain intensity in the past six months, average pain intensity in the past six months and characteristic pain intensity score. OHIP-14 score was observed in patients who had problems smiling/laughing, cleaning their teeth or face, swallowing and talking, according to the jaw disability questionnaire that assessed the extent to which TMD interfaces with mandibular functions. Pain intensity and jaw function were observed to be related with poor oral QoL in DDwR.

Keywords: Chronic pain disc displacement with reduction OHIP-14

S05

NASAL AIRWAY EVALUATION AFTER LEFORT 1 OSTEOTOMY

Sayed Fereydoun POURDANESH, Oral & Maxillofacial, Shahid Beheshti university

Reza SHARIFI, Oral & Maxillofacial, Hamadan university

Alireza MOHEBI, E.N.T, Tehran university

Objectives: The aim of this study was to investigate functional and anatomic changes in nasal airway after lefort 1 osteotomy.

Methods: 25 patients were included in this study. The data were classified according to the direction of the maxillary movement: in group 1 the maxilla was repositioned superiorly; in group II the maxilla moved anteriorly and in group III both superior and anterior maxillary movement were performed. Nasal evaluations such as rhinoscopy, anterior rhinometry and acoustic rhinometry was performed 1 week before and 3 months after surgery. During operation additional rhinosurgery such as resection of the inferior concha or septoplastic intervention was performed to avoid functional problems in nasal breathing, particularly when the maxilla was impacted.

Result: Rhinomanometric assessment showed a significant improvement in nasal breathing and airflow as well as a significant decrease in resistance in the whole groups and in each group respectively. Acoustic rhinometry revealed a significant decrease in total nasal volume but an increase in cross-sectional areas of inferior concha and middle nasal regions.

Conclusion: There is an improvement in anatomical and functional properties of nasal airway after lefort 1 osteotomy and concerns about the respiratory consequences of this surgical procedure appear unwarranted particularly when functional rhinosurgery is undertaken concomitantly and impaction is not up to 5 millimeters.

Keywords: nasal airway lefort 1 acoustic rhinometry rhinomanometry

S06

PARADIGM SHIFT IN ACCELERATED ORTHOGNATHIC SURGERY: SENDAI SURGERY-FIRST APPROACH WITH SKELETAL ANCHORAGE SYSTEM.

Zaher AYMACH, Maxillofacial Surgery, Tohoku University
Junji SUGAWARA, Orthodontics, SAS Orthodontic center
Hiroshi KAWAMURA, Maxillofacial Surgery, Tohoku University

Conventionally, orthognathic surgery went through preoperative orthodontic preparation aimed to eliminate dental compensation and to reveal true extent of skeletal deformity, then surgery will undergo followed by a period of orthodontics to bring occlusion into a solid relation. Pre-surgical decompensation takes the most time in the total treatment course, roughly around 12 months to 2 years, and varies among patients and orthodontists. Besides the long treatment time period, patients experience worsening of both the facial profile and function. At Tohoku University, we have adopted a new treatment sequence for these patients: surgery-first SF, followed by orthodontic alignment. This approach was made possible by the development of the Skeletal Anchorage System (SAS), which uses titanium miniplates as temporary anchorage devices (TDSs) for predictable, three dimensional orthodontic movement of the entire dentition in non-growing patients. The surgery-first approach uses osteotomy first to solve skeletal and aesthetic problems, and SAS orthodontic mechanics to solve dento-alveolar and occlusion problems in the postoperative period. We will introduce the Surgery-First approach covering the indications, the orthodontic and surgical guidelines, case examples, and we will discuss why treatment time is considerably short with SF approach.

S07

EFFECTS OF GLUCOSAMINE/CHONDROITINE SULPHATE COMBINATION AND TRAMADOL ON IL-1 β , IL-6, TNF α AND PGE2 LEVELS IN TMJ SYNOVIAL FLUID

İbrahim DAMLAR, Oral and Maxillofacial Surgery, Cukurova University
Emin ESEN, Oral and Maxillofacial Surgery, Cukurova University

Temporomandibular joint internal disorders are global common diseases and new treatment modalities are still being searched. The aim of this study is to investigate the effects of glucosamine/chondroitine combination and tramadol clinically and biochemically in temporomandibular joint internal derangement. A single-blind, randomized, prospective clinical study was designed. 30 healthy patients with disk displacement and degenerative changes, maximum interincisal opening (MIO) less than 35 mm and, pain at palpation of temporomandibular joint were included. Patients' MIO and pain scores at palpation (NS) were recorded. Temporomandibular joint synovial fluid samples were taken under local anaesthesia and conscious sedation from each patient. Patients are divided into two groups randomly. 1500 mg glucosamine and 1200 mg chondroitine sulphate were prescribed to one group and tramadol 50 mg to the other one. At the end of two months clinically findings were recorded and synovial fluid samples were taken with the same procedure. IL-1 β , IL-6, TNF- α ve PGE2 levels of synovial fluid before and after medication were compared. The lower jaw movements in the glucosamine/chondroitine group were increased significantly. The change of jaw movements in tramadol group was not statistically significant. The pain scores at palpation of the temporomandibular joint were improved significantly in both groups. A significant decrease was detected at IL-1 β and PGE2 levels but not at IL-6 and TNF- α levels

Keywords: TMJ internal derangement Glucosamine Chondroitine Tramadol Cytokines

S08

CORRECTION OF MAXILLOFACIAL DEFORMITIES IN UNILATERAL CORONAL CRANIOSYNOSTOSIS (PLAGIOCEPHALY): REVIEW OF LITERATURE AND A CASE REPORT

Mansour KHORASANI, Oral & Maxillofacial Surgery, Qazvin University of Medical Sciences

Mohsen HASANI BARZI, Neurosurgery, Qazvin University of Medical Sciences

Introduction: Plagiocephaly (oblique skull) is premature fusion of one of the coronal sutures. Frontal plagiocephaly is a rare congenital deformity in skull that is the most complicated forms of craniosynostosis to treat. Examination of all sutures is necessary for diagnosis of craniosynostosis.

Purpose: Presentation of one case 10-month old, healthy girl with deformity of right forehead and orbit that is caused by frontal plagiocephaly and unilateral coronal synostosis.

Methods: This abnormality had been corrected by the use of frontal craniotomy and fronto-zygomatico-orbital complex advancement under the general anesthesia.

Discussion and Conclusion: The exact clinical and radiographic (multi – slice CT scan with 3- dimensional reconstruction) examination with suitable time of surgery is necessary for diagnosis of skull abnormality and prevention of treatment delay. Furthermore 3D stereo-photo-grammetry is radiation-free non invasive method for considering the growth pattern of children in the long term.

Keywords: unilateral coronal synostosis frontal plagiocephaly multi slice CT scan 3D reconstruction surgical correction

S09

CONGENITAL FUSION OF THE JAWS: A CASE REPORT

Dr. Mohammad MEHDIZADE, Dental Faculty, Babol University of Medical Sciences
Dr. Bardia VADIATI SABERĪ, Dental Faculty, Babol University of Medical Sciences
Shaghayeh NOORIBAYAT, Dental Faculty, Babol University of Medical Sciences, Dental Faculty, Babol University of Medical Sciences

Congenital fusion of jaws is a very rare deformity seen in the newborn and can be categorized in two types: syndromic and non syndromic. The limitation in opening the mouth in the given persons can influence the growth of the baby and create some troubles in feeding, swallowing, and respiration. In this study, a 25-day old female baby from Afghanistan and dwelling in Ghom, who was referred from Al- Zahra maternity due to the fusion of the upper and lower jaws for consultation was reported. She had a brother who was 5 years old with no abnormality. The parents were a 34 years old male welder and a 31 years old female trader, neither of whom smoked or drank alcohol, and who lived in Ghom. The patient had been immediately operated on Gastrostomy on her birth by a pediatric surgeon for the reason of nutrition and she was fed this way. Considering the systemic and the clinical examination, there were not any disorders to find and the fusion was from a type of non syndromic. In consultation with the anaesthetists, the anaesthetic plan of the newborn was considered on the basis of blind nasal intubation. Although the necessary appliances were provided for doing tracheostomy if the mentioned technique was not successful before operation. After finishing the work and the extubation on the newborn, the constant hemodynamic and the breathing condition was normal, and the newborn was awake and crying after half hour in recovery. She was transferred to the surgery unit without any obstacle. Early treatment for solving this problem, is not only necessary, but it is indicated as long-standing cases are complicated by ankylosis of TMJ. This is due to happen for the reason of dismowing and the limit of action that causes the difficulty of surgery in mouth.

Keywords: fusion Congenital

S10

INTRAVENOUS SEDATIVE AGENTS IN CHILDREN UNDERGOING DENTAL EXTRACTION WITH GENERAL ANAESTHESIA

Duygu YAZICIOGLU, Oral and Maxillofacial Surgery, Ankara University, Faculty of Dentistry
Aysegul Mine TUZUNER-ONCUL, Oral and Maxillofacial Surgery, Ankara University, Faculty of Dentistry
Cem UNGOR, Oral and Maxillofacial Surgery, Ankara University, Faculty of Dentistry
Gulhan AYDIN, Oral and Maxillofacial Surgery, Ankara University, Faculty of Dentistry

The aim of this study is to compare the postoperative recovery characteristics of midazolam and remifentanyl in children undergoing dental extraction with general anaesthesia. 90 patients requiring dental extraction with general anaesthesia were randomly allocated into three groups. Patients in Group M, Group R and Group C (Control) received intravenous 0,1 mg/kg midazolam, 1 µg/kg intravenous remifentanyl and saline solution, respectively. Intraoperative vital findings such as tachycardia, apnea, O₂ desaturation, cough, laryngeal spasm, involuntary urination, bradycardia and vomiting, were compared between the three groups. Recovery scores such as fatigue, grogginess, sleepiness, crying, pain, pain medication, petulance, laziness, agitation, disturbance in motor functions, nausea, vomiting, bleeding, presence of nightmares, sleep disturbance were evaluated between the three groups in postoperative 24th hour. The duration of sedation and discharge time from the hospital were also compared among the three groups. The statistical analyses were done with 1-way analysis of variance (ANOVA) with Tukey's HSD test as a posthoc analysis. The difference between the three groups in terms of tachycardia, fatigue, pain, pain medication, nausea, sleep disturbance and discharge time, were statistically significant ($p \leq 0,05$). Tachycardia was significantly higher in Group R ($p=0,018$). Fatigue was significantly higher in Group M. Postoperative pain and analgesic demand were significantly higher in control group ($p<0,05$). Midazolam or remifentanyl in addition to general anesthesia effectively decreases the postoperative pain scores. On the other hand intravenous sedation with midazolam and remifentanyl causes more fatigue and tachycardia respectively.

Key words: Dental extraction, intravenous sedation.

S11

COMPARISON OF THE EFFECTS OF NEW FOLKLORIC HEMOSTATIC AGENT ON PERIPHERAL NERVE FUNCTION: AN ELECTROPHYSIOLOGICAL STUDY IN RATS

Ezher Hamza DAYISOYLU, Oral and Maxillofacial Surgery, Karadeniz Technical University, Faculty of Dentistry

Ali Alper PAMPU, Oral and Maxillofacial Surgery, Karadeniz Technical University, Faculty of Dentistry

Mehmet YILDIRIM, Physiology, Karadeniz Technical University, Faculty of Medicine

Tamer TÜZÜNER, Pedodontics, Karadeniz Technical University, Faculty of Dentistry

Özgül BAYGIN, Pedodontics, Karadeniz Technical University, Faculty of Dentistry

İsmail ABİDİN, Physiology, Karadeniz Technical University, Faculty of Medicine

Figen C SENEL, Oral and Maxillofacial Surgery, Karadeniz Technical University, Faculty of Dentistry

Objective: The aim of this study was to evaluate the immediate, early and delayed effects of folkloric medicinal plant extract ankaferd blood stopper (ABS) on peripheral nerve function compared to the oxidized regenerated cellulose and bovine collagen.

Material and methods: Under ketamine anesthesia a total of 40 male Sprague-Dawley rat right sciatic nerves were identified. Animals were randomly divided into the 4 groups: oxidized regenerated cellulose, bovine collagen, folkloric medicinal plant (Ankaferd) and control group. The recordings of nerve potentials were carried out using an electrophysiological data acquisition system. 30 and 120 minutes after the application of substances, nerve conduction velocity (NCV) was recorded and defined as immediate and early effects of these agents on nerve function. The animals were then allowed to recover for 3 weeks. At the end of this period, the same surgical procedures were performed, and the records were taken as described before. These final records were defined as the delayed effects of hemostatic agents on nerve function. NCV comparisons of the groups were performed using ANOVA and Bonferroni tests. Also the repeated measurements of ANOVA was used for individual comparisons in each group at a confidence interval of 95%.

Results: Significant differences were not found ($p>0.05$) between the three hemostatic agent and control at any evaluation time periods (immediate, late and delayed). Although the NCV values were markedly decreased in oxidized regenerated cellulose group at 120 mins compared to the own baseline, no significant differences were found ($p>0.05$) for individual group at any time period.

Conclusion: As a result of this study, no serious nerve function alterations were observed in all agents. New folkloric medicinal hemostatic agent could be a suitable alternative without resulting in any peripheral nerve functional complications

S12

UNILATERAL FACELIFT A USEFUL SURGICAL PROCEDURE FOR MASSIVE NEUROFIBROMATOSIS OF THE FACE. (REPORT OF A CASE)

Ali Hossein MESGARZADEH, Tabriz Oral and Maxillofacial Surgery department, Tabriz University of Medical Sciences

Rhytidectomy is one of the most common surgical procedures for rejuvenation of the face. Reduction of skin wrinkles and soft tissue jowling improves patient's facial appearance and concomitantly increases patient's self confidence. In some instance it will be a unique technique for facial scar revision and superficial tumor resection. In this case report against original indication of this procedure for facial rejuvenation we present a young patient that he suffered from von Recklinghausen's disease and multiple neurofibromatosis in different parts of his body. Facial neurofibroma was resected several years ago but excessive skin and recurrence of tumor blocked his vision. Incurability of disease, inappropriate facial appearance caused some psycho-social problems. In this oral presentation author will report a surgical hemifacial facelift with unilateral blepharoplasty and its satisfying follow up results.

Conclusion: facelifting procedure can be a useful technique for surgical removing of superficial tumors even in young patients.

Keywords: Rhytidectomy Facelift Blepharoplasty Unilateral facelift

IMPLANT & ORTHOGNATIC SURGERY

S01

MAXILLARY SINUS FLOOR AUGMENTATION IN PATIENTS WITH MAXILLARY SINUS PSEUDOCYST: CASE REPORT

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Zeynep Burçin GÖNEN, Oral and Maxillofacial Surgery, Erciyes University
Erdem KILIÇ, Oral and Maxillofacial Surgery, Erciyes University
Osman ETÖZ, Oral and Maxillofacial Surgery, Erciyes University
Alper ALKAN, Oral and Maxillofacial Surgery, Erciyes University

Maxillary sinus floor elevation is a safe and predictable surgical procedure to vertically augment the residual alveolar bone, and allows the placement of dental implants with adequate length in the edentulous posterior maxilla. Faint radiopaque lesions at the base of the maxillary sinus are frequent diagnosis on radiographs and must be identified during dental implant planning. Pseudocysts classically appear hemispheric, homogeneously opaque, and well delineated in panoramic and periapical radiographs. They usually demonstrate an attachment to the floor of the maxillary sinus. The great majority of these lesions are asymptomatic and do not require surgical treatment. Antral pseudocysts have recently been reported not to be a contraindication for sinus floor augmentation procedures with lateral approach. In this case report, we present four patients who had maxillary sinus floor elevation procedure either using crestal or lateral approaches in the presence of antral pseudocysts. No complications were encountered during follow-up periods in these patients and all implants are functioning successfully. In conclusion, sinus augmentation procedure of the maxillary sinus either using a crestal or lateral approach seems to be safe and predictable in the presence of an antral pseudocyst in asymptomatic patients.

Keywords: antral pseudocyst sinus augmentation lateral approach crestal approach

S02

EXAMINATION OF THE EFFECTS OF HEAT PRODUCTION IN BONE CAUSED BY DENTAL IMPLANT DRILLS WITH DIFFERENT SURFACE CHARACTERISTICS

Nilay ER, Oral and Maxillofacial Surgery, Erciyes University

Alper ALKAN, Oral and Maxillofacial Surgery, Erciyes University

Erman BENGU, Chemistry, Bilkent University

Serim K. ILDAY, Chemistry, Bilkent University

Dental implant surgery is a method which great care should be taken due to many possible complications. One of the most common problems is the necrosis of the bone and the resultant loss of the implant due to the heat produced while preparing the implant bed in the alveolar bone. Studies show that during drilling process if the heat rises above 47 °C in 1 minute bone necrosis occur. Surface modification by protective coatings is a promising candidate to overcome problems that prevent osseointegration with its high-performance and ease-of-use. Although the technique broadly used in heavy industry, there are few reports on the application of these coatings onto medical tools. Here, we present our experimental work demonstrating a successful application of ultra-hard, wear- and heat-resistant coatings onto stainless steel drills using physical vapour deposition (PVD) technique. In this study total of 7 groups, 20 drills in each, are evaluated. Groups of different surface coatings are listed below: 1. group: Titanium aluminum nitride (TiAlN) 2. group: Boron nitride (BN) 3. group: Diamond-like-carbon (DLC) 4. group: Ceramic (Zirconium) (ZR) 5. group: Stainless steel (SS) 6. group: Black-Diamond (BD) 7. group: TiAlN / BN BD, ZR and SS drills are commercially available on the market. TiAlN, TiBN, DLC and BN have been applied onto stainless-steel drills. Each group has 20 dental drill bits and tested on bovine femoral cortical bone. 10 bits are tested for water-assisted drilling operation with physiological saline solution and 10 bits are tested for uncooled drilling operation. Results showed that newly developed drills with surface coating technique were highly successful in preventing the increase in bone temperature. Especially boron-contained surface coatings showed remarkably higher performance. Even after 50 usage in uncooled conditions, maximum temperature was below the critical limit.

Keywords: dental implant drill heat necrosis surface coating

S03

DETERMINATION OF LINGUAL VASCULAR CANALS IN THE INTERFORAMINAL REGION BEFORE IMPLANT SURGERY TO PREVENT LIFE-THREATENING BLEEDING COMPLICATIONS

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Implant placement in the interforaminal region is a well established and predictable surgical procedure. However, surgeon's experience and careful treatment planning is very important to avoid complications. A rare but the most serious complication as to be life-threatening among these complications is airway obstruction secondary to severe hemorrhage of the floor of the mouth.^{1,2} One of the reason of this bleeding is unwanted perforation of the lingual cortical plate during implant site preparation where the sublingual artery branches enter the bone.⁶ For this reason it is very important to determine lingual vascular canals in the mandible with computed tomography (CT) before implant surgery to prevent this complication. 200 patients who underwent maxillofacial computed tomography was examined retrospectively to evaluate entrance of lingual artery to mandible. The results of this study showed at least one mandibular lingual vascular canal in all patients (%40.5). The diameter of the mandibular midline canals (MLCs) was 0.57–1.91 mm (mean, 1.05 mm). The entrance of these canals was located 1–19mm(mean,12,28mm) above the mandibular base. The lateral lingual canals (LLCs) were smaller than MLCs, with a diameter of 0.48–1.61 mm (mean diameter, 0.92 mm). LLCs at the right side entered the mandible 1,3–23 mm (mean,11,33mm) distal to the midline and LLCs which were located at the left side entered the mandible 1,5–21,14 mm(mean,11,64mm) distal to the midline. LLCs were positioned 2–35 mm(mean,8,18 mm) above the inferior margin of the mandible. As a conclusion, before implant surgery, especially in overdenture patients, a maxillofacial CT examination should routinely be performed to evaluate the localization of the lingual vascular canals owing to preserve perforation of the lingual cortical plate during implant site preparation.

S04

**RETROSPECTIVE STUDY OF THE SURVIVAL RATE OF ONE
PIECE IMMEDIATE LOAD CYLINDRICAL IMPLANTS (OPILCW)
OF NSS SYSTEM**

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Aim: The present retrospective clinical study was undertaken to evaluate the survival rate and marginal bone conditions around OPILCW (NSS) one-piece cylindrical dental implants.

Material and Methods: Fifty-three consecutive patients previously treated with 146 OPILCW (NSS) implants at two different centers were evaluated. The implants had been used in maxillary jaw for treatment after loss of single and multiple teeth. Immediate/early loading (within 1 week) with a provisional crown/bridge was applied to 95 implants. Calculations of marginal bone loss were performed in radiographs taken after 1 week, 6, 12 and 24 months

Results: Five of the 146 dental implants were removed during the follow up. The failure for flapless (4 dental implants) and for flap surgery (1 dental implant). The marginal bone loss was -0.8 mm (SD 1.5) for all implants.

Discussions: The routine and frequent use of dental implants to replace missing teeth is accompanied by high expectations from patients. These expectations are not limited to function and esthetics but extends to patient comfort and time spent receiving treatment. Dental implant therapy can be challenging when considering the concerns of patients. As the OPILCW (NSS system) is the only cylindrical immediate load dental implant the study can be beneficial, but the need of the longer follow-up is recommended

Conclusions: This retrospective analysis showed an acceptable clinical outcome of OPILCW (NSS system) dental implants.

S05

TITANIUM TETRAFLUORIDE AND IMPLANT SURGERY

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In our days, dental implant surgery practice is raising up. Frequently use of dental implants application expented indication of cases and shortened loading time. Increase prise and decrease the osteointegration is very important for the researche of the new biomaterials. In dentistry, titanium tetrafluoride (Tif4) is a strong cariostatic and desensitasing agent. Application of Tif4 include prevention of microleakage in dentin restoration, treatment of hypresensitive dentin, erosion lesion prevention, and reduction of solubility of cement, dentin and enamel. Some research on effects of bone showed useing Tif4 sitimule bone osteointegration in implant surgery. Effects of Tif4 in maxillofacial surgery need in vitro and in vivo researches.

Keywords: Tif4 titanium tetrafluoride implant surgery

S06

**VERSATILITY OF GENIOPLASTY AS A TREATMENT FOR LOWER
FACE ABNORMALITIES**

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Genioplasty is the most common adjuvant surgery used for lower face correction and proportionate the esthetic facial balance. Genioplasty is widely indicated for treatment of lower face asymmetry .counseling of jaw retrusion. Macrogenia and microgenia and in combination with rhinoplasty. Clinical and radiographic assessment were done for each case including facial analysis for detection of the site of abnormality and disharmony .The versatility of Genioplasty technique was addressed according the treatment planning for the site of defect for gaining the most esthetic pleasing facial contour . These concept of versatility of Genioplasty technique was applied on twenty (20) patients sustained different form of lower face abnormality. Further details including the difficulty encountered and results will be discussed during presentation.

S07

PATIENTS' KNOWLEDGE AND AWARENESS OF DENTAL IMPLANTS IN A TURKISH SUBPOPULATION

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Aim: There is no information about the knowledge and awareness of the patients on implant dentistry in Turkey. This information would give valuable contributions in planning of future treatment supply. Therefore, the aim of this study was to assess the patients' knowledge on dental implants in a Turkish subpopulation.

Materials and Methods: Five hundred twenty seven Turkish adults over 18 years of age, referred to Yeditepe University Faculty of Dentistry, Istanbul, Turkey, were presented with a questionnaire including 20 questions regarding the level of information and awareness about dental implants. The data were collected and statistical analyses were performed.

Results: Among 527 subjects, 54% were female and 46% were male with a mean age of 42.2 years. The patients' implant awareness rate was 27.7%. Questioned about alternatives for replacing missing teeth, 24.9% knew about removable partial dentures, 32.5% indicated removable complete dentures and 60.9% fixed partial dentures. Six percent claimed that they were very well informed about dental implants whereas 48.2% were poorly informed. The main source of the information about implants was the dentist (44.5%) followed by printed media (31.6%), and friends and acquaintances (17.3%). Sixteen percent of the population believed that their implants would last forever.

Conclusions: Approximately 27.7% of the subjects have heard of oral implants from various sources, predominantly dentists. However, dentists must improve communication strategies to provide their patients with comprehensible information on dental implants and bridge information gaps in the future.

Keywords: dental implants public awareness information sources

S08

CONVENTIONAL MULTI-SLICE (CT) AND CONE-BEAM
COMPUTED TOMOGRAPHY (CBCT) IN COMPUTER-AIDED
PLANNING AND PLACEMENT OF DENTAL IMPLANTS

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sity

Objective: The aim of this study was analyze the radiographic bone density of implant recip-
ient bone areas on conventional (CT) and cone-beam computerized tomography (CBCT) im-
ages with relation to implant stability parameters in the surgical stage. The deviation between
the planned and placed implants was also investigated.

Material and Methods: A total of 108 implants were placed to 22 patients using stereolith-
ographic surgical guides (Simplant, Materialise Dental, Leuven, Belgium) derived from con-
ventional multi-slice (Siemens, Somatom Sensation, Erlanger, Germany); (CT) or cone-beam
computerized tomography (Kodak- Iluma, 3M, Ardmore, USA); (CBCT) images. Radi-
ographic bone density values (Hounsfield unit (HU) in CT and voxel value (VV) in CBCT)
recorded for the planned implants were analyzed with relation to insertion torque (ITV) and
resonance frequency analysis (RFA). The deviation between the planned and placed implants
was also measured with the help of a new tomographic image. Results were analyzed with
non-parametric tests and multiple regression models ($p < 0.05$).

Results: All implants were placed as planned in the planning software. Significant relations
were found between the stability parameters and HU ($p = .021$ and $p = .22$) or VV ($p = .036$ and
 $p = .30$, $p = .0038$ for ITV and RFA respectively) measured from the 1-mm outer shell of the
implants. Mean deviation in the implant apex and tip were 0.82 ± 0.42 and 0.94 ± 0.46 mm in CT
group and 0.79 ± 0.39 and 0.95 ± 0.4 mm in the CBCT group. Neither in the implant shoulder
($p = 0.22$) nor in the implant tip ($p = 0.092$) was a statistically significant difference was present
between the groups. Mean angular deviation was 3.35 ± 1.01 and $3.47 \pm 1.09^\circ$ in CT and CBCT
groups respectively and the differences was also not statistically significant ($p = 0.36$).

Conclusions: Both CT and CBCT are effective in the prediction of primary implant stability
and the deviations of planned and placed implants are also similar. Reduced radiation dose
and costs may render CBCT preferential.

Keywords: Computed tomography Cone beam computed tomography dental implant stere-
olithography CAD / CAM

S09

MAXILLARY SINUS FLOOR ELEVATION USING A MODIFIED TECHNIQUE OF CRESTAL APPROACH

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Purpose: Insufficient bone volume caused by pneumatization of the maxillary sinus and alveolar ridge resorption is the most common problem encountered in the rehabilitation of the patient with implant supported prostheses in the edentulous posterior maxilla. When the vertical bone loss is from within the sinus the procedure of choice is maxillary sinus floor elevation. There are few different options for sinus lifting. Alveolar crestal approach is the one of useful procedure for sinus lifting to increase bone height. The purpose of this study is to evaluate radiographically the outcome of alveolar crestal approach for sinus lifting and describe the effectiveness and advantages of this modified technique.

Methods: 10 sinus lifting procedures were performed with modified alveolar crestal approach in 9 patients age between 39-64. Selection of the patients for this study was based upon residual alveolar crest lower than 4 mm. After minimal mucoperiosteal flap reflection, an osteotomy was made by using piezosurgery and osteotomes. Platelet rich fibrin membranes and Bio-Oss (Geistlich Bio-Oss® ,Switzerland) graft material were used as filing material. Pre-operative and postoperative panoramic radiographs were used for bony height achieved with alveolar crestal approach.

Results: We observed an average bone gain of 12,79 mm (range 8,5 – 17,1 mm) to provide sufficient bone volume for implant placement with our modified crestal sinus floor elevation. No discomfort and complications occurred.

Conclusion: Our technique may be considered more conservative, easier and much less time consuming than the conventional lateral approach.

Keywords: crestal approach sinus lift dental implant

S10

**ESTHETIC AND FUNCTIONAL OUTCOMES OF AUTOGENOUS
RAMUS BONE GRAFT AUGMENTATION AND IMPLANT
THERAPY**

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The aim of this study was to evaluate the aesthetics of implant-supported tooth replacements using autogenous ramus bone graft procedure in a prospective study. Patients and methods: Ten patients with a tooth gap in the anterior zone of the maxilla were selected for the study. All patients had a local bone defect that needed augmentation before placement of an endosseous implant with sufficient initial stability. A subjective appreciation of the final result was assessed with a patient questionnaire. Results: The patients' opinion and the professionals' opinion about the peri-implant mucosa do show a significant correlation.

S11

ALVEOLAR BONE SPLITTING TECHNIQUE: CLINICAL EXPERIENCES

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Vertical and horizontal augmentation of the alveolar ridge is mandatory to allow adequate implant insertion. In the severely atrophied alveolar ridge augmentation by means of bone grafting, guided bone regeneration or distraction osteogenesis is mandatory previous to the placement of endosseous implants. Specific disadvantages have been reported for each technique. Alveolar bone splitting and immediate or delayed implant placement have been proposed for patients with severe atrophy of the alveolar crest in the horizontal dimension. Volume and quality of bone are important factors in determining the surgical process and the type of implant to be used, and are related to the success of implant surgery. This presentation describes alveolar bone splitting technique for the treatment of the narrow alveolar ridge in the horizontal dimension.

Keywords: horizontal osteotomy implant bone augmentation

S12

**SURGICAL MANAGEMENT OF CLASS III SKELETAL
RELATIONSHIP: CAN SINGLE JAW SUFFICE?**

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Orthognathic surgery plays a vital role in changing the exterior as well as the interior of patients. People in the arab world usually seek treatment solely to improve their exterior but experience shows that it is usually a combination of both. The majority of seekers are cases of Class III skeletal relationship with long face syndrome. Surgical management of these cases varies and treatment options ranges from single jaw to double jaw surgery with or without genioplasty. However, certain case do require simultaneous rhinoplasmy. In this presentation we will discuss the paradigm shift that happened over the last 10 years from singlr jaw solution to double jaw more realistic treatment which can brings about more harmonious face and beauty. Both techniques will be discussed and comparisons will be shown.

Keywords: Orthognathic Jaw genioplasty rhinoplasty

DISTRACTION OSTEOGENESIS& DENTOALVEOLAR SURGERY

S01

COMPARISON OF DISTRATOR AND TOOTH BORN APPLIANCE IN THE USE OF SURGICALLY ASSISTED MAXILLARY EXPANSION (SARPE): A PILOT STUDY

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The aim of this study is to evaluate the effectiveness of distractor and tooth borne appliance in the SARPE during and early after the surgery and compare them with dental and maxillary complex changes. This pilot study was carried on 10 patient all having maxillary transverse insufficiency, Class III skeletal and dental malocclusion characteristics. Fabricated distractors were used in eight patients who underwent the surgery for rapid palatal expansion whereas custom tooth born appliances were used in the remaining 2 patients. Intraoperative and post-operative clinical stability, expansion limits of the canines and the distance between mesiovestibular cuspid is measured with model and cephalometric analysis for both systems. Intraoperatively distractors are found more effective on separating the segments transversly. However, early period results showed no significant data of expansion limits between two devices.

Keywords: transpalatal distraction appliance cephalometric maxillary

S02

EFFECT OF CHEMOTHERAPY ON MANDIBULAR DISTRACTION OSTEOGENESIS

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Reconstruction of maxillofacial bones after tumor removal is challenging, especially when adjuvant radio and / or chemotherapy is scheduled. Chemotherapy is used as adjuvant treatment to surgery for many bone sarcomas. DO have been developed rapidly but its procedures have not been fully established in its applications with previously chemotherapy induced cases. The current study was performed to assess the potential of using distraction osteogenesis (DO) after chemotherapy. Twelve dogs underwent mandibular lengthening with special fabricated extraoral distractors. Methotrexate was used in the experimental animals at a dose similar to those used clinically for the treatment of human sarcomas. A control group underwent distraction without chemotherapy. The distraction rate was 1mm/ day for 15 days. Surgery was done for dogs after 10 days of completion of the course of chemotherapy. Two animals in each group were sacrificed on 15 day postdistraction, at 4 weeks, and 8 weeks respectively. Histologically, newly formed bone of similar features was seen and all animals developed stable and firm regenerate bone. The osteogenic activity in the experimental group was identical to that of the control one and both showed a membranous type of ossification with no cartilaginous elements. The study concluded that DO could be used successfully with chemotherapeutic treated cases.

Keywords: DO Chemotherapy

S03

LENGTHENING OF THE HYPOPLASTIC MANDIBLE BY GRADUAL DISTRACTION: REPORT OF 12 CASES.

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Background: Lengthening of the mandible by gradual distraction, according to the method of Ilizarov, is a new treatment option for mandibular hypoplasia (hemifacial microsomias, sequelae of temporomandibular joint ankylosis, oto-mandibular dysplasias...). This technique can begin for children before orthognathic surgery, replacing him in a better morphological, functional and psychological aspect.

Methods: 12 patients aged 15 to 26 years with unilateral hypoplasia of the mandible were reconstructed by internal osteogenesis distractor. The average amount of bone lengthening was 22 mm, ranged from 20 to 25mm. Pre and post-operative clinical and radiographic evaluations are presented. The median follow-up period was 2 years. The facial symmetry was restored, the chin was horizontal and controls long-term showed stable results clinically and occlusal. Postoperative orthodontic treatment is necessary to avoid a relapse.

Conclusion: The distraction osteogenesis presents numerous advantages: elimination of grafting problems, generation of new bone, respect of temporo-mandibular joint and simultaneous distraction of both soft tissues and bone.

Keywords: Distraction osteogenesis/ mandible/ hypoplasia

S04

EVALUATION OF THE EFFECT OF RESVERATROL ON NEWLY FORMED BONE IN DISTRACTION OSTEOGENESIS

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Objective: The aim of this study was to evaluate and compare the effect of locally applied resveratrol on newly formed bone in mandibular distraction osteogenesis in a rabbit model. Resveratrol (trans-3,4N-trihydroxystilbene) is a compound with antioxidant properties and also known as a phytoestrogen. Resveratrol occurs naturally in grapes and exhibits estrogenic activity. In addition, resveratrol has many other biological properties as inhibiting platelet aggregation, producing cardioprotective and anticancer effect and increasing osteoblastic activity. Study design. Twenty-four male adult New Zealand rabbits were used. All rabbits underwent unilateral mandibular distraction osteogenesis. 10 mg/kg resveratrol applied to the distraction area of 8 rabbits during distraction period (experimental group). Remaining subjects were served as controls. Control group were divided into 2 groups. The animals in the first control group were sacrificed after 1 month of consolidation period while the second control group were sacrificed after 3 months of consolidation. Animals in the experimental group were sacrificed after 1 month of consolidation. Histologic and densitometric evaluation of newly formed bone was performed.

Results: Bone mineral density and bone mineral content was higher in the experimental group than both control groups. However this finding was not statistically significant. Histologic sections also showed considerable bone formation in the experimental group.

Conclusion: Local administration of resveratrol has positive effect on bone healing in newly formed bone.

Keywords: Distraction osteogenesis resveratrol rabbit model

S05

ENHANCEMENT OF MANDIBULAR DISTRACTION OSTEOGENESIS IN NONIMMUNOSUPPRESSED RABBITS WITH HUMAN DENTAL PULP STEM CELLS OF DECIDUOUS TEETH (SHED)

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The major problem of distraction osteogenesis (DO) is the length of time required for the treatment, during which patient suffers discomfort caused by distraction device during the entire period as well as a longer period can also result in a higher possibility of complications. The main aim of this study is to evaluate the capacity of human dental pulp stem cells (SHED), isolated from deciduous teeth, to enhance mandibular DO in nonimmunosuppressed (NIS) rabbits. To our knowledge, these cells were not used before in similar experiments. We performed osteotomy in right mandible between premolar and mental nerve and the bone was distracted 1mm/ day for 6 days after 4 days latency period in NIS rabbits. Group A nothing was implanted in the osteotomy gap (control) and group B was implanted with SHED. Cells were used after isolation and in vitro characterization as mesenchymal cells. Animals were euthanized at 2 and 4 weeks postoperatively and distracted tissue samples were taken for radiological, histologic and histomorphometric analysis. The hDPSC lineage was positive for the 2 mesenchymal cell markers tested (CD 105 and CD 166). We observed progressive bone formation 2 and 4 weeks after surgery in all groups, but a more mature bone in SHED implanted group. mann- whitney test was used for data analysis and P value was < 0.05. The use of hDPSC in NIS rabbits did not cause any graft rejection. Our findings suggest that hDPSC is an additional cell resource for DO enhancement in rabbits which may be a promising model reconstruction of human large mandibular defects in maxillofacial surgery.

Keywords: Distraction osteogenesis, Enhancement, SHED, Nonimmunosuppressed rabbits Distraction osteogenesis, Mandible, Enhancement, SHED, Enhancement, Distraction osteogenesis, SHED

S06

THE IMPACT OF GENERAL AND LOCAL FACTORS AS CRITERIA OF ASSESSMENT FOR THE DIFFICULT LOWER WISDOM TOOTH. A RETROSPECTIVE STUDY

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The aim of this study is to evaluate the relationship of the general and local factors which have an impact on the difficulty during the removal of impacted lower wisdom teeth. Several factors such as age, gender, mouth opening, chief complain, bone surrounding and radiographic appearance and surgeon experience, will be included as factors which affect the difficulty during the removal of impacted lower wisdom teeth.

Materials and methods: One hundred twenty medically fit patients were randomly selected with an age range between 17–47 years of both sexes had impacted lower third molars and indicated for surgical extraction. Surgical removal performed by senior surgeon and junior surgeon.

Results: The sample comprised of 62.5% female and 37.5% male with mean age 24.5 years, the mean of the mouth opening was 39mm, the chief complain distributed as follow (pain 65%, dental check up 25.8%, orthodontic reasons 6.7% and others 2.5%), according to Pell and Gregory classification the percentage were class (44.2%), class (44.1%), class (11.7%), while the angulations were horizontally 15.8%, mesioangular 44.2%, vertical 24.2%, distoangular 15.8%, levels position A 40%, position B 36%, position C 17%. There was statistically highly significant difference between the duration of the operation and the experience of the surgeon at P value =0.003. The relation between the duration of the operation and class, level and angulations of impaction were statistically not significant. The effects of other factors like age, gender, chief complain and mouth opening were statistically not significant.

Conclusions: In regardless of type of difficulty index used in addition to local and general factors as a criteria for the assessment of lower molar tooth extraction, we concluded that the factor of experience of the surgeon is the most important factor on the duration of the operation.

Keywords: Difficulty criterions Assessment of Difficult Lower Wisdom Tooth.

S07

DESCENDING NECROTIZING MEDIASTITIS ASSOCIATED WITH AN INFECTED DENTIGEROUS CYST: A CASE REPORT

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Descending necrotizing mediastinitis (DNM) is defined as an infection of the mediastinum secondary to the spread of a severe infection from the buccopharyngeal tissues, with extension down through the cervical fascial layers. The most common cause of DNM is odontogenic infection, followed by retropharyngeal and peritonsillar abscesses. It requires an aggressive surgical approach. The aim of this study is to present the diagnosis, management and follow up of a 67-year-old male patient who has mediastinitis related with an infected dentigerous cyst in the left parasymphial region. Cyst was enucleated under general anesthesia 3 weeks after the mediastinal drainage.

Keywords: Descending necrotizing mediastinitis dentigerous cyst infection

S08

NOVEL TECHNIQUE IN CLOSURE OF LARGE OROANTRAL FISTULA IN A HEAVY SMOKER PATIENT BY USING OF PEDICLED TEMPORAL MYOFASCIAL FLAP WITH CORONOID PROCESS

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Oroantral fistula (OAF) is a commonly encountered clinical problem. This is an epithelialized communication between the oral cavity and the maxillary sinus, mostly occur after extraction of large molars near sinus floor. Definitive long-term successful closure of the large (>2 cm) oroantral fistula challenges all surgeons working in the maxillofacial area, especially in heavy smoker patients, as smoking decreases the blood perfusion & tissue healing capacities. Local flaps are available to close minor to moderate defects, however, large fistulae can be a very challenging reconstructive problem. Treatment includes the use of local or distant tissue flaps (rotating or advancing local tissues such as buccal or palatal tissue, buccal fat pad, submucosal tissue, or tongue tissue and temporal myofascial flap) and interpositional autogenous grafts or alloplastic & synthetic implants or xenografts. This article describes a novel technique for closing a persistent large (25mm×15 mm) OAF in a 30 years old heavy smoker patient with very poor oral hygiene, by using of pedicled temporal myofascial flap with coronoid process interpositional autograft which was fixed to palatal bone with 0-4 wire, buccal fat pad, palatal rotation flap. Bone grafts to the maxillary sinus are often required after closure of OAF to allow for subsequent implant installation. This report describes a single procedure that closes a large OAF using coronoid bone graft to the involved sinus. It is proposed that the technique provides greater flexibility and stability in treatment of large fistulae. The temporalis flap is a true axial flap which reliably provides a large bulk of tissue, based on the deep temporal arteries off the internal maxillary artery. so there is a vascular base for bone (coronoid process), this promotes more successful healing than other commonly used procedures, especially in this heavy smoker patient.

Keywords: Oroantral fistula interpositional autograft temporal flap coronoid process pedicled flap

S09

MANDIBULAR 3RD MOLARS AND PREVALENCE OF DISTAL CARIES OF MANDIBULAR 2ND MOLARS

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Objectives: The aim of this study was to evaluate the correlation of the eruption angulation of the mandibular 3rd molars (M3Ms) and distal caries incidence of mandibular 2nd molars (M2Ms).

Study design: 1091 lower third molars were evaluated by two surgeons on 686 patient's panoramic radiographies. There was 449 female and 237 male patients the mean age was 25,6 (20 to 30). The distal caries of mandibular second molars, age, angulations, impaction degree were assessed. Statistical analyses were performed by Chi Square Test Results Among 1091 M2Ms, 422 had distal caries (38.7 %, caries group). In the caries group, %43,4 of M3Ms exhibited angulation between 0 and 20°, %16.1 of M3Ms exhibited angulation between 21-40° and %22.7 of M3Ms exhibited angulation between 41-80° (p<0,001)

Conclusions: In this study the distal caries incidence of second molars were significantly higher than previously reported studies. In decision of the removal of the lower third molars, relatively high percentage of caries incidence should be considered additional to all other indications of lower third molars.

Keywords: mandibular third molars eruption status distal caries of mandibular second molars prophylactic removal of lower third molars indications

S10

THE COMPARISON OF THE PIEZOSURGERY AND TRADITIONAL SURGICAL TECHNIQUE IN ODONTOGENIC CYST ENUCLEATION

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The aim of this study is to evaluate the results of piezoelectric surgery during odontogenic cyst enucleation and compare with traditional surgical technique. 30 patients (17 males and 13 females) between the ages of 13 and 64 with biopsy proven odontogenic cysts were included in the study. A randomized clinical trial was planned. 20 patients were allocated in piezosurgery group, whereas 10 were allocated in the group operated with conventional rotary instruments. All the surgical procedures were performed by the same surgeon. Bleeding, soft tissue lacerations, the difficulty of manipulation, major perforation sites on cyst epithelium, and mean operation time were evaluated. Bleeding was evaluated at the first, second, third and seventh post-operative days and recurrence of cystic lesions were evaluated 5 – 24 months after treatment. In piezosurgery group, amount of bleeding, major perforation sites on cyst epithelium, soft tissue laceration were less than conventional surgery group and no recurrence was found in piezosurgery group. On the other hand operation time required for piezosurgery found to be longer when compared with conventional technique.

Keywords: Piezosurgery rotatory cysts operation time recurrence

S11

EFFECT OF PLATELET-RICH FIBRIN (PRF) ON PAIN, SWELLING AND TRISMUS FOLLOWING IMPACTED THIRD MOLAR SURGERY (MULTI-CENTER CLINICAL STUDY)

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Post-operative complications after impacted third molar surgery are the ones most encountered in oral and maxillofacial surgery. Most surgical procedures result in a certain amount of swelling, trismus, pain and secondary infection. A recent development in oral surgery is the use of second generation platelet concentration named as Platelet-rich fibrin (PRF). This technique is derived from an autogenous preparation of concentrated platelets without any anti-coagulant agent or manipulation to the venous blood. The purpose of this study is to compare the incidence and severity of post-operative edema, pain, trismus and infection of the extraction cavities that were filled with PRF and the cavities that no applications were performed except wound closure after impacted mandibular third molar surgery. Fifty-six patients with bilateral impacted third molars included in this study. All patients were operated and third molars were extracted bilaterally in a single visit. PRF was placed in only right extraction sockets and patients were not informed about the PRF place side. The evaluation of swelling, trismus and pain were carried out 24-48 hours and 7 days after the surgery. The results indicated that patients experienced less pain, swelling and trismus in the PRF filled side.

Keywords: pain swelling trismus third molar platelet rich fibrin

S12

DISTRACTION OSTEOGENESIS AS FOLLOWED BY CT SCAN IN PIERE ROBIN SEQUENCE

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The aim: The aim of this work was to assess the multislice CT scan for analysis of the craniofacial anatomic changes in Pierre Robin sequence both predistracted and postdistracted, and to assess the use of unidirectional internal distractors in this patient group.

Patients & Methods: The study involved 11 patients. Their age at the time of distraction ranged from 2 to 7 months. Six were females and 5 were males. All had retromicrognathia, glossoptosis and obstructive sleep apnoea. All were diagnosed clinically and by CT scan. All were managed by distraction osteogenesis and were followed postoperatively by multislice CT.

Results: The distance between the base of the tongue and the posterior pharyngeal wall increased by a mean of 141%, and the total mandibular length increased by a mean of 26%. The increase in the distance between the hyoid bone and the posterior pharyngeal wall increased by a mean of 42%. The distance between the hyoid bone and the genoid process increased by a mean of 9%.

Conclusion: Multislice CT scan was found to be a practical imaging technique to evaluate the morphologic changes in the airway and the mandible after distraction osteogenesis. It rules out the need for other traditional methods. Owing to the plasticity and malleability of the infant mandible that allow for sufficient bone remodelling, unidirectional internal distractors achieved a satisfactory maxillomandibular relationship which was tolerated by the infants and accepted by the parents.

Keywords: Distraction osteogenesis; Three-dimensional CT scan; Pierre Robin sequence

TMJ & ORTHOGNATHIC SURGERY

S01

PSYCHOLOGICAL, ESTHETIC AND FUNCTIONAL SATISFACTION IN PATIENTS WITH/WITHOUT DENTOFACIAL DEFORMITY

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Objectives: Orthognathic surgery is a well known procedure for patients with dentofacial deformities. The primary motivation of patients who seek orthognathic surgery is expectation of esthetic improvement. Clinicians believe that changes following orthognathic surgery are both physically and psychologically beneficial to the patients. The aim of present study was investigation of personal satisfaction in surgically treated or untreated patients and compare with individuals who do not have any skeletal discrepancies.

Material and Methods: One hundred five adult patients were included in this study as skeletal discrepancy group (n:35), treated skeletal discrepancy group (n:35) and control group (n:35). Skeletal discrepancy group consisted of patients who were nonsurgically treated with orthodontic treatment. Bimaxillary or isolated procedures were performed by the same surgeon. The control group consisted of patients who did not have any skeletal discrepancies. The questionnaire was designed according to Lazaridou-Terzoudi's questionnaire and was given to all groups for assessment of psychologically and physical satisfaction and patients were required to mark the most appropriate answers. All datas were statistically evaluated by Kruskal Wallis test.

Results: General physical body discontent was higher in female patients for all groups ($p < 0,05$). The most common problems were chewing and smiling in the preoperative group. The majority of the patients who underwent orthognathic surgery had high degrees of satisfaction with the appearance brought about by surgery ($p < 0,05$). Orthognathic surgery resulted in improvements in self-esteem, facial attractiveness, social relationships, patients' health and function in the postoperative group. Almost all patients did not complain about the healing period following the orthognathic surgery and accepted undergoing another surgery if necessary.

Conclusion: Esthetic and function both deeply affects the quality of life. Orthognathic surgery treatment is incomplete if the surgeon attempts to correct the physical and functional deformity alone without adequate understanding of patient's expectations and psychological conditions.

Keywords: Patient satisfaction Orthognathic surgery patient-based outcomes

S02

A SAFE SURGICAL APPROACH TO THE TEMPOROMANDIBULAR JOINT

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The aim of this study was to report a safe surgical procedure for the treatment of temporomandibular joint pathologies. The procedure set out below satisfies a wide access approach for the prevention of facial nerve injury. The preauricular approach with the additional deep subfacial approach were applied to eighteen patients who had various problems from ankylosis to internal derangement. All patients were assessed at the following postoperative times. Facial nerve functions were evaluated after surgery and 24 hours after surgery by the House facial paralysis system. Temporary facial nerve palsy was seen in a patient who had a residual keratocyst in the condylar neck region. Other patients tolerated the procedure well and there were no other complications.

Discussion: This procedure significantly decreased the risk of facial nerve injury.

Keywords: deep subfacial approach temporomandibular joint facial nerve damage

S03

DOES THE ANGLE OF THE GENIOPLASTY OSTEOTOMY EFFECT THE MENTOLABIAL CURVATURE?

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Osseous genioplasty is a widely performed surgical procedure with or without other osteotomies of the jaws. Although all the movements in three planes is possible, the mostly performed indication is the advancement surgery to achieve ideal profile by maintaining the mentolabial curvature. The angle of the osseous genioplasty is about 30 degrees to Sella-Nasion plane. In the presented study, changes of the curvature of the mentolabial structures in preoperative and postoperative lateral cephalometrics were compared and effects of the osteotomy angle on these structures was evaluated and discussed.

S04

ORTHOGNATHIC SURGERY COMPLICATION CASES

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The best time to perform orthognathic surgery for the correction of dentofacial deformities is the first time. Like all surgery, complications also occur with orthognathic procedures, most of which can be prevented by thorough planning and careful surgery. A thorough understanding of how to avoid intra- and postoperative complications, and how to manage these problems successfully, is mandatory. A surgeon who want to do these operations must have thorough knowledge of dental occlusion, anatomy and tissue physiology. The aim of the present article is to report and discuss some orthognathic surgery malpractice cases operated by some plastic surgeons.

Keywords: malpractice orthognathic surgery

S05

ONE STAGE BIMAXILLARY DEFORMITY CORRECTION USING INVERTED L RAMUS OSTEOTOMY AND COSTOCHONDRAL GRAFTS AFTER RAMUS DISTRACTION IN HEMIFACIAL MICROSOMIA PATIENTS

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Hemifacial microsomia (HFM) is among the most variable maxillofacial syndromes showing unpredictable growth patterns. Therefore the severity of deformity greatly differs from total absence of ramus /condylar unit to neglectable morphologic changes of the affected site. We present our experience with three male children of whom two had Type IIA,III Kaban classification. The patients were evaluated clinically, radiographically and with cephalometric analysis. Treatments began in the primary or early mixed dentition stage with the introduction of a functional dentoalveolar orthopedic appliance. Unilateral ramus distraction was applied to all cases. LeFort I level maxillary osteotomy (including rotation and impaction) with inverted L mandibular osteotomy of underdeveloped ramus and sagittal split osteotomy of non affected site was performed in Type IIA cases. The patient with Type III deformity had autogenous costochondral graft for condylar/ramus reconstruction together with maxillary surgery. Inverted L osteotomies with autogenous block grafts provide larger antero-inferior advancement of deficient ramus in sagittal plane that is only possible with distraction. Our experience represents useful additional options for the treatment type IIA and III HFM patients. The goals of the treatments in HFM are; increasing the size of the underdeveloped mandible unilaterally, promoting maxillary growth and establishing an occlusal pattern.

Keywords: Hemifacial microsomia Inverted L-osteotomy Distraction osteogenesis

S06

**ORTHOGNATHIC APPROACHES AND CLINICAL EXPERIENCES:
A RETROSPECTIVE STUDY**

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Orthognathic surgery, to correct facial function and facial aesthetic by oral and maxillofacial surgeon, is a surgical method to repose of dental and skeletal component of face. Although Orthognathic surgery field has improved after 1970's and become widespread, the history of Orthognathic surgery is older than it. Before 1960's only the mandibular prognathism was treated surgically. Today oral and maxillofacial surgeon corrects all mid face and mandible deformities. As it known orthognathic surgery is surgical method that uses to correct maxillo-mandible and dentofacial deformities. But sometimes orthognathic surgery includes post-traumatic malocclusion and deformities, facial asymmetry and deformities in the adult or adolescence period (condyle deformities). According to results Orthognathic surgery methods are satisfactory methods for surgeon and patient in the oral and maxillofacial surgery field. Therefore in this article cases with dentofacial deformities are retrospectively evaluated by various parameters and we present our clinical experience in orthognathic surgery field. 200 cases with dentofacial deformity, malocclusion and orofacial defect were examined and 93 cases were enrolled in study. Various parameters are described for the study. These are; age, gender, classification of deformities, clinical findings, complications, corrective and reconstructive treatment methods and demographic dispersion.

Keywords: Orthognathic surgery clinical experience retrospective study

TRAUMA & CLEFT

S01

EVALUATION OF WAR INJURIES IN THE MAXILLOFACIAL REGION IN MOSUL CITY-IRAQ (2007-2011)

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Aims: To report new classification for missile wounds and their treatment, and report classification for the missiles and effects of explosion. Moreover, to determine the factors affecting morbidity of wounds.

Materials and Methods: The study comprises 213 patients who were complaining from different injuries in Maxillofacial region resulting from war missiles. Immediately upon arrival in the emergency unit, patients' airway and vital signs was controlled. The study included:

Group A: included (80) patients with bullet injuries in which the bullets were still inside the maxillofacial region,

Group B: included (93) patients with blast missiles,

Group C: included (40) patients with high and low velocity bullets that involved soft or soft and bone tissue. Then the definitive treatment application were employed by the same surgeon.

Results: The study reported new classification for missile wounds (lacerated wound 27%, penetrating wound 30%, perforating wound 15%, destructive perforated wound 20.5% and highly destructive wound 7.5%) with determining their treatment. The most common explosion effect was shells (39.7%). Also the study showed that the most common bullets was the classical (67.5%). Moreover, there was statistically a highly significant difference between morbidity of injuries when the bone involvement or not in both high or low missile velocity at P value <0.01. Discussion: The bone involvement was the most important factor in determining the types of wounds, since this will lead to explosion of solid bone resulting in many bone shells which lead to highly significant damage of tissues.

Conclusions: The research placed new classification for missiles wounds and their management, placed classification for missiles, also the study concluded that the morbidity of missile injury in maxillofacial region is depending on the type of tissues involvement more than the missile velocity.

Keywords: missile injury high velocity bullet war injury

S02

COMPARATIVE ANALYSIS OF MAXILLOFACIAL FRACTURES PATTERN IN THREE NEIGHBOUR COUNTRIES (IRAN -TURKEY -BULGARIA)

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Maxillofacial injuries can pose considerable long – term functional, esthetic and psychological complication. These injuries may also pose substantial economic consequences for the patients as the treatment may require some complex procedures. Maxillofacial fractures may vary obviously from one country to another and even within the same country due to the socio-economic, cultural, environmental as well as age and sex and educational distribution of the population. According to the WHO statistics report , one million people die and approximately 15 to 20 million are injured due to the road traffic accidents. Cultural, ethnic and geographic –environmental background may influences pattern of these fractures. The aim of this presentation is the comparing of the maxillofacial fracture pattern in Iran, Turkey and Bulgaria according to the last published articles from respective neighbour countries. The author (pre-senter) will discuss and compare about all aspects of their findings with another two countries.

Keywords: maxillofacial fractures Trauma maxillofacial injuries maxillofacial fracture pattern

S03

ASSESSMENT OF DOUBLE 2.0 OSTEOSYNTHESIS BONE PLATES AT THE INFERIOR BORDER OF THE MANDIBLE AS A SOLE WAY OF FIXATION FOR TREATMENT OF MANDIBULAR FRACTURE

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Aim: Assessment the validity and reliability of using double 2.0 osteosynthesis bone plates at inferior border of mandible as a sole way of fixation for treatment of mandibular fractures to eliminate mouth closure by supplementary IMF.

Material & Methods: 13 adult patients (9 Male&4 Female) aged 24 – 51 years with different mandibular fractures (6 symphyseal,4 body,3 angle) were treated by internal rigid fixation using double 2.0 osteosynthesis bone plate with 4 bicortical screws for each plate at inferior border of the mandible, pre-IMF was done firstly to guide the occlusion into proper position, plates were then placed using either intraoral or extraoral approach, IMF was then removed intraoperatively and checking of the occlusion to assure the same proper position, then the patients were dismissed with open functioning mouth. Follow up was performed 1,2,4 and 6weeks postsurgically to assess the occlusion and mobility of the jaw clinically.

Results: 11 patients (84.6%) showed uncomplicated healing of the fracture with absence of clinical jaw mobility and maintained the same proper occlusion at the whole time intervals, and these patients gave a history of comfort during function through these time intervals. 1 patient (7.7%) that hasn't been seen through follow up periods showed clinical mobility of the jaw with discrepancy in occlusion at 6 W postsurgically and he gave a history of aggressive use and over load to the mandible during function. The other 1 patient (7.7%) showed only dehiscence of the intraoral wound at the symphyseal area, although, there was neither clinical mobility of the jaw nor occlusal variations than immediate postoperative one.

Conclusions: Internal rigid fixation with Double 2.0 osteosynthesis bone plates at the inferior border of the mandible with 4 bicortical screws for each is an adequate fixation modality for treatment of mandibular fractures with no need to any supplementary IMF.

Keywords: Mandibular Fracture osteosynthesis fixation 2.0 bone plate

S04

THE OUTCOME OF ZYGOMATIC FRACTURE TREATMENT. A RETROSPECTIVE STUDY OF TRAUMA CASES IN KING ABDULAZIZ MEDICAL CITY IN RIYADH

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Introduction: Zygomatic fractures constitute the 2nd common fracture in the face worldwide.

Material & Methods: Descriptive analytical study of all isolated zygomatic fractures and zygomatic fractures associated with mandibular fractures, treated under general anesthesia by the Division of Oral and Maxillofacial Surgery in King Abdulaziz Medical City in Riyadh, over 8 years period. A number of parameters, including the patient's age, gender and mechanism of injury, treatment modality, and postoperative complications were recorded and assessed. In this study we exclude all panfacial fractures and zygomatic fractures associated with midface fractures.

Results: The peak age of incidence is 17 years with 87% of males who sustained zygomatic fractures either isolated or associated with mandibular fracture. Most fractures were caused by road traffic accident (76%) followed by violent assaults (7.3%). There were 80% isolated zygomatic fractures compared to 20% zygomatic fractures associated with mandibular fractures of the 70 files were reviewed and 15 files were excluded from the study because of not relevance or missed, 20% of the associated injuries are head injuries. More than half of all cases were treated by open reduction (78.2%) 14% of which use the lateral eye brow and subciliary approach, and 67.3% of the fixation done by titanium plates. Complications occurred in 16% of cases, 3.6% were maler flatness and 1.8% enophthalmos and ectropion.

Conclusions: The results of this study, compared with similar studies reported in the literature, support the view that the causes and incidence of zygomatic fractures vary from one country to another and, as such, can provide a guide to the design of programs geared toward prevention and treatment.

Keywords: zygomatic fracture riyadh treatment of zygomatic fractures

S05

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

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Purpose: The aim of this study was to evaluate the effect of metallic fixation of mandibular symphyseal fracture on mandibular growth.

Materials and Methods: Eighteen 90-day-old New Zealand rabbits weighing 1.6 to 2.5 kg were included in this study. 9 animals underwent mandibular osteotomy, simulating a symphyseal fracture on the midline of mandibular symphysis (experimental group). The bone segments were fixed with micro-plates and micro-screws (1.6mm). In sham group, same surgical incision without performing symphyseal osteotomy was performed and two screws were inserted to the each side of symphyseal midline. The distance between two screws was measured with a digital caliper. Digital cephalometric and submentovertex radiographs were taken before the operation and at postoperative 6th month for each animal and measurements were compared. The initial and 6 months following surgery distances between the centers of the 2 screws in the control group was compared. Obtained data were statistically analyzed by Statistical Package for Social Sciences (SPSS) version 11.5 software (SPSS Inc., Chicago, IL, United States).

Results: Mean of amount of the mandibular growth was $10,7 \pm 3,43$ on the right side and $10,3 \pm 3,23$ on the left side of the mandible in sham group. Mean of amount of the mandibular growth was $12,7 \pm 2,39$ on the right side and $12,4 \pm 2,66$ on the left side of the mandible in experimental group. There is no statistical significant difference between two groups for growth amount of both side of the mandible. Difference of ANS-Me and Cd-Gn values of the two groups is not statistical significant. (p is more than 0.05) The distance between two screws at the first application increased at the postoperative 6th month. This difference was statistically significant (p is less than 0.05).

Conclusion: Although metallic fixation of mandibular symphyseal fracture interfered the mandibular growth in rabbits, mandibular asymmetry was not observed.

S06

**SURGICAL PROCEDURES AND CLINICAL RESULT IN THE
TREATMENT OF DELAYED MANDIBLE FRACTURES**

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As it known, maxillofacial traumas are one of the most important oral and maxillofacial surgical procedures. Mandible is the most effected bone in facial trauma and mandible fractures results in aesthetic and functional problems (depend on trauma severity and fracture type) in all patients. Therefore mandible fracture has an important role in the field of oral and maxillofacial surgery. Condyle fractures are responsible of the lower face's developmental deficiency in the children and adolescents. Thus mandible trauma is still actual problem of the oral and maxillofacial surgery. Also treatment becomes more complex in patients with delayed mandible fracture, improper treatment or untreated mandible fracture. Besides aesthetic and functional problems due to malocclusion, the existence of craniofacial pain in the late period affects the patients' quality of life. Despite the proper trauma treatment, several different treatments and interdisciplinary method are mostly needed in delayed mandible fractures. In this study, we present surgical procedures of delayed, improper treated or untreated patients with mandible fractures due to local and systemic problems and also we analyze the treatment results that affect the quality of life.

Keywords: delayed mandible fracture surgical procedures trauma

S07

AMELOBLASTOMA: RADICAL VERSUS CONSERVATIVE TREATMENT

Dr. Mojtaba SALEHI

Dr. Farzin SARKARAT

Ameloblastoma has been describe as benign but locally invasive with a strong tendency to recure and locally malignant.treatment must be guided by consideration of the behavior and potential of the tumor,the growth characteristic of the tumor and the histological assessment of the specific lesion.goal af the treatment is total removal of the tumor by whatever surgical procedure or combination of procedures is necessary.radical treatment should be planned to be definitive and offer the best opportunity for cure but associated with high morbidity and psychological distress for patient and need to reconstruction with bone graft and complex procedures.conservative treatment(curettage and enucliation)is a plan with less morbidity but as-sociated with increase recurrence rate and to need the axact follow up period.in this article discusses about conservative treatment of mandibular ameloblstoma.

S08

BIODYNAMIC OF VELOPLASTY IN CLOSURE OF WIDE CLEFT PALATE (TERRO'S 3-STAGE TECHNIQUE)

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Cleft palates are among the most common serious congenital anomaly to affect the facial region and if left untreated can lead to serious medical and simultaneous speech and language problems. Each cleft palate is unique. They vary in width, completeness, amount of hard and soft tissue available, and palatal length. The surgical technique and timing used to close palate deformities are extremely varied, from one surgeon to another. Palatorrhaphy (palatoplasty) is usually performed in one stage or two. In two stage technique, the soft palate closure (Veloplasty) is usually performed first and the hard palate closure (Uranorrhaphy) is performed later. The main goal of cleft repair is to create a mechanism capable of speech and deglutition without significantly interfering with subsequent maxillary growth. A new 3 stage technique is created and adopted by the author and other surgeons over many years. This method can achieve the main objectives of closure of wide cleft palate, preserving its function and morphology. This lecture will describe the main concepts of the biodynamic of veloplasty as a part of 3 stage technique. Case reports with follow-up of more than 14 years will be demonstrated.

S09

AN UNEXPECTED PROBLEM DURING BIMAXILLARY ORTHOGNATHIC SURGERY

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Orthognathic surgery is a challenging procedure for the surgeon. Establishing the correct maxillary position is one of the main criteria for both esthetic and functional outcomes. Up to now, it's well described how to fabricate the preoperative inter-occlusal splints assisting the surgeon in repositioning the jaws. However, the surgeon always has to carefully check the inter-occlusal splint if it is misguiding the segments or not. In two consecutive bimaxillary surgeries in which maxillary repositionings were performed first, the final inter-occlusal splint had failed to work in repositioning procedures of the mandibles. The operations had to be performed with free hand on the basis of the preoperative analysis, inter-occlusal relationship and facial esthetic considerations. It was surprising that after rigid fixation of the mandible, the final inter-occlusal splint was noticed to stay in correct position in both cases. The post-operative 3 weeks consolidation period was performed with intermaksillary fixation after stabilization of the final splint inter-occlusally. There are two possible causes of this problem; preoperative model surgery or muscle relaxation due to general anesthesia. In both situations, the surgeon should examine the patients' discrepancies and plan the repositioning of the jaws carefully before the operation to be able to overcome the problem

Keywords: bimaxillary surgery model surgery inter-occlusal splint preoperative planning

S10

EPIDERMOID CYST OF THE FLOOR OF THE MOUTH: REPORT OF A RARE CASE

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Dermoid cysts are malformations that are rarely observed in the oral cavity. Histologically, they can be further classified as epidermoid, dermoid or teratoid. They constitute 1.6% to 6.9% of all cysts in the head and neck area. The vast majority of epidermoid cysts are located in the midline (sublingual 52%, submental 26%). These cysts occur most often in patients in their second or third decade of life. Clinically, the lesion presents as a slow-growing asymptomatic mass, usually located in the midline, above or below the mylohyoid muscle. Surgical excision from the floor of the mouth is indicated to relieve symptoms and prevent possible infection. In this report, we describe a 28 year old man presented with a cystic large sublingual lesion occupying the entire floor of the mouth. Also we discuss the clinical features, differential diagnosis, and treatment of epidermoid cysts with a literature review.

Keywords: Epidermoid cyst floor of the mouth surgical treatment

S11

FIBRO-OSSEOUS LESIONS OF THE OROFACIAL REGION

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The classification of orofacial region's fibro-osseous lesions was a controversial subject among clinician for a long time. Different opinions were supposed about their composition and terminology. The fibro-osseous lesions occur by replacement of the normal bone composition by a tissue composed of collagen fibers and fibroblasts containing various amounts of calcified tissues which may be bony or cementum-like in appearance. Many lesions contain an admixture of these calcifications. A great number of fibro-osseous lesions of orofacial region were classified in the literature. But recently, these lesions have been classified by primary four topics: cemento-osseous dysplasia, cementoblastoma, cement-ossifying fibroma, fibrous dysplasia. The diagnosis and management of fibro-osseous lesions is a significant problem for the radiologist, pathologist, oral and maxillofacial surgeon. Distinctive diagnosis is difficult among various fibro-osseous lesions due to overlapping clinical, radiological and, histopathologic features. So it is reported that radiological view is the principal factor to make distinctive diagnosis in the recent literature. Therefore, this study is aimed to report and discuss various aspects of a group of patients with oro-facial region of fibro-osseous lesions.

S12

ORAL MUCOSAL INVOLVEMENT IN LANGERHANS' CELL HISTIOCYTOSIS: LONG-TERM FOLLOW-UP OF AN UNCOMMON CASE

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Langerhans' cell histiocytosis (LCH) is a rare disease, and different organs and systems may be affected. Oral involvement generally consists of mucosal ulceration associated with lesions of the underlying bone. Its diagnosis is especially difficult due to its wide clinical spectrum. Especially with multiple organ involvement, various symptoms may lead the clinician to an incorrect diagnosis. Here, we present an LCH case characterized by oral mucosal ulcerations with no involvement of the underlying bone; a definitive diagnosis was made by open biopsy from the oral mucosa. LCH had not been diagnosed by previous methods, and the patient received incorrect treatments. A 41-year-old female referred with a complaint of bilateral palatal ulcerations. Radiographic investigation showed no pathosis of related bone or periodontium. Her past medical history was remarkable for diabetes insipidus and related lymphocytic hypophysitis and for pituitary failure she was being continued to receive replacement therapy for one year. In our clinic an open biopsy from the oral mucosa was performed under local anesthesia, and the biopsy revealed the presence of LCH. It was decided to start a 35-week chemotherapy regimen. Oral lesions disappeared after 21 weeks and the patient still remains asymptomatic. Oral lesions can be a sign of systemic disease. Clinicians dealing with the maxillofacial area should be aware of oral symptoms of systemic diseases and should know the clinical findings. In the LCH case presented here, although the ulcerated areas were not associated with the underlying bone, clinicians suspected considering the clinical findings; a definitive diagnosis was achieved with an open biopsy from the oral mucosa.

Keywords: Langerhans' cell histiocytosis oral ulcer oral diagnosis

PATHOLOGY

S01

A NEW ERA IN THE MANAGEMENT OF AMELOBLASTOMA

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Up till now the surgical management of ameloblastomas depends on the extension of the lesion radiographically and on 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. 38 cases (22 males and 16 females with age ranged between 10 and 70 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.

S02

**CYCLIN D1 AMPLIFICATION IN TONGUE AND BUCCAL MUCOSA
ORAL SQUAMOUS CELL CARCINOMA**

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Objectives: To determine and compare the amplification of Cyclin D1 in B.M. and tongue oral squamous cell carcinoma(SCC) and to correlate its amplification with tumor depth, tumor front, histopathological grading, pathological tumor size, lymph node status and TNM staging.

Methods: The study samples were paraffin-embedded OSCC surgical specimens obtained from the archives of the Oral Pathology Diagnostic Laboratory. A total of 50 samples of patients with primary OSCC of B.M. and tongue were included in the study. The sociodemographic and clinical data were obtained from the Malaysian Oral Cancer Tumor and Database System, University of Malaya. There were 31(62%) female and 19(38%) male with the overall age ranging from 26 to 94 years with a mean age of 60years. The OSCC samples were from 44(68%) Indians, 10(20%) Malays and 6(12%) Chinese. The fluorescent-in-situ hybridization (FISH) technique was used to detect the amplification of Cyclin D1 using the Vysis protocol. Fluorescence evaluation of Cyclin D1 was performed using the image analyzer where the Cyclin D1 amplification signal appears as a small spot. Statistical correlations of Cyclin D1 and certain clinicopathological parameters of OSCC were analyzed using the chi-square or Fisher's exact test.

Results: Positive amplification of cyclin D1 was detected in 72% (36) of OSCC. Detection of positive amplification for cyclin D1 was observed in 88% (22) and 56% (14) of the tongue and buccal mucosa OSCC respectively where the difference was statistically significant($p=0.012$). There was a statistically significant correlation between Cyclin D1 positivity and ethnicity for the OSCC of the buccal mucosa ($p=0.037$); larger pathological tumor size (pT) ($p = 0.019$), higher pTNM stages ($p=0.014$) and tumor depth ≥ 5 mm in tongue cases ($p<0.001$).

Conclusion: There is a significant correlation between amplification of Cyclin D1 with some clinicopathological parameters which are known independent prognostic indicators.

S03

PAROTID TUMOUR SURGERY: ADVANCES, MEANS, AND TECHNIQUES

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Reviewing the evolution of parotid tumour surgery, one can see the development of surgical thought and techniques, from enucleation of the tumour to extracapsular dissection, superficial parotidectomy and partial superficial parotidectomy, or total parotidectomy, depending on the location of the tumour, and its relationship to the facial nerve. In July 4-5, 2008, the 1st International Accord on modern management of salivary gland disease, tried to reach a consensus in answering critical questions, such as: i) Is it justified to move away from superficial and total parotidectomy as the standard of care for benign parotid tumours?, ii) Does presence of malignant disease in the parotid gland demand a total parotidectomy?, iii) Is it necessary to perform neck dissection in every case of parotid cancer? The reached agreement between the participating surgeons, reflecting a new concept in the surgical management of parotid tumours, included recommendations for i) a new approach towards surgery of benign parotid tumours, which is individual and non-standardized, thus offering the possibility to apply less radical techniques, like partial superficial parotidectomy and extracapsular dissection beside the classical lateral ant total parotidectomy, ii) total parotidectomy for high-grade tumours, deep lobe tumours, or tumours classified more than stage 1, whereas discussion is open for low-grade stage 1 tumours, proposing superficial parotidectomy or even more conservative approaches with partial superficial parotidectomy, iii) elective neck dissection in carcinomas with high percentage of lymphatic spread also in the N0 neck, taking into consideration that a decision for neck dissection should be made individually depending on primary tumour characteristics. New means in refining parotid tumour surgery, include intraoperative electro-physiologic facial nerve monitoring, which serves as an adjunctive method to assist with the functional preservation of the facial nerve. Of course the proper and meticulous surgical technique, still remains of paramount importance for facial nerve preservation.

S04

HISTOPATHOLOGICAL FACTORS INFLUENCING RECURRENCE AND SURVIVAL OF ORAL CANCER PATIENTS

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Even after aggressive treatment strategy we still have high rate of local and regional recurrence. Loco regional recurrence and bad survival rate may represent tumor with histological unfavorable features.

Objective: The aim of the present study is to identify pathohistological factors that influence the incidence of local and regional recurrences and survival in patients with oral cancer.

Patients and methods; 75 patients with oral cancer have been included in this research hospitalized in the period of 2000-2005 year. After the setting of the diagnosis through preoperative investigations all patients undergo resection of the primary oral carcinoma and simultaneous neck dissection in 70 patients; elective supraomohoid ND in patients with clinically N0 neck, therapeutic selective or radical in patients with clinically N1-N3 neck, 5 patients were treated only with surgery of the primary carcinoma without neck dissection.

Results: The 5 year survival was 42% of all patients, the survival period was closely connected to the degree of differentiation, vascular invasion, the size of the tumor and neck status (PhT and PhN). Patients in I and II clinically stage had 21% regional recurrence and 29% local recurrence. Patients in III and IV clinically stage had 48% local recurrence and 53% regional recurrence. Recurrence frequently involved level II and IV nodes. When used as covariates in a multivariate Cox regression model, worst pattern of invasion, vascular invasion, and depth of invasion were significant and independent predictors of both LR and OS.

Conclusion: The recurrence rate increased and OS decreased with lymph node involvement, tumour size and several pathohistological parameters.

Keywords: oral cancer survival pathological factors

S05

CHARACTERISTICS OF ORAL CAVITY LESIONS AND ACCURACY OF INITIAL CLINICAL DIAGNOSES: A RETROSPECTIVE DEMOGRAPHIC STUDY OF 1390 PATIENTS

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Background: The objective of this study was to evaluate the demographic characteristics of the patients in a particular Turkish population with oral cavity pathology and compare the initial clinical diagnoses of the lesions with the final histopathologic diagnoses in order to determine the misdiagnosis rates for each lesion.

Methods: A retrospective analysis was conducted on the patients, who admitted with oral cavity pathology and underwent biopsy procedure between 1998 and 2008. The data including age, gender, anatomic localization, radiographic description, initial clinical diagnosis and final histopathologic diagnosis were recorded. The initial clinical diagnoses were compared with the histopathologic diagnoses of these lesions.

Results: Out of 1390 patient charts, 906 cases (464 males and 442 females) were included. The mean age of the patients was 35.2 ± 17.4 years. Among the included cases, 5.2 % were malignant lesions. Histopathologic diagnosis did not match with the initial clinical diagnosis in 7.4% of the cases. Non-odontogenic tumors and odontogenic tumors had the highest misdiagnosis rate (12.9% and 9.8% respectively), followed by malign tumors (8.3%), precancerous lesions (8.3%), and odontogenic cysts (5.2%)

Conclusion: Oral pathologic lesions with high possibility of clinical diagnosis failure such as neoplasms of the oral cavity should be evaluated carefully by the oral surgeons and oral pathologists.

Keywords: Oral pathology , Differential diagnosis Retrospective studies

S06

PROGNOSTIC SIGNIFICANCE OF DNA METHYLATION DETECTED IN SURGICAL MARGINS OF ORAL SQUAMOUS CELL CARCINOMAS

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Introduction: The incidence rates of oral squamous cell carcinoma (OSCC), are rising and the overall survival rate has remained less than 50%, with a high incidence of local and regional relapse and lymph node metastasis. Local recurrence occurs despite of histopathologically tumor-free surgical margins. The genes selected for methylation analysis of surgical margins covered a wide range cellular processes including cell cycle control (p16), apoptosis (DAPK, RASSF1A), Wnt signaling (APC, WIF1, RUNX3), cell-cell adhesion (E-cad), and DNA repair (MGMT, hMLH1, WRN).

Materials and Methods: All of the 47 retrospectively identified OSCC patients with histologically tumor-free surgical margins were not given adjuvant chemotherapy or radiation prior to surgery, and after surgical treatment, all patients received local radiotherapy. For each patient, samples were taken at the time of surgery from primary malignant tissue and the two consecutive surgical margins. Kaplan-Meier survival curves were compared by the log-rank test. Cox proportional hazard regression analysis was performed to estimate the hazard ratios (HR), with 95% confidence interval (95% CI).

Results: Out of 47 patients with histologically negative margins, 54% showed positive for promoter hypermethylation of at least one gene under study. The presence of DAPK promoter hypermethylation detected in histologically negative surgical margins was associated with a decrease in overall survival ($p=0.004$, log rank test) Hypermethylation of other tumor-related genes under study detected in surgical margins did not have prognostic significance.

Conclusion: DNA hypermethylation in histologically negative surgical margins is a frequent event. Promoter hypermethylation of DAPK gene may be a useful molecular marker for poor overall survival in oral squamous cell carcinoma.

Keywords: Oral cancer Surgical margins DNA Hypermethylation Survival

S07

A COMPARATIVE STUDY OF A 980 NM DIODE LASER AND CO2 LASER IN THE TREATMENT OF ORAL LEUKOPLAKIA

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Aim: The purpose of our comparative study was to evaluate the safety and efficacy of a 980 nm diode laser for the treatment of premalignant oral leukoplakias. Clinical outcomes were compared with those following the use of a CO2 laser for the treatment of these lesions.

Materials and Methods : Twenty three consecutive patients with 38 oral leukoplakias of various degrees of epithelial hyperplasia and/or dysplasia underwent excision with a 980 nm diode laser from January 2003 until September 2009. The size of these lesions varied from 0.2 to 4.0 cm². All the lesions were evaluated by single or multiple incisional biopsies before the laser excision. All treatments were performed by the same surgeons. In certain cases of very extensive lesions, 2 to 3 consecutive treatments were required. The duration of every treatment did not exceed 15 min and was performed under local anesthesia. The beam spot size was 400µm to 600µm. All the patients were followed at 1, 4 and 24 weeks after the procedure. The clinical outcomes of this group of patients were compared with a group of 92 patients with 113 oral leukoplakias treated by us with CO2 laser evaporation or excision from 1997 till 2003.

Results : Healing in oral leukoplakia laser surgery was complete within 10 days, without any residual scarring. The method was quick, easy, and well tolerated by the patients. The post-operative period was generally uneventful, with the exception of occasional cases of patients with lateral border of the tongue lesions, in whom laser excision was associated with glosso-dynia that required a protracted period of use of oral analgesics. In comparing the use of the diode laser with that of the CO2 laser our results indicated that the diode contact laser is more versatile with the ability to better treat lesions in hard-to-reach areas of the buccal mucosa, gingiva, and tongue. Moreover, the diode laser offered better appreciation of the adequacy of the excision margins for a more "accurate" removal of the lesion. Histopathologically, the evaluation of the removed specimens did not present any particular difficulties with only limited in thickness laser-induced artifacts at the lateral and deep margins of the specimens. Both treatment modalities resulted in excellent wound healing with virtually no scarring and no significant complications. The recurrence rate and malignant transformation of lesions in both series were comparable, but a larger series of patients treated with a diode laser maybe required.

Conclusion: CO2 laser surgery for oral mucosal lesions has been reported to have many advantages, and it is widely used in the treatment of oral leukoplakia. Our results for the use of the 980 nm diode laser in oral leukoplakia surgery showed that it is more advantageous than the CO2 on the grounds of efficacy, versatility and cost effectiveness without compromising treatment objectives, microscopic evaluation, safety and patient comfort.

S08

NON INVASIVE TREATMENT OF VENOUS MALFORMATIONS WITH ETHANOLAMINE OLEATE, A CASE SERIES STUDY AND REVIEW OF LITERATURE

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Objectives: Congenital vascular malformation is a dysplastic vessels with no cellular proliferation. Low- or slow-flow malformations consist predominantly of venous and/or lymphatic vessels. Correct terminology is necessary for differentiating vascular malformations from tumors such as haemangiomas, in order to prevent ineffective or even adverse therapy. The objective of this study was to report and discuss non invasive treatment of benign oral vascular lesions with Ethanolamine Oleate.

Material & Methods: A case series study involves 15 patients diagnosed with low flow vascular malformation in various locations in the oral cavity . All patients from 3 - 45 y were included in our study. Intra-lesional injection with Ethanolamine oleate with maximum dose of 0.40 mL/kg was performed , the protocol we follow is: a maximum of 3 injections, with 1-3 months interval, all the patients were evaluated All injection performed under local anaesthesia as an out patients procedure except 5 cases where the lesion was in soft palate (2 cases) and tongue(1 case), those patients were admitted for 1 day to observe the airway. Follow up done monthly during the 1st 3month then every 3months for one year. Pictures were taken for all patients pre-injection and post injections.

Conclusion: Although the number of injections varied from patient to patient, all lesions responded to the treatment, showing total clinical regression.

Keywords: low flow vascular malformation ethanolamine oleate oral cavity

S09

THE SURGICAL TREATMENT OF VASCULAR LESIONS IN MAXILLOFACIAL REGION; AN EXPERIENCE IN TREATMENT OF DIFFERENT CASES

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Objective: The purpose of this paper is to discuss and evaluate the surgical treatment plans selection and the outcome from a series of 82 cases of vascular lesion in oral & maxillofacial region.

Materials & methods: The analysis encompassed 82 cases of vascular lesions in oral & maxillofacial region in the period between January 2004 to November 2010 at AL-Hilla general teaching Hospital maxillofacial department. The treatment plans selection depend on details patient history, clinical examination & investigation (MRI & US). Different surgical techniques were used depended on age, extension & types of tumor.

Results: 82 patient are recorded in this study complains from different types vascular tumor 30 were males constituting 36.5% while 52 were females constituting 63.5% the youngest patients was 5 days , while the oldest one was 45 years. 40 case hemangioma (48.7%) & 27 case lymphatic malformation (32.9%), 10 case vascular malformation (12.1 %) & 5 case angiofibroma (6%)

Conclusion: Careful treatment plan selection depends on age, extension, type of lesion & experience of surgeon associated with good prognosis . Conservative resection was the most effective method in treatment of lymphatic malformation & complicated hemangioma .

Keywords: hemangioma lymphangioma vascular malformation

S10

AN UNUSUAL SIZE OF MANDIBULAR OSTEOMA

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Osteoma is a benign tumor of bones which is usually seen in the maxillofacial region. It arises from hard tissue by proliferation of either cortical or cancellous bone. It usually develops as peripheral mass which is attached to surrounding bone. They are commonly slow-growing painless tumors of the hard tissue of the maxillofacial area. A 50 year-old male patient was referred to our clinic with complaint of slow-growing asymptomatic swelling in his right sub-mandibular area for the duration of more than 10 years. Panoramic view of the patient revealed a large radiopaque mass existing in the basis of the mandible. Computer tomography scans of the patient showed a mushroom shaped bony structure which was expanded along both lingual and buccal side of the mandible. Under general anesthesia a submandibular incision was made and the lesion was reached through blunt dissections. The lesion was disconnected from mandible with burs and osteotomes. The remaining intact mandible was reshaped and the wound was closed. Postoperative healing was uneventful. Histological examination of the lesion was consisted with osteoma. Osteomas of the maxillofacial area are benign proliferative lesions. Although etiology of this tumor is unclear, trauma, proliferation of interdental bone and muscle tractions are known as possible causes. In the present case no history of trauma or other abovementioned causes were evident. Regardless of the cause, osteomas may be considered as a true neoplasm of jaws and differential diagnosis from other pathologies as ossifying fibroma and fibro-osseous lesions should be performed carefully with detailed clinical and radiological evaluation to avoid possible recurrence.

Keywords: osteoma corpus mandible

S11

INTRAORAL REMOVAL OF LARGE ODONTOMAS USING MANDIBULAR SAGITTAL SPLIT OSTEOTOMY

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Removal of mandibular odontomas via peripheral ostectomy may necessitate removal of an unnecessary amount of bone and complicate the procedure with damage to the inferior alveolar nerve and possible iatrogenic fractures of the mandible. In such cases, the sagittal split osteotomy (SSO) offers excellent exposure of the lesion, and minimizes bone loss of the mandibular ramus. This is a report of 2 cases during which the lesions were removed intraorally using the SSO technique. The SSO should be the method of choice when benign hard tissue tumors (i.e. odontomas) are deeply positioned between the buccal and lingual cortices of the mandible.

S12

DETERMINATION AND EVALUATION OF THE EXPRESSION OF NO, HSP60 AND HSP70 IN PERIAPICAL LESIONS

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Periapical inflammatory lesions are initiated by pulpitis and pulpal necrosis due to dental caries and can lead to periapical inflammation and cyst formation. The inducible isoform of nitric oxide synthase (iNOS) is a calcium-independent cytosolic enzyme, induced mainly by certain cytokines and bacterial lipopolysaccharides at sites of inflammation. Recent studies suggest that activation of iNOS is closely related to the pathophysiologic characteristics of inflammatory diseases, such as rheumatoid arthritis and periodontal disease. The expression of iNOS has been investigated in some periapical inflammatory lesions. Heat shock proteins (HSPs) are a group of highly conserved proteins classified by their molecular weights. HSPs are rapidly induced by many types of stress, including heat, heavy metals, toxins, oxidants and infections, and play a major role in protecting cells against damage under stressful conditions. HSPs have been shown to play a role in inflammatory diseases, including infectious disorders and autoimmune diseases. The aim of this study was to determine and to evaluate the expression of nitric oxide (NO), heat shock protein 60 (HSP60) and heat shock protein 70 (HSP70) in periapical lesions, it also aims to study the relationships between the expression amounts of these molecules.

Keywords: Periapical lesions nitric oxide heat shock proteins expression immunohistochemical

RECONSTRUCTION

S01

POSTERIOR VERSUS ANTERIOR ILIAC CREST GRAFT FOR MAXILLOFACIAL RECONSTRUCTION: STEP-BY STEP HARVESTING TECHNIQUES, MORBIDITY AND FUNCTIONAL OUTCOMES

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Autogenous iliac crest grafts are mostly preferred bone grafts for preprosthetic osseous reconstruction. Harvesting from anterior and posterior sites has advantages and disadvantages in terms of intraoperative/postoperative complications, ease of patient positioning and amount of obtained graft. We performed a retrospective study to assess intraoperative/postoperative morbidity and functional outcomes between anterior and posterior iliac grafting techniques.

Material and Methods: A total of 12 (n= 6 anterior crest) patients were included. The morbidity was assessed with specially designed questionnaires. Patient's physical characteristics (age, gender, weight, fat index), intra-operative and post-operative complications were assessed. Postoperative and residual pain, sensory disturbances, functional limitations, cosmetic appearance and overall satisfaction with the bone-graft harvesting-procedure were the additional examined parameters. Functional outcomes were assessed as postoperative resorption, soft tissue coverage, attached gingiva and maxillomandibular relationship.

Results: Pain levels were rated nearly equally on a VAS scale (1, no pain; 10, strongest pain). Pain was rated 5.1 for the anterior approach and 4.9 for posterior approach at the post op 1st week. 2 (n:1 anterior, n:1 posterior) major complication occurred. The rates of minor complications were %10. Postoperative pain at the donor site with anterior harvesting was chief concern. None of the patients reported functional limitation/disability at 1 year long-term follow up. There were not any soft tissue coverage problems but most of the patients presented loss of attached gingiva and a few changes in maxillomandibular relationship both of them but more with posterior iliac crest

Conclusion: Patients reported a noticeable reduction in quality of life after elective bone graft harvesting however all patients reported that they would undergo the same procedure again. For smaller amounts of bone, the anterior and posterior approaches can be recommended, whereas the posterior approach is suitable for larger bone amounts.

S02

**MANAGEMENT OF MAXILLOFACIAL TUMORS IN THE
INFRA-TEMPORAL FOSSA.**

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Objective: To asses the efficacy of hemi-coronal flap as an approach in resection and reconstruction of benign and malignant tumours in infra-temporal fossa. Abstract: Aim of this study is to review the methods of resection and reconstruction after oncological resection of tumours in infra-temporal fossa.

Review and Background: Reconstruction of large defects in the infra-temporal fossa requires challenging functional and aesthetic considerations. Wide excision may include soft tissue and bone. Large defects can affect other critical regions such as cranial basis. Reconstructive methods aiming to restore the defect after oncological resection affecting the infra-temporal structures including: palatal obturators, Non vascularized free grafts, Local pedicled flaps, Regional pedicled flaps, Distant pedicled flaps and Microvascular flaps. Indications and advantages of the different techniques are reviewed. When planning an individual reconstruction, the safest and simplest method to recover form and function should be selected. Selection requires: Careful pre-operative planning, Evaluation of tumor stage and location and evaluation of prognosis and functional status of the patient.

Material and methods: Twenty patients were treated in our department for resection of infra-temporal fossa tumors and reconstruction of their defects by free iliac crest bone graft , obturators and Microvascular flaps to cover the defect between 2005-2007.

Results and Conclusion: Primary reconstruction of infra-temporal fossa defects should be performed if possible. The various techniques were discussed .

S03

FIBULA FREE VASCULARIZED FLAP FOR RECONSTRUCTION OF MAXILLARY AMELOBLASTOMA

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Ameloblastoma is a rather rare tumor occurring in the jaws. The first detailed description of this lesion was by Falkson in 1879, but the term 'ameloblastoma' was coined by Churchill in 1933. It represents approximately one percent of oral tumors, with 80 percent of ameloblastomas occurring in the mandible. A plexiform maxillary ameloblastoma became obvious as an a symptomatic swelling of the left buccal sulcus and alveolar process, although a large extension into the maxillary sinus up to the nasal conchae and the orbital floor had already occurred. The painless and slow growth of the lesion, the thin bone of the upper jaws, the adjacent cavities and the vital structures are the main factors for delay in recognition and thus the potentially lethal result of a maxillary ameloblastoma. A case of 21 years old Saudi male patient, with a plexiform maxillary ameloblastoma treated by excision of the lesion with 2cm clear margin and free fibula vascularized composite flap used for reconstruction.

S04

TECHNICAL CONSIDERATIONS AND MORBIDITY IN CALVARIAL BONE GRAFT HARVESTING

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In conventional reconstruction of the maxillofacial skeleton, bone grafts are usually harvested from distant sites such as the ilium or ribs. Free outer-table calvarial bone grafts can be used in oral and maxillofacial surgery as onlay grafts, inter-positional grafts and for continuity defects due to their cortical component, resistance to resorption and excellent healing. Because of the morbidity associated with the use of these sites or contiguity of surgical approach the calvarium was studied as an alternate donor site. The aim of this presentation is to compare different surgical approaches for harvesting calvarial grafts used for pre-prosthetic and articular eminence augmentation.

Material and Method: 8 patients were evaluated. Calvarial grafts were used for alveolar augmentation (1 patient), maxillary reconstruction (2 patients) and augmentation of articular eminence. 4 different surgical approaches were used; bicoronal, hemicoronal flap, short parietal incision (8cm) or parietal extension of preauricular incision.

Conclusion: Individual evaluation according to each case by the means of surgical approach presents favorable results

S05

IMMUNOHISTOCHEMICAL AND HISTOLOGICAL INVESTIGATION OF MESENCHYMAL STEM CELLS, BIPHASIC CALCIUM PHOSPHATE CERAMICS AND PLATELET RICH PLASMA ON BONE REGENERATION

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Aim: In this study, our aim is to investigate the effects of biomaterials (such as biphasic calciumphosphate, platelet rich plasma and mesenchymal stem cell) used in oral and maxillofacial surgery on osteogenesis and to compare these materials in terms of osteonectin / osteopontin enzyme expression and effects on osteocyte density.

Material and Method: This study was planned on ninety wistar female rats. Ten rats were used to obtain platelet rich plasma. The remainders were separated into five groups. A full thickness circular bone defect (7 mm in critical size) was created in the frontal bone of each rat. Group I (n=6) was operative control group. In Group II (n=21) biphasic calcium phosphate, in Group III (n=21) biphasic calcium phosphate and platelet rich plasma combination, in Group IV (n=21) biphasic calcium phosphate and mesenchymal stem cell combination, in Group V (n=21) biphasic calcium phosphate, platelet rich plasma and mesenchymal stem cell combination were applied into the defects. At the end of the 2th, 8th and 12th week, all of the rats were sacrificed. In histologic and immunohistochemical evaluation among groups, osteoblastic activity and osteogenesis patterns are considered.

Result: At the conclusion of the study, osteoblastic activity and osteogenesis are ideally ocured in the 12th week. Therefore preparate were painted positively with osteonectin and osteopontin. Graft+Platelet rich plasma+Mesenchymal stem cell group was the most effective in inducing new bone formation (osteogenesis). This group is followed by Graft+ Platelet rich plasma and only Graft used group. Also regular bone formation and osteoinduction were detected, even in a critical size defect, in the Graft+ Platelet rich plasma+Mesenchymal stem cell group.

Conclusion: Higher level of osteogenesis (two times greater than other groups) is a significant finding that avokes the thought of an ideal reconstruction material for critical size defect is Graft+ Platelet rich plasma+Mesenchymal stem cell combination.

S06

THE INFLUENCE OF RIFAMYCIN DECONTAMINATION ON INCORPORATION OF AUTOLOGOUS ONLAY BONE GRAFTS IN RATS. A HISTOMETRIC AND IMMUNOHISTOCHEMICAL EVALUATION

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Introduction/Aims: Although It has been shown that rifamycin was an effective agent for bone graft decontamination, there is no information about the effects of rifamycin decontamination on bone graft incorporation. The aim of this study was to evaluate the influence of rifamycin decontamination on incorporation of autologous onlay bone grafts quantitatively.

Material/Methods: In 30 rats a standardized 5.0 mm diameter bone graft was harvested from the right mandibular angle, contaminated in saliva, decontaminated with rifampicin respectively at 7, 14, and 21 days after surgery. In the control group (10 rats) the onlay grafts were either contaminated nor decontaminated and the rats were sacrificed at 21 days after surgery. Histological slides were prepared from each grafted site for both immunohistochemistry analysis [Bone Morphogenetic Protein-2 (BMP-2) and vascular endothelial growth factor (VEGF) anti-bodies] and histometric analysis. Images obtained from the graft incorporation area with the light microscope were transferred to a PC and evaluated using Clemex PE 3.5 image analysis software.

Results/Statistics: Grafts were fully incorporated in all specimens. The results showed that rifamycin decontamination has no detrimental effect of on graft incorporation and the findings revealed a tendency for earlier revascularization and osteogenesis in the experimental group. Unexpectdely, the amount of BMP-2 and osteoblast count were significantly higher in the 21 day experimental group than control group (p 0.05). Data were analysed using Variance analysis and the Tukey's test.

Conclusions/Clinical Relavance: Rifamycin decontamination has no detrimental effect on autogenous graft incorporation and can be used for graft decontamination confidentially.

Keywords: Autologous Bone Graft Decontamination Rifamycin

S07

NON VASCULARIZED BONE GRAFTS VERSUS MICROVASCULAR FIBULA TRANSFER IN RECONSTRUCTION OF MANDIBULAR DEFECTS

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Aim: This study compared vascularized and non-vascularized bone grafts for the reconstruction of segmental defects of the mandible.

Patients & Methods: The clinical case material of this study consisted of twenty patients complaining of massive involvement of their lower jaw by infection, post-traumatic defects, odontogenic cysts and neoplasms. All cases have been selected to be grafted simultaneously at the time of resection. They were randomly divided into two groups, group (I) which comprises ten patients, 6 males and 4 females, grafting of their defects was done with free autogenous bone grafts harvested from iliac crest and rib. While group (II) which comprises ten patients, 8 males and 2 females, grafting was done with microvascular fibula transfer. The two groups were followed for a period of three years postoperatively to evaluate overall success rate, total number of surgeries performed, total blood loss, donor site morbidity, bone resorption and success of Osseo-integrated implant at the graft site.

Results: The success rate of vascularized bone grafts is high and is the treatment of choice when primary reconstruction is required for patients having long defects, irradiated bone with simultaneous replacement of soft tissue. Non-vascularized bone grafts create a better contour and bone volume for facial esthetics and subsequent implant placement in small defects; however, it showed a higher rate of bone resorption.

S08

LONG TERM FOLLOW UP OF TIBIAL BONE GRAFT, FOR CORRECTION OF ALVEOLAR BONE DEFECTS: A RETROSPECTIVE STUDY

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Bone grafting to repair an alveolar cleft has long been an integral part of the treatment of persons with alveolus cleft. Failure to reconstruct the osseous deformity may result in oronasal fistula, fluid reflux, speech pathology, anteroposterior deficiency of the maxilla, transverse deficiency of the maxilla, lack of bone support for the incisors and canines, dental crowding, and facial asymmetry. Iliac crest bone graft consider as the gold standard for alveolar cleft defect, however The tibia has been used extensively among maxillofacial surgeons for grafting to reconstruct cleft. However, most experience with tibial grafts has been in adults. Ilankovan et al. and Chen et al. reported that roughly 25 ml of cancellous bone could be harvested in adults without serious complications. In children, the proximal tibia is small and the epiphyseal cartilage is growing, which means that access must be minimized and located more inferiorly to avoid possible interference with the growth center. Besly and Ward Booth modified the technique for harvesting tibial bone in adults to make it suitable for use in children. In this retrospective study, the use of a free autogenous tibial graft for reconstruction of alveolar bone defects in 52 cleft patients is evaluated on a long term basis 10 years follow up. Patients were examined clinically and radiologically in the area of the donor site and the recipient site. The results showed good long term stability and less donor site morbidity as well as less scars have been results in the donor site. Moreover, in this study we found that the tibial graft material does not prevent permanent upper canines from erupting into this bone after its incorporation. In conclusion autogenous tibial bone is a good material for secondary bone grafting of the residual alveolar and palatal defect in cleft patients.

S09

DONOR SITE MORBIDITY AFTER BONE HARVESTING FROM THE ANTERIOR ILIAC CREST

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Objective; The anterior iliac crest is an easily accessible donor site offering a relatively large and safe supply of bone for cranio-maxillofacial surgery. The aim of this study is to evaluate donor site morbidity of the anterior iliac crest following bone harvest.

Patients and Methods; Donor site morbidity of anterior iliac crest was retrospectively evaluated in 15 ASA I patients who had undergone alveolar cleft (n:9) and maxillary alveolar crest (n:6) augmentation. All operations were performed by the same surgeon under general anesthesia. Medical notes were reviewed for intraoperative and postoperative complications; patients were interviewed to fill a questionnaire on postoperative recovery.

Results: None of the patients had post-operative persistent pain, persistent sensory disturbance, haematomas, infections or long term discomfort at the donor site. Most of them began walking within the 24 hour postoperatively and were able to walk normally within 1 month after surgery. 13% of the patients complained about the aesthetic appearance or scaring.

Conclusion; Anterior iliac crest bone harvesting technique is an effective and preferable procedure for dentoalveolar augmentation with relatively low complication rate.

Keywords: anterior crista ilaca morbidity bone harvesting

RESEARCH & REGENERATIVE SURGERY

S01

LASER MANAGEMENT OF GINGIVAL PIGMENTATION

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Ginigival pigmentation etiology clinical presentation of gingival pigmentation laser photobiology laser effect on gingival pigmentations Different modalities of maagement of gingival pigmentation Clinical presentation of gingival pigmentation

Keywords: Laser gingival pigmentation

S02

ORAL SQUAMOUS CELL CARCINOMA IN SERBIAN POPULATION- EPIDEMIOLOGICAL STUDY

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Among all histological types of malignant tumors of the oral cavity the most frequently developed are carcinomas (epithelial) - 96% following by sarcomas (mesenchymal) - 4%. Squamous cell carcinoma (planocellular) accounts approximately 95 % of all epithelial malignant tumors of the oral cavity which followed by lymphoepithelial carcinoma. Oral squamous cell carcinoma is invasive epithelial pathological lesion which characterized with fast invasion through basal membrane and early metastasis. The aim of this study was to analyze epidemiological, clinical and histological data of patients with diagnosed oral squamous cell carcinoma of the oral cavity. There was sample of 130 patients in this epidemiological – descriptive prospective study. Considered group in this research consists of patients from Clinic for Maxillofacial surgery of School of Dentistry, University of Belgrade, from period 2007 – 2010 y. The following parameters were estimated: gender, age, tumor localization patohistological type, depth of tumour invasion, bad habits, TNM classification, average time when the patients noticed first symptoms of disease.

Results: The average age of the patients was 65 y. Most of the patients were males (71 patients, 55%). Cancer most frequently developed at the tongue and the floor of the mouth (46 patients, 35%). Majority of the patient was smokers (78patients, 56%). According to the TNM classification average stage of disease was Stage II (76patients, 58%). The average time when the patients noticed first symptoms of disease to the treatment was less than six months.

Conclusions: Early detection of suspicious lesions is very important. Particularly attention must be paid to: smokers; alcoholics; patients older than 50 years; immunodeficient patients and patients who previously underwent cancer treatment. All of diagnostic procedures must be done under the Clinic or Hospital conditions.

Keywords: oral cancer serbian population

S03

EX VIVO PRODUCED ORAL MUCOSA KERATINOCYTES BY EXPLANT TECHNIQUE

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A reliable source of cultured keratinocytes is essential as a component of oral mucosa substitutes to treat burns and wounds of oral and maxillofacial region. Primary monolayer cell cultures have been also extremely helpful in the study of the basic biology, and responses to stimuli, of both oral and skin keratinocytes, and many studies have used them. There are two techniques in primary culture, which includes the enzymatic and direct explant technique. The direct explant technique has been used for 30 years in the culturing of human gingival and buccal tissues and appeared to be a successful technique in culturing human oral keratinocytes. In addition, it has been suggested that the direct explant technique obtained the first keratinocytes yield faster than the enzymatic technique. The aim of this study is to present our experience in ex vivo production of oral mucosa keratinocytes by using the explant technique. This project has been granted by Turkish Scientific and Technological Research Council (TUBITAK- Project no: 1105025)

Keywords: keratinocytes ex-vivo explant technique

S04

COMPARISON OF OSSEODIFFERENTIATION OF MESENCHYMAL STEM CELLS ON NANOSPICULATED TITANIUM SURFACE AND SLA SURFACE.

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Introduction: Osseodifferentiation ability and proliferation potential of mesenchymal stem cells (MSCs) have been resulted in their usage in bone tissue engineering. Although bone marrow is the most common source of MSCs but in some studies it has shown that MSCs which are harvested from periosteum have highest osseodifferentiation ability. Retrieving of MSCs from these tissues has its own limitations thus in this study MSCs from adipose tissue are considered as an alternative source.

Material and methods: Isolated Adipose Tissue Derived Stem cells (ADSCs) were expanded invitro and after 2 passages they were retrieved from culture flasks and seeded on titanium scaffolds. After attachment of seeded cells their differentiation were begun. Viability of these cells approved by MTT test after osteodifferentiation on both scaffolds. Osteodifferentiation of these cells on titanium surfaces were evaluated by Reverse transcriptase polymerase chain reaction (RT PCR) with focus on osteocalcin gene expression.

Results: Grafted cells on both surfaces were vital after osseodifferentiation showed by mitochondrial activity of these cells (MTT transformation to formazon). Osteogenic differentiation of ADSCS on titanium were detected in osteogenic medium.

Conclusion: Osteocalcin gene expression Which is a specific protein of osteoblasts showed that ADSCS can be differentiated into osteogenic cells on titanium surface. Thus they can be used instead of MSCs from bone Marrow and periosteum .RT PCR data showed that osteogenic medium is necessary for osteogenic differentiation of these cells on titanium surface.

S05

**MANAGEMENT OF GIANT CELL TUMORS OF THE JAWS;
CLINICAL EXPERIENCE OF ORAL & MAXILLOFACIAL
SURGERY DEPT. OF MARMARA UNIVERSITY**

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Introduction: Giant Cell Tumor is a benign aggressive lesion of the jaws . It can vary from an asymptomatic slow growing mass to a locally destructive aggressive lesion. The management of GCT may include conventional surgery with or without medical adjunctive treatment, or resection en-bloc for the aggressive variant. Treatment alternatives include curettage, resection, systemic or intralesional corticosteroids and calcitonin therapy. Even after following proper treatment protocol, some cases could result in a large soft and hard tissue defect. Purpose of our study was to assess the proper treatment alternatives for each case regarding to clinical and radiological features, and to discuss outcomes of preferred surgical therapy among other surgical or alternative treatment modalities in context of characteristics of the lesions, age of the subjects and resulting hard and soft tissue defects.

Patients and Method: 20 patients (female patients (n)=7) who underwent surgical therapy were evaluated. 13 patients had lesions in the mandible and 7 patients in the maxilla. The ages of patients ranged from 7 to 67 years.

Results: In the follow-up period, very low recurrence rate (5%) was observed, and favorable postoperative function was achieved. Our results suggest that surgical approach is a satisfactory method in the treatment of central giant cell tumors of the jaws.

Keywords: Giant Cell Tumor Surgical Therapy

S06

EVALUATION OF IL-6, IL-8, TNF- α LEVELS AFTER CHRONIC BISPHOSPHONATE APPLICATION IN RAT

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Introduction: Bisphosphonates are a group of medications that are effective in inhibiting bone resorption. Bisphosphonate-related osteonecrosis or osteomyelitis of the jaws (BRONJ) was first described by Marx and Stern in 2003. It is an important possible late adverse effect of bisphosphonates, and the pathogenesis of this new phenomenon remains unclear. The aim of the study was to evaluate the TNF- α , IL-6, IL-8 levels after chronic bisphosphonate application in rat.

Methods: 30 female Sprague-Dawley rats were used in this study. They were randomly divided into three groups. Z1; zoledronate group was injected with zoledronate for 10 weeks, S1; control group was injected with saline solution for 10 weeks and K1; control group that was not given any injection. Z1 group received injection of zoledronate at a dose of 0.1 mg/kg, 3 times a week. After 10 weeks, without any dental intervention, the rats were sacrificed. The posterior region of the mandible including first and second molars and 1/3 upper side of tibia were dissected subperiosteally. Homogenization of tissues were performed before Elisa tests. All of the concentrations of the selected parameters were determined using Elisa kits.

Results: The TNF- α and IL-6 ratios showed an increase on tibia levels both in Z1 and S1 groups which were considered as not to be related with drug administration. There were no difference on mandible TNF- α and IL-6 levels. IL-8 levels revealed no difference between the studied groups both in mandible and tibia.

Conclusion: Because of the evidence of adverse clinical effects that these medications have on the maxilla and mandible, investigations may continue to examine possible responsible cytokines in BRONJ development.

S07

EVALUATION OF SUPPLEMENTARY VITAMIN D APPLICATION ON BISPHOSPHONATE RELATED OSTEONECROSIS OF THE JAWS

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Bisphosphonate-related osteonecrosis of the jaws (BRONJ) is defined as a condition characterized by nonhealing exposed bone in the mandible or maxilla persisting for more than 8 weeks in a patient who has taken or is currently taking a bisphosphonate and who has no history of radiation therapy on the jaws. As Vitamin D3 increase the osteoblast derived RANKL mRNA expression, and decrease osteoblast derived osteoprotegerin (OPG) mRNA expression, it can activate osteoclastic function.

There has been an exponential rise in the literature of the treatment and prevention modalities for bisphosphonate related osteonecrosis of jaws in patients taking bisphosphonate drugs. The aim of the study was to evaluate whether supplementary vitamin D application has an effect on bisphosphonate related osteonecrosis of the jaws or not.

Twelve weeks old Spraque-Dawley rats were used in the study. There are 4 groups each were consist of 10 rats. Z; zolendronate group was injected with zolendronate 3 times a week for 8 weeks, D; vitamin D supplementation group was injected with zolendronate with the same dose of group Z and Vitamin D at a dose of 100 µg/kg once a month for 3 times during 8 weeks, S; control group was injected with saline solution for 8 weeks and C; control group that was not given any injection. After 8 weeks without any dental intervention, the rats were sacrificed. Later on, the posterior mandible and femur of each rat were evaluated histopathologically.

Studies which analyze the effects of the possible parameters such as vitamin D application that can be used in theuropathic approaches for the cases of BRONJ may benefit to further researches.

S08

EFFECTS OF SYSTEMIC ZOLEDRONIC ACID ADMINISTRATION ON OSSEINTEGRATED HYDROXY APATITE (HA) COATED AND RESORBABLE BLAST MATERIAL (RBM) SURFACE IMPLANTS IN RABBIT

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Bisphosphonates are nonmetabolized analogues of pyrophosphate that are capable of localizing to bone and inhibiting osteoclastic function. also Biphosphanates are used for the prevention and treatment of osteoporosis, osteitis deformans ("Paget's disease of bone"), bone metastasis, multiple myeloma and other conditions that involve bone fragility. In the last 10 years, millions of patients have taken biphosphanates for the prevention of osteoporosis. Biphosphantes seemed safe and may have been helpful for patients with cancer or osteoporosis. However, osteonecrosis of the jaw has been associated recently with the use Biphosphonates. So biphosphonates have negative effect on bone metabolism. This study's aim is to investigate of the sistemic zoledronic administration on osseointegrated implants with different surface feature.

Keywords: biphosphanates implant experimental

POSTER PRESENTATION

P01

ASSESSMENT OF DENTAL FEAR AND ANXIETY LEVELS IN EATING DISORDER PATIENTS UNDERGOING MINOR ORAL SURGERY

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Purpose: The aim of the present study was to evaluate the levels of dental fear and anxiety in women with eating disorders (EDs) scheduled for oral surgery.

Patients and Methods: A total of 61 patients with EDs, an identical number of age-, gender-, and education-matched healthy controls, and 2 consecutive, randomly selected, clinical and nonclinical samples each consisting of 220 female subjects were included in the present study. The participants completed the demographic and clinical forms, as well as the modified dental anxiety scale and dental fear survey (DFS) before the surgical procedure.

Results: The mean scores of the modified dental anxiety scale and DFS for the study population correlated negatively with age and positively with a previous unpleasant experience related to dentistry ($P < .01$ for both). Patients with EDs had significantly greater mean scores on the modified dental anxiety scale than the clinical and nonclinical groups ($P < .05$ for both). Their mean scores on the DFS were significantly greater than those for the nonclinical participants ($P < .05$). A significant difference was found in the DFS subscale "fear of specific situations and stimuli" compared with the healthy matched controls and clinical and nonclinical subjects ($P < .05$ for all).

Conclusion: The results of our study have shown that patients with EDs can be more sensitive to the auditory, visual, and contact stimuli of the oral surgery procedures under local anesthesia. They were also had greater levels of dental fear and anxiety than routine clinical patients and randomly selected subjects from a nonclinical environment.

Keywords: Eating Disorders Anxiety Fear Oral Surgery Behavioral science

P02

**WHAT IS THE MOST FEARFUL INTERVENTION IN
AMBULATORY ORAL SURGERY ? PSYCOMETRIC ANALYSIS
OF AN OUTPATIENT CLINIC**

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The aim of this study was to investigate the levels of fear and anxiety in patients undergoing different oral surgery procedures with special regard to the psychometric properties of the population. 500 clinical and 200 non-clinical participants were included in this project. The clinical participants were enrolled either one of the hard tissue, third molar, implantology, tooth extraction and soft tissue surgery groups. A demographic form, modified dental anxiety scale (MDAS) and Dental Fear Survey (DFS) were completed by all subjects immediately before the surgery or mailed back to the researchers. Descriptive statistics, Chi-Square and non-parametric tests, Cronbach's alpha coefficient and two-way mixed intra-class correlation (ICC) methods, the exploratory and confirmatory factor analysis were performed for statistical assessment. Both MDAS and DFS were found to be highly reliable and correlated ($p < 0.05$). The MDAS showed a one-dimensional structure whereas the analysis of the DFS revealed four factor and two items had to be omitted to achieve a similar construct as the original. The anxiety of the oral surgery patients were found to decrease with age and increase by being female, higher education and previous unpleasant experience ($p < 0.05$ for all). The mean MDAS and DFS scores of the third molar group were significantly higher than any surgical category and the newly established factor structure of the DFS showed that the avoidance, arousal and fear of stimuli sub-scale scores are also greater than others ($p < 0.05$ for each). Among more aggressive types of intervention, the third molar surgery is still the most frightening experience in the outpatient care settings. This specific group should be targeted first to increase overall comfort of the treatment; however, the assessment instruments should be adjusted according to the population characteristics involved.

Keywords: Anxiety Fear Oral Surgery Factor Analysis Behavioral Science

P03

CRANIOSYNOSTOSIS (USING THE REMOVAL SAGITTAL BONY BAR FOR FOREHEAD RECONSTRUCTION) (CASE REPORT)

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A 4- years old boy refereed to hospital complaining from deterioration of vision during the 2 months ago which documented by weekly ophthalmological examination that reported that there were bilateral proptosis and papilledema in addition to gradual reduce of visual acuity. A skull X-ray and a skull computed tomography (CT) scan showed fusion of sagittal , coronal, lambdoid and basal sutures with a diffuse beaten copper appearance. The patient admitted to neurosurgical department in Ibn Sina Teaching hospital, measurement of intracranial pressure via lumbar puncture and cerebrospinal fluid monometry. The intracranial pressure was 340 mm CSF which is very high. Surgery was planned by neurosurgical and maxillofacial surgical teamwork, the process took approximately six hours, removal of wide bony bar along the closed cranial sutures had been done and skull reconstruction was performed. There were prominent convolutional markings in the skull exposed in the operation field, complicated by Dura matter entrapment in some places, the eye balls separated from the orbital bones, then the orbital roof was removed , the flatted forehead which removed was reconstructed by using the bone that removed from the sagittal area and fixed in its place by titanium plates. Postoperative course was uneventful and the child\’s visual acuity return to normal condition dramatically. follow up for three years showed normal cranial growth, normal vision and no medical complication that may be related to surgical operation.

P04
**INFLAMMATORY DENTIGEROUS CYST IN PRIMARY
DENTITION: A CASE REPORT**

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Introduction: Dentigerous cysts are the most common bony lesions of the jaws in children. It is one of the most prevalent types of odontogenic cysts associated with an erupted or developing tooth. It apparently develops by accumulation of fluid between the reduced enamel epithelium and the tooth crown of an unerupted tooth. Radiographically, the cyst appears as ovoid well-demarcated unilocular radiolucency with a sclerotic border.

Case Report A: 7-year-old boy presented to our clinic with a chief complaint of pain, swelling and decayed tooth in the lower right. The patient gave a history of intermittent pain and swelling in that region more than six months, which used to subside on taking antibiotics. On intraoral examination a hard swelling in 83, 84, 85 regions was found with obliteration of the buccal vestibul. In the radiograph, an oval-shaped, unilocular radiolucency was noticed around the developing canine, 1st premolar, 2nd premolar with a radiopaque border. Treatment procedure comprised of extraction of 83, 84 and 85 which created a large window. The flap was reflected along with the thinned-out bone. The cyst epithelium was enucleated with 1st premolar germ which attached to the epithelium. The wound was primary sutured. The removed surgical specimen was histopathologically examined confirming the diagnosis of dentigerous cyst.

Discussion: The association between an infected primary tooth and the development of a dentigerous cyst involving the pre-erupted permanent tooth has long been discussed. The authors support the term "inflammatory dentigerous cyst" for the dentigerous cyst induced or hastened by periapical inflammation of the primary tooth.

Conclusion: Marsupialization is the best way to conserve a tooth affected by a dentigerous cyst and to permit its eruption, especially in a young person. However some studies showed that impacted premolars associated with dentigerous cysts had not erupted spontaneously after marsupialization and had then been removed surgically.

Keywords: Dentigerous Cyst Unerupted Tooth Marsupialization Enucleation Germ

P05

CURRENT APPROACHES FOR THERAPY OF BISPHOSPHONATE-INDUCED OSTEONECROSIS OF THE JAWS

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Bisphosphonate – induced osteonecrosis of the jaw (BIONJ) is an exposed bone in the maxillo-facial region that did not heal within 8 weeks after identification by health care provider, in a patient who was receiving or had been exposed to Bisphosphonate therapy without previous radiation therapy to the craniofacial region. Most affected regions are upper and lower molar areas. The action mechanism of Bisphosphonate is to inhibit the bone resorption/ regeneration and the turnover mechanism depending on it. Osteonecrosis of the bone develops because of the direct toxic effect of Bisphosphonates that affects alveolar bone and osteoclast cells. A literature search was conducted using MEDLINE and PubMed to identify studies related to this topic using the keywords of Bisphosphonate, Osteonecrosis, Treatment. Alveolar bone has the ability to receive Bisphosphonates in his structure and accumulate them in high concentrations. Bisphosphonates can be administered to treat bone malignancies, Paget Disease, Osteogenesis Imperfecta, Fibrous Dysplasia, osteoporosis, Gaucher's Disease and to reduce hypercalcemia. Oral Bisphosphonates used once to reduce periodontal bone resorption in postmenopausal women. Most effective way to prevent from BIONJ is to eliminate the occlusal imbalances and provide optimum oral hygiene before the Bisphosphonate therapy, that ensures no necessity for invasive dental procedures after the Bisphosphonate treatment. The goal of dental therapy for Bisphosphonate receiving patients is to prevent from osteonecrosis. Dentists have to ask some questions about Bisphosphonate drugs and learn the medical history: Which drug have been administered? How long, which dose and which frequency? Is there another drug already used or used together? The treatment will be planned according to the stage of the osteonecrosis including preventive procedures, surgical procedures and discontinuation of Bisphosphonate medicine.

Keywords: Bisphosphonate Osteonecrosis Treatment

P06 FORGOTTEN RUBBER DRAIN IN DENTIGEROUS CYST : A CASE REPORT

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Introduction: Dentigerous cysts are the most common odontogenic cysts arising from impacted, embedded and unerupted teeth. These benign cysts are associated with the crown of unerupted teeth, most often the mandibular third molar, maxillary third molar and maxillary permanent canine. Routine radiographic examinations usually show the first evidence of these cysts, since they are usually painless, solitary and small. Radiographically they are symmetric, well-defined, unilocular radiolucent lesions that surround the crown, can displace adjacent teeth and produce root resorption.

Case Report A: 17-year-old male patient referred to our clinic with a complaint of swelling in the palatal region. The patient's medical history was insignificant. He gave a history of palatal abscess drainage in a different medical center three months ago. Intraoral examination revealed a swelling left palatal mucosa, persistent deciduous canine and unerupted canine. Computed Tomography examination of the patient showed a radiolucency surround the unerupted maxillary canine. Palatal approach was provided and after the mucoperiosteal flap reflection. A rubber drain was realized in cystic cavity. It had not been removed after abscess drainage. Cyst was enucleated and the unerupted canine was removed. The histopathologic diagnosis was dentigerous cyst.

Discussion: Dentigerous cysts, are the second most common odontogenic cysts of the jaws after the periapical or radicular cyst. Treatments include enucleation, marsupialization decompression opening of the cyst to ensure continual drainage, combinations of marsupialization or decompression and enucleation and decompression plus extraction of the causative infected tooth.

Conclusion: The present findings provide evidence that marsupialization is effective in promoting the eruption of teeth associated with dentigerous cysts in preadolescents. But before the decision of treatment, a carefully radiographic examination is important. Therefore we strongly suggest that computed tomography is useful for diagnosis of the lesion, especially for the localization of impacted teeth.

Keywords: Dentigerous Cyst Rubber drain Marsupialization Enucleation impacted tooth

P07

KERATOCYSTIC ODONTOGENIC TUMOR IN THE MAXILLARY ANTRUM

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Keratocystic odontogenic tumor (KCOT), formerly known as odontogenic keratocyst (OKC) is a benign developmental odontogenic lesion, characterized by aggressive behavior including invasive growth into a neighbouring structures and a high rate of recurrences. Occurrence of KCOT is very rare in maxillary antrum, especially if it is not associated with impacted canine or third molar teeth. The aim of this report is to present a case of 24 year-old female patient who suffered from a keratocystic odontogenic tumor in left maxillary sinus and surgical management, which included the tumor enucleation and temporary oroantral antrostomy for the sinus drainage. To avoid an appearance of oroantral fistula, a free end of iodine bandage was embedded through labial frenulum to the opposite side of the vestibular fornix. The patient is under follow up for 3 years. However, a long-term follow-up is needed in order to avoid any unnecessary complications, such as recurrence of the tumor, which might be noted even ten years after the treatment.

Keywords: keratocystic odontogenic tumor maxillary sinus oral antrostomy

P10 TEMPORARY EYELASH LOSS FOLLOWING DENTAL TREATMENT

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Loss of eyelashes is known as madarosis may be the presenting feature of a number of vision and life threatening conditions, including endocrinopathy(hypothyroidism), bacterial infections(leprosy), viral infections(HIV/herpes zoster), autoimmune disease (scleroderma, discoid lupus) and malignant tumors. Madarosis of dental origin has not been reported. We present a case of unilateral eyelash loss following root canal therapy of an upper posterior tooth which has successfully been treated. Conclusion: Dental pathosis should be included in the differential diagnoses for eyelash loss.

Keywords: madarosis eyelash loss sinusitis root canal therapy

P11

HISTOMORPHOMETRIC EVOLUTION OF EFFECT BONE DEFECTS TO APPLY SYNTHETIC BONE GRAFTS AND BASIC FIBROBLAST GROWTH FACTOR ON NEW BONE FORMATION

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In recent years thanks to developments in biotechnology field new and promising treatment approaches studied under the title of bone tissue engineering have been put forward. The basis of the bone tissue engineering is to create a response in the required anatomic field of the bone. Clinical success is determined by the remodelling of the bone and its structural integration with surrounding bone tissue. It is also determined by having enough mechanical resistance whether formed bone is functional. Bone tissue engineering explains the process of obtaining tissue culture planted on porous and various adsorptive cells. Clinically, in order to increase and accelerate the bone regeneration, it refers to having porous matrices and various cells and/or growth factors combined and implanted. Therefore, nowadays, conveyor matrices including or not including osteoinductive effective growth factor have been concentrated. The aim of our study is to evaluate possible osteoinductive potential of FGF-2 and β -tricalciumphosphate combination in the critical size of bone defect model histomorphically. In this study 48 wistar rats were used. There 5 mm defect get occurred on the right mandibula of each rat. 48 rats were separated into three groups where each group consisted of 16, namely the bone graft and bone graft + FGF-2, and control. These groups were also divided into 2 sub groups which were 7 days and 28 days in themselves. The rats were sacrificed on the 7th and 28th days. Tissue samples were evaluated histomorphometrically. After histomorphometric assessments this study reveals that FGF-2 might be a molecule playing an important role during the early phase of the bone recovery and vascularization during the recovery period.

Keywords: bone regeneration growth factors graft materials

P12

TREATMENT APPROACH FOR MANDIBULAR PARASYMPHYSIS FRACTURE IN AN INFANT: A CASE REPORT

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Mandibular fractures are uncommon in pediatric population, and their treatment is controversial among health care professionals. Treatment of mandibular fractures is different in infants than the adults due to complex anatomy of the mandible with the developing tooth buds and the different characteristics of bony structure. Treatment options include radiographic monitoring without surgical intervention, closed reduction, circummandibular wiring, intermaxillary fixation, and open fixation with resorbable or nonresorbable plate-screws. In this case report, we present the treatment approach for an isolated, closed, mandibular fracture at the right parasymphysis region in a 15 month-old infant (closed reduction and circummandibular wiring of an acrylic splint fabricated during the operation) and discuss the contemporary treatment options for pediatric mandibular fractures.

Keywords: Mandibular fracture Infant Closed reduction Acrylic splint Circummandibular Wiring

P13

CLINICAL EFFICIENCY OF PIEZOELECTRIC DEVICES FOR HARVESTING OF RAMUS BONE GRAFT

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Purpose: The retromolar-ramus region is an excellent donor site of harvesting of autogenous bone for grafting of the small size bone defects. A number of bone graft harvesting techniques and instruments including manual instruments, rotating drills, bone saws, diamond disks and Erbium family lasers have been described in the literature. Recently, a new piezoelectric ultrasonic device that represents a novel and alternative method to the conventional hard and soft tissue management techniques has been introduced. Piezosurgery is able to cut the bone without necrosis and nonmineralized tissue damage. The aim of this study is to evaluate the clinical efficiency of piezosurgery during bone graft harvesting from the mandibular ramus.

Materials and Methods: 17 patients (10 females and 7 males) between ages of 23 and 62 (mean: 46.7 ± 10.7 years old) were included to the study. The informed consent form obtained from the patients prior to surgery. The monocortical bone blocks were harvested from mandibular retromolar-ramus area using a piezosurgery device (Mectron, Italy) for implant site development. Intraoperative performance regarding the cutting ability, visibility of operation site and ease of operation were evaluated by one of two surgeons.

Results: All patients recovered well after the operations. All of the surgeries were performed as planned and there was no intraoperative surgical complication. Visibility of the operation site was superior with the aid of the irrigation and cavitation effects of the device. Cutting ability of the saw shaped inserts was significant and could be compared with those of carbide burs without inherited disadvantages of the rotary devices.

Conclusions: Intraoperative and postoperative findings related to 17 patients were confirmed that the use of a piezoelectric ultrasonic device for harvesting of a mandibular ramus bone graft may carries significant advantages over conventional harvesting methods.

Keywords: Ramus bone graft piezoelectric ultrasonic device

P14

SECONDARY CLOSURE VERSUS TUBE DRAIN IN THE REMOVAL OF PARTIALLY SOFT TISSUE IMPACTED THIRD MOLARS

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The aim of this study was to compare the effects of primary closure associated with tube drain against the secondary closure of the surgical wound on maximal mouth opening, facial swelling, pain and the existence of alveolitis, following the extraction of the partially erupted and soft tissue impacted, vertical lower third molars. Twenty patients requiring extraction of bilaterally impacted mandibular third molars from were included in the study. Pain, trismus, facial swelling and alveolitis were evaluated on the operation day and postoperative on the second, fifth, and seventh days. On the 2nd day control, pain, trismus and swelling was higher in the drain group, however, pain over time has reduced progressively in drained group. Additionally, the differences between two groups in trismus and swelling on 5th day and 7th day control became insignificant. The number of dry sockets was 8 (40%) in the secondary closure group, and 1 in the drain group (5%). In patients of equal intra-operative difficulty, closed healing, by drain insertion after removal of partially soft tissue impacted third molars produces less frequent post-operative less frequently dry socket development and related pain than occurs with open healing of the surgical wound. In cases with the risk of alveolar osteitis development (smokers, oral contraceptive users, lack of adequate oral hygiene and immunocompromised patients), the use of the closed healing with drain insertion can avoid "kiddle effect" and related undesired complications.

Keywords: alveolitis kiddle effect third molar surgery

P15

COMPARISON OF MICROBIAL THIRD MOLAR FLORA IN HEALTHY AND PERICORONITIS PATIENTS BY USING REAL TIME PCR

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The microbial flora that develops in the distally located pseudopocket is the major cause of third molar pericoronitis. The aim of this study was to investigate the mandibular third molar pericoronitis flora for the quantification of *Agregatibacter actinomycetes comitans*, *Camphlo-bacter rectus*, *Fusobacterium nucleatum*, *Porphyromonas gingivalis*, *Prevotella intermedia* and *Tannerello forsythia* in comparison with the healthy third molar flora by using real time PCR. The relation between the results obtained by using periodontal indices in both groups and quantification of pathogens was also evaluated. Six-teen adults aged 18 to 34 years without systemic disease, suffering from mandibular third molar pericoronitis with pain and without antibiotic treatment in the previous 6 months, were included in the study group. The control group consisted of six-teen adults aged 19 to 34 years without present and previous clinical signs and symptoms of mandibular third molar pericoronitis. Individuals who have *Tannerello forsythia* in their samples present with an almost eight times the relative risk of pericoronitis as the individuals with the absence of *Tannerello forsythia* in their samples (odds ratio 7.500, 1.484-37.905). The analysis of non parametric correlations between the the periodontal pathogens and clinical indices revealed that there is a statistically significant relation ($p < 0.05$) between *Camphlo-bacter rectus* and both bleeding on probing (BOP) ($p = 0.003$) and pocket depth (PD) ($p = 0.001$). The relation between *Tannerello forsythia* and both BOP ($p = 0.000$) and PD ($p = 0.000$) was also significant. With the knowledge of the current study, it can be concluded that *Tannerella forsythia* plays an important role in the development of clinical symptoms related with pericoronitis. Further studies in large patient groups are needed to clarify the role of different pathogens in third molar pericoronitis.

Keywords: pericoronitis per t. forsythia

P16

THE EVALUATION OF THE EFFECTS OF HBO THERAPY ON NEW BONE FORMATION OBTAINED BY DISTRACTION OSTEOGENESIS CONSIDERING THE TERMS OF CONSOLIDATION PERIODS

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The aim of this study was to evaluate the effect of hyperbaric oxygen therapy on new bone formation obtained by distraction osteogenesis in a long term or short term consolidation periods in rabbits. Twenty-four New Zealand rabbits were used as experimental subjects. The subjects were divided into two groups of 12 animals each. Distraction osteogenesis was applied on the lateral surface of the mandible of the rabbits in both groups. Hyperbaric oxygen therapy was administered in the first group and the second group served as a control. Each group was subdivided into two subgroups according to the 30 and 60 days of consolidation period. After sacrifice, the acquired bone amounts were compared according to their radiographic density and histopathology. According to the histopathological findings, more new bone tissue formation, and a more mature trabecular structure were observed in 60 days consolidated subgroups of the main groups than 30 consolidated subgroups. Moreover, in the cross-sections obtained from 30 days consolidated subgroup of the experimental group, an approximately equal trabecular bone body formation was observed compared to 60 days consolidated subgroup of the control group. According to the radiographic densitometry analyses, it was also observed that the hyperbaric oxygen therapy increased the new produced bone density in the short term (30 days). Hyperbaric oxygen therapy can be used to increase the quality and the quantity of bone and to decrease the maturation time which may shorten the consolidation period of distraction osteogenesis.

Keywords: Hyperbaric oxygen distraction osteogenesis densitometric analysis

P17

**MANAGEMENT OF THE FOREIGN BODIES SECONDARY TO
FIREARM INJURIES IN THE MAXILLOFACIAL REGION:
REMOVE THEM OR NOT**

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The deal with firearm injuries has its merits and considerations. Rapid evacuation from the scene of injury, the advanced trauma life support protocol and advancements in medical and surgical practice afford high standards of care for maxillofacial gunshot wounds. Treatment of the defects resulting from firearm injuries depends to some degree on the type of firearm involved. The traditional treatment for firearm injuries to the face includes removal of the foreign bodies, debridement, soft tissue closure and conservative treatment of fractures, with closed reduction and external fixation. Treatment of facial injuries ranges from minor repair and/or closed reduction to major soft-tissue and/or bone reconstruction. However, postinjury complications are very high. The removal of projectiles is recommended; in some cases, however, this is a controversy. An intervention aiming at the removal of the bullets or shrapnels has its own risks such as; infections, neural damage, and major bleeding. Additionally, the material properties of shrapnels or bullets and destruction of anatomical landmarks make it difficult to determine their precise location. Furthermore the reproduction of a foreign body image can be difficult if it is not adjacent to an anatomical landmark. The aim of this study is to present our experience in the management of foreign bodies secondary to firearm injuries to the maxillofacial region.

Keywords: firearm injury maxillofacial shrapnel

P18

THE MODIFICATION OF THE PARTIAL/FULL DENTURES OF AN OBSTRUCTIVE SLEEP APNEA PATIENT FOR THE TREATMENT OF MAXILLOMANDIBULAR ADVANCEMENT SURGERY

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Maxillomandibular advancement (MMA) is an integral part of the surgical treatment of patients suffering from obstructive sleep apnea (OSA). MMA in the edentulous and partially edentulous individuals requires some modifications compared to surgery on a patient with a complete dentition. Establishment of the best possible relationship between upper and lower teeth is very important in partially or totally edentulous patients. Many surgeons use arch bars and/or acrylic splints for intermaxillary fixation (IMF) in a patient with complete dentition to obtain the best occlusal relationships after the operation. However, in partially edentulous patients, the available teeth may not be sufficient to apply arch bars and/or splints. The focus of this paper is to identify differences of the IMF on the partially/fully edentulous patient during MMA surgery. A 49 year old male patient with OSA was referred to our clinic for a MMA surgery. The patient was totally edentulous in the maxilla and partially edentulous in the mandible. Prior to operation, patient's prostheses were used as surgical guides for the operation simulated on dental casts. MMA surgery was successfully performed and the modified prostheses were used for IMF. After the follow-up period of 6 months, the patient healed without any complications and with the best possible occlusal relationship obtained.

Keywords: Obstructive sleep apnea maxillomandibular advancement intermaxillary fixation

P19

**RECURRENT PERIPHERAL OSSIFYING FIBROMA OF
THE MAXILLARY GINGIVA**

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Peripheral ossifying fibroma is a non-neoplastic enlargement of the gingiva that is classified as a reactive hyperplastic inflammatory lesion. The pathology predominantly affects women and is usually located in the maxilla, anterior to the molars. It is possible to misdiagnose peripheral ossifying fibroma as pyogenic granuloma, peripheral giant cell granuloma, or odontogenic tumors. The definitive diagnosis of the condition is established by histological examination, which reveals the presence of cellular connective tissue with focal calcifications. Surgical removal of the tumour is the treatment of choice, however, peripheral ossifying fibroma has a tendency to recur with a rate of 20%. A 27-year-old woman presented with a well circumscribed, hard pedunculated exophytic tumor measuring 4 cm in size, without ulceration. The lesion had developed three months before in the interdental space, between the upper left bicuspids. No radiological signs of involvement of the alveolar ridge were observed. The histological study of the specimen after simple resection with a cold scalpel confirmed the diagnosis of peripheral ossifying fibroma. The tumour was recurred 3 months after the first operation and a second surgical removal was aggressively performed. By presenting this case, the importance of proper excision and aggressive curettage of the adjacent tissues for prevention of recurrence is emphasized. Additionally, the importance of differential diagnosis and proper treatment for prevention of recurrence is briefly discussed.

Keywords: peripheral ossifying fibroma recurrence surgical excision

P20

NASOPALATINE DUCT CYSTS: A CASE REPORT

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Abstract: The nasopalatine duct cyst (NPDC) is the most common of the non-odontogenic cyst of the jaws. This cyst originates from epithelial remnants from the nasopalatine duct. It may occur at any age but the majority of cases occur between fourth and sixth decades of life. Generally, patients present without clinical signs and symptoms. The definite diagnosis should be based on clinical, radiological and above all histopathologic findings. The therapy of nasopalatine duct cysts consists of an enucleation of the cystic tissue, only in rare cases a marsupialization needs to be performed. In this report a case of a nasopalatine duct cyst in a 65-year old female is reported. The typical radiologic and histologic findings are presented.

Keywords: Nasopalatine duct cyst developmental cyst maxilla enucleation

P21

**THE PRIMARY CULTURE OF NORMAL HUMAN ORAL MUCOSA
KERATINOCYTES BY ENZYMATIC METHOD:
PRELIMINARY REPORT**

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Objective: For reconstruction of oral mucosa defects, mucosal grafting is the ideal method, but limitation in the availability of graft material has made such reconstruction difficult. To solve this problem of autologous oral mucosa for reconstructive surgery, primary culture of oral mucosa keratinocytes has been developed. There are two techniques in primary culture of oral mucosa keratinocytes, which includes the enzymatic and direct explant technique. The objective of this study was to produce oral mucosa keratinocytes using enzymatic method.

Material and Method: In the outpatient clinic, under local anaesthesia, a 5×5 mm keratinized oral mucosa sample was obtained from retromolar pad of 21 years old male patient having a dental extraction. Oral mucosal sample was placed in a washing solution and then mucosal tissue in the trypsin solution was digested overnight at room temperature. The epithelial layer was mechanically separated above the basal layer, and the interface area was scraped to dissociate the basal cells from the submucosal layer. The cells in the filtered cell suspension were counted with a hematocytometer. After centrifuging, it was resuspended by 5 ml culture medium and plated at 2.3×10^6 cells in a T-25 flask. It was incubated at 37 °C in 5% CO₂. The culture was fed every other day period, with "culture medium" containing a low calcium concentration of 0.06 mM. After 10 days, oral mucosa keratinocytes were harvested when reached to 70-80% confluent, and replated into the 3 different T-25 flasks at a density of 2.0×10^4 cells/cm². Results Cells could be maintained in culture up to 4-5 passages or 30-50 days.

Conclusion: Human oral mucosa keratinocytes have been successfully grown in serial cultures. This project has been granted by Turkish Scientific and Technological Research Council (TUBITAK- project no: 110S025)

Keywords: oral mucosa keratinocytes hematocytometer trypsin

P22

PREVENTIVE INTERNAL FIXATION VIA BIODGRADABLE PLATE FOLLOWING THE CYST REMOVAL IN A PAEDIATRIC PATIENT

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Dentigerous cysts are the most common developmental odontogenic cysts of the jaws, arising from impacted mandibler third molars, less frequently with impacted maxillary canines or other teeth. The removal of mandibler dentigerous cyst can cause mandible pathologic fractures due to the volumetric loss of bony structures. Internal fixation materials with or without grafting has been proposed to reduce the risk of pathologic fracture after enucleation of large cysts. Recently, the use of biodegradable plates and screws has been reported for fracture healing and functional stability in pediatric oral and maxillofacial surgery. Pediatric patients usually benefit from the advantages of resorbable materials: Intermaxillary fixation is often not necessary, growth pattern of the mandible is not affected and there is no need for a second operation for the removal of fixation materials. The aim of the current report is to present the successful outcomes of the use of Biodegradable (PLLA/PGA) plates and screws after a dentigerous cyst enucleation to avoid mandibler pathologic fracture in a pediatric patient.

Keywords: dentigerous cyst internal fixation PGLA PLLA

P23

RADIATION-INDUCED OSTEOSARCOMA AFTER TREATMENT FOR RETINOBLASTOMA: A REPORT OF A CASE.

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Purpose: Patients with a history of retinoblastoma have an increased risk of developing second malignancies. When these neoplasms occur in the area of the previously irradiated field of the primary tumor they are mostly osteosarcomas, fibrosarcomas or squamous cell carcinomas. Here we present a case of radiation-induced osteosarcoma in the right maxillary region after treatment for retinoblastoma.

A Study Design: A case report of a one patient. Methods: The fifteen year old female patient who had a lesion on the posterior right side of the maxilla underwent a clinical, radiographic examination, biopsy and partial maxillectomy.

Results: A fifteen-year-old girl was admitted to GATA Haydarpaşa Training hospital department of oral and maxillofacial surgery with a three-month history of ulcerated painless swelling in her right palatal area. In her medical history revealed that the patient underwent a major ocular orbicectomy followed by irradiation at age 2-month-old for the treatment of aggressive retinoblastoma. Biopsy and three-dimensional computed tomography revealed an osteosarcoma in the right palatine part of the maxilla extending to maxillary sinus. Temporary surgical obturator was prepared before the surgery for protecting the wound. The patient underwent a partial maxillectomy. Histopathology was confirmed an osteosarcoma and negative surgical margins. Adjuvant chemotherapy had been administered to the patient two months after the surgery.

Conclusions: Second neoplasms in patients with retinoblastoma tend to occur in previously irradiated area of the primary tumor. Osteogenic sarcoma of the jaws is an aggressive disease. Prognosis of the osteosarcoma patients depend on early detection, meticulous surgical approach and adjuvant chemotherapy. In this case an oral surgeon played a crucial role in detecting of the osteosarcoma after clinical and radiological examination of the patient.

Keywords: Osteosarcoma Retinoblastoma Partial Maxillectomy Obturator Tumor

P24

MANDIBULAR OSTEOMA ABOVE THE MENTAL FORAMEN

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Osteoma is a benign, osteogenic lesion consisting of mature bone tissue that may arise from endosteal or periosteal surfaces as either single or multiple lesions. Histopathologically, osteomas can be classified as three different types: central, peripheral and extra-skeletal. In this presentation, a mandibular osteoma in an uncommon location is reported. A 55 years old male patient was referred to Istanbul University, Faculty of Dentistry Department of Oral and Maxillofacial Surgery with the complaint of a swelling in the vestibular sulcus of the left mandibular premolar tooth region. Computed tomography scans revealed a round mass of hard tissue with a diameter of approximately 1.5 cm right above the mental foramen. The lesion was removed under local anesthesia, and the healing was uneventful with no sensory disturbances.

Keywords: Osteoma Mandible mental foramen

P25

**INTERDISCIPLINARY TREATMENT OF TRAUMATICALLY
INTRUDED PERMANENT CENTRAL INCISOR TOOTH:
A CASE REPORT**

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Intrusive luxation is an apical displacement of the tooth. Intrusive luxation of a maxillary permanent incisor produces severe damages to the tooth, periodontium and pulpal tissues. Current management strategies include: Spontan eruption, immediate surgical repositioning and orthodontic traction. Conventional endodontic treatment were instituted within 7-10 days of the injury for severely intruded incisor with mature root development. Case Report A 14-years-old boy that was referred to the oral and maxillofacial surgery clinic 2 days after sustaining a severe traumatism that led to complete intrusion of the maxillary left mature permanent central incisor. Clinical examination showed swelling of lip and absence of left central maxillary incisor. There was no laceration of face and lip. The incisal edge of the tooth was at the level of the crown-root interface of the adjacent teeth. Radiographic examination indicated fracture of alveolar bone, fully closed apex and completed root development. The intruded tooth was repositioned by using surgical extrusion and splinted by orthodontic ligature. Then endodontic therapy was initiated and root canal were filled with calcium hydroxide-based intracanal dressing. Tooth is following radiographically and endodontically.

Keywords: intrusion traumatism permanent tooth

P26

SUPERNUMERARY TEETH: A CASE REPORT

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Introduction: The occurrence of multiple supernumerary teeth is a rare phenomenon and is often found in association with syndromes such as cleidocranial dysplasia, Gardners syndrome, or cleft lip and palate. They may be single, multiple, unilateral or bilateral erupted or unerupted and in one or both jaws. Multiple supernumerary teeth are rare in individuals with no other associated diseases or syndromes. Only a few examples of nonsyndromal multiple supernumerary teeth have been reported in the literature. Case Report A boy aged 28 years was referred to the Department of Oral and Maxillofacial Surgery Clinic at Dentistry Faculty Dicle University, Diyarbakir with a chief complaint of pain and swelling in the lower left side of jaw. On general examination, the patient was apparently healthy. There was no significant past medical history. Radiographic examination showed impacted three supernumerary teeth under the roots of lower left premolars. Treatment involved surgical remove the supernumerary teeth after the root canal treatment of 34 and 35.

Discussion: Clinical and radiographic identification of all the teeth is very important for a good treatment planning. It may be difficult to formulate an ideal treatment plan for all cases with supernumerary teeth. But an effort can definitely be made. It is essential to enumerate and identify the teeth present clinically and radiographically before a definitive diagnosis and treatment plan can be formulated.

Conclusion: The concept of treatment of these cases contains serial examination of primary teeth, removal of the supernumerary teeth, assisting the eruption of the permanent teeth by orthodontic traction or surgical exposure. Surgical removal of the supernumerary teeth is indicated if eruption of the adjacent tooth has been delayed, altered eruption, displacement of the adjacent tooth is evident or pathologies such as cystic lesion and resorption of the adjacent tooth have occurred.

Keywords: supernumerary teeth eruption impacted teeth Gardners syndrome permanent teeth

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USE OF ULTRASONOGRAPHY IN THE EVALUATION OF MIDPALATAL SUTURE IN SARME: REPORT OF THREE CASES

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Surgically assisted rapid maxillary expansion (SARME) which combines orthodontics and surgery, is a well-established therapy for transverse maxillary hypoplasia in adults after sutural closure or completion of skeletal maturation. X-rays were usually the preferred monitoring technique for this treatment. Computed tomography could be used but it is often significantly limited by metal artifacts, it is expensive and radiation dose is high. In the Orthopedic literature, ultrasonography has been shown to be accurate and reliable method for evaluation of the distraction osteogenesis wound in long bones. Recently, ultrasound scanning has been used successfully in follow up of the cases of distraction osteogenesis. In this paper, ultrasonography was used in the evaluation of bone callus formation in midpalatal suture in 3 patients undergoing SARME. For each patient, US examinations were performed at; immediately after the active expansion, on 2 months of expansion period, on 4 months of expansion period, at the removal of the expander 6 months later and after 2 months removal of the expander. The results indicated that US might be a useful and accurate method to assess bone fill in midpalatal suture in SARME patients. However, further studies are necessary to clarify the US scores in larger patient group undergoing SARME.

Keywords: ultrasonography rapid palatal expansion rapid maxillary expansion

P28

**MODIFIED COMBINED PALATAL ISLAND AND BUCCAL
ADVANCED FLAP TECHNIQUE FOR TREATMENT OF AN
ANTRAL POLYP THROUGH AN OROANTRAL FISTULA**

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Oroantral fistula can be defined as a pathologic communication between oral cavity and maxillary sinus. It may occur due to complications of oral and maxillofacial surgeries such as maxillary posterior teeth extractions, implant surgery, cyst and tumor enucleations, orthognatic surgery, osteomyelitis and trauma, but also spontaneously due to pathologic entitie and severe periodontal disease. Herniation of an antral polyp through an oroantral fistula appears as a polypoid lesion of the alveolar ridge which is asymptomatic, slightly red in color and non-tender to palpation and requires surgical correction. Various surgical techniques have been suggested for the treatment of oroantral fistula including local soft tissue flap techniques such as primary closure, buccal mucosal advanced flap, palatal flaps and their modifications, distant soft tissue flaps such as split thickness skin graft, tongue and temporalis flaps, and use of alloplastic materials such as allogenic graft. The choice of the technique to be used for this purpose is determined according to the type and size of the defect. We present a modified method for treatment of an antral polyp of 7 mm diameter through an oroantral fistula as a result of maxillary molar extraction by combining two techniques which are buccal advanced flap and palatal rotational island flap which eliminataes the need for distant soft tissue flaps and/or alloplastic materials.

Keywords: Oroantral fistula antral polyp modified method

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A COMPARISON OF THE POSTOPERATIVE PAIN RELIEF AND ANALGESIC EFFICIENCY OF LEVOBUPIVACAINE AND ARTICAININE FOR IMPACTED LOWER THIRD MOLAR REMOVAL

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Abstract Postoperative pain control is frequently performed with the administration of short-acting local anesthetics and oral analgesics. Theoretically, pain control can be increased by using a local anesthetic with a more prolonged action. The aim of this study was to compare the postoperative pain relief and the postoperative analgesic efficiency of articaine and levobupivacaine as local anesthetic agents for bilateral impacted third molar removal. The study comprised 53 patients aged between 18 and 32, without any systemic diseases and with bilateral asymptomatic symmetrically positioned impacted lower third molars. Each patient was called for 2 separate appointments in order to receive levobupivacaine (Chirocaine %0.5) to one side and articaine (Ultracaine %2) to the other side. Neither of the anesthetic agents contained vasoconstrictor. The parameters evaluated were; the duration of postoperative analgesia and the postoperative VAS scores. The duration of postoperative analgesia of levobupivacaine was found statistically longer. Also, the VAS scores of levobupivacaine were significantly lower until postoperatively 4th hour. Key words: Levobupivacaine, Articaine, Impacted Lower Third Molar Removal

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**ODONTOGENIC KERATOCYST: CASE REPORT WITH CT AND
ULTRASONOGRAPHY FINDINGS**

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The odontogenic keratocyst (OKC) is a distinctive form of a developmental odontogenic cyst because of its specific histopathologic features, an aggressive biologic behavior and a high recurrence rate. It has been recently proposed to be named "keratocystic odontogenic tumor" rather than a cyst by the World Health Organization and defined as a benign uni-or multicystic intraosseous neoplasm of odontogenic origin with a characteristic lining of parakeratinized stratified squamous epithelium. The most common location of a OKC is the posterior body of the mandible and ramus. OKCs demonstrate a well-defined radiolucent area with smooth and often corticated margins. Large lesions may appear multilocular. An important characteristic of the OKC is its propensity to grow in an antero-posterior direction within the medullary cavity of the bone causing minimal expansion. This feature may be useful in differential clinical and radiographic diagnosis because dentigerous and radicular cysts of comparable size are usually associated with bony expansion. Definitive diagnosis relies on histological examination. In this report, an OKC that had an expansion both buccal and lingual cortical bone is described including its features in computed tomography and ultrasonographic exams. The lesion was removed surgically via an intraoral approach under local anesthesia and histologically reported as an OKC.

Keywords: keratocystic odontogenic tumor odontogenic keratocyst odontogenic cysts

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WILSON'S DISEASE: REPORT OF TWO CASES

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Introduction: Wilson Disease (WD) is an autosomal recessive hereditary disease of human copper metabolism, which causes hepatic and neuropsychiatric diseases. Estimated prevalence is 1:30.000. In WD, ATP7B gene located on chromosome 13 (13q14.3-q21.1), coding the protein for hepatic copper transport and, having an important role in copper metabolism has been affected. Clinical findings in WD are complex and, neurological symptoms such as tremor, dysarthria and psychiatric disorders, acute liver deficiency, chronic hepatitis or cirrhosis may develop.

Case reports: Case 1: 18-year-old male patient was referred to our clinic with severe pain, macroglossia, angular cheilitis, repeated oral candidiasis, head tremor, recurrent aphthous stomatitis causing difficulty in speech and eating difficulty. Intraoral and radiographic examination revealed infected roots both on mandible and maxilla.

Case 2: His 22-year-old sister with difficulty in speech, angular cheilitis, limited movements (hand, arms, legs), unlike the first case, patient had no macroglossia and dental caries.

Discussion: The disease is a form of copper poisoning caused by a defect in the transport of copper that renders the patient unable to handle trace amounts of copper normally present in the diet and hence the clinical manifestations are those typically caused by copper toxicity and primarily involve the liver and the brain. Because effective treatment is available, it is important to make an early diagnosis.

Conclusion: In this case reports, a review of clinical aspects of Wilson's disease, and its impact on dental management and dental considerations are discussed. Dental materials with copper should not be used in patients with WD.

Keywords: wilson's disease copper dental materials

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CEMENTOBLASTOMA: A CASE REPORT

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Introduction: Cementoblastoma, in the current World Health Organization (WHO) classification of odontogenic tumors, is in the category of tumors of mesenchyme and/or odontogenic ectomesenchyme with or without odontogenic epithelium. Cementoblastoma is a relatively rare lesion comprising 1% to 6.2% of all odontogenic tumors.

Case Report: In this case report and treatment of 36-year-old male patient presented with a cementoblastoma. An incidental finding was noted during routine radiographic examination of a patient. The lesion adherent to the left first molar of the mandibula causes root resorption surrounded with a radiolucent border approximately 2.0 cm in diameter, round and radiopaque. Excision of the mass and extraction of the left mandibular first molar tooth was performed.

Discussion: Treatment of cementoblastoma usually consists of surgical extraction of the tooth together with the attached calcified mass. Surgical excision of the mass with root amputation and endodontic treatment of the involved tooth may be considered. In the past, this tumor has been considered to exhibit a very low recurrence rate, although a recently reported series of a large number of cases suggests recurrences may be more common than previously thought, with an overall recurrence rate as high as 22%. Completeness of removal is most closely related to recurrence. Total removal of the mass and the associated tooth minimizes but does not completely eliminate the chance of recurrence. Progressive growth of the tumor after extraction of the involved tooth and incomplete removal of the mass has been documented.

Conclusion: Cementoblastomas must be removed soon, together with the associated teeth. If they are left untreated, cementoblastomas may continue to grow.

Keywords: cementoblastoma odontogenic tumors benign

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UNILATERAL BIFID MANDIBULAR CONDYLE: A CASE REPORT

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The bifid mandibular condyle has been described as a condition of unknown etiology and uncertain pathogenesis, despite various factors that have been suggested as a possible cause. Several reports claim that trauma involving the temporomandibular joint may cause bifid mandibular condyle. However, bifid condyle may exist in patients with no history of related trauma. Endocrine disturbances, exposure to teratogens, nutritional deficiencies, infection and radiation are also suggested to be an etiologic factor. We report a 47 year old female patient with unilateral bifid mandibular condyle. During the extraoral examination, a scar tissue right under the chin was observed. History of the patient revealed a maxillofacial trauma in the childhood due to fall from a tree. There was no limitation of mouth opening and the condition was left untreated. Anatomical variations like bifid mandibular condyle, may mimic a fracture or tumour. Therefore, knowledge and awareness about this entity is important for a general dental practitioner.

Keywords: bifid mandibular condyle trauma radiographic examination

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**AN ANALYSIS OF CLINICAL AND CEPHALOMETRICAL
CHARACTERISTICS OF A PATIENT WITH
CLEIDOCRANIAL DYSOSTOSIS**

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Cleidocranial dysostosis is a rare congenital skeletal disorder, associated with clavicular hypoplasia or aplasia, delayed closure of cranial fontanelles, brachycephalic skull, delayed exfoliation of primary dentition, eruption of permanent teeth, and multiple supernumerary and morphologic abnormalities of the both jaws. The disorder is caused by mutation in the CBFA1 gene, on the short arm of chromosome 6p21 which is known as a major regulator of bone differentiation. The prevalence of cleidocranial dysostosis is estimated one per million, without sex or ethnic group predilection. The aim of this paper is to report a case of a cleidocranial dysostosis with an emphasis on the clinical presentation and cephalometric analysis. Therapy of affected individuals may include removal of supernumerary teeth, surgical exposure of impacted teeth, and orthodontic treatment and/or prosthetic rehabilitation.

Keywords: cleidocranial dysostosis cephalometric analysis clinical findings

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**MANAGEMENT OF COMBINED CRANIOFACIAL FRACTURES:
CHANGE IN SCENARIO**

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Introduction: Concomitant cranial and facial injuries carry the significant potential for mortality and neurological morbidity mainly in young adults. Object: evaluation of the early versus delayed management of these combined craniofacial fractures.

Methods: Fifty-five patients ranging in age from 5 to 62 years with combined craniofacial fractures were included. Data regarding age, gender, aetiology, pattern of injuries, anatomic site and pattern of facial fractures, associated cranial injuries and systemic injuries, treatment details and complications were analyzed. Conservative treatment was indicated in 7 patients while the remaining 48 patients underwent surgical intervention and classified into two groups: group I: 35 patients received early (less than two weeks) one-step surgical treatment of their fractures and group II: 13 patients received late surgery (more than 2 weeks after the trauma). Results Majority of patients had mild head injury and managed conservatively. Regarding the intracranial procedures: elevation of depressed fractures with dural repair was needed in 39 patients; primary dural closure was done in 31 patients, while 8 patients needed pericranial graft. Evacuation of intracranial hematomas was performed in 8 patients. Maxillofacial procedures consisted of exenteration of the sinus in 33 patients, cranialization of the sinuses in 5 patients. The nasofrontal duct was identified and packed with muscle grafts in 36 patients. In 9 patients there was a large bone defect which repaired by bone grafts. In 39 patients bone fragments and/or bone grafts were fixed by miniplates only or by miniplates and wires.

Conclusion: Early single-stage repair of complex craniofacial injuries can be performed with an acceptable rate of morbidity and mortality. Many advantages are reported for the early surgical repair such as prevention of infection, better cosmetic and functional results and reduce hospital stay.

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**NECK AND COLLAR FRACTURE OF OSSEOINTEGRATED
IMPLANTS; A CASE REPORT**

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Dental implants offer functional and esthetic solutions for partial and total edentulism. Implant complications include delayed or impaired healing, microbial contamination or mechanical failures such as implant fractures. This rare case report presents the neck and collar fractures of two osseointegrated implants, 2 years after loading in a 51 years' old male patient. The treatment of the case is presented with the clinical, radiographical findings. Osseointegrated implants were removed and analysed with scanning electron microscopy. Although fracture of an osseointegrated implant is a rare entity, this condition seemed to be in close relation with the reverse occlusal forces and excessive loading of the poor prosthodontic design and metal fatigue, respectively. Early diagnosis of such cases is critical and treatment effort should be managed while the damage can still be reversed

Keywords: implant collar neck fracture

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THE EFFECT OF A NEW TOPICAL AGENT ON RECURRENT APHTHOUS STOMATITIS

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Recurrent aphthous stomatitis (RAS) is a common condition which is characterized by multiple recurrent small, round or ovoid ulcers with circumscribed margins, erythematous haloes, and yellow or grey floors typically presenting first in childhood or adolescence. The treatment of RAS is principally directed towards reducing the pain and duration of each episode of ulceration; however, there remain few agents for which there is definitive evidence of benefit. The aim of the present study was to determine the efficacy of a new agent Stomatovis® which is a unique combination of ingredients of Mineral Oil, PVM/MA Ca/Na salt, Sodium Carboxymethyl Cellulose, Xylitol, DPanthenol, Carboxymethyl beta-glucan, Aloe Vera extract, Marshmallow mucilage, Dipotassium glycyrrhizinate, Vitamin A palmitate, Zinc Oxide, Chlorobutanol. Forty-two patients with RAS were included in the study (13 male, 29 female, mean age: 37.07 years, range 18-62 years). The patients with RAS were randomly separated into two groups: one study group with 21 patients (mean age: 33.81, 5 male 16 female) were given Stomatovis® oral pomade (5ml, Genesis İlaç ve Sağlık Ürünleri, İstanbul), and the second group with 21 patients (mean age: 40.33, 8 male, 13 female) were given Kenacort A Orabase® oral pomade (triamcinolone acetonide 5 g Bristol-Myers Squibb İlaçları Inc. İstanbul), three times a day during two months. RAS status was estimated by the Ulcer Severe Score (USS). USS values of the group 1 and 2 before the treatment were 11 and 13 respectively and the USS values were 7 for both group after the treatment. There was no statistically significant difference between two groups with respect to USS values at the beginning and end of the study ($p > 0.05$). Also there was statistically difference between before and after the treatment with respect to USS values in both groups ($p < 0.001$). No side-effects were observed in none of patients.

Keywords: RAS ulceration topical agent

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**AN INTERESTING COMPLICATION OCCURRED
AFTER OROANTRAL FISTULA REPAIR**

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Severe complications with persistent sinusitis can occur, if proper treatment is not provided. Various procedures for the closure of oroantral communications (OACs) was reported including local flap, distant flap, bone grafting etc. Local flaps are usually preferred to close minor to moderate sized defects. Antibiotics, antihistaminics and systemic decongestants are used for medical therapy after the surgical intervention. The aim of this case report is to present an interesting complication occurred after closure of OAC due to insufficient medical therapy. A 59-year-old female patient was referred to our clinic with OAC occurred after the extraction of the maxillary left second molar tooth. Buccal flap procedure was performed initially for the closure of OAC. Due to the allergy history of the patient, paracetamol and clindamycin was prescribed. At the postoperative 5th day, OAC was recurred with an extensive, white granulation tissue at the operation site. The patient mentioned, she did not take her medicines. The tissue was excised and clindamycin treatment was started. The histological examination of the lesion revealed necrotic sinus mucosa. Palatal rotational flap was performed. 4 weeks follow up showed good mucosal healing.

Keywords: Oroantral communication palatal rotational flap insufficient medical therapy

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**DIFFERENCES BETWEEN CT AND CBVT IMAGING IN
PERIRADICULAR SURGERY**

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Examination is an essential component in all aspects of surgery, from diagnosis and treatment planning to assessing Radiographic outcome. Information gained from conventional films and digital periapical radiographs is limited by the fact that the three-dimensional (3D) anatomy of the area is compressed into a two-dimensional (2D) image. The benefits of 3D medical computed tomography (CT) imaging are already well established in certain dental specialties. Current CT scanners have a linear array of multiple detectors, allowing multiple slices to be taken simultaneously, resulting in faster scan times and often less radiation exposure to the patient. The slices of data are then stacked and can be reformatted to obtain 3D images. The high radiation dose, cost, availability, poor resolution, and difficulty in interpretation have resulted in limited use of CT imaging in periradicular surgery. These issues may be addressed by recent cone-beam innovations in CBVT technology. Cone-beam technology uses a cone shaped beam of radiation to acquire a volume in a single 360-degree rotation, similar to panoramic radiography. The volume of acquired images by a CBVT is composed of voxels. Essentially, a voxel is a 3D pixel. Because the data are captured in a volume as opposed to slices, all the voxels are isotropic, enabling objects within the volume to be accurately measured in different directions. Unlike the CBVT voxel, a medical CT voxel is not a perfect cube, and measurements made in multiple planes are not accurate. In addition to increased accuracy and higher resolution, CBVT offers significant scan-time reduction, radiation dose reduction, and reduced cost for the patient.

Keywords: CTscan conebeam CT Periapical surgery

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**FOREIGN BODY IN THE APICAL PORTION OF AN IMMATURE
ROOT CANAL AND PERIAPICAL AREA IN A CENTRAL INCISOR:
A CASE REPORT**

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Foreign objects in the root canal and periapical area are rarely found during tooth extraction and surgical operations. It is reported as unusual findings in the literature when a foreign object (such as a pin, sawing needle, staple, piece of glass bead, wooden toothpick, plastic objects, toothbrush bristles, pencil lead and crayons) is accidentally deposited in the root canal or periapical area by the patients themselves. We present a case of 12 years old male patient, with pain and infection of a central incisor referred to department of oral surgery. After tooth extraction a pencil lead lodged in the apical portion and periapical area of the 21 tooth with an immature root canal was discovered. Although para-functional habits of the children are rare, children have the habits of placing foreign objects in the oral cavity which can cause both hard and soft tissue injuries. Radiographical and clinical examinations may not be enough to determine the problem. So in such cases patient's medical history takes more important role for a definite diagnosis.

Keywords: foreign objects pencil lead root canal periapical

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REHABILITATION OF BENIGN PATHOLOGICAL CONDITION BY DENTAL IMPLANTS

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Dentigerous cysts are benign odontogenic cysts that arise from the dental follicle of an unerupted or developing tooth. They are the second most common odontogenic cysts after radicular cysts and account for approximately 24% of the jaw cysts. Patient may give the history of slowly enlarging swelling. A female patient aged 54 years came to our unit with a diffuse swelling on left side of her face where the clinical, radiological and histopathological examination revealed as dentigerous cyst. The patient underwent enucleation with extraction of affected teeth leading to partial edentulous state. Post-operatively after six months adequate bone filling was noted. Implant supported rehabilitation was done. This shows us the implant supported rehabilitation has proven good results in benign pathological lesions.

Keywords: Dentigerous Cyst Mandible Dental Implants

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**REHABILITATION OF AN EXCESSIVELY ATROPHIC
EDENTULOUS MAXILLA WITH IMPLANT RETAINED
OVERDENTURE: A CASE REPORT**

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Implant-retained maxillary and mandibular overdentures present a reliable and simple solution for denture retention and stability problems. The aim of this case report was to describe the rehabilitation of an excessively atrophic edentulous maxilla with an implant-retained overdenture. Four implants were inserted in the edentulous anterior maxillary area using a two-stage surgical protocol. After 5 months of healing period, the implants were connected with a custom-made bar. After that the steps for construction of maxillary bar overdenture were started. Preliminary impressions were made with irreversible hydrocolloid (CA 37, Cavex Holland BV, Haarlem, Netherlands) and custom acrylic resin trays (Paladur, Heraeus Kulzer GmbH & Co KG, Hanau, Germany) were prepared for the fabrication of the dentures. A maxillary custom acrylic resin tray (Paladur) was prepared with minimal relief and were made with a ZOE impression paste (Cavex Outline, Cavex Holland BV). After conventional occlusal registration procedures, the dentures were fabricated. The maxillary overdenture was completed with openings in the regions of the custom-made bar. Metal housings were incorporated in the denture using autopolymerizing acrylic resin and the maxillary complete denture was finalized. After the delivery of the overdenture the patient was periodically evaluated clinically and radiographically at 3rd, 6th, 9th and 12th months. The one year follow-up period of the patient did not reveal any complication. The patient was fully comfortable with his restorations. Esthetic reconstruction of severe soft and hard tissue deficiencies is the almost challenge in implant dentistry. The primary advantage of a maxillary implant-retained overdenture compared with a fixed prosthesis is the ability to provide a flange for maxillary lip support. Maxillary implant-retained overdentures may be as predictable as mandibular overdentures when biomechanical considerations specific to the maxilla are incorporated to the treatment planning.

Keywords: dental implants overdenture bar-retained overdenture

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REHABILITATION OF A HEMIMAXILLECTOMY PATIENT WITH TELESCOPE-RETAINED OBTURATOR: A CASE REPORT

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The etiologic factors of maxillary defects are surgical tumoural resections, congenital malformations or traumas. The major problems seen after a surgical resection are deficiencies in masticatory functions, deglutition, swallowing and speech. The size and location of the defects influence the degree of impairment and difficulty in prosthetic rehabilitation. The obturator prosthesis is used to restore masticatory function and improve speech, deglutition and cosmetics for maxillary defected patients. The purpose of this case report was to demonstrate the rehabilitation of an extensive hemimaxillary defect with telescope retained obturator. A 63-years-old man who had undergone left maxillary resection for the elimination of a malignant tumour, was referred to our clinic for evaluation of prosthetic treatment. The resection was made unilaterally on the left maxilla and hard palate and four residual teeth were left on the right side. Impressions were taken and a definitive obturator was fabricated from casts and acrylic resin using double-crown telescopic attachments on the residual dentition. The obturator was fitted intraorally and the occlusion was checked and refined at the follow-up stage. The obturator prosthesis offers several advantages, which include the possibility to immediately restore dentition without need of further surgery and enables the residual cavity to be kept under control in case of recurrences of the disease. The large surface contact area of parallel walls in the double telescopic crowns provided satisfactory retention. Another advantage of a telescopic retainer against clasps is its more axially transferred occlusal loading pattern that produces less rotational torque upon abutment teeth. Satisfactory functional and esthetic results are achievable in patients with extensive acquired maxillary defects by means of obturator prostheses fabricated using readily available materials. Definitive obturators restored esthetics, oral function, and ability to handle secretions to a satisfactory level.

Keywords: maxillary resection obturator prosthesis maxillectomy

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MALIGN TRANSFORMATION OF ORAL LEUKOPLAKIA

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Leukoplakia is a clinical term used to characterize a white lesion that carries an increased risk for malignant potential. Oral leukoplakia was defined by WHO as 'white plaques of questionable risk having excluded other known diseases or disorders that carry no increased risk of cancer'. Leukoplakia is considered as the most common premalignant lesion of the oral cavity. The clinical characterization and site of occurrence both affect the risk of malignant transformation. Non-homogeneous typed leukoplakia and leukoplakias located on the floor of the mouth and tongue are associated with a greater risk carcinogenesis. Their biological behavior is rather unpredictable, as some of them may regress, whereas some of them may progress to invasive malignancy. Lesions that are suggestive of leukoplakia should be biopsied and closely monitored for change in terms of malignancy risk. We present a transformation of homogenous typed leukoplakia of 64 years old men on the buccal mucosa into squamous cell carcinoma at the end of follow up period of 46 months.

Keywords: leukoplakia oral cancer malign transformation

P45

MARFAN SYNDROME:A CASE REPORT

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Marfan syndrome is an autosomal dominant disorder of connective tissue that effects skeletal,ocular, and cardiovascular systems. The syndrome shows full penetrance ,but there is considerable clinic variability both between and within families . The manifestations relating to skeleton include tall structure ,long and thin arms and legs,aracnhnodactyly(spiderly fingers), scoliosis,kyfosis and narrow palate.The ocular manifestations include upward subluxation of the lenses, myopia and renal detachment. The most life threatening complications are those of cardiovascular system with dilation or without dissecting aneurysm, abdominal aort or pulmonary artery. A 19 yearl old male patient applied to Selcuk University Dentistry Faculty Deparment of Oral and Maxillo Facial Surgery with teeth at palate. Intraoral examination revealed that two supernumerary teeth that placed at the palatal site of upper central incisors. Patient complain about the supernumarary teeth . Both of them extracted surgically under antibiotic treatment, because of the long roots and bone retantion. This case report presents the characteristics of Marfan Syndrome and imply the dental treatment protocols of patients that have Marfan Syndrome.

Keywords: Marfan syndrome autosomal disorder narrow palate

P46

**THE SURGICAL EXCISION OF ORAL PAPILOMA
TRANSMITTED FROM FINGERS TO MOUTH: A CASE REPORT**

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Introduction: Oral papilloma is considered a common benign neoplasia that has its origin in superficial epithelium and supposed to be associated with human papilloma virus (HPV). Clinically, papilloma presents as a painless, exophytic, well-circumscribed and usually pedunculated lesion. Typically, it consists of numerous fingerlike projections, which give the lesion a "cauliflower" appearance. Papilloma is. The lesions caused for HPV can be found in any part of the body, appearing as vulgaris verruca or focal epithelial hyperplasia. Oral papillomas can be transmitted from fingers through autoinoculation and can be the intraoral counterpart of the verruca vulgaris of the skin.

Case report: We present oral papillomas of a 5 year old boy which were transmitted from fingers of his mother to his mouth. Surgical excision of papillomas was performed under general anesthesia with Bladion molecular resonance generator. No complications such as bleeding, scar or infection was observed.

Discussion: The management of papilloma is surgical excision with the base of the mucosa. If the lesion is properly excised, recurrence is rare. Laser, cryotherapy and electro-surgery should be considered as an alternative to conventional surgery. Bladion, is a next generation electrosurgical device which is ideal for minor surgery. It operates at the resonant frequency of the fluid bond between cells. This molecular resonance technique results in a non-traumatic cut if the tissue and encourages a soft coagulation which improves post-op recovery times by up to 75% with minimal post-op pain and excellent aesthetic results to the healed wound. In conclusion: Our patient is under our control and there is no recurrence until now.

Keywords: papilloma surgical excision transmission

P47

COMPARISON OF ANKAFERD BLOOD STOPPER® AND TRIAMCINOLONE ACETONIDE IN THE TREATMENT OF RECURRENT APHTHOUS STOMATITIS

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Introduction: Recurrent aphthous stomatitis (RAS) is one of the most common oral mucosal disease, characterized by painful recurrent ulcerations of oral mucosa. Since the etiology is unknown, no curative therapy is available. Topical and systemic agents can be applied to relieve pain, allaviate inflammation, accelerate healing and prevent or reduce recurrence. Ankaferd Blood Stopper® (ABS) is a traditional Turkish plant extract which is used as a haemostatic agent and effective on tissue healing. The aim of this study was to evaluate the effectiveness of ABS on healing process of aphthous ulcers and to compare the results with triamcinolone acetonide (Kenacort-A Orabase pomade).

Materials and Methods: A total of 60 patients, aged over 18 years with a history of RAS and currently suffering from an ulceration located in only one region of the mouth were selected and randomly divided into two groups. One group was instructed to use ABS pump spray while the other group was instructed to use Kenacort-A Orabase pomade for treatment of lesion. Ulcer size as an objective index and pain level as a subjective index were evaluated together.

Results: The reduction in the mean ulcer size of the ABS group was statistically greater than Kenacort group on day 3 and 7. Mean VAS scores of two groups were well matched at study entry and no significant difference among two groups appeared during seven days.

Conclusion: While a study with a larger sample size is necessary for more accurate results, appropriate use of ABS pump spray could be an effective and favorable treatment for RAS and could be chosen as an alternative agent to relieve the pain for acute attacks and accelerate healing of ulcers.

Keywords: Recurrent aphthous stomatitis Ankaferd Blood Stopper Triamcinolone acetonide

P48

**MANAGEMENT OF A LATERALLY LUXATED UPPER INCISOR
CAUSED BY THE HIT OF A RIFLE STOCK**

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Lateral luxation is the displacement of the tooth in a direction other than axially, which is accompanied by comminution or fracture of the alveolar socket. Lateral luxation is one of the most prevalent dental injuries among the general population, resulting in up to 27% of all dental wounds. All physical activities have an associated risk of orofacial injuries due to falls, collisions, and contact with hard surfaces. Just like any other training activities, military training exercises present a significant risk of dental traumas, which comprise 2% to 8% of all military dental emergencies. The aim of this paper is present a case of a dental lateral luxation caused by the hit of the rifle stock during closed combat training. The tooth was extruded from its bony lock, temporarily filled with a calcium hydroxide based paste, replaced into its original anatomic position and secured with Ivy-Loop wirings. The permanent endodontic treatment was performed 4 weeks after repositioning. At the end of the 8 months follow-up, the tooth was asymptomatic and any pathological alterations were absent.

Keywords: Dental trauma lateral luxation contact sports

P49

CASE PRESENTATION MANAGMENT GUN-SHOT INJURY FROM EMERGENCY TO RECONSTRUCTION

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Prober management of gun shot wound in emergency is an important not only to save patient life but also is a crucial to late reconstruction of tissue defect resulting by gun shot injury

P50

MANAGEMENT OF IMPACTED PRIMARY MOLARS IN CHILD AND ADULT PATIENTS: ANALYSES OF 30 CASES

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Aim: The purpose of this study was to retrospectively analyze 30 cases of patients with a total of 32 impacted first and second primary molars.

Materials and Methods: In this two-centered study, we analyzed 30 patients with impacted first and second molars. The subjects were 15 males and 15 females, ranged in age from 5 to 54 years (mean age 20 years). The following factors were recorded: age, gender, location, etiology, the degree of infraocclusion, associated pathologic conditions, presenting complaints, radiological features, position of teeth, presence or absence of successor permanent teeth and treatment method.

Results: A total of 32 impacted primary molars were found in the 30 patients. Of the primary molars, 23 were maxillary second molars, 8 mandibular second molars, and one maxillary first molar. The degree of tooth infraocclusion was considered mild in 4 (12.5%) cases, moderate in 10 (31.25%) cases, and severe in 18 (56.25%) cases. The prevalence of impacted primary molars was found to be higher in the maxilla compared with the mandible ($p < .001$). There was a statistically significant difference between the first and second primary molars ($p < .001$).

Conclusions: Although impacted first and second primary molars are a very rare entity in adults, their early diagnosis is very important for appropriate treatment of the impacted tooth.

P51

IMPACTED PRIMARY TOOTH: THREE CASES REPORT BELONG TO SAME FAMILY MEMBERS

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A tooth that remains unerupted beyond the normal time of eruption and fails to erupt is called an impacted tooth. Maxillofacial surgeons encounter the problem of impacted teeth very often. Usually, impacted teeth involve the permanent dentition and they are rare in the primary dentition. Impaction of a primary tooth is a very rare entity. These rare cases are seen more frequently in primary second molars, followed by the order of the lower and upper central incisor, lateral incisor and the canine teeth. Evolutionary and hereditary factors may cause uneruption. In this report, three cases of impacted primary teeth that belong to same familial members are presented. One of them is father and the others are two brothers. The father does not complaint but one of the sons has fistula at the upper left molar region. We extracted boy's teeth but father refused treatment.

Keywords: Primary teeth hereditary unerupted

P52

EVALUATION OF IMPACTED MANDIBULAR THIRD MOLAR ROOTS PROXIMITY WITH MANDIBULAR CANAL IN PANORAMIC RADIOGRAPHIES AS COMPARED WITH THE POSTOPERATIVE OBSERVATIONS

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Background: The inferior alveolar nerve injury to be occur following the removal of the lower third molars resulting from close proximity of mandibular canal to the roots of impacted mandibular third molars. Then preoperative radiographic assessments are required to prevent this harmful event by modifying the surgical techniques.

Objective: Reduce damage to the inferior alveolar nerve with a review of preoperative panoramic radiograph done. **Material and Methods:** In this diagnosis & prospective study, 103 patients (68 females, 35 males, aged 17-27 years old) all candidates of surgical removal of impacted mandibular third molars referring to oral surgery dept. dental school, Tehran university of medical sciences on 2008-2009 were selected by convenient sampling method and studied. Orthopantomographs (panoramic) of the impacted third molars were prepared pre-operatively and the close relationship between third molars and mandibular canal was determined in this radiographies. Radiographic signs of the proximity of the mandible canals and impacted third molars' roots were compared to the complications of the surgeries after one week as a gold standard.

Results: 103 of total 103 patients with impacted mandibular third molars, 67 (65%) with the review criteria specified in panoramic lack of mandibular canal and root third molar involvement and 36 cases (35%) had involvement were diagnosed. The third molar surgery complications (paresthesia) in 12 patients (11/7%) was observed, whereas 91 patients (88/3%) had no complications convention. Fisher exact test showed that the occurrence of postoperative complications as a result significantly correlated with radiographic evaluation ($p < 0.003$). Also on 70/9% of diagnoses between radiographs and results consistent gold standard exists ($p < 0.002$).

Conclusion: Considering the limitations of this technique, using this method as a primary technique in evaluating the involvement of third molar and mandibular canal and if the proposed evidence that this involvement, the use of advanced techniques such as CT scan is necessary.

Keywords: Close relationships orthopantomogram radiography impacted mandibular third molar mandible canal

P53

THE STUDY OF AWARENESS OF GENERAL PRACTITIONERS OF IRAN ABOUT DEFINITION, ETIOLOGY, DIAGNOSIS, PREDISPOSING FACTORS, PROPHYLAXIS AND TREATMENT OF DRY SOCKET

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Dry socket is one of the most current side effects of tooth extraction which can be perhaps considered as the most common reason of delayed post extraction ache after pulling out the tooth. Hence, attending to diagnosis, prophylaxis and treatment of this problem is of considerable importance. Dry socket which is usually appears by clothless socket with gray hue in clinical examination, is mostly determined after 3 or 4 days of extraction entails ache, offensive odor, hyper sensitivity. Undoubtedly, knowledge of this case and capability of determination on the part of the dentist, distinguishing of potential patients (smokers, OCP receiving women, traumatic surgery, and others) From 220 completed questionnaires by dentists, 78 subjects (36.4%) were women whose average point was 7.57 and 136 subjects (66.3%) were men whose average point was 7.76 (out of 12). Also 25 subjects (11.6%) were graduated dentist from foreign countries whose average point was 7.28 and 190 subjects (88.4%) were graduated dentists from Iranian universities whose average point was 7.72. Participants were categorized on the basis of their experience and reputation; less than 5 years of experience with average point of 7.66; 5-10 years of experience with average point of 7.66 and more than 10 years of experience with average point of 7.79. Statistics shows that the correct answer to "definition question" were 83.6%, to "etiology question" were 95.5%, to "diagnosis question" were 170.50%, to "predisposing factor question" [trauma 85.2%, infection reputation 65.9%, age and gender 44.2%, OCP 39.5%, smoking 77.8%, simple exodontias 21.8%, socket unsuturing 31.6%] in general 49%, to "prophylaxis question" were 83.2% and to "treatment question" were 79.5%. Information sources of participants were 86.7% academic sources, 4.6% dentistry colleagues, 0.9% seminars and gatherings, 0.9% the internet, also academic sources dentistry colleagues 4.1%, academic sources and seminars and gatherings 1.8%, seminars and gatherings and the internet 0.9%. The average point of awareness of general practitioners of Iran was 7.65, the mode of this study was 7, the median was 8, standard deviation was 1.78, minimum was 0 and maximum was 12.

Keywords: dry socket alveolar osteitis tooth extraction smoking traumatic surgery

P54

PREVALENCE OF ROOT RESORPTION ADJACENT OF SECOND MOLAR NEAR THE IMPACTED THIRD MOLAR IN PERIAPICAL AND PANORAMIC RADIOGRAPHIES

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Background: Impacted tooth is not placed at the time in the dental arch. Prevention of tooth eruption by the adjacent teeth, tissue, hard or soft tissue upper additional teeth can cause latency. The most common impacted teeth is a third molar (upper and lower) and then upper canine, premolars of mandible. Third molars are the last teeth that grow and therefore likely to be insufficient space for growth cause impaction. Ideal time for extraction of impacted third molar when one-third to two-thirds of the root is formed, usually between ages of 16 to 18 years. The presence of impacted third molars, reduces the bone of the distal surface of second molar and sometimes It also is the cause of adjacent root resorption.

Objective: This study determined the existence and extent of this resorption.

Material and Methods: In a descriptive study, 54 patients (28 males and 26 females) over 15 years, mean age 22 years, the Department of Oral and Maxillofacial Surgery, Dental School, Tehran University of Medical Sciences had referred were studied. Each patient after obtaining the necessary conditions of a study of third molar periapical radiographs desired and a panoramic radiograph and second molar root resorption rate for each patient by two user (Supervisor and Executive Plan) was recorded. Find information using radiographs were obtained.

Results: The prevalence of root resorption adjacent second molar, respectively in the two panoramic and periapical radiographs, due to limited sample size with 95% confidence coefficient equal to 46/3% and 31/5% respectively. Most of this analysis in one-third cervical of second molars when third molars were as mesial or horizontal axis, was observed.

Conclusion: Because of increased incidence of second molar root resorption near adjacent impacted third molar, remove impacted third molars near the second molar, especially mesial or horizontal axis is recommended.

Keywords: Impacted teeth third molar root resorption radiography

P55

SOLITARY BONE CYST OF THE MANDIBLE WITH LINGUAL EXPANSION

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Solitary bone cyst (SBC) is an uncommon, intra-osseous pseudocystic lesion that comprises approximately 1% of all jaw cysts. The most common sites of occurrence of SBC are the molar and premolar regions of the mandible. Radiographically the lesion is radiolucent, well demarcated, and rarely expansive. The characteristic lack of cyst fluid and unlined bony wall are usually enough to provide a diagnosis. In this case report we presented an unusual SBC which caused lingual bony expansion. Minimal surgical management resulted in complete recovery.

Keywords: Solitary bone cyst mandible lingual expansion

P56

INTRAORAL PRESENTATION OF A CONDYLOMA

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The condyloma acuminatum (venereal wart) is a benign epithelial proliferation that occurs most frequently on the mucous membranes of the perianal and genital areas of men and women. The transmissible aetiological agents of this lesion are papovaviruses. In some rare instances these lesions can also be found in the oral cavity. In this 49-year-old female; a wide rugose, cauliflowerlike, exophytic lesion on the attached gingiva in the anterior region thought to be epulis fissuratum or a giant-cell granuloma turned out to be condyloma acuminatum following the excisional biopsy. This patient also had some genital lesions and tested positive for the human papovavirus which is to be expected due to the fact that intraoral presentation of condyloma acuminatum is a lot more frequent in patients who have anogenital lesions according to the literature. This report describes the etiology, diagnosis, treatment and follow-up of an intraoral condyloma.

Keywords: Condyloma oral warts oral HPV oral papovavirus

P57

PAIN RELIEF COMPARISON OF IBUPROFEN, CELECOXIB AND ACETAMINOPHEN CODEINE AFTER IMPACTED LOWER THIRD MOLAR SURGERY

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Background: For pain control after the surgery of impacted teeth several drug groups are used as analgesics, the most commonly used of them are Ibuprofen and Acetaminophen Codeine. A new drug called Celecoxib is delivered to the market as analgesic.

Objective: The comparison of a single dose of Ibuprofen 400mg, Acetaminophen Codeine (300+20mg) and celecoxib 100mg in pain relief after the surgery of impacted lower third molar with bone impaction that is done by a questionnaire.

Materials and Methods: In this interventional clinical trial, over 16 years men and women who come to the faculty of the dentistry of Tehran University for surgery of impacted lower third molar, if they have the inclusion criteria to participate in this study after inspection of radiographs and medical history are selected. Sample size is 180 cases that are divided into 3 groups with a randomized method (using a calculator) to use one of the drugs. After surgery, to each person a single dose of Ibuprofen 400mg, Celecoxib 100mg or Acetaminophen Codeine (300+20mg) is given. Then the patients should mark their pain intensity at given hours, also the time of use of rescue medication that is Ibuprofen 400 mg for all groups, as well as pain intensity before use of rescue medication in the questionnaire. The questionnaires will be analyzed by APSS ver16 software according to the objectives of the study by survival regression method. Results: In comparison of time to use of rescue medication, there were no significant difference between Ibuprofen and Celecoxib, but Acetaminophen Codeine significantly had lower times of use of rescue medication. In comparison of pain intensity at 2 and 4 hours after surgery, Celecoxib and at 6 hours after surgery Ibuprofen were better drugs.

Conclusion: Ibuprofen and Celecoxib are better analgesics than Acetaminophen Codeine for pain control after surgery of impacted teeth and Celecoxib has longer duration of pain control in comparison to Ibuprofen, however in first hours Ibuprofen is better than Celecoxib.

Keywords: Ibuprofen Acetaminophen Codeine Paracetamol Celecoxib Pain

P58

METASTATIC CARCINOMA OF THYROID GLAND IN INFERIOR ALVEOLAR CANAL: CASE REPORT

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The incidence of a metastatic carcinoma of the jaws is very rare. The authors report an unfamiliar view of a metastatic tumor in the mandible of a 41 years old female patient who had referred to the clinic with the complaint of an acute abscess of her upper right molar region. In the clinical examination a hard, elastic mass was also detected at the right body of the mandible intraorally. The patient had no complaint of the swelling or pain. Panoramic radiography showed a radiolucent lesion in the right body of the mandible, which has widened the right mental foramen and also disturbed the right inferior alveolar canal trace. Cone beam computed tomography scan revealed no other focal lesions or any invasion and the lesion was noticed as localized throughout the right inferior alveolar canal. Biopsy specimen was incised from the lesion in the mental foramen region and the histopathologic examination revealed a metastatic carcinoma of the thyroid gland. The patient was then referred to Endocrinology, General surgery and Oncology departments of Kocaeli University Faculty of Medicine for further examinations and treatment.

Keywords: Thyroid gland carcinoma mandibler malignancy metastatics tumors in mandible

P59

NON-SYNDROMIC MULTIPLE SUPERNUMERARY TEETH: A RARE CASE REPORT

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Introduction: Supernumerary teeth are present in addition to the normal complement of teeth in permanent/deciduous dentitions. Their incidence is high in permanent dentition, affects both the sexes but are more common in males, with the male to female ratio of 2:1. The etiology is unknown, although several theories have been proposed, of these it seems that the “dental lamina hyperactivity” theory has gained the most credibility. Such hyperdontia is often associated with Gardner syndrome, Fabry-Anderson syndrome, Ehler-Danlos syndrome, facial fissures or cleidocranial dysplasia. In contrast, hyperdontia in the absence of such complex syndromes is rare. In this case report, one patient who had non-syndromic bilateral multiple supernumerary teeth in mandibula and maxilla is presented.

Case Report: A 20-year-old male was referred to Oral and Maxillofacial Surgery Department our faculty for pain at left mandibular premolar region. The panoramic radiograph revealed bilateral mandibular and maxillary impacted supplemental premolars. Family, medical and dental histories were non-contributory. Extra oral examination was normal. Intraorally, pericoronitis that occurrence by left maxillary supernumerary premolar teeth seems. The teeth removed surgically.

Discussion: Although literature reports increased occurrence of the supernumeraries in the maxilla, supernumerary premolars are more likely to develop in the mandible. Our patient had supernumerary premolars in both the jaws. Multiple hyperdontia that not associated to complex syndromes is rare. Our patient was normal genetically and medically.

Conclusion: Hyperdontia that without complex syndromes is a rare phenomenon.

Keywords: Impacted mandible supernumerary teeth

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DENTAL IMPLANT REHABILITATION FOLLOWING ONLAY GRAFTING AND SPLIT CREST OSTEOTOMY

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The aim of this report is to demonstrate a method to reconstruct insufficient buccolingual dimensions of edentulous maxillary and mandibular alveolar processes. In this case the patient lost his right maxillary lateral incisor and canine as well as his right mandibular canine and premolar teeth due to trauma. The maxillary defect caused by trauma and the loss of teeth required autologous onlay block grafting to increase the buccolingual thickness of the alveolar process whereas the edentulous mandibular segment wasn't that thin so it didn't necessitate the harvesting of an autologous block graft. First, a ramus block graft was harvested from the left mandible and fixated on to the edentulous maxillary segment to provide buccolingual breadth. 3 months later, a split crest osteotomy was performed on the edentulous mandibular segment and 3 implants were placed into the split bone. After another 3 months, 2 implants were placed in the previously grafted edentulous maxillary segment. This case illustrates that both methods are viable options for reconstruction of defective alveolar bone as long as they are applied to the correct areas.

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MULTIPLE MESIODENS: A REPORT OF TWO CASES

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Introduction: Supernumerary teeth are a developmental disturbance occurring during odontogenesis resulting in the formation of teeth in excess of the normal number. Supernumerary teeth may be single, multiple, unilateral or bilateral, erupted or unerupted and in one or both jaws. The term mesiodens refers to a supernumerary tooth present in the midline of the maxilla between the two central incisors. Mesiodens is usually found to be impacted. It is diagnosed through clinical and radiographic examinations using maxillary anterior periapical and panoramic radiography.

Case Report: Case 1: A 8-year-old female patient was referred to Oral and Maxillofacial Surgery Department our faculty for rotation of right permanent central incisor. Family, medical and dental histories were non-contributory. Diagnostic maxillary anterior periapical radiograph and an orthopantomograph showed the multiple mesiodens in the alveolar process of the anterior maxilla. We thought that cause of rotation was the multiple mesiodens. The teeth were extracted surgically. The patient is following.

Case 2: A 11-year-old male patient was referred to Oral and Maxillofacial Surgery Department our faculty for unerupted permanent maxillary central incisors. Family, medical and dental histories were non-contributory. Diagnostic orthopantomograph showed the multiple mesiodens. We thought that the cause of uneruption of teeth were the multiple mesiodens. We extracted the teeth surgically and removed the gingiva partially for spontaneous eruption. The patient is following.

Conclusion: Although mesiodens is the most frequently found extra tooth, multiple mesiodens are rarely found.

Keywords: Mesiodens supernumerary teeth maxilla

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A RARE COMPLICATION OF MAXILLARY THIRD MOLAR EXTRACTION: INFRATEMPORAL FOSSA ABSCESS

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Introduction: Infratemporal fossa abscess formation is a very rare condition and it usually occurs following the maxillofacial tuberculosis, maxillary sinusitis, maxillary fracture or peritonsillar infection. There are only two cases in the literature which were reported as a tooth extraction complication. The diagnosis of infratemporal fossa abscess is very difficult and this abscess formation may cause intracranial spread of infection as a life-threatening complication.

Case Report: A 25 years old, male patient referred to the clinic with a significant pain around his right temporal region, high fever and his maximal interincisal distance was 11mm. His erupted maxillary third molar was extracted two weeks before he applied to clinic. Healing of oral mucosa was not sufficient however there was not any infection at the extraction side clinically. Digital panoramic radiography and magnetic resonance imaging (MRI) were evaluated. MRI revealed that there was abscess formation in the infratemporal fossa. Intraoral ponction was made by 24 gauge needle. The needle was directed superiorly, medially and posterior behind the tuber of maxilla and moved in to the abscess formation. 4cc pus was aspirated and specimen was forwarded to antibiogram. Following the ponction, dissection was performed along the tuber of the maxilla and the abscess was drained. Combined intravenous and oral antibiotics were prescribed to the patient for two weeks and his mouth opening was improved by physiotherapy. The patients's recovery was successful and there was no recurrence of infection.

Conclusion: Infra temporal abscess following the non-infected erupted maxillary third molar extraction in young healthy patient is an unexpected and unusual complication. MRI is the best way for diagnosing the infratemporal fossa abscess. Intraoral drainage of the infratemporal fossa abscess is a difficult procedure due to the anatomic complexity and visualizing problems however the presented abscess was managed successfully by an intraoral approach.

Keywords: infratemporal fossa approach infratemporal fossa abscess tooth extraction complication

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THE EFFECT OF CONDYLAR FRACTURES ON TEMPORO MANDIBULAR DISORDERS

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The purpose of this study was to investigate the effect of temporomandibular joint condylar fractures on the incidence or changing in the severity of TMD in the cases of condylar fracture. In this study there were 44 patients (15 females, 29 males) with condylar fracture diagnosis. The study was done longitudinally from April 2008 to May 2009. After surgical treatment for condylar fracture in Tehran shariati hospital. The patients were followed for 3 months. The patients were evaluated for TMD signs & symptoms after treatment, including clicking, tenderness, and amount of MMO, depending on fracture zone and type, history of previous TMD and treatment type. After 3 months since fracture treatment, 47.7% of patients had tenderness and 18.18% had clicking. MMO was measured less than 40 mm in 47.72% of patients, that suggested restricted mouth opening. There was no statistical relationship between tenderness and clicking with fracture type either unilaterally or bilaterally MMO in the cases of condylar fracture along with coronoid fracture was less than those with only subcondylar or condylar neck fracture. The patients with the history of previous TMD compared without the history of previous TMD did not experience more tenderness and MMO but had more clicking. In the present study it was revealed that IMF (close) treatment type compared with rigid fixation (open) treatment type caused more tenderness in follow up period. Overall, the present study reveals that after maxillofacial trauma and its treatment, the patients may show TMD signs and symptoms for a period of time in the cases of condylar fractures along with coronoid fractures, there were more restriction in mouth opening and the type of fracture treatment in the form of open surgery (rigid fixation) leads to less tenderness in TMJ. So we suggest that post traumatic patients specially those with the history of previous TMD, should undergo investigation for temporomandibular joint disorders.

Keywords: : Temporo mandibular joint temporomandibular disorders , rigid fixation condylar fractures

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REGRESSION OF CENTRAL GIANT CELL GRANULOMA BY INTRALESIONAL CORTICOSTEROID INJECTION

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Central giant cell granuloma (CGCG) is an uncommon benign lesion, mostly seen in the jaws. CGCG is defined as an itraosseous lesion consisting of cellular fibrous tissue containing multiple foci of hemorrhage aggregations of multinucleated giant cells and trabeculae of woven bone according to WHO classification. Although it is a benign process, it may be locally destructive. Its etiology has not been identified yet. Painless localized swelling is the most common clinical feature. The treatment options consist of surgical curettage and medical therapies such as local corticosteroid injections, calcitonin, INF α . This paper describes a case of CGCG located in the angulus of the mandible. First operation had been carried out in 2006. 3 years post-op surgery, the lesion had recurred. Because the patient didn't want to get a second operation, medical therapy options were considered. Intralesional corticosteroid injection had been performed for 8 weeks, once a week and it resulted in regression and calcification of the lesion and there had been no recurrence after 18 months follow-up.

Keywords: Central giant cell granuloma corticosteroid injection

P65

BILATERAL MANDIBULAR DISTOMOLARS: CASE REPORT

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Introduction: Teeth in excess of the normal number are referred to as “supernumerary teeth”. The supernumerary teeth that occur in the molar area called “paramolar” teeth; and, more specifically, those that erupt distally to the third molar are “distomolar” teeth. Supernumerary teeth may be erupted or impacted. Maxillary distomolars are found more frequently than mandibular distomolars. In this case report, a mandibular distomolar described in a patient suffering from the pain in posterior region of the mandible.

Case Report: A 22-year-old female patient was referred to Oral and Maxillofacial Surgery Department our faculty due to pain in right posterior mandible. Intraorally there was pericoronitis caused by third molar. The panoramic radiograph revealed bilateral mandibular distomolars and unilateral maxillary distomolar. The right mandibular third and fourth molars extracted surgically. Extracted distomolar had normal morphology; crown and root were significantly developed but smaller in size.

Conclusion: Maxillary distomolars are frequently seen but mandibular distomolars are a rare phenomenon.

Keywords: Distomolar supernumerary teeth pericoronitis

P66

**TITLE: GENIOPLASTY TECHNICES ;CONCEPTS AND
CONTROVERSIES “REVIEW PAPER”**

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Genioplasty (anterior horizontal mandibular osteotomy) means a plastic procedure on the chin that involves both bony component i.e., anterior portion of the base of mandible and the soft tissue component. The procedure can be performed either alone or as an adjunctive to other orthognathic and facial plastic procedures to achieve; acceptable facial esthetics by means of; balance, form, symmetry, and functional outcome like; balance of the muscular activity around the oral commissure 1,2., genioplasty can be performed as; direct osteoplasty (sliding genioplasty, functional genioplasty, distraction genioplasty ...) and soft tissue correction or implantation of an alloplastic material/cartilage/bone 25,50. since 1942 that the first sliding Advancement genioplasty was described by HOFER various genioplasty techniques with various indications, advantages and disadvantages have been developed for correction of micro and macrogenia. Recession of the chin is the main clinical manifestation of microgenia, whereas the length of the chin may be short, normal or long. In 1990, McCarthy et al. 14 classified microgenia into two types according to whether the occlusion was normal or abnormal. The degree of microgenia can be determined based on the distance between the Ricketts' plane and the receded chin prominence. A slight-degree microgenia is a distance no more than 7 mm, moderate-degree microgenia is a distance of 7-15 mm, and more than 15 mm is considered a serious-degree of microgenia. Excess of the chin is the main clinical manifestation of macrogenia. Techniques used for management of these problems have been reviewed, presented and discussed in this article.

Keywords: Genioplasty

P67

GRAFTS AND IMPLANTS IN RHINOPLASTY; TECHNICES AND RESULTS

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Rhinoplasty continues to behoove even the most experienced facial plastic surgeons in achieving long-term predictable success. To achieve the goals of a natural, refined, and esthetically flattering appearance of the nose while maintaining a functionally patent nasal airway, surgeons must adhere to certain guiding principle. After a systematic review of the literature, the authors present the pros and cons of commonly applied graft and implant material utilized in rhinoplasty, finally data supporting the long term results of these grafts and implants in rhinoplasty is presented.

P68

CASE REPORT: SURGICAL REPOSITIONING OF A DISLOCATED MAXILLARY CENTRAL INCISOR

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Abstract Dislocated is a dental deformity characterized by a severe angulation between the crown and root resulting in non-eruption of the tooth. This case report presents the surgical repositioning of a dislocated maxillary central incisor and followed by spontaneous eruption, root formation without orthodontic traction.

Keywords: Dislocated teeth reposition

P69

SIMULTANEOUS MANAGEMENT OF UNFAVORABLE POSTERIOR INTERMAXILLARY SPACE AND VERTICAL RIDGE DEFICIENCY

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After extraction of posterior mandibular teeth the posterior dentoalveolar maxillary extrusion is common finding in edentulous patients, in this conditions if the posterior maxillary teeth were lost the initial decrease in bone width is due to the resorption of the buccal bone plate. As the edentulous area continues to atrophy, there is a continuing loss of bone height and density and an increase in antral pneumatization. According to the type of ridge deficiency, various techniques can be used for correction of this condition. A particulate and block autogenous bone has been used for correction of alveolar ridge deficiency. This article presents an innovative technique that can be used to correct moderate to severe localized defects of the alveolar process prior to implant placement in posterior maxillary ridge. according to our modified classification for posterior maxillary ridge deficiency The combination of extended tuberosity block bone graft harvesting with modified alveoloplasty (alveolectomy) and quadrilateral open sinus lift (localized inlay tuberosity block bone graft technique) is described as an alternative to simple alveoloplasty for management of the deficient interarch space and antral pneumatization for prosthetics rehabilitation at the posterior edentulous maxillary segments. Surgical intrusion of the osteotomised block bone segment as a corticocancelouse block bone graft to sinus cavity resulted in an adequate interarch space and simultaneous vertical ridge augmentation in posterior maxillary ridge deficiency for surgical and prosthetic outcomes without need for harvesting bone from another site.

P70

TECHNIQUE TO MANAGE SIMULTANEOUSLY IMPACTED MANDIBULAR SECOND AND THIRD MOLARS IN ADOLESCENT PATIENTS

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Simultaneously impacted mandibular second and third molars in adolescent patients with arch space deficiency are an uncommon occurrence that may be encountered in clinical practice. Dealing with this issue is problematic, both in respect to surgical removal and orthodontic treatment. With respect to orthodontic treatment, controversy exists as to which molar tooth to save and which to extract. Each option has its merits and drawbacks. This article addresses our approach to this issue and presents an effective technique to apically reposition the gingival in the posterior segment to enable subsequent bracket bonding and orthodontic treatment in such patients.

Keywords: Impacted teeth surgery orthodontics

P71

SUCCESSFULLY PRIMARY CLOSURE OF AN EXCESSIVE ORAL-ANTRAL-NASAL FISTULA

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Oral-antral-nasal fistula (OANF) is a commonly encountered clinical problem. The literature is filled with a plethora of methods described for closing a persistent OANF. Local flaps are available to close minor to moderate defects, however, large fistulae can be a very challenging reconstructive problem. Various areas of the oral cavity have been used for closure of OANF. In this case report, we present a patient who had OANF after primary treatment of oral cyst resection. The resulting problems are rhinolalia, reflux of food and liquids into the nasal cavity, hypernasal speech, swallowing difficulty and decreased masticatory function. These symptoms significantly impact the quality of life. OANF sized was around 5X10 mm. Acceptable aesthetic and functional outcomes were obtained. The patient was periodically followed up for 6 months after surgery. His follow-up was uneventfully. In attempting closure of such large defects, it is important to follow certain principles. The oral, antral, and nasal mucosa must be free of infection and inflammation, continuity must exist between the oroantral and oronasal mucosa, and water-tight closure of the oroantral and oronasal flaps must be achieved.

Keywords: Oral-antral-nasal fistula local flap

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PALATELET - RICH PLASMA EFFECT ON INCREASING FREE FAT GRAFT SURVIVAL

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Autologous fat grafts have been used for correction of soft tissue contour defects. However, the unpredictability of fat graft survival remains a problem for clinicians attempting to obtain stable long-term results. The most accepted theory of fat graft survival is the cell survival theory, which states that some of the graft adipose tissue survives after the host reaction subsides. Other factors which are important include the anatomic site as well as the mobility and vascularity of the recipient site. Various studies have also been performed to increase the survival of free fat grafts. Platelet-rich plasma (PRP) is known to be rich in various growth factors, including seven fundamental protein growth factors proved to be actively secreted by platelets to initiate all wound healing. The aim of this study was to investigate whether PRP, with its growth factors, was able to improve the survival of injected fat in clinical trial study of 10 female patients.

Keywords: Fat graft platelet plasma

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DOES A DIFFERENCE EXIST IN INFERIOR ALVEOLAR CANAL DISPLACEMENT CAUSED BY COMMONLY ENCOUNTERED PATHOLOGIC ENTITIES? AN OBSERVATIONAL STUDY

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Purpose The aim of this study was to investigate whether there is a difference in the location of the displaced inferior alveolar canal (IAC) and neurovascular bundle (towards the buccal or lingual cortex) among odontogenic origin pathology and vascular nature lesions. If there is some consistency in the manner that the canal and the bundle are displaced based on radiographic examination then the nature of the mandibular lesion on hand could be anticipated. This information would assist the surgical team when planning, diagnostic biopsy or removal of the lesions especially in cases of intraosseous vascular pathology. **Materials and Methods:** A retrospective review of computer tomography (CT) images obtained for odontogenic tumors and vascular anomalies treated at the Department of Oral and Maxillofacial Surgery at the University of Illinois at Chicago (UIC) between January 2000 and June 2010 was undertaken. The inferior alveolar canal and neurovascular bundle were traced from the lingula to the mental foramina and its location within the mandible was recorded in three selected points. **Results:** In the odontogenic tumor group we identified the canal with the neurovascular bundle to be displaced either towards the buccal cortex of the mandible or the inferior border but it was never identified lingually. On the contrary all the vascular anomalies displaced the structures towards the lingual aspect of the mandible in all selected points. **Conclusions:** To our knowledge this is the first study that examines the potential differences in the displacement of the inferior alveolar neurovascular bundle caused by the two commonly encountered pathologic entities in the maxillofacial skeleton; odontogenic tumors and vascular anomalies. We identified a striking difference in the manner of the IAC and its contents that was consistent among the tumors in the two groups. Further investigation with larger number of cases is warranted to confirm our preliminary finding

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COMPARISON OF DENTOALVEOLAR DISTRACTION OSTEOGENESIS AND SIMPLE CORTICOTOMY TECHNIQUES FOR RAPIDE CANINE RETRACTION,ANIMAL STUDY,

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Anchorage control and reducing the total treatment time has always been fundamental in treatment of orthodontic cases. The recently introduced dental distraction osteogenesis technique has considerably reduced the treatment time and anchorage concerns among orthodontists. However its effects on the maxillary canine retraction remain largely unsubstantiated. This study makes an attempt to determine the efficacy of dentoalveolar distraction osteogenesis as an alternative to reduce significantly the time required for retraction of canine without inadvertently affecting the anchorage in all three planes of space and compare it with the simple corticotomy technique according to radiographic and clinical data.

Keywords: Osteogenesis distraction corticotomy canine

P75

EVALUATION OF CLINICAL AND HISTOPATHOLOGICAL FEATURES OF DENTAL MATERIAL ASSOCIATED ORAL LICHENOID STOMATITIS PATIENTS

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Introduction: Oral lichenoid stomatitis (OLS) is considered as a variant of oral lichen planus (OLP). It may be regarded as a disease by itself or as an exacerbation of an existing OLP by the presence of medication or dental materials. Many studies have documented contact hypersensitivity to dental materials presenting as lichenoid reactions. Clinically and histopathologically it is difficult to distinguish OLS from OLP. Clinical and demographical properties of thirty dental material associated OLS patients were presented and the importance of diagnosis of OLS lesions were emphasized.

Material and Method: Thirty patients suffering from dental material associated oral lichenoid lesions located in different regions of the mouth were selected. All patients were diagnosed according to histopathological and clinical evaluations. Demographic datas (age, sex, systemic disease, known drug usage) and medical records about the lesions (sub-type of lichenoid lesion, localization, severity degree of allergy) were recorded. Results: 22 female and 8 male (mean age was $50,57 \pm 11,47$; 29-62) were included in this study. According to allergy test to dental materials, 16 patients (53.3%) displayed allergic reaction to only one dental material while 14 patients (46.7%) displayed allergic reaction to two or more dental materials. Lichenoid reactions were seen in only one region of the mouth in 17 patients (56.7%) and two or more region in 13 patients (43.3%). The buccal area was the most affected site whereas reticular typed lesions were the most common sub-type of OLS lesions. Nickel-sulfate was the most common dental material which causes OLS lesions.

Conclusion: A carefull investigation is needed to distinguish OLS from OLP hence their etiology and treatment is different. Replacement of causative restorations in OLS patients with non-allergic materials will provide resolutions of lesions.

Keywords: Oral Lichenoid Stomatitis Dental Material Associated

P76

INCIDENCE OF OROFACIAL CLEFTS IN ISFAHAN CITY OF IRAN

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Cleft lip and palate are the most common congenital malformation diseases which affect the oral and facial parts. aims of this study are determining the incidence of orofacial cleft in isfahan city ,abundance of clefts in males and females ,types ,left or right ,specific causes ,and common treatment process. Gathering information from the retrospective out of 12376 medical files of children born in 2000-2010 years in isfahan with simple sampling method, recording was done with the help of millard diagram. Abundant of cleft in isfahan city was 1 per 1547 and unilateral non syndromic cleft lip and/or palate in left side in male patients were most common type. no specific causes were found .wite & profit protocol for step management of these patient was the most common method of treatment according to the maxillofacial surgeons.

Keywords: Cleft

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MASSIVE MANDIBULAR AMELOBLASTOMA: REPORT OF A CASE.

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The mandibular ameloblastoma is a benign odontogenic tumor that develops from the remaining components of the enamel organ (Epithelial rests of Mallasez). Ameloblastomas typically occur around the age of 40 years; children are rarely affected. This pathology may appear anywhere in the jaws, although the molar-ramus area of the mandible is the favored location. Affected patients are asymptomatic, and lesions are usually discovered during routine radiographic examination or because of jaw swelling. In the present case report; a 48 year-old female patient referred to our clinic with the complaint of swelling in the left mandibular region for the last five years. During this time premolar and both molars have been extracted. Subsequently prosthetic rehabilitation was performed by her dentist without any radiographic examination. A computed tomography (CT) scan with contrast showed that the whole left body of the mandible had been replaced by a huge mass of mixed lucency with multiloculations ('soap bubble' appearance) and poorly defined sclerotic borders. There was no nerve deficit or lymphadenopathy in the head and neck region. We performed an incisional biopsy and pathology finding was ameloblastoma. Subsequently resection of the lesion performed under general anaesthesia. After the surgery, complete healing was obtained clinically. No recurrence was seen during the follow-up period.

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CONSERVATIVE TECHNIQUE IN RESTORATION OF TRAUMATIZED ANTERIOR TEETH-A CASE REPORT

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Trauma to the anterior teeth is common among children and teenagers. Fractured anterior teeth with pulp exposure are usually restored with conventional post-core technique after being treated endodontically. Fractures that do not involve the epithelial attachment can be readily restored with fiber post and resin composite restorations. A more conservative procedure for these situations is presented in this case report. Reattachment of a fractured fragment to the remaining tooth can provide advantages over resin composite restoration, including better esthetic appearance, maintenance of tooth form and color, minimal tooth loss, increased wear resistance and thus, improved function. This case report discusses fragment reattachment technique and presents clinical case of coronal fracture involving pulp chamber.

Keywords: Fractured teeth reattachment fragment

P79

PLATFORM SWITCHING IN DENTAL IMPLANTS: NEED OR LUXURY?

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The crestal area is the region to suffer initial breakdown when it comes to the implant tissue interface. This of course is a major issue in the anterior esthetic zone. Factors affecting loss are surgical treatment (force higher than 35N/cm²), biologic width/seal (for six weeks), micro-gap, occlusal overload (specially for implant-supported restoration) and crest module (polished collar, connective contour, laser lock, ...). The platform is the crestal area of an implant. The difference of the diameter between the implant and the abutment is the so called "platform switching" (BIT, Wieland, Astra, Dentsply Ankylos, Zimmer, Nobel Biocare).

Keywords: Platform switching implant

P80

**THE STUDY OF CROWDING OF LOWER ANTERIOR TEETH IN
15-25 YEARS OLD PATIENTS WITH IMPACTED MANDIBULAR
THIRD MOLAR**

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Background and Aim: This study was conducted to evaluate a correction between lower 3rd molar and lower incisor crowding.

Methods and materials: This survey was a descriptive analytic study. We studied on 127 persons (60 male and 67 female). We evaluated kind of impaction of 3rd molar from panoramic radiography and measured the crowding on dental casts for excluding the influence of another causative factors. We used from input criteria, these criteria include: 1) age range from 15 to 25 years old 2) lack of history of extraction 3) lack of history for orthodontic treatment 4) lack of Bolton discrepancy 5) normal growth pattern CL 1 skeletal occlusion and last 6) complete permanent dentition. Chi square test was used for statistical analysis.

Results: In 127 patients of our study, we found that mesioangular impaction was most common that had seen in 61 patients (48%). All cases divided into 6 age groups, and we found that most common kind of impaction (mesioangular) was more in 23-24 years old group, nevertheless no significant correlation between age groups and 3rd molar impaction groups was found ($P>0.05$). There were 81 persons (63.8%) with crowding and 46 persons (36.2%) without crowding, in all cases of this study also moderate crowding with 35 patients (27.6%) was most common in cases with crowding. There was no significant correlation between age groups and crowding ($P>0.05$). This study showed no significant correlation between sex and kind of impaction, and no significant correlation between sex and crowding scale ($P>0.05$).

Conclusion: This study seems to support this opinion that the role of lower 3rd molar is not a significant factor in causing late lower anterior crowding.

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EVALUATION OF THE RELATIONSHIP BETWEEN MASSETER MUSCLE AND CRANIOFACIAL MORPHOLOGY

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Objectives: To investigate the relationship between the masseter muscles and craniofacial morphology and to investigate if masseter muscles' volume is stronger related with craniofacial dimensions than with masseter muscles' muscle CSA.

Material and Methods: Twenty seven adult healthy volunteer subjects with varying craniofacial morphology participated in this study. Axial magnetic resonance imaging scans were used for measurements of the masseter muscle volume and cross sectional area. Cross sectional area of the masseter muscle was calculated by the planimetry method with computer software and the volumetric estimation of the masseter muscle was calculated with planimetry method and the Cavalieri principle. Cephalometric analysis was performed using lateral radiographs and mandibular plane angle, posterior facial height, anterior facial height, ramus height, lower gonial angle and upper gonial angle was measured. Maxillary dental arch width was measured with an electronic calliper as the distance between the palatal surfaces of the first permanent molars.

Results: Significant correlations were not found between the masseter muscles' cross-sectional area or volume and vertical craniofacial measurements obtained by cephalometric analysis ($p>0,05$). Statistically significant positive correlations were found between the masseter muscles' cross-sectional area and volume, and maxillary dental arch width ($p<0,05$). Maxillary dental arch width were stronger related with masseter muscles' cross-sectional area than with volume.

Conclusion: The findings of this study indicate that the dimensions of the masseter muscle may be considered as one of the factors influencing the width of the maxillary dental arch.

Keywords: Biometry masseter muscle magnetic resonance imaging

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ALCOHOL INJECTION INDUCED OSTEONECROSIS OF THE MANDIBLE

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Trigeminal neuralgia is characterized by a bright, stimulating electric shock like quality pain that radiates into one of the three branches of the trigeminal nerve. Medical and surgical therapies are both used for management of trigeminal neuralgia. Although the drug treatment is convenient and tolerated by most patient, surgical procedure is required when medical therapy fails. Surgical options are divided as peripheral and central techniques. Peripheral surgery techniques are alcohol injections, neurectomy, cryotherapy, glycerol injections, and jaw bone cavity removal. Alcohol injections provide short to medium term pain relief. The procedure brings a list of complications which includes mucosal ulcerations, infection, avascular necrosis, osteomyelitis. Also the result of the procedure is temporary and it is believed that the technique becomes less effective with repeated use. In some cases the patients require an immediate pain relief and don't compromise for a neurosurgical treatment. In these situations peripheral surgery technique should be considered. Because alcohol gives patient an experience of anesthetic effect of treatment which is temporary at alcohol injections but permanent in rhizotomy, alcohol injections may be a preferable peripheral technique before permanent treatment. In this report we describe a case of osteonecrosis which occurred by alcohol injection into mental nerve.

Keywords: Trigeminal neuralgia osteonecrosis alcohol injection

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PERIPHERAL OSTEOMA OF THE MANDIBLE: REPORT OF TWO CASES

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Osteomas are benign tumors that consist of mature, compact, or cancellous bone. It is classified into two groups: central and peripheral osteoma. Osteomas that arise on the surface of the bone are referred to as periosteal osteomas. Osteomas are relatively rare in the jaws. The cause of the lesions is unknown, although trauma, infection, and developmental abnormalities have been suggested as contributing factors. Osteomas are most commonly identified during the second and fifth decades of the life, and males are affected more often than females. Periosteal osteomas present clinically as asymptomatic, slow-growing, bony, hard masses. Asymmetry may be noted when lesions enlarge to sufficient proportion. Radiographically the lesion appears as a well-circumscribed radiopacity. Computed tomography is the best imaging modality for diagnosis of osteoma. The treatment of osteomas is surgical excision. Lesions should also be excised for the purpose of establishing the diagnosis. Osteomas do not recur after surgical removal. The purpose of this presentation is to present two cases of peripheral osteomas of the mandible.

Keywords: Peripheral Osteoma mandible treatment

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THE EVALUATION OF ORAL CANDIDIASIS IN PATIENTS WITH SERUM IRON DEFICIENCY

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Introduction: Oral Candidiasis (OC) refers to a multiplicity of diseases caused by a yeastlike fungus. *Candida albicans* is frequently isolated from the oral mucosa. Many factors can predispose individuals to OC; such as, AIDS, malignancy, anti cancer treatments, long-term antibiotic therapy and iron deficiency anemia. Aim: The aim of the study is to evaluate OC in patients with serum iron deficiency.

Materials and Methods: Thirty-six patients (mean age: 48.16 ± 5.03) with serum iron deficiency were included in the study. Serum iron deficiency was accepted below 50 mg/dl (normal range 50-175mg/dl). Swab samples from oral mucosa were taken from each patients. The presence of yeast in oral mucosa was evaluated as present/absent according to their growth on cultures.

Results: From 36 patients with serum iron deficiency, *C. albicans* was present in 23 (63,9 %) patients while 13 (36.1%) patients had no *C. albicans* in oral mucosa. Conclusion: *C. albicans* is normal inhabitant of the oral flora of many individuals, however according to our results, high rates of *C. albicans* was observed in patients with serum iron deficiency. Therefore we suggested that patients with iron deficiency should be evaluated in terms of *C. albicans*.

Keywords: Oral candidiasis serum iron deficiency anemia

P85

THE EFFICIENCY OF N-BUTYL-2-CYANOACRYLATE IN ONLAY GRAFT FIXATION AT MANDIBLE: A HISTOMORPHOMETRIC STUDY

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Objective; There have been many studies about the efficiency of tissue adhesive materials especially cyanoacrylates in soft and hard tissue fixation. The aim of this study is the histopathological evaluation of the efficiency of N-2-butyl cyanoacrylate in the fixation of bone block grafts on mandible.

Material and Method: Twelve New Zealand rabbits were used in the study. In each rabbit, bilateral extraoral incisions were performed at the angle of mandible and outer cortex of the mandibular bone was exposed. Autogenous monocortical block grafts that were taken from tibial bone were fixed to the outer surface of the angle of the mandible with N-2-butyl cyanoacrylate at the right side and with mini screws at the left side. Postoperatively in the first and third months, six rabbits were sacrificed and the tissue samples obtained from the grafted area. Samples were evaluated histopathologically.

Results: No significant difference was found between the cyanoacrylate and screw group with respect to inflammation ($p=0,24$ and $p=0,65$; respectively). Foreign body reaction was found significantly higher in cyanoacrylate group than in screw group in the first month samples. No significant difference was found between the two groups with respect to foreign body reaction ($0,03$, $0,18$; respectively). The level of graft necrosis was found to be significantly higher in cyanoacrylate group than in screw group in both first and third month samples ($p=0,03$; $p=0,026$; respectively). The bone formation between the graft and recipient bone was evaluated and bone formation was found to be significantly higher in screw group than in cyanoacrylate group ($p=0,03$; $p=0,002$; respectively).

Conclusion: No trabecular bone formation was observed between the graft and recipient bone in cyanoacrylate group. Screw fixation was found to be superior to N-2-butyl cyanoacrylate in all parameters.

Keywords: N-2-butyl cyanoacrylate mandible bone block graft fixation tissue adhesive

P86

A REVIEW OF THE ATTACHMENT SYSTEMS OF THE AURICULAR EPISTHESIS

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Recently developed surgical reconstruction techniques, including microsurgical tissue transfer and autogenous or alloplastic grafts, have been widely used for the reconstruction of auricular defects. However, auricular episthesis is an efficient alternative, when aesthetic and functional demands cannot be surgically fulfilled. Complete rehabilitation of patients with auricular defect can be achieved by a multidisciplinary team approach, involving surgical and prosthetic personnel. Treatment requires cooperation between those treating the disease and those responsible for the emotional wellbeing of the patient. Retention and stability of prostheses improve the patient's confidence and sense of security. Methods of retention varied within each prosthesis type. Retention methods for auricular prostheses are bars, adhesives, magnets, and mechanical devices. Since the early 1970s, the use of osseointegrated implants to retain facial prostheses has become an integral part of treatment planning for facial reconstruction. Implant retention is currently considered the standard of care in many situations because of the advantages it offers over conventional retention methods such as the use of adhesives. The aim of this presentation is to review the attachment systems in auricular reconstruction.

Keywords: Auricular episthesis reconstruction implant bar attachment

P87

AUTOTRANSPLANTATION OF IMPACTED THIRD MOLARS AND 2 YEARS FOLLOW-UP: 3 CASES REPORT

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Autotransplantation can be defined as the surgical movement of a tooth from one position in the mouth to another in the same person. Transplantation has a key role in the replacement of young patient's missing teeth. Autotransplantation is a viable option for replacing a missing tooth because the transplanted tooth can function as a normal tooth when tooth transplantation is successful. Success is defined as normal periapical healing, without any inflammatory pulpal changes or progressive root resorption, and continued development of root growth. The major complications of autotransplantation are inflammatory root resorption and ankylosis. Inflammatory resorption is caused by the irritation derived from pulp necrosis and subsequent infection, whereas ankylosis is caused by damage to the periodontal ligament during the surgical procedure. The molar autotransplantation is infrequently discussed in today's literature, possibly because of the preponderance of titanium dental implants. In growing people, bridgework and implant are not feasible because they may impede the normal growth of facial bones, in particular, of the alveolar process, and are therefore contraindicated. In these people, autotransplantation is a viable procedure with low morbidity and excellent functional and esthetic outcomes. This report shows the successful autotransplantation of impacted third molars in 3 patients with a mean follow-up period of 2 years. Our results indicate that autotransplantation of impacted third molars is a success treatment choice in younger cases, teeth with unclosed apices, and in upper jaws.

Keywords: Autotransplantation impacted third molars

P88

LIMITED MOUTH OPENING AFTER HEAD AND NECK RADIOTHERAPY: REPORT OF TWO CASES

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Head and neck cancers remain a major health problem in developing countries and constitute 10–25% of all cancers. Patients after surgery and radiation/chemoradiation for treatment of head and neck cancer often suffer from oral complications. These problems may be caused by surgery and radiation. The clinical sequelae of the radiation treatment include mucositis, hyposalivation, loss of taste, osteoradionecrosis, radiation caries, swallowing problems and limited mouth opening (trismus). Radiotherapy is especially a main reason for oral complications like trismus. Two patients received radiotherapy in their head and neck region and suffer from limited mouth opening were presented in this report. The maximal interincisal mouth opening was measured at present and after physiotherapy in these patients treated with surgery and radiation/chemoradiation for head and neck cancer. If limited mouth opening is diagnosed after radiotherapy of head and neck region, supportive therapy should be initialized.

Keywords: Radiotherapy Head and neck cancer Physiotherapy

P89

**AUTOTRANSPLANTATION OF AN MANDIBULAR SECOND
PREMOLAR TOOTH WITH AN IMPACTED SURNUMERARY
PREMOLAR FORMED TOOTH..**

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The surgical movement of the tooth from one location in the mouth to another location in the same patient is autotransplantation or autogenous tooth transplantation. Other saying, replacement of patient's own teeth from one site to other. This is a easy surgical treatment is well tolerated by young patients. Autotransplantation is aesthetically high and more cost-effective than other treatments like fixed prostheses and osseo-integrated implants. Success of procedure depends on careful management during the surgical procedure, especially of the periodontal ligament. The preservation and regeneration of the periodontal ligament is the key. 23 years old man had an impacted supernumerary premolar formed tooth in right mandible and had second premolar with profund caries and apical granulom, in left side. Autotransplantation is an easy, costeffective and aesthetically high technique which, when used within a multidisciplinary team, can offer an ideal treatment option for young patients with missing or failing teeth.

Keywords: Autotransplantation tooth transplantation

P90

PUSH-OUT BOND STRENGTH OF WHITE MINERAL TRIOXIDE AGGREGATE MIXED WITH DISODIUM HYDROGEN PHOSPHATE IN PERIAPICAL SURGERY

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Objectives: Whit mineral trioxide aggregate (WMTA) has been used widely as a root-end filling material during periapical surgery. Moreover, increasing push out bond strength prevents dislodgment of root- end filling materials and consequently reduce microleakage and lead to successful periapical surgery. It was shown that adding disodium hydrogen phosphate (Na_2HPO_4) to WMTA reduces the setting time and creates a more biocompatible material than WMTA alone. The aim of this study was to analyze the influence of Na_2HPO_4 on the push-out strength of WMTA.

Study Design: Forty dentin discs were sectioned from single-rooted human anterior teeth. The specimens were divided randomly into two groups of 20. In group 1 and 2 WMTA and WMTA mixed with 2.5 wt% of Na_2HPO_4 were used to fill the lumens of the root-dentin slices respectively. All specimens were wrapped in pieces of gauze soaked in distilled water solution and then incubated for 4 days at 37°C. The push-out bond strengths were measured with the Instron Testing machine. The maximum load applied at the time of dislodgement was recorded in newtons and changed to MPa. Data were analyzed by independent-sample T test at the 95 % level of confidence.

Results: The means \pm standard deviations of push-out bond strength for WMTA and WMTA mixed with Na_2HPO_4 were 7.68 ± 0.45 MPa and 8.27 ± 0.43 MPa respectively. There were significant differences between the groups ($p < 0.001$).

Conclusion: It was concluded that adding Na_2HPO_4 to WMTA positively influenced the push-out bond strength of the cement.

Keywords: Disodium hydrogen phosphate Mineral trioxide aggregate push-out bond strength

P91

ORAL SURGICAL MANAGEMENT IN PATIENTS USING BISPHOSPHONATE: 4 CASES

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Bisphosphonates, which have been introduced into medicine in the early 1990's, is now being used successfully for treatment of primary osteolytic bone pathologies such as metastatic diseases, multiple myeloma, paget disease, hypercalcemia in malignancies and management of pain occurring in these osteolytic bone pathologies. They only effect the bone at physiological doses. Their half-life in circulation is very short, but they can stay for years in bone tissue. On the other hand, reports about bisphosphonate associated osteonecrosis of the jaw has been increasingly published recently. The first case of osteonecrosis after bisphosphonate was reported by Marx and Stern in 2002. The definition was made as non-healing open bone wound on the jaw bones during more than eight weeks' period in patients who had oral or intravenous bisphosphonates but never had radiotherapy. This process can occur not only by prothesis irritation but also spontaneously. Invasive procedures as tooth extraction, periodontal operations, implant surgery, oral surgical operations can also lead to osteonecrosis. There are many studies discussing the etiology and treatment of bisphosphonate associated osteonecrosis in medical literature, but it appears that there are so many aspects to be researched. In this presentation, bisphosphonate associated osteonecrosis of the jaw and treatment modalities has been evaluated.

Keywords: Bisphosphonate Jaw necrosis

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**TREATMENT OF KERATOCYSTIC ODONTOGENIC TUMOUR:
A CASE REPORT**

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Keratocystic odontogenic tumor (KCOT) formerly known as odontogenic keratocyst (OKC), is a benign unicystic or multicystic intraosseous neoplasm of odontogenic origin, which arises from remnants of the dental lamina. It has long been of particular interest because of its potential for locally destructive behavior, its recurrence rate, and its tendency for multiplicity, particularly when associated with nevoid basal cell carcinoma syndrome (NBCCS). A 27-year-old patient was referred to the Department of Oral and Maxillofacial Surgery with complaints of pain at the right mandibular premolar region. Radiographically, panoramic radiograph showed well defined radiolucency extend from apical region of right canine to first molar. The radiolucency was 28x35 mm and displaced roots of mandibular canine and premolars. The lesion was treated by enucleation under local anesthesia. We follow up patient about 2 years, panoramic radiograph showed a complete bone regeneration and no recurrence was noted. KCOTs are found in the mandible, especially the posterior portion of the body, approximately twice as much as in the maxilla. Clinical manifestations, such as swelling, pain, or both, are shown in most patients, but there are also cases with no symptoms. There are two methods of treatment, one conservative and one aggressive. In the conservative method, simple enucleation with or without curettage and marsupialization is suggested. Aggressive methods include peripheral ostectomy, chemical curettage with Carnoy's solution, and resection.

Keywords: Odontogenic tumor keratocyst enucleation

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MAXILLARY INTRAOSSEOUS VASCULAR CANAL WITH RELATION TO SINUS AUGMENTATION PROCEDURE

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Sinus floor augmentation procedures are mostly performed in the maxillary premolars and first molar areas. Knowledge of the vascular territories of the maxillary sinus is to mandatory to avoid unnecessary complications in the sinus augmentation procedure. This procedure is a relative safe surgery, but severe haemorrhage may occur as a result of uncommon vessel anastomosis. Anatomically, anastomosis between the posterior superior artery and infraorbital artery is always found at the lateral antral wall. Damage of the bony vessel can cause intense bleeding and prolongs operation. In this presentation, high quality computerized images (using paraxial plane sections) were used to detect of these anastomosis.

Keywords: Sinus augmentation intraosseous vascular canal

P94

SINGLE TOOTH TRANSPLANTATION : CASE REPORT

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Single Tooth Transplantation : Case Report Aktop S 1, Uzun O 1, Pamporakis P 2, Kucukkeles N 2, Garip H 1, Göker K 1. 1 Marmara University Faculty of Dentistry Department of Oral and Maxillofacial Surgery 2 Marmara University Faculty of Dentistry Department of Orthodontics Treatment for patients with congenitally missing teeth can be challenging. The treatment options include retaining the deciduous teeth, extracting the deciduous teeth and allowing the space to close spontaneously, implant replacement, autotransplantation, prosthetic replacement, and orthodontic space closure. The general indications of autotransplantation are transplantation of impacted teeth to their normal position (trans-alveolar transplantation), agenesis of teeth (congenitally missing and lost teeth), and those cases of avulsion where the prognosis for successful reimplantation is poor, replant failure and untreatable root fractures. The aim of the present case was to transplate a maxillary erupting premolar tooth to the alveolar region of her own missing mandibular premolar tooth to avoid further dental prohetic possibilities for a patient under orthodontic treatment.

Keywords: Transplantation

P95

MANDIBULAR NERVE LATERALIZATION FOR DENTAL IMPLANT PLACEMENT IN INADEQUATE POSTERIOR MANDIBULA

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The anatomy of the intrabony course of the inferior alveolar nerve (IAN) is very important for dentists, neurologist, radiologists and pathologists to aid in diagnosis, treatment, planning surgery, and the application of local anesthesia. IAN damage negatively affects the quality of facial sensibility and the patient's ability to translate patterns of altered nerve activity into functionally meaningful motor behaviors. The sensory alteration can be attributed to anatomical or functional changes within the nerve after resolution of inflammation and edema in and surrounding the nerve. IAN lateralisation is a new technique. In the literature of implantology, the techniques described are partial and located at the anterior part of the nerve, near the foramen mentalis. Total lateralisation technique can be used in dental prosthesis in mandibular posterior edentulism when the alveolar bone is reduced and when the prosthesis compresses the nerve in the foramen region.

Keywords: Nerve lateralization Dental implant

P96

IMPLANT PLACEMENT WITH A 3-DIMENSIONAL PLANNING AND GUIDE: A CASE REPORT

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Traditionally, dental implant surgery starts with rising flap procedures for implant insertion. However, there has been some interest in developing techniques, the presurgical prosthetic planning and successful loading of implants are well understood by surgeon. Such software applications permit an evaluation of the bone, in terms of quantity and quality, and simulated placement of implants. Surgical templates assist to surgeon to accurately position of and prepare the osteotomy site for the dental implants. There are some disadvantages of computer-guided method in implant surgery, such as; total cost of tools and complexity of system. This presentation is to introduce of this system of one case.

Keywords: Implant 3D planning

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DELAYED FREY'S SYNDROME AFTER CONDYLAR FRACTURE: CASE REPORT

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Frey's syndrome is characterized by the occurrence of hyperesthesia, flushing and warmth or sweating over the distribution of the auriculotemporal nerve and/or greater auricular nerve while eating foods that produce a strong salivary stimulus. Frey's syndrome is also known as auriculotemporal syndrome and gustatory sweating. It is commonly seen as a complication of paratidectomy and open surgery of TMJ. It can also be caused by other forms of trauma, including blunt trauma, but rarely does it occur without trauma. The relation between fracture displacement of the condyle and Frey's syndrome adds further support to the view of the intimate anatomical relationship of the auriculotemporal nerve with the capsule of the temporomandibular joint. However, despite the proximity of these structures and the high incidence of condylar fracture (25% to 36% of mandibular fractures), Frey's syndrome is rare after this type of fracture. Symptoms are sometimes delayed and can be very slight; often neither the patient nor the surgeon realizes their presence. The symptoms usually appear 5 weeks to one year after nerve damage. In this case report we presented the delayed occurrence of Frey's syndrome in a patient in 6 years after closed reduction of condylar fracture.

Keywords: Frey's syndrome condylar fracture closed reduction

P98

REPLACING THE LOST TEETH WITH TEETH REGENERATED FROM STEM CELLS - A REALITY OR AN IMAGINATION? A WEB BASED SURVEY FROM THE BEGINNING UNTIL NOW

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Tooth loss compromises human oral health. Regarding the several purposes of teeth including eating, pronunciation and esthetics it is very important to safe and replacing the missing teeth during the life. Although the conventional methods for replacement the missing teeth are successfully used today, there are many problems related to these methods such as absence of periodontal ligament around the titanium dental implant. Recently tooth tissue engineering has attracted more attention and may be a new hope for both patients and dentists. There have been many experimental studies related to producing biological teeth by stem cells. Stem cells are characterized by the ability to renew themselves through mitotic cell division and differentiate into a diverse range of specialized cell types. There are two cell sources that have the potential to produce teeth – the embryonic tooth bud and the postnatal tooth bud. The results of both approaches differ considerably. The current task is how to perfect tooth tissue engineering techniques, such that bioengineered dental tissues and whole teeth are integrated physically and functionally with pre-existing dental tissues. Tooth development requires two cell types, epithelial and mesenchymal. Both of them exist in embryo and current studies could have managed to develop methods regenerating the whole tooth from embryonic stem cells producing bioengineered tooth germ and transplanting the germ into the alveolar bone of adult mouse. But the major challenge in whole tooth regeneration is to identify non-embryonic sources of cells with the same properties as tooth germ cells . However, since the regeneration of the whole tooth is a fact today, release of natural teeth from stem cells and their clinical applications seems to be a reality by the near future.

P99

COMPARISON OF DENTAL ANXIETY IN CONNECTION TO TEETH EXTRACTIONS FOR ORTHODONTIC VS EXTENSIVE CARIOUS LESION PURPOSES

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Background: Dental anxiety is one of the most difficult aspects of child patient management and is correlated with fear of pain and previous negative experiences in dental setting. Children tend to have higher dental anxiety than the adults. Socioeconomic and cultural factors have been shown to influence anxiety and behaviour during dental treatment. However, it's etiology is still not entirely understood.

Objectives: The aim of this study was to determine and compare dental anxiety levels in children in connection to teeth extractions for extensive carious lesions and orthodontic purposes.

Subjects and Methods: Forty patients were included in the study (22 male, 18 female, mean age 12.2 ± 1.98). First group consisted of 20 patients (13 male, 7 female; mean age: 10.3 ± 1.18) whose teeth were planned to be extracted due to extensive carious lesions while the second group consisted of 20 patients (9 male, 11 female; mean age: 14.1 ± 2.12) whose non-carious teeth were planned to be extracted due to orthodontic treatment needs. Before extractions the two groups were informed of the extraction protocol and STAI-C questionnaires, self report questionnaires consisting of two 20-item subscales that evaluate the state and trait anxiety in children were administered.

Results: Children's state anxiety score with extractions due to extensive carious lesions (38.2 ± 4.21) were significantly higher than children's state anxiety score with extractions for orthodontic purposes (30.2 ± 4.08) ($P < 0.05$). There were no significant differences between the groups with regard to sex ($P > 0.05$).

Conclusion: Dental anxiety and fear in children are widespread problems that represent one of the major barriers to dental care. Within the limitations of this study, it can be concluded that patient-dentist relationship and dental treatment plan is affected from state and trait anxiety and before dental extractions children's anxiety and fear levels should be assessed and managed.

Keywords: Dental anxiety tooth extraction STAI-C

P100

**ZOLEDRONIC ACID-RELATED OSTEONECROSIS OF THE JAWS:
TWO CASES PRESENTATION**

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Bisphosphonates (BPs) are most widely used in the management of some metabolic diseases (such as osteoporosis) and to treat skeletal complications resulting from multiple myeloma and breast cancer malignancies which destroy bone. The zoledronic acid is one of the last generation BPs and the most potent compounds. These drugs have a profound impact on the quality of life of oncological patients. Nevertheless, several case series and reviews of intravenous bisphosphonate-related osteonecrosis of the jaws (BRONJ) have been published. This poster documents two cases of zoledronic acid-related osteonecrosis of the jaws. bisphosphonate-related osteonecrosis of the jaw has developed in the first patient because of dental extraction and in the second patient because of denture unfit. Both patients were treated with zoledronat to avoid from the bone complications of breast cancer. Unfortunately, the BRONJ has developed in these patients, due to the usage of zoledronic acid. Although the only usage of long term antibiotics, success couldn't be achieved in the first patient and we obtained complete healing in the second patient who was treated with antibiotic regime combined with HBO therapy.

Keywords: Zoledronic Acid Bisphosphonates Osteonecrosis Breast Cancer

P101

NASOPALATINE DUCT CYST CONCURRENT WITH A SUPERNUMERARY TOOTH: A CASE REPORT

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The nasopalatine duct cyst (NPDC) is an intraosseous developmental cyst which is considered to be the most common (about %70) type of the nonodontogenic cysts occurring in 1% of the population. It generally develops in the midline of anterior maxilla near the incisive foramen with slight male predilection. The most common symptom is swelling, usually in the anterior part of palate's midline. Supernumerary teeth also known as hyperdontia is the condition where more than normal number of teeth are present. The incidence of supernumerary teeth is 2.1% in permanent teeth. They may be single or multiple, unilateral or bilateral, erupted or impacted, and in one or both jaws. They are mostly located in the anterior maxillary region. Except of mesiodens teeth, their incidence ratio in the premaxillary area is 18.9% in all supernumerary teeth. This poster presents a rare event; an extended NPDC concurrent with a supernumerary tooth. It is difficult to differ clinically and radiologically from radicular cyst because of the adjacent devital teeth which were devitalised by the cyst and from dentigerous cyst because of the impacted supernumerary tooth surrounded by the cyst. The histopathological examination is the decisive method to distinguish such complicated cases.

Keywords: Nasopalatine duct cyst Supernumerary teeth Decompression treatment

P102

ACCIDENTAL DISPLACEMENT OF MANDIBULAR THIRD MOLAR INTO SUBMANDIBULAR SPACE DURING EXTRACTION: REPORT OF TWO CASES

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One of the most common surgical procedures performed in oral and maxillofacial surgery is third molar surgery. Accidental displacement of third molar teeth into significant anatomical spaces can be encountered due to inexperienced handling and anatomical considerations. In the present report, management of two cases of accidental displacement of lower third molar into submandibular region during extraction is presented.

P103

AN INTENTIONAL EXTRUSION OF CALCIUM HYDROXIDE INTO PERIAPICAL LESION: REPORT OF A RARE CASE

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Calcium hydroxide [Ca(OH)₂] has been used in dentistry for almost a century. Its use in root canal treatment as an intracanal medication has been associated with peri-radicular healing. Ca(OH)₂ paste for use in endodontics is composed of the powder, a vehicle, and a radiopacifier. Ca(OH)₂ mixed with any of the vehicles (aqueous, viscous, or oily) lacks radiopacity and is not easily seen radiographically. Barium sulphate (BaSO₄) is often used as a radiopaquing agent in Ca(OH)₂ pastes. Insoluble BaSO₄ is an inexpensive and nontoxic agent. But when Ca(OH)₂ paste including BaSO₄ is extruded beyond the apex, the BaSO₄ can obscure the apex and is not readily resorbed over time. Therefore, healing after the use of Ca(OH)₂ paste might take longer, or this situation might make a radiographic interpretation of osseous healing more difficult. In this case report, symptomatic swelling with a radiopaque mass were described as the findings for the injected calcium hydroxide after the root canal treatment performed 1 years before .

Keywords: Root canal treatment Calcium hydroxide Periapical lesion

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A REACTIVE LESION(PYOGENIC GRANULOMA) ASSOCIATED WITH DENTAL IMPLANT: A CASE REPORT

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Dental osseointegrated implants are made of titanium which is tissue-friendly and osseointegratable material and have been widely used in pre-prosthetic surgery. Dental plaque, inadequate oral hygiene and traumatic occlusion, anatomic drawbacks can cause complications associated with dental implants resulting in peri-implantitis and implant failure. However gingival reactive lesions like PG or peripheral giant cell granuloma (PGCG) are thought to be common lesions for natural dentition while such lesions in association with dental implants are uncommon. Pyogenic granuloma (PG) is a common, inflammatory hyperplasia of the oral cavity. Although the term "pyogenic" is used, PG is not an infectious lesion. PG usually occurs as a response to different stimulating factors such as local trauma or irritation, iatrogenic and hormonal factors. Because of the female hormones it has very high incidence in young females principally in the second decade of the life. Clinically PG shows painless, smooth or lobulated shape. It is a hemorrhagic lesion because of vascular structure and color ranges pink to dark red as well as it bleed very quickly with touch. Sometimes it's surface can be covered by a pseudo membrane due to secondary ulcerations. There are only two case reports in literature that describes PG associated with dental implants. The aim of this paper is to present a patient with PG in association with dental implant which had been inserted after bone splitting

Keywords: Piyogenic granuloma bone splitting dental implant

P105

SIMPLE BONE CYST OF THE MANDIBLE WITH ROOT RESORPTION: A CASE REPORT

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Introduction: Simple bone cyst (SBC) is uncommon and comprises of approximately %1 of all jaw cysts. The lesion is usually discovered incidentally during the first two decades of life. Males are affected slightly more frequently than females. The most common sites of occurrence are the molar and premolar regions of the mandible; maxillary lesions are uncommon. The lesion is usually solitary, radiolucent, well demarcated and non-expansive. It is usually asymptomatic but can present with buccal swelling, pain, paraesthesia and be associated with non-vital teeth. Histologically, the cavity lining consists of a loose connective tissue layer and a hemosiderin-laden macrophages. Pathogenesis and etiology of SBC are still not clearly understood. Treatment of SBC is by curettage.

Case Report: A 37 years old female patient came to our department with swelling on the posterior side of mandible. After clinical and radiological examination a radiolucent region which was located on the posterior body of the mandible was detected. There was root resorption on the second molar and the tooth was non-vital. Under local anesthesia, incisional biopsy was performed. The results of the biopsy showed SBC. The treatment was made by the opening of the bone cavity and filling this cavity with autogeneous blood.

Discussion Sbc: Is an intra-osseous pseudocystic lesion lined by a thin fibravascular membrane but lacks an epithelial lining. SBC is uncommon and the lesion is usually solitary, radiolucent, well demarcated and non-expansive. Margins may be scalloped, between vital teeth and root resorption is rare. Evaluation of the clinical, radiological and pathological findings are important to diagnose the lesion.

Keywords: Simple Bone Cyst (SBC) Root Resorption Mandible

P106

TECHNICAL SUCCESS AND DIFFICULTIES OF INFERIOR
ALVEOLAR NERVE BLOCKAGE AND MALLAMPATI
CLASSIFICATION

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Objectives: Mallampati scoring system is a standard preoperative airway test for assessment of endotracheal intubation difficulty. Mallampati scoring should be performed in the sitting position, with the patient's head in neutral position, mouth fully open, tongue fully extended, and without phonation. The hypothesis of this study was that there is a positive correlation between mallampati score and clinician's viewing and injection difficulties during the inferior alveolar nerve(IAN) blockage.

Material and Methods: One hundred twenty two (68female/54male) healthy patients were included in this prospective, double blind study. The patients who had restricted mouth opening from any reason were excluded from the study. The mallampati airway class, age, sex, body mass index (BMI), sleep apnea and/or snoring history were documented by same chief resident for all patients at the beginning of the appointment. The injection and viewing difficulties during the IAN anesthesia deposition and surgical procedure, latent duration for local anesthesia and total deposited anesthetic solution amount were recorded by same first year resident. Visual Analogue Scale(VAS) was used for evaluation of the viewing and injection difficulties during the IAN blockage and surgical procedure. Results were statistically evaluated by Regression Analysis.

Results: There was a statistically significant relationship between BMI, sleep apnea, snoring and high mallampati score ($p<0,05$). Majority of the snoring problem was observed in male patients however sleep apnea problem was approximately equal for male and female patients. There was also a statistically significant relationship between the VAS score of viewing and injection difficulty during the IAN blockage and high mallampati score ($p<0,05$).

Conclusions: Other than endotracheal intubation difficulty index, mallampati score is also useful for the assessment of the BMI, sleep apnea, snoring and upper airway relationship. The difficulty score of IAN blockage viewing and performing increases according to mallampati score. More studies must be focused on these subjects.

Keywords: Inferior alveolar nerve blockage Mallampati Score MAllampati Classification

P107

IS IT SOFT TISSUE EXPANDER OR CYSTIC LESION?

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Hydrogel implants for gaining soft tissue are used prior the extensive surgery, such as; bone augmentation, cleft palate reconstruction. Main reason for gaining soft tissue is primary wound closure. Tissue expansion improves tissue quality and quantity of soft tissue and facilitates primary wound closure. Usually, tissue expansion and maturation are completed after 6-8 weeks. We implanted a soft tissue expander resorbed right mandibular edentulous ridge for gaining soft tissue. During the autonomous growth period, the case admitted to the general dentist. In this poster, we have presented the rupture of the soft tissue expander of a patient in the autonomous growth period by a general dentist with the incorrect assumption that it was a soft tissue cystic lesion.

Keywords: Tissue expander cystic lesion

P108

**POSTEXTRACTION IMPLANT PLACEMENT OR PLACEMENT OF
IMPLANT AFTER SUBSTANTIAL SOFT TISSUE HEALING**

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Objectives: Immediate implant placement refers to the placement of an implant into a tooth socket concurrently with the extraction; early immediate implant placement refers to the placement of an implant after substantial gingival healing, but before any clinically significant bone fill occurs within the socket. Modeling of the alveolar ridge after extraction continues to occur following the implant placement. The technique selection is depends on both clinician's option and patient's desire. The aim of this presented study was to evaluate the survival rates of implants with immediate and early immediate placement.

Material and Methods: Fifty three (30 female/23 male) patient were included in this prospective study. 40 immediate (type I) implants were placed in 26 patients and 40 early immediate (type II) implants were placed in 27 patients. Immediate and early immediate implants had 27,6 and 18,7 months follow-up. Pain or tenderness upon the function, mobility, radiographic bone loss from initial surgery and exudates history were evaluated for all implants to assess the survival rate. Additional surgery requirement, complications, advantages and disadvantages of immediate and early immediate implant placement were compared.

Results: The survival rates of immediate and early immediate implants were both 97,5 %. There was one implant lost in each group. The survival rates were compatible with majority of the literature. Bone augmentation procedures are effective in promoting bone fill and defect resolution at both immediate and early immediate implants.

Conclusion: Similar survival rates were observed for immediate (type 1) and early (type 2) immediate placement. Early immediate implant placement (type 2) is associated with a lower frequency of mucosal recession compared to immediate placement (type 1).

Keywords: Immediate implant early immediat implant implant placement post-extraction

P109

EVALUATION OF ALUMINUM LEVEL IN THE BLOOD FOR WHITE-MTA

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Background: Aluminum accumulation in organs is important. It should be investigated. Probably, White -MTA in content is calcium aluminum oxide, calcium magnesium aluminum oxide may be risk for human health.

Objective: The study was aim to investigate aluminum level in the blood for White-MTA.

Methods: 9 New Zealand rabbits were used for this study. First of all rabbits 2 ml. venous blood samples were taken. After blood samples were centrifuged, the serum was stored at 20 degrees. They were divided in three groups. There were three rabbits in the each group. Mandibular bone of rabbit was surgically opened under general anesthesia. And the cavities were prepared on mandibula. Only one cavity was opened in the first group. Three cavities were opened in the second group. The cavity was unopened in the control group. All cavities were filled with White-Mineral Trioksit Aggregate (Angeleus, Londrina, PR, Brazil). 90 days later, 2 ml. venous blood samples were taken of all rabbits again. Aluminum accumulation in the serum was investigated by Atomic Spectrophometer.

Result: Aluminum was not detected for White- MTA. Conclusions: After 90 days, aluminum does not exist in the peripheral blood circulation. Aluminum blood level is not a contraindication for White- MTA in clinical practice.

Keywords: Aluminum level White-MTA

P110

DETERMINATION OF ALUMINUM LEVEL IN WHITE-MTA AND BIOAGGREGATE

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Background: White-MTA and Bioaggregate is in direct contact with materials of biological structure and they contain aluminum. Aluminum ion is toxic for human body and it is known to be involved in the aetiology of neurodegenerative diseases.

Objective: The purpose of the study determined of aluminum level for White-MTA and Bioaggregate.

Methods: The sample taken for the analysis was weighed precisely 0.125g in the sample cup of microwave acid digestion unit. 1.5 ml of 65% HNO₃ and 1.5 ml of 96% H₂ SO₄ were added to the samples and digested in microwave acid digestion unit (Milestone MLS-1200 MEGA). The standard solutions of Al were prepared in 0.2 % nitric acid at various. Determinations of Al were performed on a PerkinElmer Analyst 800 Atomic Absorption spectrometer, a graphite tube atomizer with Zeeman Background Correction and a WinLab32-AA Furnace program (Shelton, CT 06484-4794 USA).

Result: The following values were obtain: White- MTA (Angelus, Londrina, PR Brazil) 23.06 mg Al/g (%0.23g Al); BioAggregate (Innovative BioCaramixInc, Vancouver, BC, Canada) 1.32µg Al/g. (%0.00013) . Conclusions: The White-MTA's aluminum concentrations higher than Bioaggregate's. It should be investigated. These concentrations may be risk for human health.

Keywords: Aluminum level White-MT Bioaggregate

P111

TOOTH FRAGMENTS EMBEDDED IN THE UPPER LIP AFTER TRAFFIC ACCIDENT: A CASE REPORT FOR SUCCESSFULLY DIAGNOSTIC APPROACH

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Facial and dental injuries involving teeth occur more frequently in children. The frequency of injuries to permanent teeth in adults depends on their lifestyle. Traffic accidents, work accident, motor biking, skating, mountain biking, contact team sports, violence and consumption of alcohol are important risk factors. A significant number of people are involved in traffic accidents which affect the dentoalveolar complex. A majority of dental injuries involve anterior teeth. The incisors, particularly when fractured, are quite often the cause of laceration of soft tissue at the time of trauma. When soft tissue injuries occur with tooth fracture, it should be examined carefully for the presence of embedded tooth fragments. If there is early diagnosis and surgical removal of the fragments, it plays an important role. This could prevent undesirable reactions, infections, second surgical intervention and scarring. If laceration and bleeding make the clinical examination difficult, a simple soft tissue radiograph helps in the detection of included tooth fragments. This case report presents tooth fragments that had been embedded in the upper lip after healing soft tissue which was repositioned and sutured in the emergency center at the time of accident.

Keywords: Trauma, tooth fracture dental fragments traffic accident soft tissue injuries

P112

SURGICAL TREATMENT OF MASSIVE FIBROUS DYSPLASIA

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Fibrous dysplasia is a condition in which normal medullary bone is gradually replaced by abnormal fibrous connective tissues proliferation; this disease produces solitary or multifocal lesions in which there is arrest of bone development in the woven bone stage, with failure to mature to lamellar bone. The precise aetiology is unknown, although, it is suggested that due to activating mutation in the genes, or represents facial bone expression of complicating endocrinal disturbance. In the present study 15 patients were presented with massive fibrous dysplasia: 8 patients were presented with (monostotic) which involves single bone, while the other 7 were presented with (polyostotic) which involves several bones. All the patients were presented with asymptomatic slow enlargement of the involved bones. After confirmation of the diagnosis through clinical, radiological and histopathological studies, lesions that result in infection, functional or cosmetic disability were treated by radical excision through intra-oral or extra-oral approaches. Long term follow up (4 years) of all patients showed satisfactory results including facial symmetry, absence of infection, oedema and adequate facial contour without recurrence, except one patient had met with recurrence due to inadequate radical excision.

P113

BILATERAL MAXILLOMANDIBULAR CALCIFYING EPITHELIAL ODONTOGENIC TUMOR : A CASE REPORT AND REVIEW OF THE LITERATURE

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First described by Pindborg in 1955, the calcifying epithelial odontogenic tumor (CEOT) is a benign locally invasive neoplasm of odontogenic epithelium without odontogenic ectomesenchyme. This lesion is uncommon, with only 200 cases reported in the literature. Radiographically, CEOTs present as uni- or multilocular mixed lucent/opaque lesions of varying size. CEOTs typically appear as solitary lesions. In rare instances, multiple lesions may occur within the same patient. We report the case of a 28-year-old woman presenting with bilateral mandibular and maxillary mixed radiolucent/radiopaque lesions associated with impacted molars. Bilateral excisional biopsies of maxillary and mandibular lesions revealed findings that supported the diagnosis of CEOT, including islands, nests, and cords of epithelial cells within a fibrous to myxoid stroma; the presence of amyloid-like material; and Liesegang ring calcifications. This unique case demonstrates the ability of CEOTs to concurrently within the same jaw. Radiographic findings and histopathology of the current case and a review of the literature are presented.

P114

MANAGEMENT OF LIFE THREATENING MAXILLOFACIAL INFECTIONS

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Our objectives were to analyze the clinical features of maxillofacial space infections (MSI) patients admitted to our clinic, and to identify potential risk factors associated with life-threatening complications. Despite a modern antibiotic therapy, there still exist cases in which an initial delay in diagnosis and treatment may result in a life-threatening situation. Material and Methods: We have analyzed clinical status of 13 patients aged from 16 up to 60 years. The patients have been distributed according to the spread of purulent process. Results and Discussion: We have analyzed MRI, CT and USG at suspicion on diffusion of purulent process in deep neck cellular space. The pyoinflammatory process extended on mediastinum though the clinical suspicion on mediastinitis was only in 2 patients. Chronic Odontogenic infection (n:10), Post extraction infection (n:2) and implant surgery (n:1) caused MSI. Conclusion: The treatment of maxillofacial pyoinflammatory diseases and their complications remains a complex and difficult problem. Alongside with clinical methods of diagnosis of maxillofacial pyoinflammatory diseases it is necessary to use accessory methods such as X-CT and MRI which clinical-diagnostic efficiency is very high. An antimicrobial therapy plays a significant role in the treatment of maxillofacial phlegmons. Antimicrobial regiments have been recommended and should cover the polymicrobial etiology

P115

**THE EFFECT OF MANDIBULAR ADVANCEMENT AND COUNTER
CLOCK ROTATION ON THE PHARYNGEAL AIRWAY:
A RETROSPECTIVE CEPHALOMETRIC ANALYSIS.**

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Any surgery that alters and repositions the facial skeleton has a secondary influence on the soft tissues attached to these bones. Orthognathic surgery and Distraction Osteogenesis DO are used primarily but not exclusively to correct the bite and the facial profile in patients with dentofacial deformities, as they cause some changes in the pharyngeal airway's size and morphology. As a matter of, there is several articles that discuss the effect of mandibular advancement on the airway and the resulting anatomic changes of its dimension, these changes are assessed using lateral cephalograms, computed tomography CT or magnetic resonance imaging MRI. In this retrospective cephalometric analysis, our aim was to study the pharyngeal airway changes and the hyoid bone position after mandibular advancement and counter clock rotation, a long with a long term follow up period. Data were obtained from the Oral and Maxillofacial Surgery OMFS service at King Abdulaziz University KAU in the period between 2003 and 2010.

Keywords: Orthognathic distraction osteogenesis airway cephalometric analysis

P116

LARGE ODONTOGENIC KERATOCYST LOCATED BILATERALLY IN THE MAXILLA

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Odontogenic keratocysts of the jaws are developmental cysts arising from cell rests of the dental lamina, the oral epithelial lining of the developing tooth follicle. The cysts are most often seen in the mandibular ramus and angle region, and it can become quite large because of its potential for significant expansion, extension into adjacent tissues and rapid growth. Radiographically, these cysts present predominantly as a unilocular radiolucency with well-developed sclerotic borders. Multiple keratocysts are frequently associated with the bifid-rib basal cell nevus syndrome (Gorlin syndrome). Odontogenic keratocysts are significant clinical entities due to their tendency for recurrence and aggressive behavior. Surgical removal and long-term follow-up is the treatment of choice according to most clinicians. In this case report, a case of odontogenic keratocyst localized bilaterally in the maxilla was presented.

Keywords: Odontogenic keratocyst maxilla Gorlin syndrome

P117

PLEOMORPHIC ADENOMA OF THE HARD PALATE: REPORT OF THREE CASES

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Mixed tumor or pleomorphic adenoma is the most common neoplasm involving both major and minor salivary glands. They constitute more than %50 of all minor salivary gland neoplasm. These lesions usually grow slowly and often occur in the palate. The clinical presentation of a pleomorphic adenoma arising from the hard palate is typically a firm or rubbery submucosal mass without ulceration or surrounding inflammation. The treatment of these lesions is surgical excision, and benign forms of pleomorphic adenomas have a high recurrent potential. In this case report, clinical findings and treatments of three pleomorphic adenoma cases were presented occurred in the hard palate.

Keywords: Pleomorphic adenoma salivary glands hard palate

P118
CLOSURE OF CHRONIC ORO- ANTRAL FISTULA WITH PEDICLE
BUCCAL FAT PAD (A CASE REPORT)

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The aim of the present report was to evaluate the success rate of the pedicle buccal fat pad flap for closure of chronic oro-antral fistula after recurrent unsuccessful previous attempts for closure of such a fistula by local flaps. Materials and methods : 53 years old man complaining from chronic oro-antral fistula following left maxillary upper second molar attended the Oral and Maxillofacial Surgery Department in the College of Dentistry, University of Mosul seeking for treatment. The patient treated previously by buccal advancement flap, but unfortunately the treatment failed. The clinical criteria which were adopted for failure included positive nose blowing test, persistence of sinusitis and fistulous tract. Under local anesthesia, buccal fat pad was used as a pedicle flap for closure of oro-antral fistula. Results: Oro-antral fistula was closed successfully with pedicle buccal fat pad flap. Clinical success criteria included (negative nose blowing test, no sinusitis on clinical examination and good wound healing), the buccal fat pad healed uneventfully without any complications within 3 to 4 weeks . Conclusions: The easy mobilization of the buccal fat pad and its excellent blood supply with minimal donor site morbidity make it a suitable flap for oro-antral fistula closure especially after recurrent attempts associated with clinical failure.

Keywords: Oro-antral fistula, buccal fat pad, surgical technique

P119

A RHABDOMYOSARCOMA OF THE MANDIBLE AND MAXILLA: A CASE PRESENTATION

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Rhabdomyosarcoma, a malignant neoplasm with skeletal muscle differentiation, is the most common malignant soft tissue tumor primarily involving the head and neck region in children. No clear etiologic factors have been identified to account for the occurrence of these malignant neoplastic growths. There is, however, increasing evidence that gene abnormalities may play a role in the development of some childhood malignancies, especially rhabdomyosarcoma. The soft palate appears to be the most common site for oral rhabdomyosarcomas. The current treatment of a combination of ablative surgery, chemotherapy and radiotherapy has dramatically improved the long term survival rates over the last 20 years. In this case report, a large rhabdomyosarcoma of the mandible and maxilla was presented.

Keywords: Rhabdomyosarcoma mandible maxilla

P120

EVALUATING THE CORRELATION BETWEEN THE LATERAL PTERYGOID MUSCLE ATTACHMENT TYPE AND INTERNAL DERANGEMENT OF THE TEMPOROMANDIBULAR JOINT WITH AN EMPHASIS ON KIN

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Objectives: Disc displacement is accepted as one of major findings in temporomandibular disorders. However, correlation between LPM attachment type to the disc-condyle complex and TMJ dysfunction has rarely been discussed and still not clarified. The purpose of this study was to assess the prevalence of magnetic resonance (MR) imaging findings of LPM attachment type to the disc-condyle complex, and to investigate whether these attachment types are linked to MR imaging findings of ID and TMJ dysfunction in a Turkish population. Study

Design: In total, 98 TMJs from 49 patients (32 males, 17 females, mean age = 36 years) with one of TMJ clicking, TMJ locking, restricted movement of the jaw, or pain in the TMJ region, were included. According to the clinical findings and data obtained from dynamic MRI examinations, TMJs are classified into three main groups: "normal" (N), "disc dislocation with reduction" (DWR), and "disc dislocation without reduction" (DWOR). Also LPM attachments to the condyle-disc complex were categorized into three different types. Correlation between TMJ dysfunction and LPM attachments to the condyle-disc complex were evaluated.

Results: In total, 98 TMJs from 49 patients (32 males, 17 females, mean age = 36 years), 47 TMJ (%48) was evaluated as normal, 35 (%35.7) TMJ has a (DWR) and 16(%16.3) TMJ has a (DWOR). Arthritis was seen in 49 TMJ (% 50) of 98 TMJ. The prevalence of different types of LPM attachments to the condyle-disc complex is as follows: Type I (29,6%), Type II (40,8%), and Type III (29,6%). There was no statistically significant difference between the type of muscle attachment and the presence or absence of disc displacement ($p = 0.481$), disc degeneration ($p = 0.752$), articular surface degeneration ($p = 0.117$), and mobility ($p = 0.105$).

P121

**RAPID DEVELOPMENT OF CHRONIC SUPPURATIVE
OSTEOMYELITIS IN A YOUNG-MEDICALLY HEALTHY PATIENT:
CASE REPORT**

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Osteomyelitis of the jaws became a rare condition, especially in medically healthy patients. Here we present a case of rapidly developing osteomyelitis in a young and completely healthy patient. A 13-year-old female patient referred to our clinic with a complaint of pain at the right mandibular first molar teeth. Antibiotics were administered for 3 days, and the tooth was extracted. 6 weeks later, the patient returned suffering from pain, swelling of the right sub-mandibular region, and limited mouth opening. Intraoral examination showed necrotic alveolar bone, and trabecular destruction was observed in the corpus and angulus region on the panoramic radiograph. Exacerbation of chronic suppurative osteomyelitis of the mandible was diagnosed. Combined antibiotic therapy was administered, and necrotic bone was removed from the corpus region. The last panoramic radiograph shows a clear improvement in bone structure. She remains asymptomatic. Radiographic signs of osteomyelitis can be missed by inexperienced eyes, especially in early stages. Therefore, in the case of persistent infections, the clinical course and radiographic evaluation should be made meticulously.

Keywords: Osteomyelitis treatment oral surgery

P122

BILATERAL MOLARIFORM SUPERNUMERARY TEETH. A CASE REPORT

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Supernumerary teeth are additional teeth besides the normal series and can be found in any region of the dental arch. They are most commonly found in the maxilla on the midline and occur twice as much in males than females. Supernumerary teeth can be classified according to their form and locations. In 1981 Primosch classified supernumerary teeth into two types: supplemental and rudimentary. The term supplemental refers to teeth that are of normal size and shape, whereas rudimentary teeth are of abnormal shape and smaller size, including conical, tuberculate and molariform. Many complications can be associated with supernumerary teeth such as; impaction, delayed eruption or ectopic eruption of adjacent teeth and diastema. Supernumerary teeth that cause such complications are indicated for extraction. In this study, we investigated a rare case of bilateral molariform supernumerary teeth with partial root development and the surgical treatment chosen.

Keywords: Supernumerary teeth molariform rudimentary teeth

P123

FOLLICULAR AMELOBLASTOMA. A CASE REPORT.

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Ameloblastoma is the most common neoplasm of the odontogenic epithelium affecting the jaws. Although benign, it is a slow growing invasive lesion and in most cases the only symptom is growing mass. Usually encountered in the third or fourth decades, there is no difference in the incidence for both sexes. Radiologically ameloblastomas are round, unilocular or multilocular. Sometimes root resorption can occur in the adjacent teeth. The high rate of recurrence is due to the lesion's capability of infiltrating trabecular bone. Therefore the treatment options may vary from curettage to bloc resection. In this study, we investigated both clinical, radiological and histopathological features and also surgical management of a patient with follicular ameloblastoma.

Keywords: Follicular Ameloblastoma odontogenic lesion neoplasm

P124

**THE PRESENCE OF AN ODONTOMA AS AN ETIOLOGIC FACTOR
IN DENTAL RETENTION: REPORT OF CASE SERIES.**

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Odontoma is the most common type of benign odontogenic tumor, and often causes disturbances in the eruption of its associated tooth. For tooth impaction, numerous local etiologic factors have been described. These include odontomas, odontogenic tumors and cysts, ankylosis, trauma, insufficient space in the dental arch and supernumerary teeth. Among these factors, odontoma is the most common aetiological factor. In the present study we presented odontomas were associated with unerupted or impacted teeth. All odontomas and related impacted permanent teeth were surgically removed.

Keywords: odontoma dental retention impacted teeth

P125

A CASE REPORT, IRRITATION FIBROMA PREVENTS USE OF PROSTHESIS

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Irritation fibroma is the most common benign oral soft tissue neoplasm. It is found frequently in traumatized areas of the mouth, such as the buccal mucosa, lateral border of the tongue and the lower lip. The fibroma is a painless, sessile or occasionally pedunculated swelling that can be firm and resilient or soft and spongy in consistency. The color is slightly lighter than the surrounding mucosa, due to a relative lack of vascular channels. It may be subject to irritation, inflammation or even ulceration. An oral fibroma usually has limited growth potential, seldom growing larger than 1 cm in diameter. Fibromas can occur at any age, but most often are found in persons 20 to 49 years of age. There is no gender or racial predilection. This article describes the case of a 75-year-old woman with an asymptomatic nodular lesion that involved the palatal mucosa, that prevents the use of prosthesis. The lesion was removed surgically. Only local anesthesia was applied to the fibroma and adjacent mucosa and no infiltration was required. No pain medication or antibiotics were required after surgery and wound healing was excellent and achieved rapidly. The oral pathology report confirmed the presurgical clinical diagnosis. To rule out other pathogenic processes, fibromas can be removed by simple surgical excision. Infrequently, recurrences may be caused by continued trauma at the area. Irritation fibromas have no malignant potential.

Keywords: Fibroma irritation prosthesis

P126

PLEOMORPHIC ADENOMA OF THE PALATE : A CASE REPORT

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Introduction: Pleomorphic adenoma is the most common salivary gland tumour, accounting for about 40-70% of all major and minor salivary gland tumours. It mainly occurs in the parotid gland. If the tumour occurs in the minor salivary glands, the most common site is the palate. Palatal pleomorphic adenomas usually present a firm, painless mass with intact overlying mucosa. They can arise at any age but are somewhat more common between the ages of 30 and 50 years and are slightly more common in women.

Case: A 50 year old woman was referred to the Department of Oral and Maxillofacial Surgery, Ankara University Faculty of Dentistry, by her general dental practitioner regarding an asymptomatic mass on her palate, adjacent to the maxillary premolar-molar teeth. The patient had been aware of the lesion for 4 years. The lesion was a firm, rubbery, painless swelling approximately 3 cm in diameter and the overlying mucosa was intact. Radiographs revealed no underlying bone defect. A fine-needle aspiration biopsy revealed a probable diagnosis of pleomorphic adenoma. The lesion was excised under local anesthesia and the surgical site was left to secondary wound healing. The postoperative course was uneventful and histologic examination confirmed the diagnosis of pleomorphic adenoma.

Conclusion: The pleomorphic adenoma is the prototypical benign yet true neoplasm; that is, it will continue to grow, or regrow if not completely removed, but it is incapable of metastasis. So the treatment requires a complete excision including the surrounding capsule and a long-term follow-up is recommended because of the increased risk of recurrence even several years after initial excision.

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SQUAMOUS CELL CARCINOMA OF THE TONGUE DUE TO ORAL TRAUMA (A CASE REPORT)

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Squamous cell carcinoma of the oral tongue is increasingly regarded as a biologically different entity compared to cancer affecting other oral sites. It is more aggressive and generally associated with a higher rate of metastasis. The aim is to analyse if the trauma causes Squamous cell carcinoma of the oral tongue or not. A man patient, 55 years old, was referred with a complaint of pain and lesion at the posterior lateral border of the tongue with no systemic disease and history of brushing his tongue hardly, to Department of Oral Diagnose and Radiology, Dental Faculty of Ankara University. The patient was a non-smoker and did not consume alcohol. Intraoral examination showed, the lesion was 3 × 3 cm in size, yellowish in colour an ulcerated exophytic mass was seen on the posterior lateral border of the tongue. During the palpation of the servical lymph nodes no enlargements were noticed, In our case, smear biopsy for diagnosis was made. The lesion diagnosed by smear biopsy and excised from the area surrounding the original tumor under general anesthesia. Brushing the tongue hardly can be a factor of scc. Through an increased interest for epidemiological studies certain factors are suspected as carcinogenic. Even though it is often hard to prove the real relation of cause to effect, one can no longer deny the detrimental role of tobacco, of many alcoholic drinks, of poor oral hygiene, of nutritional deficiencies, of short wave irradiation, and possibly of certain viruses. These factors must further be investigated because the overall prognosis of oral cancer is not very good.

Keywords: Squamous cell carcinoma trauma tongue

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STABILITY OF TREATMENT OF CASES WITH SKELETAL CLASS II DEFORMITY IN CASES WITH LONG FACE AND TEMPOROMANDIBULAR JOINT ANKYLOSIS

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Surgical treatment of skeletal class II facial deformity involves a wide variety of techniques. Small discrepancies are usually managed by single jaw surgery and are considered highly stable on the hierarchy of stability. The more the discrepancy is, the more the need for a double jaw surgery to maintain a stable treatment and overcome the stretchiness of the soft tissues. However certain factors may alter the stability of a double jaw surgery such as steepness of mandibular plane angle (MPA), and the presence of a large discrepancy in cases of temporomandibular joint (TMJ) ankylosis. In such cases of severe mandibular hypoplasia the optimal treatment is to shift to distraction osteogenesis (DO), to allow soft tissue formation and adaptation of the muscles. This is a retrospective study that was conducted in King Abdulaziz University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, from the period of 2004 - 2011, aiming to:

- Show the amount of relapse in cases of vertical maxillary excess (VME), and cases of temporomandibular joint (TMJ) ankylosis.
- The amount of relapse with the use of distraction osteogenesis (DO).
- The amount of relapse in skeletal class II deformity with normal facial height.

Keywords: Orthognathic Surgery Stability Vertical Maxillary Excess Temporomandibular Joint Ankylosis Distraction Osteogenesis

P129

**PATTERN OF CLEFT LIP AND PALATE IN UNIVERSITY
HOSPITAL-BASED POPULATION IN SAUDI ARABIA:
RETROSPECTIVE STUDY.**

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Cleft lip and plate is a congenital deformity caused by abnormal facial developments during the gestation period. These cases cause serious physical and psychological defects which can last from birth through adulthood and requires some long-term coordinated treatment. For this reason it is important to have a registry for these cases. There are many studies which have been conducted regarding the prevalence of cleft lip and palate on different groups, white Caucasians, Asians and African-Americans, and they vary from one study to another because of the variety of ethnicity groups. Unfortunately, in Saudi Arabia, we do not have a comprehensive study of the incidence and prevalence of these cases yet. There is, however, one article¹ which had been done at the King Faisal Specialist Hospital in Riyadh, where exists the only registry in the kingdom thus far. Therefore, in this article we are presenting the prevalence and incidences at King Abdul-Aziz University (KAU) hospital in Jeddah from 2002–2010 where there is a major referral center in the western region of the kingdom. Further researches can now be established on this data, including investigations into the prevalence of the ethnologies. Moreover, this also allows us to educate people about this subject. We are looking to create a registry for this disease at KAU. Furthermore, we are working on establishing a national registry and national team approach for the treatment of such cases, like the European experience, which has started to be applied in other European countries. Our purpose is to achieve a better life style, better care, and better results for our patients.

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PATIENT SATISFACTION SURVEY FOLLOWING INTRA-ORAL VERTICAL SUBSIGMOID OSTEOTOMY WITH REFERENCE TO INTER-MAXILLARY FIXATION

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Aim: The purpose of this retrospective postal survey was to determine patient satisfaction, in particular with reference to inter-maxillary fixation (IMF).

Method: Ninety-one patients in this study underwent intra-oral vertical subsigmoid Osteotomy between January 2004 and December 2009. The survey was comprised of 19 questions answered by the patients expressing their grading for the surgery. Out of 19 questions, there were 12 questions using visual analogue scale (VAS; 0=poor, 10=excellent). The remaining 7 questions were closed-form questions with yes/no answers, as well as one open question for 'further remarks'.

Results: Out of 91 patients, 50 returned the completed questionnaire. Seven questionnaires were returned back as the patient had changed his/her address. The motive to undergo IVSO only for aesthetic improvement was observed in 14% of patients; only improvement of chewing and biting function in 30%; both in 49%; and none/don't know in around 7%. Seventy-seven percent of the patients stated that they noticed improvement in aesthetics and masticatory function following the surgery. More than 95% of the patients felt significant increase in self-confidence.

Conclusion: Due to IMF, majority of the patients had difficulty in eating, speaking and lost weight. But only one patient reported to have numbness of lower lip. So, the outcome was that 96% respondents preferred to have IVSO & intermaxillary fixation over sagittal split osteotomy with higher risk of permanent numbness of lip and tongue. If advised, 81% of respondents were willing to go through the same procedure again in the future.

Keywords: Intra-oral vertical subsigmoid Osteotomy inter-maxillary fixation patient satisfaction

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INTRA-ORAL VERTICAL SUBSIGMOID OSTEOTOMY AT UK HOSPITALS – A REVIEW OF 138 CASES

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Introduction: Intra-oral vertical subsigmoid Osteotomy (IVSO) is a mandibular ramus Osteotomy technique used for correction of mandibular prognathism and post traumatic deformity. This technique is simple and less time consuming. But, it has a steep learning curve. The procedure results in less neurosensory disturbances compared to sagittal split Osteotomy of the mandible. Downside of the technique is limited access and visibility during the procedure. Further, patients will require inter-maxillary fixation (IMF) for six weeks to ensure satisfactory bone healing. Objective: To illustrate the usefulness of intra-oral vertical subsigmoid Osteotomy (ISVO) in correction of mandibular deformities.

Material & Methods: Total of 138 patients who have had IVSO procedures are involved in the retrospective data collection from July 2000 to June 2010 (10 years).

Result: There was no significant complication in our case series. The average hospital stay with this procedure was 48 hours in general surgical ward. None of the patients needed HDU care. Out of 138 sample size, only one patient needed removal of IMF in recovery due to upper airway problem. Three percent of the patients suffered with neurosensory disturbances of inferior alveolar nerve.

Conclusion: VSSO is neither a new nor an advanced procedure. The study highlights the importance of an alternative osteotomy technique in the management of mandibular deformity. The oral maxillofacial surgeon should be familiar with a diverse range of surgical techniques in correction of dentofacial deformity.

Keywords: Intra-oral vertical subsigmoid Osteotomy Ramus Osteotomy Mandibular deformities

P132 SUPERNUMERARY FOURTH MOLARS: A REPORT OF THREE CASES.

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Teeth in excess of the normal number are referred to as "supernumerary teeth." Supernumerary teeth are most frequently seen in the maxillary anterior and molar regions. The supernumerary teeth that occur in the molar area are called "paramolar" teeth; and, more specifically, those that erupt distally to the third molar are "distomolar" teeth. Supernumerary molars occur far less frequently compared to other supernumerary teeth in the jaws. In our cases panoramic radiographs of three patients revealed the presence of three upper and one lower impacted fourth molars. All of the teeth were distomolars. The supernumerary teeth had normal tooth morphology with regard to their crowns and roots but were slightly smaller than the existing third molars. Their crowns were either two or three tuberculated and they all had single roots.

Keywords: Fourth molar distomolar supernumerary teeth

P133

GLANDULAR ODONTOGENIC CYST: A REPORT OF TWO CASES

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The glandular odontogenic cyst (GOC) is an uncommon jaw bone cyst of odontogenic origin with unpredictable and potentially aggressive behaviour. It has the propensity to grow to a large size and tendency towards recurrence. It shows features that overlap with botryoid odontogenic cyst and mucoepidermoid tumor. The most common location of GOC is the mandibular anterior region in approximately 85% of the cases. Clinically this lesion is generally painless, slow growing and its size can vary less than 1 cm in diameter to large dimensions. Small cysts may be asymptomatic, while large ones can cause bone expansion accompanied by pain and paresthesia. An association with impacted teeth, resorption and tooth displacement is common. Radiologically GOC may be unilocular with a well defined border, but occurs more often as a multilocular cyst with well defined radiopaque margins. The rate of recurrence of GOC depends on the different treatment options. Conservative treatment options include enucleation, marsupialization, curettage with and without peripheral ostectomy, curettage with adjuvant Carnoy solution, or cryotherapy. Our first case referred to our department with the complaint of a painless swelling in the maxilla. Radiologic examination revealed that it was a well defined unilocular cyst like lesion. A cystic fluid was obtained from the aspiration and the lesion was enucleated under local anesthesia. The other patient applied for the treatment of a lesion localised in the mandible. Same treatment protocol was followed for this lesion also. Histopathologic examination of both cases named the specimens as GOC. In the present report, the management of two different cases of GOC will be presented.

Keywords: Glandular odontogenic cyst enucleation

P134

A COMPLICATION OF IMMEDIATE DENTAL IMPLANT PLACEMENT IN THE POSTERIOR MANDIBULAR AREA

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The aim of this article is to attract attention to the complications of dental implant procedures applied by inexperienced dentists.

An adult male patient who had an operation of implant placement in a private clinic was consulted to our department with a displaced dental implant to submandibular lodge from the panoramic radiography.

The dentist had pushed the implant to the submandibular lodge when trying to place the gingival former. It is supposed to be that the mandibular cortical bone had been perforated and the dentist had not noticed this situation and so he placed the implant in the insufficient bone area. The osseointegration of this implant obviously did not occur.

In our department, lingual approach was performed, the displaced implant was reached in the submandibular lodge and it was extracted. After 10 days follow-up the patient healed uneventfully.

The decision and application of an immediate dental implant placement is very important especially if it is a complicated extraction socket which does not include enough bone ridge. Surgical experience is necessary in order to solve such problems and give the true indication.

Keywords : Dental implant, complication , immediate placement

P135

TREATMENT OF A MULTIPLE COMPLICATED CROWN-ROOT FRACTURE: 2 YEARS FOLLOW UP: A CASE REPORT

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Traumatic dental injury causes acute energy to the tooth and supporting tissues, that may cause fracture and/or displacement of the tooth and/or separation or crushing of the supporting tissues. Severity of the fractures caused by dental trauma may vary from crown fracture to intraalveolar root fractures. This report describes a case of mature permanent central incisor with crown-root and root fracture. A type 1 diabetic 16 year old boy was referred to pediatric clinic after trauma to the anterior region of the mouth. The clinical and radiographic examination showed crown-root fracture on the coronal segment and root fracture of the midline. After removal of the coronal segment, pulpal exposure led to endodontic treatment of the tooth. At the 6th month control session apical part of the tooth was removed surgically and the coronal part was filled using Mineral Trioxide Aggregate, and splinted with neighbour teeth because of the bone resorption around fracture line. At the 24 month recall, no signs of pathosis were observed, periapical bone healing was achieved, with good gingival healing and contour. The treatment was considered to be both esthetically and functionally successful. Patients oral health, systemic status, affected area, condition of the tissues, age of patient play an important role on the treatment of the trauma cases. Frequent controls are necessary to obviate bone loss for the implant or prosthodontic therapy.

Keywords: Trauma root fracture implant

P136 AN UNUSUAL COMPLICATION OF IMPACTED MAXILLARY CANINE EXTRACTION A CASE REPORT

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Introduction: Maxillary canines are the second most commonly impacted teeth following third molars. Maxillary canine impaction occurs in approximately 2 % of the population and is twice as common in females as it is in males. The incidence of canine impaction in the maxilla is more than twice that in the mandible. Of all patients who have impacted maxillary canines, 8 % have bilateral impactions. Approximately 1/3 of impacted maxillary canines are located labially, and 2/3 are located palatally.

Canine impaction can be caused by various factors. The exact etiology of palatally displaced maxillary canines is unknown. The results of Jacoby's 8 study showed that 85 % of palatally impacted canines had sufficient space for eruption, whereas only 17 % of labially impacted canines had sufficient space. Therefore, arch length discrepancy is thought to be a primary etiologic factor for labially impacted canines. Several etiologic factors for canine impactions have been proposed: localized, systemic or genetic.

Case Report: A 59 year old female patient attended to Ankara University Faculty of Dentistry Oral and Maxillofacial Surgery department complaint of an partial edentulous maxilla. Before the prosthetic restoration bilateral maxiller impacted canines were detected in the panoramic radiography.

Extraction of the canines weve decided to be necessary before the prosthetic restoration. The surgery started from the right maxiller canine that was seen in the buccal side of the alveolar bone ridge.

The buccal gingival incision was performed to reach the crown. After separating the root and crown and crown extraction, the root was elevated to the upper side of the surgical area accidentally.

Afterwards second panoramic radiography was taken and the root was seen in the posterior part of the nasal cavity. Bleeding was taken under controll and the teeth was seen and extracted from nasal cavity. The nasal mucosa and the flap was sutured carefully to avoid oro-nasal fistula occurrence.

Keywords: Impacted canines, complication

P137

**ASSESSMENT OF RESORPTION PATTERNS OF BIODEGRADABLE
2.0 MM INION® CPS FIXATION SYSTEM IN A RABBIT MODEL**

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Aim: To evaluate the patterns of resorption processes of resorbable 2.0 mm INION® CPS fixation system in bilateral mandibular vertical body osteotomies (BMVBO) at the postoperative 1st and 3rd months healing periods in a rabbit model. The patterns of resorption processes of the resorbable screws, miniplates and cortical/cancellous bone were monitored by SEM and light microscobic analyses at 1st and 3rd month's intervals.

Material and Method: BMVBO were performed on 15 rabbits and fixed using resorbable INION CPS System (Tampere, Finland). After BMVBO were performed, fixation between proximal and distal stumps were done with 2.0 mm INION CPS fixation system consisted of 4-hole straight miniplate of 25 mm length and the screws were 7 mm length with a head diameter of 2.0 mm. The osteotomy sites with resorbable miniplate/screws were sectioned and prepared for light and SEM after sacrificing the animals at the end of the 1st and 3rd months.

Results: In the early healing (1st month) group did not show newly formed bone between the bone segments after osteotomies. In the bone repair area, newly formed bone was seen in the fibrovascular areas that include intense vascular products. In the late healing (3rd month) group remodeling and intense vascular areas were seen around the newly formed bone. In the repair area, bone marrow and intense osteoblast activity was seen around the new bone trabeculae.

Conclusion: The results demonstrated differences in dynamics of bone healing may take place along the osteotomy site fixated by a resorbable system, depending on the healing periods (early or late), the action of tension and compression forces generated by masticatory muscles.

Keywords: Resorbable osteosynthesis mandibular vertical body osteotomy scanning electron microscopy (SEM)

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**EFFECTS OF MELATONIN ON BONE HEALING IN TIBIAL
DEFECT-INDUCED DIABETIC RATS**

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Background: Diabetes interferes with bone formation. Melatonin, an important mediator and stimulator of bone formation, may attenuate bone-related complications in diabetic subjects. Objective: To evaluate the effect of melatonin on healing process in bone defects established in diabetic rats.

Materials-Methods: 31 of 62 adult rats were induced diabetes using streptozotocin (60 mg/kg BW, i.p.) to establish diabetic and control groups. A monocortical defect was created in the left tibia of all rats. Each of 2 x 2 factorially arranged groups was injected with either saline or melatonin (10 mg/kg BW, i.p.) for 21 and 42 days following surgical intervention. Before scarification on days 21 and 42, blood samples were collected and tibias were dissected for biochemical and histopathological analyzes.

Results: Diabetic rats had greater serum glucose concentration than non-diabetic rats (462 vs. 118 mg/dl). Serum glucose concentration increased by 5% in the control group, whereas it decreased by 43% in the diabetic group with exogenous melatonin. Serum melatonin concentration for non-diabetic rats was lower than diabetic rats (666 vs. 745 pg/mL). Melatonin administration increased serum melatonin concentrations at a similar extent in both groups (by 15%). Diabetic rats had lower OH-proline level than non-diabetic rats (26.6 vs. 37.5 ng/mL). There were 42 and 8% increases in OH-proline level in diabetic and non-diabetic rats with exogenous melatonin. Scores for osteogenesis indicators (collagen, cartilage, and osteocyst intensities) were depressed (1.0 vs. 2.0), whereas scores for inflammation indicators (macrophage, lymphocyte, and polymorphnuclear leukocyte) were aggravated (2.0 vs. 1.0) with diabetes induction. Exogenous melatonin administration elevated osteogenesis indicators (2.0 vs. 1.0) and reduced inflammation indicators (1.0 vs. 2.0). Elevations in osteogenesis indicators and reductions in inflammation indicators were more notable in diabetic rats than non-diabetic rats in response to exogenous melatonin.

Conclusion: Melatonin administration in the postoperative period aids bone healing in diabetic subjects.

Keywords: Melatonin bone healing diabetes mellitus rat

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LATERAL PERIODONTAL CYST: REPORT OF TWO CASES

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Introduction: Lateral periodontal cysts (LPC) are defined as non-keratinized and non-inflammatory developmental cysts located adjacent or lateral to the root of vital tooth. LPC is an uncommon developmental odontogenic cyst, representing about % 0.4 of all odontogenic cysts and % 0.7 of all cysts of jaw bones. It is a radiolucent lesion and usually smaller than 1 cm. in diameter. The lesion originate from remnants odontogenic epithelium. These lesions are more common in adults during the fifth to seventh decades of life and demonstrate a male predilection. Most LPCs are location in the mandibular premolar area, followed by the anterior region of the maxilla. In this case report, two patients who had unilocular LPC in mandibula is presented.

Case Report: Case 1: A 19-year-old female was referred to Department of Orthodontics our faculty for anterior malocclusion in the mandibula. The panoramic radiograph revealed a radiolucent lesion between the roots of mandibular lateral incisor to canine. The patient was consulted to Oral and Maxillofacial Surgery Department. The lesion was removed with enucleation, surgically. The patient is following.

Case 2: A 22-year-old female was referred to our clinic for extracted mandibular third molar. The panoramic radiograph revealed the cyst between the roots of right mandibular premolars. The lesion was removed surgically.

Keywords: Lateral periodontal cyst enucleation mandibula

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MARSUPIALIZATION OF ODONTOGENIC CYSTS: A CONSERVATIVE APPROACH TO THREE CASES

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Introduction: Odontogenic cysts constitute a group of frequent intraosseous lesions characteristic in jaws and one of the main causes of the destruction of these bones. They originate in the epithelial components of the odontogenic apparatus or from its remnants. Because they have subgroups and variable radiological, clinical and histological prospects final diagnosis must be done by evaluating the patient carefully in all fields above. There are 2 basic treatment modality as conservative and aggressive. Marsupialization is a conservative modal of treatment especially in treatment of large cysts in order to not to cause fracture, tooth devitalisation or tooth extraction. Marsupialization surgery usually involves making a bone window in the wall of the cyst, partial debridement with an excision of the top portion of the cyst, and suturing the edges of the remaining cyst with the surrounding soft tissue. In addition, a drainage tube or catheter is often used for this procedure. The purpose of the drainage tube is to keep continuity between a marsupialized cyst and an oral environment during the treatment process.

Case Report: In this case report, we present the cases of 2 dentigerous cysts and 1 case of odontogenic keratocyst which are treated with marsupialization and follow up of the patients.

Discussion: Aim of the marsupialization of the cysts is to relieve intracystic pressure through the creation of an accessory cavity. It is a more conservative intervention for the treatment of large cysts. Marsupialization of cysts, causing tooth displacement and involving large loss of bone, should be the treatment choice because new bone formation is stimulated by decreasing intracystic pressure.

Keywords: Cyst Marsupialization Odontogenic

P141

**A COMPARISON OF THE EFFECTS OF TRAMADOL AND
KETAMINE ON PAIN AFTER EXTRACTION OF MOLAR TEETH**

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Purpose: The aim of this study was to evaluate and compare the effects of a centrally acting opioid (tramadol) and a subanesthetic (ketamine) on pain after extraction of molar teeth.

Patients and Methods: Ninety patients undergoing the extraction of molars were included the study. The patients were randomly divided in to three groups: Group T (1mg/kg tramadol), Group K (0,5 mg/kg ketamine) and Group P (2ml saline) applied to extraction sockets on resorbable gelatine sponges. The pain after extractions was evaluated by a psychometric response scale (visual analogue scale: VAS) at postoperative 1.,2.,4.,6.,12.,24.,48. hours.

Results: Throughout the first 6-hours investigation period, patients reported significantly lower pain intensity scores in ketamine and tramadol groups versus control group. At 12 hours ketamine group patients showed lower pain intensity than other two groups. At 24 hours ketamine group showed lowest pain intensity, tramadol group showed lower pain intensity than control group. At 48 hours there was not significant score changes between groups.

Conclusion: We conclude that local applications of tramadol and ketamine after molar extractions are effective alternatives for reducing pain after molar teeth extractions.

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NEUROTMESSIS OF INFERIOR ALVEOLAR NERVE SURROUNDED WITH MESIAL ROOT IN IMPACTED MANDIBULAR THIRD MOLAR REMOVAL

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Extraction of the impacted mandibular third molar (M3) is one of the most common procedures performed in oral surgery. Inferior alveolar nerve (IAN) injuries are common complications of impacted mandibular M3 removal. These injuries could be classified as neuropraxia, axonotmesis and neurotmesis. Among these, IAN neurotmesis is the rarest one. In this case, 44 years-old woman with neurotmesis result of completely separated IAN which was surrounded with mesial root during mandibular M3 removal has been reported.

Keywords: Third molar nerve injury neurotmesis

P143

THE IMPORTANCE OF CBCT IMAGING TO DETERMINE SEQUESTRUM IN THE CASE OF CHRONIC OSTEOMYELITIS

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Chronic osteomyelitis may show a suppurative course with abscess or fistula formation and sequestration at some stage, and persist for a variable period up to many years with intermittent exacerbation. The importance of imaging in osteomyelitis is threefold: to localize the condition, to find out its extent, and to assess the response after treatment. The Cone Beam Computed Tomography (CBCT) is used in dentistry to image high-contrast objects such as teeth and bone. The purpose of this paper is to report successful treatment of chronic suppurative osteomyelitis of mandible and to emphasize the importance of CBCT.

Keywords: Cone Beam Computed Tomography Panoramic Radiography Chronic Osteomyelitis

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ASSESSMENT OF MAXILLOFACIAL AND ASSOCIATED HEAD AND NECK AND LIMB INJURIES IN SEVERLY TRAUMATIZED PATIENTS; A 5 YEARS REVIEW.

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The pattern and etiological cause of maxillofacial injuries is difference in all over the world or any towns of countries in difference periods and could be affected by cultural, religious, and social structures the aim of this research was ascertainment of abundance .kinds, and causes of maxillofacial fractures and associated head and limb injuries in trauma center hospital of south west of iran. It was a descriptive cross sectional detect of all 367 fractures in 151 patients with maxillofacial trauma in mean age 28.4 years between 2005-2010.the most prevalence period of ten years was third period ,the most prevalence site of fracture was mandible and then zygoma .based on this research the most common fracture site was in body of mandible and motorcycle accident was the most important etiology.in associated head injuries(27.2%) loss of consciousness ,nausea & vomiting & otorrhagia were the most common diagnostic signs. most frequently GCS was in mild group.skull base fracture was most viewed skull fractures. Relation between frontal fractures and cerebral injury was statistically significant. in associated limb injuries the most common site was tibia.

Keywords: Trauma head neck limb fracture

P145

RECONSTRUCTION OF SEVERELY RESORBED MAXILLA AND MANDIBLE FOR IMPLANT THERAPY WITH AUTOGENOUS BONE

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Early loss of natural teeth cause bone changes in the jaws and bring about unusable prosthetic restorations. Prosthetic treatment of the edentulous maxilla or mandible may require bone augmentation to enable placement and integration of dental implants. The reconstruction of edentulous patients with adequate bone volume and density by the use of bone graft and, subsequently, the placement of dental implants has become a viable treatment option with high predictability. A total of 5 consecutive patients with severely resorbed maxilla and mandible were referred to our clinic for oral rehabilitation through implant placement. The bone defects were treated by autologous bone grafting from the iliac crest, which was fixed with absorbable and titanium screws. Autogenous platelet-rich plasma has been used to grafted area. After six months total of 38 dental implants were inserted successfully. After 1 year in function, no further implants were lost. There was no complication in donor side and grafted side. It is commonly shared that autologous bone graft is the gold standard method in the augmentation. The reconstruction of atrophies with adequate bone volume and density has become a viable treatment option with high predictability and success rates.

Keywords: Reconstruction iliac crest PRP

P146

MANDIBULAR ANGLE FRACTURES DURING THIRD MOLAR REMOVAL: A REPORT OF TWO CASES

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Although the fracture of the tooth during surgical removal is common, the mandibular fracture during lower third molar removal is an unusual, however a major complication. The possible etiologies are age, gender, the position of the tooth, uncontrolled excessive force applied, insufficient surgical experience and improper instrumentation. Symptoms show a wide variation and the treatment options range from prescription of a soft diet to surgical treatment by open reduction and internal fixation. In the present case reports, treatment and follow-up of fracture of angle region of the mandible during removal is presented.

Keywords: Mandibular fracture third molar complication

P147

MULTIPLE MYELOMA WITH PRIMARY MANIFESTATION IN MANDIBLE: A CASE REPORT

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Multiple myeloma is a monoclonal malignant proliferation of plasma cells that causes osteolytic lesions in the vertebrae, ribs, pelvic bone, skull and jaw. Multiple myeloma manifestations of the head and neck are common but usually occur in the late stages of the disease. Mandibular involvement with multiple myeloma as the initial sign of the disease is extremely rare. Initial oral manifestations of multiple myeloma may involve paraesthesia, pain, swelling, tooth mobility and radiolucency. We report a clinical case of an 34 year-old female patient who presented with complaint of paraesthesia in mandible bilaterally. Intraoral examination revealed no abnormalities and her medical history was non-contributory and panoramic radiograph was ill-defined. Dentovolumetric radiograph of the mandible revealed cortical destruction in mandibular angulus area bilaterally and in the left molar area. Further investigations lead to the diagnosis of multiple myeloma. Knowledge about the oral manifestations of multiple myeloma is important for the early diagnosis of the disease, since its primary form can manifest itself in the jaws. In the clinical case presented here, we highlight the early diagnosis and treatment of multiple myeloma.

Keywords: Multiple myeloma mandible manifestation

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**AN UNUSUAL LARYNGEAL COMPLICATON FOLLOWING
INFERIOR ALVEOLAR NERVE BLOCK**

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Local anesthetic (LA) administration is the most common procedure which accompanies almost all dental procedures in dentistry. Most of the local and immediate postinjection complications to anesthetic injections are fairly common where some are less frequent and rarely reported. Such complications can be bizarre and difficult to explain. Two cases of unusual laryngeal complications displaying acute hoarseness and mild aglutition following inferior alveolar nerve block are presented.

Keywords: Local anesthetic complication inferior alveolar nerve block hoarseness aglutition

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INTRA-MANDIBULAR CANALICULAR ADENOMA: A RARE CASE

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Introduction: Canalicular adenomas(CA) are uncommon benign salivary gland neoplasms of the oral cavity. They are located on the upper lip, buccal mucosa and infrequently found on the palate and derived from minor salivary glands. Intra-mandibular localization of canalicular adenoma is extremely rare. Due to benign character of the tumor, canalicular adenomas rarely present bone erosion. Histologically, trabecular type of basal cell adenoma, pleomorphic adenoma and polymorphous low-grade adenocarcinoma should be discriminated from canalicular adenomas. In this case report it is aimed to describe the patient with -extremely rare-intra-mandibular canalicular adenoma.

Case Report: A-56- year-old female patient referred to our clinic for diagnosis and treatment of an expanding mass on the left posterior mandible. Clinical examination revealed a well-defined painless mass on the left posterior mandible for 4 years duration. In radiologic examination 2x1cm diameter, poorly circumscribed, radiolucent lesion with bone erosion was noticed 5mm above the left mental foramen of mandible. Under local anesthesia soft, dark-tan in color tissue was totally removed from the bone cavity. Histopathologically the diagnosis of the lesion was reported as canalicular adenoma. Patient is still under follow up procedure for 2-year with no complaint.

Conclusion: CAs are rare neoplasms of the minor intraoral salivary glands. Tumor has a predilection to occur in the upper lip, 70% or more of the cases were observed in this region. Buccal mucosa, palate and parotid gland the other common sites respectively. Intra-mandibular CA is extremely rare. In English literature, only two other intra-mandibular CA cases were found. As a conclusion awareness of the benign character of this neoplasm is important to differentiate from other several salivary gland tumors because the risk of aggressive treatment due to malignancy.

Keywords: Canalicular adenoma neoplasm salivary gland

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CORRECTION OF POST-SURGICAL ALVEOLAR RIDGE DEFECT
WITH DISTRACTION (VAD) OF THE ONLAY BLOCK GRAFT

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Alveolar bone augmentation for dental implant rehabilitation is one of the greatest challenges for oral and maxillofacial surgeons. Bringing out of an inadequate quantity of vertical bone during augmentation compromises correct implant positioning and the resulting prosthetic restoration. Alveolar distraction osteogenesis is now generally used in correcting alveolar ridge atrophy due to trauma, congenital defects or periodontal defects. Onlay block grafting is a suitable method for restoring the alveolar bony defects. However it sometimes can become a complicated procedure to repair the horizontal defect accompanying a vertical defect using only bone blocks. This case report presents a successful reconstruction of a 50 years old healthy female patient with a severe anterior mandibular alveolar bony defect as a result of impacted teeth extraction and periodontal problem. The defect was reconstructed with symphysis graft and platelet rich fibrin (PRF) in the first step. VAD was performed on the grafted site to maintain the suitable bony height three months later. Grafted bony segment distraction and the treatment options in similar cases were also discussed in this case report among with the literature.

Keywords: Distraction prf block graft implant

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UNCLEAR HISTORY OF AN ATROPHIC MANDIBULAR FRACTURE DURING DIAGNOSTIC EXAMINATIONS OF A PATIENT WITH CONDYLAR RESTRICTION

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A 60 year old man with a history of facial paralysis, applied to our clinic with severe pain on his left mandible with a limitation of the mouth opening. Radiographic and clinical examinations revealed a fibro-osseous formation in the left temporomandibular articular zone. An unrecognized fracture of the left mandibular corpus was noticed during the period of MR imaging and consultations, prior to physiotherapy. Patient was treated with open reduction and internal rigid fixation. Patient began physiotherapy regime three month after surgery. Fracture in an atrophic mandible is uncommon among elderly patients. Factors related to mandible atrophy such as inadequate blood supply, together with the high prevalence of diseases in this population increase the complexity of cases and surgical risks. Care must be taken for the risk of mandible fracture among elderly patients with atrophic mandibles, during dental treatments and physical rehabilitation in the maxillofacial region.

Keywords: Atrophic mandible fracture fixation physiotherapy

P152

REPLANTATION OF MAXILLARY LATERAL INCISOR TOOTH ASSOCIATED WITH DENTIGEROUS CYST FOLLOWED BY ENUCLEATION OF THE LESION

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Introduction: Dentigerous cyst is the most common of developmental odontogenic cysts of the jaws and it is mostly seen in young adults. It usually develops when fluid or a space occurs between follicular tissue lined by reduced enamel epithelium and the crown of unerupted tooth.

Case Report: This report describes an uncommon dentigerous cyst associated with erupted lateral incisor teeth which arising in the maxillary anterior region of a 18-year old man. Under the initial clinical diagnosis of radicular cyst, root canal treatment was performed in devital maxillary right lateral incisor. Surgically, enucleation of the cyst and apicoectomy of the related tooth was planned during operation. Perforation of buccal and palatal cortex was observed during operation. In hence, the treatment plan was changed to as simultaneously performed atraumatic tooth extraction and cyst enucleation with apicoectomy following tooth replantation. A definite diagnosis of dentigerous cyst was made by histopathological examination of the biopsy specimen. The radiographic and clinical examinations at 8 months after the operation showed an unexpected bone healing and stability of the replanted tooth. No clinical and radiological signs of tooth mobility pain and swelling were present, no prosthetic restoration was required. In this unusual case report, the definite diagnosis of dentigerous cyst involving erupted tooth was interesting. It was also interesting that bone healing and stabilization of the related tooth following replantation and cyst enucleation inspite of 2-3 mm of intact bone at the crestal level surrounding related tooth. The replanted tooth serve in functionally and aesthetically well in manner.

Conclusions: In such cases, definite diagnosis with histopathological examination is required though the cyst those seems to be radicular cyst and also replantation would be considered instead of removal of the tooth.

Keywords: Dentigerous Cyst Tooth Replantation Apicoectomy

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EVALUATION OF DENTAL IMPLANTS AFTER LOADING: AN ANALYSIS OF 7 YEARS

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The clinical use of dental implants has increased in recent years. Depending on this surge, new applications continue to emerge. Concomitantly, alternative systems have introduced diverse approaches to implant therapy using altered protocols in the means of fabrication, surgical intervention and treatment planning. The objective of this prospective study is to evaluate a group of 609 dental implants in terms of patient satisfaction and clinical success. The study included a total number of 186 patients that were treated in a sequential manner by the same surgical team in Kırıkkale University School of Dentistry from 2004 to 2011. No exclusion criteria applied. Evaluation of clinical outcome was based on the criteria of soft tissue health, implant immobility, periimplantitis and patients responses on satisfaction questionnaires. One implant fracture and a sum of 21 implant loss were observed which reevaluated and then re-implanted afterwards. All implants including re-implanted ones were immobile, and each had a mean vertical bone reduction of less than 0.5 mm by the time they were examined. No variations between sex, age, systemic conditions of the patients, graft material applications and implant types were observed in the meaning of success. The results demonstrated that due to innovations that took place in the development of implant systems, the implant therapy can be used with a high success rate.

Keywords: Implant complication satisfaction prospective surgery

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COMPARATIVE EVALUATION OF VARIOUS MINI PLATE SYSTEMS FOR THE REPAIR OF MANDIBULAR CORPUS FRACTURES

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Introduction: Mini plates have been used during the last decade to facilitate the stability between bony fragments in the maxillofacial region, and are currently the most preferred surgical method for the rigid fixation of fractured segments and osteotomies.

Materials and methods: In the present study, we compared the biomechanical behaviour of mini titanium plates (Electron Medikal®, Trimed) with six different geometrical designs (1st group: straight, 2 holes, 9.0mm spaced plate; 2nd group: straight, 4 holes, 9.0mm spaced plate; 3rd group: straight, 6 holes, 9.0mm spaced plate; 4th group: L- shape, 4 holes, 9.0mm spaced right hand plate; 5th group: -Y- shape, 4 holes, 12.0mm spaced plate; and 6th group: double -Y- shape, 6 holes, 9.0mm spaced plate) and different number of screw holes at a certain type of 30 adult bovine hemi-mandible fracture (5 hemi-mandibles per each group) at corpus by using a custom-made 3-point biomechanical test model (Tasarimmed®) and Shimadzu Universal Test device (Autograph®) and Trapezium 2 Software® (Version 2.23). Data for resistance to movement of six groups were statistically compared with Kruskal Wallis test and test of Langley.

Results and Conclusion: Our study showed that double -Y- shape, 6 holes, 9.0mm spaced mini plates offered more resistance when compared with other investigated mini plates. This type of mini plate provided statistically significant greater resistance to displacement than straight, 2 holes, 9.0mm spaced plate & -L- shape, 4 holes, 9.0mm spaced groups. The mean resistance scores of the -Y- shape, 4 holes 12.0mm spaced plate group was greater than those of -L- shape, 4 holes, 9.0mm spaced mini plate group ($p < 0.05$).

Keywords: Mini Plate Mandibular Corpus Fractures Rigid Fixation

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**CLINICAL AND RADIOGRAPHICAL ANALYSIS OF
SINGLE-TOOTH IMPLANT**

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There are many different treatment alternatives for the single-tooth restoration consisting of conventional removable partial dentures, fixed partial dentures, resin-bonded prosthesis, and also the single-tooth implants. The possible advantages and disadvantages of all these treatment options should be considered before the decision of the treatment of missing single-tooth. When possible, the independent implant and crown is the treatment of choice. The single-tooth implant is a highly justified treatment option for the missing single-tooth. When adjacent teeth are healthy and the patient refuses the preparation of the adjacent teeth for the fabrication of a traditional three-unit fixed partial restoration, a single tooth implant is the natural solution. Astra Tech (Molndal Sweden) implants is used in 31 patients with single tooth missing. Graphical alveolar bone loss, peri-implant soft tissue conditions including gingival index, plaque index and pocket depths have been evaluated. In our patients inclusion criteria were: missing single tooth, and willing to be treated with implant placement, adequate bone volume at implant site for an implant at least 3,7 mm in diameter and 10 mm in length, a favorable maxillomandibular relationship. Exclusion criteria were: periodontal disease, presence of severe systemic problems, which can cause a contraindication for implant surgery, parafunctions such as clenching or bruxism, tobacco abuse (more than 10 cigarettes/day) The cumulative implant survival rates after on average of 50 months (min 6, max 50 months) of loading was 100%. The implants were in function and clinically stable when tested individually; there was no pain from the implants; peri-implant soft tissues were clinically healthy. In conclusion, the single tooth Astra implants were highly successful and bone level within the first 2 years of function were comparable with other systems reporting high long-term success rates.

Keywords: Implant single-tooth

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CLINICAL EXPERIENCE AND TREATMENT OUTCOMES OF EDENTULOUS PATIENTS TREATED WITH IMPLANT-SUPPORTED PROSTHESIS

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The introduction of dental implants to the scientific community has been one of the major breakthroughs in dentistry. Implant-retained prostheses provide successful long-term outcomes, particularly when used to rehabilitate the edentulous jaws. Implant rehabilitation of edentulous maxilla and mandibula present significant improvements over conventional removable denture therapy with regard to patient satisfaction, and it can improve a patient's quality of life. Various prosthesis designs utilizing dental implants can be used successfully as an effective modality for restoring aesthetics and function in edentulous patients. The choice of the optimal prosthesis design has a direct impact on the patient in terms of cost, time and surgical morbidity. Numerous studies on this subject have been published. However, to date, it seems that there are no consensuses or evidence-based guidelines to assist clinicians in making informed clinical decisions with regards to the type of implant-supported prostheses. This can be attributed to several factors, one being variability in design and quality of the studies. In our study 25 edentulous patients were treated. 86 implants were placed in maxilla or mandible and then removable or fixed implant supported restorations were applied in edentulous patients. After treatment, in definitive prosthesis fit, occlusion, contours, and esthetics were assessed, and all parameters indicated that a passive fit had been obtained. The patients were followed for 1 years in a prospective study focusing on implant success and prosthesis stability. Plaque and gingival indexes, as well as probing depths, were recorded around implants. The marginal bone level at implants was determined from intraoral radiographs. Regular follow-up over a 1-year period confirmed the overall success of the implants and patient satisfaction. The outcome of the study indicated that safe and predictable treatment results can be obtained for 1years in edentulous jaws treated with implant.

Keywords: Implant edentulous jaws

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INTRAOSSEROUS FOLLICULAR ADENOMATOID ODONTOGENIC TUMOUR A CASE REPORT

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The adenomatoid odontogenic tumor (AOT) is usually an asymptomatic slow growth lesion. When grown, one can palpate a hard and large lesion. It is common for the tumor to cause shifting of neighboring teeth because tumor expansion is more common than teeth root resorption. The adenomatoid odontogenic tumor (AOT) represents 3%–7% of all odontogenic tumors and was once considered as a variant of ameloblastoma. Microscopically, AOT exhibits tubular characteristic and duct-like structures that led to the term “adenoameloblastoma,” which previously used to designate this lesion. In contrast to ameloblastoma, AOT is a circumscribed lesion with slow growth. Radiographically, there is a unilocular mass involving an unerupted tooth, sometimes opaque in the center and sclerotic in the periphery. Considering it to be an encapsulated tumor, treatment of choice is enucleation. This paper describes three cases of these tumors and their symptoms, their radiographic characteristics and anatomic findings. In this case we present a case of intraosseus follicular AOT causing jaw swelling in a 42 years old female.

Keywords: Adenomatoid Odontogenic Tumor AOT adenoameloblastoma

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TREATMENT OPTIONS IN FULLY EDENTULOUS PATIENTS

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Dental implant therapy which has gained popularity and acceptance among patients and dentists is one of the pioneering treatment modalities for replacement of missing teeth. Two different way of prosthodontic treatment with implants main modalities have being used for edentulous patients: implant supported removable protheses and implant supported fixed protheses by using more dental implants. It is understandable that patients are more satisfied with implant supported prosthetic rehabilitation in terms of comfort, stability and esthetics in comparison with conventional protheses. In fully edentulous cases, possible options for treatment with implant supported prothesis include: 1. Removable ball attachment overdenture with 2 implants 2. Removable bar overdenture with 2 or more implants 3. Fixed dental prothesis with 6 or more than 6 segmentally splinted implants 4. Fixed dental prothesis with 4-6 splinted implants between mental foramens 5. Hybrid prothesis with 4-6 splinted implants between mental foramens The purpose of this presentation is to present succesfully treated edentolous patients with implant supported prothesis.

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UNEXPECTED HEALING OF DAMAGED MENTAL NERVE DURING ENUCLEATION OF DENTIGEROUS CYST

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Introduction: Dentigerous cysts are most common bony lesions of the jaws in children. It is one of the most prevalent types of odontogenic cysts associated with an unerupted or developing tooth, particularly for the mandibular 3rd molars, the other teeth that are commonly affected are, in order of frequency, the maxillary canines, the maxillary 3rd molars and, rarely the central incisor. The mental nerve can be damaged as a result of trauma, local anaesthesia, tumor and cyst removal, implant placement, removal of teeth and iatrogenic factors. Damage to the mental nerve can be of various magnitudes and maybe a simple contusion or bruising to complete transection.

Case Report: A 11 year-old man was referred from his dentist to our department with the chief complaint of pain swelling and extraoral fistula in the mentum region. Clinical and radiographic examinations showed a cystic lesion extending from midline to left mandibular second premolar region. The cyst compromised two permanent impacted mandibular incisor tooth inside. The treatment plan was enucleation of the cyst and removal of tooth. The left mental nerve was transected during dentigerous cyst removal. The nerve was attempted to repair with end to end anastomosis of the free end of the nerve to the closest part of the nerve on periosteum following nerve transposition. At the 26 weeks of follow-up period, all symptoms and paresthesia were resolved and the patient had no complaint.

Conclusion: In order to repair total mental nerve transection, unexpected healing of suturing of the free end of the nerve to the periosteum which is the nearest point transected nerve end. This treatment method would be considered to use in transected nerve for nerve repairing and regeneration.

Keywords: Dentigerous cyst nerve repair mental nerve

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CLINICAL AND RADIOLOGICAL EVALUATION OF A PATIENT WITH BILATERAL CONDYLAR FRACTURE OF THE MANDIBLE: A CASE REPORT

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Fractures of the mandibular condylar process as a result of direct or indirect trauma to the mandible play a major role in maxillofacial traumatology. The proportion of condylar fractures among all mandibular fractures is between 17.5% and 52%. Condylar fractures can be extracapsular or intracapsular, undisplaced, deviated, displaced or dislocated. Treatment depends on the age of the patient, the co-existence of other mandibular or maxillary fractures, whether the condylar fracture is unilateral or bilateral, the level and displacement of the fracture, the state of dentition and the dental occlusion, and the surgeon's experience. This case report presents 3 years follow up of a patient with bilateral condylar fracture of the mandible who refused the treatment.

Keywords: Bilateral condylar fracture of the mandible

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**COMBINED ORTHODONIC-SURGICAL TREATMENT OF
SKELETAL CLASS III PATIENT**

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Purpose: The object of treatment in skeletal Class III malocclusions is to improve the skeletal imbalance and to improve tooth alignment and to establish intercuspal relations by orthodontic means, Treatment of skeletal Class III malocclusion in an adult requires dentoalveolar compensation or combined orthodontic and surgical procedures. Both techniques are necessary because orthognathic surgery frequently cannot produce precise alignment of teeth. This case report present orthodontic and surgical correction of Class III skeletal malocclusion.

Material & Method: The patient was a 18-year-old female with a severe skeletal Class III malocclusion. The chief complaint was mandibular protrusion and facial aesthetic problems. The patient had a concave profile, with excess vertical height of the lower face. Intraorally she had an impacted maxiller canine and Angle Class III molar relationship on the left side, with an anterior openbite of 3mm and an overjet of -1 mm. Steiner cephalometric analysis showed that ; ANB angle is $-0,5^{\circ}$, GoGnSN angle is 41° . Treatment progress involved; fixed orthodontic appliance treatment followed by orthognathic surgery (mandibular set-back), post-op orthodontic treatment for the establishment of a stable occlusion.

Results: By the end of the treatment, Class I skeletal relationship is reached with an ANB angle of $2,5^{\circ}$. GoGnSN angle is reduced to $39,5^{\circ}$. Ideal overjet and overbite is obtained and concave profile is eliminated.

Conclusion: Multidisciplinary approach yielded successful results for the correction of a skeletal Class III case. The major treatment objectives were achieved; the skeletal disharmony was corrected and the unesthetic profile was improved successfully by orthodontics and orthognathic surgery.

Keywords: Class III Orthognathic Surgery Orthodontics Mandibular Set- back

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MANAGEMENT OF BILATERAL MASSETER MUSCLE
HYPERTROPHY

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Introduction: Masseter muscle hypertrophy is characterized by unilateral or bilateral enlargement of the masseter muscles affecting both females and males after puberty. Its etiology remains unknown. Limitations on mouth opening, swollen cheek and also tension in the region of the hypertrophied muscle are symptoms reported. Also masseter hypertrophy can cause aesthetic and functional problems. Various treatment options were suggested by authors. Reduction of the masseter muscle, osteotomy and ostectomy, botulinum toxin, and splint therapy in parafunctional habits are options in manage of this problem.

Case Report: A 40-year old woman referred to our clinic with the chief complaint of facial appearance with square face type. In order to eliminate undesired facial appearance, surgical intraoral approach compromising reduction of deep masseter muscle with monocortical and bicortical ostectomy of the angle of the mandible was performed. Facial appearance in both lateral profile and frontal was satisfied. The patient had good aesthetic outcome after a 6 months period of follow-up.

Conclusion: This treatment modality would be suggested to gain optimal aesthetic results especially in a square face from the lateral profile.

Keywords: Masseter hypertrophy muscle ostectomy

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ORAL LEUKOPLAKIA ASSOCIATED TO AMALGAM: HEALING AFTER REPLACING AMALGAM RESTORATIONS

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The World Health Organization has defined oral leukoplakia as “a white patch or plaque of the oral mucosa that cannot be characterized clinically or pathologically as any other disease.” According to the literature most of the oral carcinoma cases are associated with, or preceded by, clinically detectable premalignant lesions such as oral leukoplakia. Many different non-surgical and surgical modalities for oral leukoplakia have been reported. 21 year old man was referred to Erciyes University, Department of Oral and Maxillofacial Surgery for white lesions in the cheek. The oral leukoplakia lesion was confirmed by incisional biopsy. Various etiological factors may be the reason of oral leukoplakia. Although he had undergone nonsurgical (topical and systemic corticosteroid treatment) and cryotherapy and laser treatment, there was not a resolution of the lesions. The patient has amalgam restorations and amalgam or its components may cause hypersensitivity reactions on the oral mucosa. The patch test was performed. The patch test reaction was positive to components of amalgam. The amalgam restorations of the patient were removed and were replaced with composite resin restorative material. The lesions healed up after removal of the stimuli in 3 weeks. In conclusion, treatment of clinically detectable premalignant lesions are very important for prevent the oral carcinoma cases. It is recommended that patch tests should be performed in patients with oral leukoplakia if the lesions are in close contact with amalgam fillings. If there is a positive patch test reaction to mercury or components of amalgam, replacement of such restorations is recommended.

Keywords: Oral leukoplakia amalgam patch test premalignant lesion

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TONGUE ABSCESS: DIFFICULT DIAGNOSIS OF A RARE ENTITY

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Tongue abscesses are extremely rare infections. The rarity of lingual and tongue abscesses, despite frequent bite traumas to the tongue during mastication, dental treatment and seizures attacks, is attributed to the thick epithelium of the tongue and highly vascular formation due to its anatomic structure. We describe a case of tongue abscess in 56 year old female patient who referred to our clinic with severe edema and pain in her tongue. Pathological findings, differential diagnosis and the treatment modalities were also discussed in the case presentation.

Keywords: Abscess tongue dental diagnosis treatment

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**REMOVING A DEEPLY LOCATED IMPACTED TOOTH
SIMULTANEOUSLY WITH ONLAY BONE GRAFTING:
TECHNICAL NOTE**

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Objective: Harvesting intraoral autogenous bone grafts for alveolar ridge augmentation is a well known and frequently applied procedure. Removal of deeply impacted tooth is possible by removing big amount of bone by burs. In this technical report an alternative technique for removing deeply located impacted wisdom tooth simultaneously with onlay bone grafting is presented.

Technique: A 45-year-old female patient complaining about inadequate chewing function and aesthetics presented to the clinic. Clinical and radiographic evaluation revealed sufficient vertical bone height however horizontally ridge deficiency was observed. We decided to make a horizontal widening by onlay bone grafting in order to insert dental implants. There was also a deeply impacted lower left third molar in the ramus that has to be removed. We decided to remove the impacted tooth by buccal corticotomy similar to the ramus graft harvesting and use this graft for ridge widening at left posterior maxilla. The recipient site prepared for grafting before harvesting the donor bone. At the mandibular ramus; an incision at the buccal sulcular area medial to the external oblique ridge and extending anteriorly at retro-molar area is performed. The buccal corticotomy window is removed by burs and osteotomes and the block graft was kept in a moist environment. Then the impacted tooth was removed. Following the curettage, the soft tissues were closed by 4-0 polyglactin 910 (vicryl). Finally the harvested block bone was fixed to the deficient ridge area by 1.5mm screws.

Conclusion: Block bone graft harvested from the buccal aspect of the ramus and removal of impacted mandibular tooth is a new method for both the management of alveolar deficiencies and mandibular impacted third molar tooth removal at the same time.

Keywords: Onlay bone graft impacted third molar wisdom tooth buccal corticotomy

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LATERAL TRANSPOSITION OF INFERIOR ALVEOLAR NERVE FOR PLACEMENT OF DENTAL IMPLANT: A CASE REPORT

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Several surgical techniques have been employed in an attempt to allow implant placement in regions of inadequate bone height and thickness. IAN transposition is a useful technique for managing the atrophic posterior mandible with dental implants. In this technique the mandibular nerve is exposed and mobilized laterally before the implants are placed. In this case, IAN transposition technique performed bilaterally to 53 years female patient under general anesthesia. The IAN is mobilized out and two implants were inserted bilaterally. Sensory alterations and radiographic control were made periodically. Post surgical follow up showed that at the first week after surgery hypoesthesia appeared bilaterally. At the end of the first month impairment of neurosensory disappeared. This case suggest that IAN lateralization is a useful method for managing the atrophic posterior mandible.

Keywords: Inferior alveolar nerve lateralization implant graft hypoesthesia

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MULTIPLE COMPOUND ODONTOMAS IN MAXILLA: CASE REPORT

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Odontomas are odontogenic tumors, considered to be developmental anomalies resulting from the growth of differentiated epithelial and mesenchymal cells. These tumors are formed of enamel and dentin, and can also have variable amounts of cement and pulp tissue. A compound odontoma forms an agglomeration of small structures resembling teeth, whereas a complex odontoma forms an irregular mass in a disorderly pattern. A 11-year-old female was referred to our clinic with complaints of swelling and multiple unerupted teeth. Radiographic examination showed multiple and diffuse tooth-like opacities in anterior region of maxilla. On the basis of clinical and radiologic aspects, the initial diagnosis was multiple compound odontomas and surgical treatment was indicated. Surgical removal of the masses was accomplished under lokal anesthesia. All tooth-like tumormasses were enucleated. The wounds were closed and the healing was uneventful. Based on the histopathologic features, a definitive diagnosis of compound odontoma was established

Keywords: Compound odontoma odontogenic tumour

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ODONTOGENIC KERATOCYSTS WITH INTRANASAL EXTENSION: TWO CASE REPORTS

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Odontogenic keratocyst is a cyst of tooth origin with an aggressive clinical behavior including a high recurrence rate. Odontogenic keratocyst is known for its rapid growth and its tendency to invade the adjacent tissues including bone. Odontogenic keratocysts are generally thought to be derived from either the epithelial remnants of the tooth germ, or the basal cell layer of the surface epithelium. This report describes two case of odontogenic keratocysts in the maxilla with intranasal extension.

Keywords: Odontogenic keratocyst intranasal enucleation

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PROGRESSIVE SYSTEMIC SCLEROSIS: A CASE REPORT

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Progressive systemic sclerosis (PSS), also known as scleroderma, is a connective tissue disorder of unknown origin, characterized by fibrosis of the skin, blood vessels and visceral organs, it has also a profound impact on oral health. The disease generally occurs between 30 and 50 years of age, with a low prevalence (130 per million) and women are mostly affected. Common orofacial findings include xerostomia, gastroesophageal reflux disease and limited mouth opening. Limitation of mouth opening is a common finding in scleroderma and is possibly related to the skin thickening that is characteristic of the disease. Although main treatment protocol is unknown, surgical treatment includes bilateral commissurotomies. Non-surgical management of this condition could represent an initial alternative to surgical intervention. Different exercise programmes and D-penicillamine treatment could be useful for disease. The objective of this presentation is to report a case of scleroderma in a patient with oral and facial manifestations of the disease and focusing on dentological alterations.

Keywords: Progressive systemic sclerosis Scleroderma limited mouth opening

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WHITE SPONGE NEVUS: REPORT OF A CASE

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Introduction: White Sponge Nevus (WSN) is an uncommon autosomal-dominantly inherited condition that predominantly affects non-cornified stratified squamous epithelia: oral mucosa, oesophagus, anogenital area. The characteristic histopatologic features are epithelial thickening, parakeratosis and vacuolization of the suprabasal layer of oral epithelial keratinocytes. Clinically, WSN is characterized by soft, white, and spongy plaques in the oral mucosa. The surface of the plaque is thick, folded, and may peel away from the underlying tissue.

Case report: In the current study, a 11-year-old patient referred to our clinic for oral white lesions. In clinic evaluation bilateral spongy plaques with thick folded surface, which did not come away upon scratching were determined. Incisional biopsy of the left buccal mucosa was carried out, the findings leading to the diagnosis of WSN. After diagnosis, our patient received no treatment but underwent periodic follow up evaluations. In conclusion, this clinical condition is painless and specific therapeutical treatments are not necessary by being developmental malformation. The WSN clinical and histopathological features of this study are in agreement with prior reports on the subject.

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BILATERAL TRAUMATIC BONE CYST: A CASE REPORT

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The traumatic bone cyst is an uncommon nonepithelial lined cavity of the jaws. The lesion is mainly diagnosed in young patients most frequently during the second decade of life. The majority of traumatic bone cysts are located in the mandibular body between the canine and the third molar. The widely recommended treatment for traumatic bone cysts is surgical exploration followed by curettage of the bony walls. The surgical exploration serves as both a diagnostic manoeuvre and as definitive therapy by producing bleeding in the cavity. In this report, a bilaterally traumatic bone cyst in mandible is presented.

Keywords: Traumatic bone cyst mandible exploration

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CORRECTION OF AN INACCURATELY PERFORMED CORPUS OSTEOTOMY: A CASE REPORT

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Orthognathic surgery is performed to alter the shape of the jaws to improve dental occlusion stability, improve temporomandibular joint function, open the oropharyngeal airway, and improve the patient's facial proportions. Surgery must be coordinated with orthodontic treatment. The surgeon develops a plan based on the patient's measurements and performs the planned procedure on plaster models of the patient's jaw and teeth to obtain the proper jaw position. Good co-operation between orthodontist and surgeon is essential to prevent most immediate and late postoperative problems and nearly all unsatisfactory results. Possible complications of orthognathic procedures include airway compromise, numbness, and nonunion or malunion of the bones. In this report, we present surgical correction of a case previously performed corpus osteotomy by a plastic surgeon.

Keywords: Corpus osteotomy plastic surgeon malunion

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**ASSESSMENT OF THE TREATMENT EFFECT OF NTI-TSS DEVICE
ON TMDS AND BRUXISM**

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Background: The NTI-tss (nociceptive trigeminal inhibition-tension suppression system) device is an anterior bite stop; which according to the manufacturer, is indicated for the prevention and treatment of bruxism, temporomandibular disorders (TMDs), tension type headaches and migraine. The aim of this study was to assess the effect of NTI-tss device on signs and symptoms of bruxism and TMDs.

Patients and Methods: Twenty three patients with signs and symptoms of TMD and bruxism were treated by during night time use NTI-tss device. The patients reported TMD related pain on a visual analog scale before splint use and; one week and one month after splint use.

Results: Two of the twenty two patients rejected to use the device due to discomfort in a two week period. The mean VAS score of the patients were 6.8, 5.2 and 2.2 at evaluation time of before splint use and one week and one month after splint use respectively. Improvement of the mean VAS scores of the TMD related pain were statistically significant between the each evaluation period. ($p < 0.05$, paired t test)

Conclusion: The NTI-tss device is an effective and convenient treatment method in patients with TMD-related pain and bruxism.

Keywords: NTI-tss orofacial pain bruxism TMD splint therapy

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**3D EVALUATION OF PHARYNGEAL AIRWAY SPACE AFTER
MULTIDICIPLINARY TREATMENT OF A SKELETAL CLASS III
MALOCCLUSION**

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Aim: The aim of this case report was to present the changes in pharyngeal airway space after bimaxillary orthognathic surgery treatment of a skeletal Class III patient.

Case Report: A 20-year old male patient was referred to Gulhane Military Medical Academy, Department of Orthodontics for the treatment of Angle's Class III malocclusion. The extra-oral examination revealed a concave profile related to maxillary deficiency and mandibular prognathie. Intra-oral examination revealed that anterior and posterior cross-bite with an excessive negative-overjet. Lateral cephalometric analyses showed that patient had a skeletal class III malocclusion due to maxillary deficiency and mandibular prognathie. At pretreatment orthodontic period, pre-torqued Roth brackets were bonded. At leveling stage, the positions of incisors were corrected and crowding was relieved. Following leveling stage, 0.016x0.022 Ni-Ti arch wires were placed. Maxilla was advanced with Le Forte I osteotomy about 4 mm and mandible was positioned about 6 mm back with Sagittal Split Osteotomy. Following a four-month retention period, brackets were debonded. Photographs, lateral cephalometric-radiographs and CT data were obtained preoperatively and 6-months after surgery. The CT data were obtained through cross-sectional tomogram, Proscan (Planmeca OY, Helsinki, Finland). All CT data were transferred to computer; pharyngeal area, maxillar and mandibular bone segmented with using the Simplant OMS software program (Materialise, Leuven, Belgium).

Result - Conclusion: Concave profile, crossbite, crowding and midline shift of the patient were corrected with fixed orthodontic treatment and orthognathic surgery. Ideal esthetics and functional occlusion was achieved with multidisciplinary treatment approach. The CT examination indicated that mandibular setback procedure produced a narrowing of the pharyngeal airway space at oropharyngeal and hypopharyngeal levels; however advancement of the maxilla caused widening of the airway in nasopharyngeal and velopharyngeal dimensions.

Keywords: Orthognathic surgery pharyngeal airway space 3D evaluation Class III malocclusion

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**CHRONIC JAW OSTEOMYELITIS IN AN
IMMUNOCOMPROMISED CHILD BECAUSE OF A HELMINTH
(ASCARIS LUMBRICAIDES): AN INTERESTING CASE**

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Osteomyelitis usually implies an infection of the bone. Although the maxilla can also become involved in osteomyelitis, it does so rarely compared with the mandible. Osteomyelitis of the mandible rarely occurs if the body's host defenses are reasonably intact. The major predisposing factors for osteomyelitis of the jaws are preceding odontogenic infections and fractures of the mandible. Even these two events rarely cause infections of the bone unless the host defenses are suppressed by problems such as the alcoholism, multinutritional syndrome, diabetes, intravenous drug abuse, and myeloproliferative diseases, such as the leukemias, sickle cell disease, and chemotherapy-treated cancer. We present the medical and surgical treatment of an osteomyelitis with antihelminthic and antimicrobial therapy following sequestrotomy, occurred in the right posterior region of the mandible of a 6 years old male.

Keywords: Osteomyelitis sequestrotomy antihelminthic therapy ascaris lumbricoides

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OSSEOUS ANKYLOSIS OF TMJ IN A CHILD: A CASE REPORT

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Ankylosis of the temporomandibular joint (TMJ) is an intracapsular union of the disc-condyle complex to the temporal articular surface that restricts mandibular movements, including the fibrous adhesions or bony fusion between condyle, disc, glenoid fossa, and eminence. TMJ ankylosis occurs in children and adults. Timely diagnosis of TMJ ankylosis, especially in children, and early surgical intervention must be applied to prevent growth alterations and the subsequent emergence of a unilateral mandibular retrusion, a significant malocclusion, and/or facial asymmetry. In this report, a 3 year-old female patient with a complaint of limited mouth opening as a result of fibrous ankylosis in the right mandibular condyle and its surgical treatment is presented.

Keywords: TMJ ankylosis temporalis fascia flap

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CLEFT PALATE AND ALVEOLOUS AND SURGICAL TREATMENT WITH ILIAC CREST BONE GRAFT: CASE SERIES

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Bone grafts are widely used for reconstruction of alveolar defect and oro-nasal fistula in cleft lip-palate patients. Timing of surgery and choice of graft material determine the success of defect reconstruction. Iliac bone transplants have been widely used for maxillo-mandibular reconstruction. Due to their resistance to infection and large volume of bone that can be transferred, these grafts can be used to repair large bony defects. In this report, we present cleft palate and alveolous treated with iliac bone transplantation cases.

Keywords: Cleft iliac crest reconstruction

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CHIARI MALFORMATION WITH KERATOCYSTIC ODONTOGENIC TUMOUR: A CASE REPORT

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Keratocystic odontogenic tumour (KCOT), formerly known as odontogenic keratocyst (OKC), is a benign intraosseous neoplasm of odontogenic origin, which arises from remnants of the dental lamina, comprises approximately 11% of all cysts of the jaws. It occurs across a wide age range with a peak incidence in the second and third decades with a slight male predilection. The cysts are most often seen in the mandibular ramus and angle. The radiologic appearance is that of a unilocular or a multilocular well circumscribed radiolucent lesions with a scalloped and corticated margins. Involvement of an unerupted tooth has been reported in 25% to 40% of cases. Chiari malformation is a congenital anomaly in which parts of the brain protrude through the opening in the base of the skull into the spinal column. The prevalence in the general population has been estimated at slightly less than one in 1000. There are four types of Chiari malformation. Symptoms are vary according to the type of malformation. The most frequent symptoms are neck pain, balance problems, muscle weakness, numbness or other abnormal feelings in the arms or legs, dizziness, vision problems, difficulty swallowing, ringing or buzzing in the ears, hearing loss, vomiting, insomnia, depression, or headache made worse by coughing or straining. The objective of this presentation is to report a case of KCOT in a 40-year-old female patient with Chiari malformation.

Keywords: Keratocystic odontogenic tumour Chiari malformation marsupialization

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**SURGICAL TREATMENT OF AN CHONDROBLASTIC
OSTEOSARCOMA IN MANDIBLE WITH AN IMMEDIATE
RECONSTRUCTION PLATE PLACEMENT FOLLOWING
RESECTION**

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Chondroblastic osteosarcoma accounts for about 25% of all cases of osteosarcomas. It can pose diagnostic difficulty on cytology, as the tumor cells may resemble the carcinomatous cells. In this report, we present surgical treatment of an chondroblastic osteosarcoma with an immediate reconstruction plate placement following resection, occurred in the right posterior region of the mandible of a 42 years old female.

Keywords: Chondroblastic osteosarcoma resection reconstruction plate

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**THE ESTIMATION OF SOFT TISSUE PROFILE USING 3D
VISUALIZATION NAVIGATION TECHNIQUE AFTER
BIMAXILLARY ORTHOGNATHIC SURGERY**

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Aim: Three dimensional evaluation is an important aspect in the planning of orthognathic surgery. The Simplant OMS software programme (Materialise, Leuven, Belgium) is three dimensional image processing and editing software that translates the CT or MRI data into 3D data formats. To obtain the best surgical results in orthognathic surgery, treatment planning and the evaluation of the results should be performed on measurable three dimensional reproductions of the maxillofacial region.

Case Report: A 23-years old male patient with skeletal Class III malocclusion was referred to Gulhane Military Medical Academy. Based on the cephalometric analysis, 7 mm advancement of maxilla was planned by Le Fort I surgery. 8 mm reduction and 5 mm upward rotation of mandible was planned by sagittal splint osteotomy in order to correct the concave profile and long face syndrome. The Simplant OMS software program was used to evaluate the soft tissue alteration that would be obtained after orthognathic surgery. At preoperative period, CT images through cross-sectional tomogram, Proscan (Planmeca OY, Helsinki, Finland) were used to obtain three dimensional reproductions of the maxillofacial region of the patient. Simulation of the osteotomies performed with software, and then surgical guides were fabricated for the operating area to transfer the surgical planning.

Resultuts - Conclusion: The Simplant OMS program revealed that the patient would have an esthetic profile by the application of the planned surgical intervention. In the postoperative evaluation it was observed that the patient achieved a similar appearance which was determined by the mimics program. Concave profile and skeletal malocclusion were corrected and class I occlusion was provided after surgery. The Simplant OMS software program is a promising tool to provide arrangement of facial soft tissue on three dimensional appearance of the patient before bimaxillary orthognathic surgery.

Keywords: Orthognatic surgery Simplant OMS 3D evaluation soft tissue profile

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FOREIGN BODY IN MAXILLARY SINUS

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Foreign bodies in the maxillary sinus are uncommon. A variety of foreign bodies such as roots of teeth, dental impression materials, matchsticks, wooden pieces and sewing needle have been reported. The diagnosis of a foreign body in the maxillary sinus is generally secondary to a suspicion of symptoms of sinusitis following trauma, dental procedures and can be confirmed by radiological investigations such as Xray and CT scan paranasal sinuses. We report a case of a foreign body arising from overfilling of the root canal in the maxillary sinus.

Keywords: Overfilling root canal maxillary sinus foreign body sinusitis

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THE PROSTHODONTIC REHABILITATION OF A GUNSHOT INJURY TO THE MAXILLARY REGION

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Aim: Gunshot wounds have comparatively low rate among the causes of the maxillofacial defects, but these are extremely serious situations for the emergency departments. The complication rate for patients with gunshot injuries can be very high, particularly if bone segment is missing. After stabilization of remaining maxillary segments with reconstructive surgical procedures, prosthetic restorations are often required for function, aesthetic, and phonation necessity. In this case report it was aimed to present the re-establishing oro-nasal separation of a maxillary defect including both hard and soft palatal tissues by prosthodontic rehabilitation.

Casi Report: A 19-years old male patient with a maxillary gunshot defect was referred to Gulhane Military Medical Academy. His main concern was swallowing and phonation problems as there was no defect concerning dento-alveolar region. The management of the case planned after a detailed investigation and diagnosis, evaluation of the subjects' expectations and demands, socioeconomic status, available technical facilities and utilization of a multi-disciplinary team approach. Clinical and radiographic examinations revealed a large oronasal fistula over his hard palate extending to the soft palate, and velopharyngeal insufficiency.

Results - Conclusions: After Staged reconstructions consisting maxillary orthognathic surgery, rhinoplasty, lip-switch flap, and revisions of scars were performed, the palatal defect was restored with an obturator retained with clusps to the maxillary teeth. A satisfactory outcome was obtained. Functional rehabilitation was achieved without any pathologic sequelae and maintained over a 1-year observation period. The results indicated the importance of the preoperative evaluation and treatment planning for each case as an unique occasion.

Keywords: Maxillary defect oro-nasal separation phonation deficiency swallowing deficiency

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DYNAMIC MRI EVALUATION OF CHANGES IN TONGUE MOVEMENTS FOLLOWING ORTHOGNATHIC SURGERY

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Aim: In this case report, changes in tongue posture and tongue movements during swallowing of a skeletal Class III patient treated with bimaxillary orthognathic surgery was presented.

Materials and Methods: A 20-year old male was referred to Gulhane Military Medical Academy, Department of Orthodontics for the correction of the unaesthetic profile. Intra- and extra-oral examination revealed that the patient had a concave profile and Class III molar relationship with anterior and posterior crossbite. Based on cephalometric analyses, maxilla was 4 mm retruded and mandible was 10 mm protruded according to cranial base. Frontal analysis revealed no upper and lower midline deviations and no facial asymmetry. The patient, treated with bimaxillary surgical approach, was examined utilizing 1,5 Tesla Super Conducting MR scanner which uses quad H coil and version 9 software at pre- and 6 months post-orthognathic surgery periods. Real Time Balanced B.T.F.E. images were obtained during water swallowing and 100 dynamic scans were captured in 11 seconds.

Results - Conclusions: After bimaxillary orthognathic surgery, maxilla and mandible were repositioned to their ideal position according to cranial base; concave profile, anterior and posterior crossbite were corrected. When the tongue posture at postsurgery period was compared to presurgery; front part of dorsal tongue was positioned more superiorly and there was an increase in contact between anterior part of the tongue and ruggae area. After surgery, the tongue root was positioned more inferiorly and posteriorly. The tongue tip was positioned more posteriorly when compared to postsurgery. As a result, after surgery, whole tongue was positioned more inferiorly and posteriorly. Based on our results, careful monitoring of the tongue posture related to posterior airway obstruction would be beneficiary after bimaxillary orthognathic surgery via MRI.

Keywords: Orthognathic Surgery swallowing tongue movement MRI

P184

FLUORESCENCE GUIDED RESECTION FOR MANAGEMENT OF A PERSISTENT CHRONIC MAXILLARY OSTEOMYELITIS: A CASE REPORT

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The treatment of chronic osteomyelitis remains oddly enigmatic. It is commonly treated by long-term antibiotic therapy along with surgical debridement of the affected area such as saucerization, peripheral ostectomy or curettage. Long standing osteomyelitis cases with recurrent exacerbating acute episodes exposes patients to multiple uptake of antibiotic regimens until infection is eradicated by surgical sequestrotomy/resection. We present a case of chronic osteomyelitis at the posterior maxilla that was managed with 1.000.000 IU i.v. 2x1 penicilline G for 6 months and hemimaxillary resection under fluorescence illumination. Fluorescence guided resection offers clear distinction between necrotic and viable bone thus full eradication of infected bony regions is possible without unnecessary bone resection.

Keywords: Maxillary Osteomyelitis Fluorescence guided resection

P185

ALVEOLAR RIDGE AUGMENTATION IN ANTERIOR MAXILLA BY
USING MANDIBULAR SYMPHISIS GRAFT PRIOR TO DENTAL
IMPLANT PLACEMENT A CASE REPORT

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Introduction: Intraoral grafts are a convenient source of autogenous bone in alveolar reconstruction. The mandibular symphysis area provides a certain amount of cortical graft which is suitable for grafting the alveolar ridge deficiencies prior to implant placement. The advantages of this method are intraoral access and low morbidity. These grafts require short healing periods, exhibit minimal resorption and maintain their dense quality.

The objective of this article is to provide a good aesthetic and functional anterior prosthetic restoration in a young patient with using dental implants.

Case Report: A 22 year old female patient attended to Ankara University Faculty of Dentistry Oral and Maxillofacial Surgery department complaint with a complaint of pain associated with her dental caries and impacted maxillary canines. After the healing period of the extractions, there was not enough bone ridge for a good aesthetic restoration. It was necessary to harvest autogenous cortical bone graft and mandibular symphysis graft procedure was preferred.

The objective of this article is to provide a good aesthetic and functional anterior prosthetic restoration with dental implants in a young patient.

Keywords : Mandibular symphysis, dental implants , augmentation, bone grafts

P186

TRANSMIGRATION OF IMPACTED MANDIBULAR CANINES: REPORT OF 4 CASES

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Transmigasyon refers to an unerupted tooth that has moved away from its normal developmental position and crossed the midline (symphysis). Migration never occurs in the maxilla because, the roots of the erupted teeth, the floor of the maxillary sinus and the median suture act as a barrier preventing movement across the midline. The transmigration of a mandibular canine is a rare phenomenon, the etiology of which is not clear. Most of the patients do not have any symptoms, and these teeth are often discovered at the radiological examination incidentally. We present four cases of transmigrated mandibular canines in this report.

Case 1: A 23-year-old male was referred to Oral and Maxillofacial Surgery Department our faculty for extracted of maxillary third molars. The panoramic radiograph revealed the right mandibular canine was impacted distoangularly and its crown crossed midline.

Case 2: A 19-year-old female was referred to Department of Orthodontics our faculty due to deficiency of canine tooth. Radiographic examination showed that there was right impacted and transmigrated horizontally mandibular canine.

Case 3: A 54-year-old female was referred to our clinic for pain of right first molar tooth. Panoramic radiograph showed that left mandibular canine was impacted mesioangularly and its crown crossed midline.

Case 4: A 21-year-old female was referred to our clinic for limitation of mouth opening. The panoramic radiograph revealed the right mandibular canine was impacted and transmigrated horizontally. The left canine is more involved than the right canine. However, in three of four patients in the present report the right canines were involved. The transmigration of mandibular canine is a rare phenomenon.

Keywords: Canine impacted transmigration

P187

CRESTAL SINUS ELEVATION TECHNIQUE (SUMMERS' TECHNIQUE) WHERE ARE WE? AND WHAT ARE WE DOING?

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Purpose: The use of a Summers' technique allows vertical bone grafting and localized sinus elevation with minimal surgical trauma. The aim of this study is to evaluate the radiological outcome of implants placed into posterior maxilla with simultaneously crestal sinus approach. Effectiveness and possible complications of the technique is discussed with the help of three-dimensional volumetric dental tomographic (3D-VDT) data in this presentation.

Materials and Methods: An osteotome sinus floor elevation (OSFE) technique using demineralized freeze-dried bone (DFDB) grafting material was performed in the atrophic posterior maxilla in 10 patients (5 males and 5 females) between ages 37 - 64 (mean: 49.9 years old). 10 tapered implants were placed in premolar or molar region with residual bone height of 5 to 8 mm. Radiographic data were collected from preoperative and postoperative orthopantomograph and 3D-VDT images. Presurgical and postsurgical orthopantomographic and 3D-VDT data (residual bone height and grafted sinus data) were compared with each other with respect to height and width of the bone and possible sinus membrane perforation sites. Graft material around the implants were also measured.

Results: All implants were successfully loaded after osseointegration period except one implant in one patient. Totally different grafting material sizes from 0.1 to 1.5mm. were measured around the implants. In this presentation advantages, disadvantages of the OSFE technique and the possible complications were also discussed with the light of the current literature.

Conclusion: Summers technique is a predictable method for implant placement in the posterior maxilla, especially at the sites that has 5mm or more residual bone height. However this method needs surgical skill and careful preoperative planing with the help of 3D-VDT. Clinicians should be aware that in this technique implants and grafts are inserted into maxillary sinus blindly.

Keywords: OSFE volumetric tomography complication maxillary sinus implant

P188

STEREOLITHOGRAPHIC MODEL SURGERY BEFORE ODONTOGENIC AND NON-ODONTOGENIC CYST REMOVAL. IS IT PREDICTABLE?

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Purpose: Three dimensional volumetric dental tomography is recognized as the most predictable method of portraying the total anatomy of the jaw and has become an invaluable part of planing and placement of dental implants with the help of stereolithographic models and guides. The aim of this study is to evaluate the effectiveness of stereolithographic models out of implantology in the use of odontogenic and non-odontogenic cyst removal.

Materials and Methods: Radiological and histopathologically proved eighteen patients (12 male, 6 female) with odontogenic and non-odontogenic cyst (16 odontogenic, 2 non-odontogenic) were enrolled in this study. Three-dimensional volumetric dental tomography (3D-VDT) was taken from the patients. All patients' stereolithographic models were made before the surgery. Presurgical model treatment was done by the same surgical team with the help of 3D-VDT data and models. Flap design, size of the lateral window for cyst enucleation, teeth which were planned to extract and root canal therapy, reconstruction need after enucleation, were decided by the surgical team during the presurgical model analysis.

Results: All operations were done without any damage to vital structures such as nerve or blood vessels. Postoperative healing periods were uneventful for all patients. The presurgical evaluation and treatment plan with the stereolithographic models were found very effective for determining the most convenient approach to the surgical site. The authors were noticed that accuracy of presurgical planing lead to shortening of operation time which cause less postoperative edema, pain and discomfort for the patient. Conclusion Stereolithographic models are used in different clinical situations in dentistry but rare out of implantology and orthognatic surgery. We used these models as a presurgery model in odontogenic/nonodontogenic cyst removal and found them very predictable for deciding flap design, size of the surgical area, treatments of teeth into the cyst.

Keywords: Stereolithography volumetric tomography odontogenic/nonodontogenic cyst tooth

P189

EVALUATION OF PARENTAL ANXIETY OF PEDIATRIC PATIENTS IN DAY CASE ORAL AND MAXILLOFACIAL SURGERY UNDER GENERAL ANESTHESIA

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Aim: The aim of the study was to evaluate the parental anxiety in day case maxillofacial surgery under general anesthesia.

Material and Method: A questionnaire was applied to the parents of children who were undergoing surgery in day case oral and maxillofacial surgery unit of Faculty of Dentistry of Marmara University. The questionnaire was given to parents before their children entered the operation room.

Results: The State-Trait Anxiety Inventory (STAI) showed that the mothers' and fathers' anxiety level was decrease before the surgery. The STAI scores showed that parents were less anxious just before tooth extraction under general anesthesia.

Conclusion: We conclude that after repeated unsuccessful tooth extraction attempt of pediatric dental patients, as a definitive solution, tooth extraction under general anesthesia for treatment decrease the Parental Anxiety of pediatric dental patients

Keywords: Parental anxiety pediatric tooth extraction

P190

CENTRAL GIANT CELL GRANULOMA: A CASE REPORT

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Central giant cell granuloma (CGCG) is a benign intraosseous lesion of jaws. The true nature of this lesion is controversial and remains. Furthermore, the actual aetiology of CGCG is still unclear, although inflammation, haemorrhage and local trauma have all been suggested; it has also been hypothesized that CGCG may have a genetic aetiology. The clinical behaviour of CGCG ranges from a slow-growing asymptomatic swelling to an aggressive lesion that presents pain, local bone destruction, root resorption and tooth displacement. The site most frequently involved is the anterior part of mandible, especially in females under 30 years of age. The traditional treatment of CGCG is curettage. Resection is indicated in locally aggressive cases. A 7 year old male patient referred our clinic for intraoral swelling. There were no pain, resorption or pharesthesia. A well-demarcated multilocular radiolucency with a sclerotic margin extending from the anterior to the first molar region and to the inferior border of mandible was detected in panoramic radiographic examination. It was so close to the mandibular canal. An incisional biopsy made under the local anaesthesia. Central giant cell granuloma was reported after the histopathological evaluation. Curettage was made under general anaesthesia. Also the first permanent molar was protected at the same time. After six months of the operation there was no recurrence or any pharesthesia of the lower lip or tongue. It's important to identify any lesion of the jaws. . the treatment modalities must be selected with reference to the result

Key words: giantcell granuloma, intraoral swelling, curettage

Keywords: GIANT CELL INTRAORAL SWELLING

P191

**REPOSITION OF MANDIBULAR CANAL ASSOCIATED WITH
RESIDUAL CYST: A CASE REPORT**

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Residual cysts are benign odontogenic cysts that are associated with residual part of root of extracted tooth. Although these lesion is usually smaller than 1cm in diameter, the lesion have unlimited swelling potential. The cysts can fling away some anatomic structure during to expansion. In this case report, a cyst that was fling away the mandibular canal to basis of mandibula is presented. A 67-year-old male was referred to Oral and Maxillofacial Surgery Department our faculty for swelling of right mandibular region. Extraorally, the swelling was recognizable. There was no previous facial trauma or contributory medical history. The patient reported no pain during palpation. The panoramic radiograph showed that there was a radiolucent lesion about 3 cm in diameter and there was a residual part of root of extracted tooth at the medial border of cyst. The mandibular canal was reposition to basis of mandibula due to cyst but the oral and maxillofacial surgeon did not any neurosensory deficits. The lesion was removed surgically. The patient is following.

Keywords: residual cyst mandibular canal mandibula

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INTRAANTRAL ODONTOGENIC MYXOMFIBROMA CASE REPORT

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Objectives: Fibromyxoma is a rare odontogenic mesenchymal tumor arising from connective tissue of dental papilla, slightly more common between females, during the fourth decade, equally appeared in both jaws, being even exceptional in other bones. FM is locally aggressive, slow growing, non-metastazing tumor which microscopic examination reveals loose stellate cells, odontogenic epithelial rests and collagenous fibrous tissue. Its intracellular substance is shown to be rich in hyaluronic acid, accounting for its neoplastic behaviour.

Material and Method: Here we present a case of 19 year old male with two years long slowly and painlessly enlarging right cheek, who did not even noticed compromised breathing through the right nostril and discrete protrusion of the right eye. All his teeth were in satisfactory condition and clinical signs pointed to cyst, but plain X-ray demonstrated radiolucency without clear contouring of maxillary walls. CT showed solid intraantral tumor partially destroying expanded walls of the right maxilla. Through simple intraoral mucoperiosteal incision and slight widening of defect of the front wall we approached firm, white tumor and removed it completely from antral and right nasal cavity. There were no postoperative complications. Histopathologic analysis revealed fibromyxoma.

Results: Three months later the external asymmetry has been almost completely reduced. One year later there is no signs of local relapse. All teeth remained vital.

Summary: This is a case of a rare aggressive odontogenic tumor that can be easily understood as a cyst in absence of detailed preoperative examination. There is not much available data in present literature, but complete surgical removal is a therapy of choice.

Keywords: *Odontogenic fibromyxoma maxilla*

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PRINCIPLES OF MANAGEMENT OF COMMINUTIVE MIDFACIAL FRACTURES

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Objectives: Low-energy midfacial common fracture patterns (I – dentoalveolar, II – pyramidal, III – craniofacial disjunction, sometimes even IV – involvement of frontal bone) described by LeFort on 1901, even when comminutive, belong into a group of relatively moderate trauma (simple fracture model, minimal soft tissue trauma, minimal displacement, minor deformity). On the contrary, high-energy midfacial fractures due to missiles or traffic accidents are always comminutive, never following LeFort scheme, because they efficiently exceed resistance of vertical maxillary buttresses. They are always followed by severe dislocation of multiple small fragments, severe soft-tissue damage and posttraumatic deformity: abnormal bony masses dislocated under combined contracture of adjacent soft tissues and muscle traction, when expansion of soft tissues to pretraumatic measures exceeds “biological limits”. Traditional way of treatment involves wire ligature or mini plates over fracture gaps between bigger fragments at frontozygomatic, infraorbital and paranasal region and compression of midfacial skeleton between healthy mandible and skull.

Material and Method: Here we present some selected cases: pre- and postoperative appearance, radiographies, CT images and surgical technique, including external traction.

Results: In a case of severe comminution, it is hard to control and restore 3-dimensional restoration of pretraumatic facial dimensions. Most undesirable outcome is “dish face” appearance. If Glasgow coma score is less than 7 in the case of associated intracranial injury, it is not advisable to force the surgery, but also not to delay it over three weeks. Low-energy comminutions require closed approach and simple fixation techniques; high-energy injuries require open approach, reposition into anatomic position, stable fixation and sometimes osteoplasty.

Summary: Low-energy comminutions require closed approach and simple fixation techniques; high-energy injuries require open approach, reposition into anatomic position, stable fixation and sometimes osteoplasty.

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INJURIES OF THE PAROTID SALIVARY GLAND

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Objectives: Injuries of the parotid salivary glands are rare, and the majority of experience with them is gained through war injuries. They are mostly associated with other injuries or polytrauma, so they could be left unnoticed, in spite of their seriousness and possible long-term consequences. The main causes of acute parotid gland injury are contusions, lacerations, penetrating injuries and blast. Chronic trauma is far more common than acute trauma; it seldom requires surgical intervention, and also express less chance to react to any kind of therapy. Chronic trauma could be caused by irradiation (external, and sometimes by radioactive iodine), chronic infection or chronic obstruction due to sialolithiasis or systemic autoimmune diseases, such as sicca syndrome. Clinical and EMNG examination of facial mimic must be replaced with Hilger's nerve stimulator examination in unconscious patients. Growing haematoma is a sign of vascular lesion, but in a case of penetrating wound, lesion of ACI is always possible. Stennon's duct must be carefully explored and reintegrated by anastomosis over stent. Unnoticed ductal trauma could be followed by posttraumatic fistulas and sialocoelas. Traumatized facial nerve could be crushed, compressed or cut. This remains the most challenging part of parotid injury. Generally, nonpenetrant injury requires conservative treatment, otherwise all disruptions of the facial nerve present indication for immediate surgical treatment, as well as later, when dealing with complication such is paralyzed face.

Material and Method: Here we present retrospective analysis of some selected cases treated in our institutions.

Results: There are different methods for parotid injury treatment, but result depends of early recognition and adequate wound evaluation.

Summary: There are different methods for parotid injury treatment, but result depends of early recognition and adequate wound evaluation.

Keywords: Parotid gland trauma

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SURGICAL REMOVAL OF A MANDIBULAR ODONTOMA

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Odontomas are the most common odontogenic tumors and are usually incidental findings in radiographic examination. These hamartomas are benign in nature and composed of various dental tissues that grow slowly with a nonaggressive manner. During their removal in relation to localization large amount of bone sometimes can be sacrificed and damage to the inferior alveolar nerve can also be encountered. The purpose of this presentation is to describe a case of odontoma in the molar area with the impacted tooth close relationship with mandibular canal and to discuss the implications compared with other surgical approaches .

Keywords: Odontoma mandible mandibular canal

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MANDIBULAR RIDGE SPLITTING WITH PIEZOSURGERY, DEALING WITH THE COMPLICATIONS: A CASE REPORT

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Surgical reconstruction of bony defects in the oral cavity can often be challenging. The risk of accidental damage to adjacent soft tissue structures, such as nerves, by a dental drill or saw is also extremely high. Piezosurgery, is a new technique for osteotomy and osteoplasty utilizing an innovative ultrasonic surgical apparatus. The microvibrations allow a selective cut of only mineralized structures without damaging soft tissues, which remain undamaged even in case of accidental contact. A 40 year old female patient was referred to our clinic with TMJ disorders and long term teeth loss in her left jaws. Conventional open sinus lifting procedure for maxilla and bone splitting with piezosurgery for mandible had planned. Two implants placed in the mandible following ridge splitting. There were problems during the healing period of mandibular implants. The piezosurgery procedure can be an alternative to conventional techniques. However, the unsupported thin bones can be problematic and undesirable bone resorptions can occur with one stage surgeries.

Keywords: Piezosurgery mandible ridge split

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**HYPERPLASIA OF THE MANDIBULAR CONDYLE:
A CASE REPORT**

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Condylar hyperplasia is a local overgrowth of the condylar process of the temporomandibular joint. Its etiology remains unclear. Unilateral condylar hyperplasia can lead to marked and disfiguring changes in the face and occlusion. Nuclear scans can be useful to assess the bone activity. In this case report, a 31 year old male patient with a main complaint of facial asymmetry, limited mouth opening and dislocation of the mandible as a result of hyperplasia in the right mandibular condyle is presented.

Keywords: Hyperplasia Mandibular Condyle

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ENDODONTIC AND SURGICAL APPROACH TO CENTRAL GIANT CELL GRANULOMA ASSOCIATED WITH UNERUPTED PERMANENT LOWER CANINE: A CASE REPORT

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Aim: The aim of this paper is to report our experience in the surgical treatment of mandibular central giant cell granuloma (CGCG) associated with unerupted permanent canine and endodontic treatment of adjacent teeth.

Case Report: A 12-year-old female patient referred to Pediatric Dentistry Department complaining of swelling and pain in the left lower jaw. Patient was systemically healthy. Intraoral examination revealed a painful mass in anterior of mandible. Panoramic radiograph revealed well-defined radiolucency of the left side of mandible associated with impacted permanent canine (Figure1). Sensitivity tests of involved teeth were negative for the 31, 32 and 34. The patient referred to Oral and Maxillofacial Surgery Department to aspiration biopsy. The biopsy results were compatible with the diagnosis of giant cell granuloma. Initially, root canal treatment of 31, 32 and 34 were performed and then the patient underwent to resection of the mass under general anesthesia. The impacted permanent canine was included in the resection (Figure 2). Further follow-ups were made at three-month intervals. Conclusion The CGCGs are benign but occasionally aggressive lesions of jaws. CGCG may cause local destruction of bone, displacement of teeth, and loss of tooth vitality. The common therapy is curettage or resection, which may be associated with loss of teeth and, in younger patients, loss of dental germs. In our case the permanent canine was included in the resection and adjacent teeth were saved by root canal treatment.

Keywords: Giant Cell Granuloma Endodontic Treatment Teeth

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WHAT SHOULD PRIMARY HEALTHCARE PROVIDERS KNOW ABOUT CURRENT & FUTURE CONCEPTS IN TMJ MANAGEMENT

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The management of temporomandibular joint (TMJ) disorders in secondary care is dealt with surgeons who have a sub-specialist interest in the TMJ and specific training towards joint replacement surgery. On the other hand most of the current approaches to TMJ management are largely palliative and non-surgical; therefore the role of practitioners (both medical and dental) in the primary care setting is important. Alternative pain management regimens with the introduction of botulinum toxin as well as tricyclic medication have dramatically reduced the need for invasive management. Understandably it is a daunting task for a general practitioner to diagnose let alone attempt to manage TMJ diseases. Definitive and rational diagnoses or treatments can only be achieved through a comprehensive understanding of the etiologies, predisposing factors, and pathogenesis of TMJ diseases. In this presentation the role of the general practitioner in TMJ management will be outlined as well as new innovations that are current gold-standard in TMJ management. These will include Minimally Invasive Management techniques such as the use of arthroscopy and arthrocentesis, which have lead to a reduction in indications for open joint surgery, to Salvage (Surgical) Management and Joint Reconstruction (alloplastic total joint replacement). It will also include novel findings in biomedicine and developments in imaging and computer technologies which are beginning to provide a vision of future innovations in the diagnostics and therapeutics of TMJ disorders.

Keywords: Temporomandibular joint TMJ treatment primary healthcare

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LOCAL AND REGIONAL FLAPS IN FACIAL TUMOR
RECONSTRUCTION

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Facial tumors (cancers) are considered to be the most frequent pathology in maxillo-facial surgery. Due to their diverse embiological origin and biological characteristic, the surgical approach should be careful and optimized.

Objective: The objective of this study was to examine our recent surgical experience with this pathology, as well as the most acceptable method of treatment given to the type and nature of the disease.

Material and Method: Retrospective analysis comprised records of patients diagnosed with facial tumor, in the period of 2008-2010, at the Department for Maxillo-Facial Surgery, Clinical Hospital Center of Zemun, Belgrade, Serbia.

Result: 243 patients with facial tumors were treated in this period, with the following frequencies BCC 138(56%), SCC. 88 (36%) other 6% (Melanoma 7, Mercel cell ca 4., Fibrosarcoma 4., Dermatofibrosarcoma 2). Majority of patients were primarily treated by surgical excision, whereas others were treated by symptomatic or palliative methods, due to the increased surgical risk and general condition. After the surgical excision the defects were reconstructed by the means of regional and local flaps (rhomboid, advanced, bilobar, forehead flap, transpositional, rotation, cervicofacial, Mustarde flap, temporal muscle flap, pectoralis major flap) as well as by the free skin transplant by Tiersch .
Complications in terms of frequent recurrence were evidenced in 3 patients with diagnosis of dermatofibrosarcoma, two of which were males and one female.

Conclusion: Adequate selection of surgical therapy is of the essential importance to the success of treatment of malignant facial tumors, especially sarcoma, considering the high percentage of recurrence.

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PROSTAGLANDIN E2 LEVELS IN GINGIVAL CREVICULAR FLUID DURING TOOTH- AND BONE-BORNE EXPANSION

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Aim: The purpose of this study was to compare Prostaglandin E2 (PGE2) levels in gingival crevicular fluid (GCF) of young adults with maxillary constriction during tooth- and bone-borne expansion.

Material and Method: Thirty patients, 15 females and 15 males, with a mean age of 17.3 ± 2.8 years were divided into three groups. Group I consisted of 10 patients, five females and five males, treated by transpalatal distraction (TPD) as a bone-borne device, group II 10 patients, five females and five males, with a Hyrax appliance as a tooth-borne device, and a control group of 10 patients, five females and five males, without any expansion appliances. GCF samples were collected with filter paper strips at six observation periods in order to evaluate the effect of heavy orthopaedic forces in both groups. In group II, the samples were additionally collected at two pre-treatment time points in order to evaluate the effect of the forces generated by the separators. An automated enzyme immunoassay was used to measure PGE2 in the GCF. The differences within the groups were evaluated with a pairwise t-test and the differences between the groups were determined by the Mann-Whitney U-test.

Result: The mean PGE2 level was significantly elevated on Day 4 after placement of the separators in group II ($P < 0.05$). The PGE2 values in group II were significantly different to those in group I and the controls at all observation periods. Lower PGE2 levels were observed in group I compared with group II and the controls. Expansion using the TPD method could potentially enhance the prognosis of the teeth by inducing more skeletal dental changes when compared with the Hyrax appliance.

Keywords: Prostaglandin E2 tooth-borne expansion bone-borne expansion

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**BILATERAL MANDIBULAR DISTOMOLAR TEETH:
CASE REPORT**

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Distomolar teeth are extra teeth located distally to the third molars that might be erupted or unerupted. They commonly seen at maxilla with a male predominance. These teeth may cause malocclusion, malposition, caries and root resorption at the adjacent teeth. Pericoronitis and dentigerous cysts may also occur due to partial embedded distomolars. The aim of this report is to present the treatment of a patient with bilateral distomolar teeth that causes food accumulation and pain.

Keywords: Distomolar supernumerary tooth mandible

P205

**CONGENITAL INSENSITIVITY TO PAIN: REPORT OF TWO CASES
IN SIBLINGS.**

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Background The congenital insensitivity to pain with anhidrosis (CIPA) is a rare disorder most often of genetic origin. Few cases are reported in the literature. It is characterized by unexplained fever episodes, anhidrosis, pain insensitivity, self-mutilating behavior and sometimes mental retardation is noted. The lack of sensitivity to pain results in traumatic lesions, such as fractures, burns and oral and digital mutilations. At this time, the treatment of this pathology remains preventive. The patient has to adopt a very strict rhythm of life. Several preventive maxillofacial solutions were proposed to allow breaking the cycle of oral automutilations. **Case report** This report describes two cases in siblings, currently aged 10 and 13 years-old, both follow-ups since the age of 2 years for CIPA. It was diagnosed further to the discovery of an indifference to pain during the iterative falls, burns and behavior of deep oro-digital self mutilations. The sural nerve histopathology and the electromyogram confirmed the diagnosis of CIPA.

Keywords: congenital insensitivity anhidrosis

P206

INTERACTION OF MTHFR C677T POLYMORPHISM AND HIGH ALCOHOL INTAKE INCREASES ORAL CANCER RISK AND MULTIPLE DNA METHYLATION OF CANCER-RELATED GENES

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Introduction: Number of studies has reported OSCC association with the etiological factors, such as smoking and alcohol. As a potential link between alcohol, folate and DNA methylation in oral cancer, we evaluated C677T gene polymorphism of methylenetetrahydrofolate reductase (MTHFR) enzyme, involved in folate metabolism and biosynthesis of S-adenosyl methionine, universal methyl donor. The genes selected for methylation analysis covered cell cycle control (p16), apoptosis (DAPK, RASSF1A), Wnt signaling (WIF1, RUNX3), cell-cell adhesion (E-cad), and DNA repair (MGMT, hMLH1).

Material and Methods: MTHFR C677T genetic polymorphism was determined using the PCR/RFLP method, and DNA methylation was assessed by the nested methylation-specific PCR. **RESULTS.** In stratified analysis according to alcohol intake, patients with TT genotype that consumed high quantities of alcohol showed an increased risk for oral cancer, OR=4.288, (95% CI, 1.325-13.877, p=0.015), compared to CC and CT patients. Multiple methylation was significantly associated with the tumor stage (p=0.018), and showed a trend of association with the presence of the nodal metastases (p=0.058). The risk for multiple methylation was significantly increased in heavy-drinking patients with TT genotype, compared to CC and CT patients, OR=10.873, (95% CI, 1.134-104.24, p=0.039).

Conclusions: Our study suggested gene-environment interactions between the high alcohol intake and the MTHFR 677TT genotype for elevated oral cancer risk, with the significant impact on multiple methylation of cancer-related genes.

Keywords: Oral cancer DNA methylation MTHFR polymorphism alcohol intake.

P207

JUVENILE OSSIFYIFYING FIBROMA – REPORT OF CASE

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Benign lesions, which is one of fibro-osseous ossifying fibroma is classified as an osteogenic tumor, defined as a well-differentiated tumor, occasionally encapsulated, comprising fibrous tissue containing variable quantities of calcified material resembling bone and/or cement. The mandible is affected more often than the maxilla. Ossifying fibroma occurs most frequently premolar-molar region in the mandible. Juvenile ossifying fibroma is often occurs between 5 and 15 years of age and accounts for 2% of oral tumors in children. Its pathogenesis is uncertain, but many authors suggest that it arises from a lesion of the periodontal membrane. Because of ossifying fibroma has a high risk of recurrence so it needs to be completely enucleated and curetted from the surrounding bone or en bloc resection of the region. The aim of the present report was to describe a case of juvenile ossifying fibromas of the mandible that analyze the clinical radiographic and histological characteristics and discuss the advantages of conservative surgical treatment by radical surgery. We report a case of ossifying fibroma in the premolar region of the right mandible in a 15 year old female patient. There was expansion buccolingual direction in the area of the lesion. An incisional biopsy was performed. Histological examination of the excised tissue showed dense, cellular, fibrous connective tissue stroma containing areas of immature bone formation and cementum-like tissue consistent with a diagnosis of juvenile ossifying fibroma. Canine, 1. and 2. premolar teeth were extraction. Because a radical en bloc resection of the lesion could result in damage to the mandibular nerve the lesion was scrubbed with enucleation and curettage under local anesthesia.

Keywords: juvenile ossifying fibroma mandible

P208

MANDIBULAR SOLITARY BONE CYSTS: ANALYSIS OF 10 CASES

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Introduction: Solitary bone cyst of the jaws is uncommon and accounts for 1% of all jaw cysts. It is considered as a pseudocyst because of the absence of epithelium. Most maxillofacial solitary bone cysts are observed in the mandible, especially in the corpus, and in young patients. Solitary bone cysts are generally asymptomatic and are detected as incidental findings on radiographic examination usually as an unilocular radiolucent area with a scalloping effect. In this study, we present a case series of simple bone cysts.

Material and Methods: We analysed 10 simple mandibular bone cyst from 9 patients referred to our clinic. All cases were analysed with regard to following parameters: age, gender, location, associated teeth, radiological and histopathological features, treatment and follow-up.

Results: All cysts were asymptomatic and were found as a result of routine radiographic examination. 6 of the patients were male and 3 were female, and they ranged in age from 14 to 68 years (average, 24.8 years). 55 percent of the patients were in their second decade. One patient had two cysts in the mandible. They were all in dentulous areas in the mandible, except for one case. Surgical exploration and curettage were performed in all cases. There was no evidence of recurrence within follow-up period (ranged in from 1 month to 5 years).

Conclusions: Although bone cyst may heal spontaneously operation is generally considered advisable to confirm the diagnosis and this in itself constitutes definitive treatment. Treated lesions should be followed up until complete healing has been confirmed radiographically. In most cases healing or recurrence will be occurred within 3 years of surgery. The recurrence rate of SBC of the jaws was found to be greater than 20%. Clinicians should be aware of the higher recurrence rate, requiring longer radiographic follow-up.

Keywords: solitary bone cyst jaw

P209

NASOPALATINE DUCT CYST: REPORT OF THREE CASES

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Nasopalatine duct cyst (NPDC) also termed as incisive canal cyst, arises from embryologic remnants of nasopalatine duct. It is one of the most common non odontogenic cysts of the oral cavity occurring in about 1% of the population. It is commonly seen at the maxillary anterior midline region close to the incisive foramen. It may occur at any age but the majority of cases occur between fourth and sixth decades of life. The lesion is generally asymptomatic unless infected. Usually patients complain of a small asymptomatic swelling just posterior to palatine papilla. Definitive diagnosis of a nasopalatine cyst is more easily made on plain films however, other advanced imaging modalities such as computed tomography and magnetic resonance imaging could be preferred to see the exact localization of the cyst and differential diagnosis. The aim of this report is to present the diagnosis and treatment of three NPDC cases.

Keywords: nasopalatine duct incisive canal cyst

P210

PYOGENIC GRANULOMA: A CASE REPORT

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Abstract Purpose: The purpose of this study is to evaluate the treatment and pursuit process of the pyogenic granuloma which has seen on 20 years old girl patient.

Case Presentation: Pyogenic granuloma is a lesion which classified in vascular tumors. They constitute 30- 60% of all the reactive lesions of gingival tissue. Trauma, infections of capillary wall, hormonal factors, foreign materials, hypertension and poor oral hygiene are accused for development of pyogenic granuloma. It may occur at all age groups and in both sexes. In the oral cavity, pyogenic granuloma lesions are most frequently encountered on the gingiva. Definitive diagnosis can only be made by histopathologic examination of biopsied tissue. The treatment of this lesion is surgical excision. If surgical excision removal is incomplete, the lesion has got the risk of the recurrence. A twenty years old female applied to our clinic with complaints like on left upper molar region gingival bleeding and swollen condition on the same region. As beginning treatment oral hygiene education was given to the patient and plaque and calculus were removed. Under local anesthesia the lesion was taken with excisional biopsy for doing distinctive diagnosis from the other pathological lesions which can be seen in oral cavity and bleeding on region was controlled with local haemostatic agent.

Conclusion: After taking of the excisional biopsy, the diagnoses was made shaping "The Pyogenic Granuloma" to the mass which was examined histopathologically under the lighth microscope. In the control inspection, there was not any recurrence clinically.

Keywords: Pyogenic granuloma excisional biopsy

P211

DESMOPLASTIC FIBROMA IN THE MANDIBLE : A CASE REPORT

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Introduction: Desmoplastic fibroma (DF) is a benign but locally aggressive neoplasm of the bones and it is very rare in the mandible like some other intraoral tumours. There is no metastasis but beside of their destructive growth they show a high frequent recurrence after local resection .

Case Report A: 11 year-old male came to our department with a severe swelling on the right side of his mandible with the facial asymmetry without pain. Under local anesthesia, incisional biopsy was performed. The results of the biopsy showed benign fibroosseous lesion (desmoplastic fibroma-desmoid tumour) . Because of the aggressive pattern of desmoplastic fibromas we planned block resection of the mandible and reconstruction the defect with autogenous iliac bone graft.

Discussion: Our review of the literature revealed a wide age range distribution as previously reported but only a modest female predilection, arguing for equal gender distribution. Our patient was a 11 year-old male. It has been recommended that a generous diagnostic biopsy should be taken from the center of the lesion rather than the periphery in order to avoid misinterpreting the presence of reactive bone at the periphery as osteoid, which may in turn lead to a misdiagnosis of benign fibroosseous lesion or osteosarcoma. Variable treatment modalities have been used for DF including surgery, radiation therapy, and chemotherapy with or without additional procedures. Our patient was very young and because of its malignant transformation risk we preferred to resect the mandible and performed local mandibular resection.. In the current case, we presented the management of a moderately cellular DF, which was treated with a wide local excision.

Keywords: desmoid tumor desmoplastic fibroma mandible

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CLINICAL USE OF PLATELET RICH FIBRIN (PRF) IN DIFFERENT CASES

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The autologous platelet concentrate Platelet-Rich Fibrin (PRF) is used newly in oral and maxillofacial surgery. These concentrate contain high levels of growth factors, including the PDGF (platelet-derived growth factor), transforming growth factors (TGF-beta), the insulin-like growth factor (IGF), the epithelial growth factor (EGF) and the vascular endothelial growth factor (VEGF), which are the key elements in wound healing, particularly in bone regeneration. In dental implant surgery it is used in bone reconstruction and in sinus lifting procedures prior to implant procedures, dental extraction socket preservation, after enucleation of cysts or tumours for filling defects, reconstruction of alveolar clefts and in periodontal surgery. Platelet-rich fibrin (PRF) by Choukroun's technique is derived from an autogenous preparation of concentrated platelets without any manipulation and any artificial biochemical modification (no anticoagulant, no bovine thrombin). When delicately pressed between 2 gauzes, the PRF clot becomes a strong membrane with high potential in clinical application. Whether used as PRF matrix or as PRF membrane. These are easy to apply in clinical practice and offer potential benefits including rapid wound healing and bone regeneration. The aim of the present study is to assess the course of bone regeneration and healing process owing to the sinus lift procedure, alveolar cleft reconstruction and cystic defect by using PRF as a filling material.

Keywords: : Platelet Rich Fibrin (PRF) Growth Factors Mesenchymal Stem Cells

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**ISOLATED SAGITTAL FRACTURE OF THE PALATE:
A CASE REPORT**

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Sagittal palatal fractures frequently occur with concomitant fractures of midface. They may result in occlusion problems and malunion if not treated properly. Different treatment methods are described for palatal fractures. In this report, management of an uncommon isolated sagittal fracture of the hard palate with intercentral and intercanine wires and monomaxillary arch bar was presented.

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SECONDARY CLOSURE OF ALVEOLAR CLEFTS WITH MANDIBULAR SYMPHYSEAL BONE GRAFTS AND WITH PLATELET-RICH FIBRIN UNDER LOCAL ANESTHESIA

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Alveolar reconstruction of bony defects in alveolar cleft patients is a widely accepted treatment regimen for which multiple donor sites can be used. The objectives of alveolar repair and bone grafting are as follows: providing a continuous and stable maxillary dental arch, closure of oronasal fistulae, adequate bone for tooth eruption or orthodontic movement, and nasal base support, improving facial aesthetic. Platelet rich fibrin (PRF) is a second generation platelet concentrate widely used to accelerate soft and hard tissue healing. Its advantages over the better known platelet-rich fibrin (PRF) include ease of preparation/application, minimal expense, and lack of biochemical modification. PRF is a strictly autologous fibrin matrix containing a large quantity of platelet and leukocyte cytokines. A 15-year-old male patient consulted our clinic with unilateral alveolar cleft. Clinical and radiographical examinations, revealed an unilateral alveolar cleft. As there was not an oronasal fistulae, reconstruction with mandibular symphyseal bone graft combined with platelet rich fibrin under local anaesthesia was performed. After surgery, perforation of alveolus was closed and bone formation between maxillary segments was provided.

Keywords: Platelet Rich Fibrin (PRF) Alveolar Cleft Autogenous Graft

P215

**THE EFFECT OF LOCALLY USED HEMOSTATIC AGENTS ON
GINGIVAL AND SALIVARY TISSUE FACTOR ACTIVITY
AFTER THIRD MOLAR EXTRACTIONS.**

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Tissue Factor (TF or Factor III) is considered to be a major regulator of normal hemostasis and thrombosis. It initiates the coagulation system and is a component of cell membrane but not found active in the blood. TF also contributes to wound healing, inflammatory response, tumor growth, metastasis and angiogenesis. Various tissues and body fluids including the saliva have been known to have TF activity. The aim of this study was to evaluate and to compare the effect of three different local hemostatic agents, used to maintain hemostasis, to help organisation of granulation tissue by filling bony cavities, to prevent secondary bleeding in oral surgery procedures on gingival and salivary TF activity. In our study, totally 41 patients are divided in to four groups. Gelatine sponge, collagen fibril and granular formed chitosan are applied to alveol sockets after extraction of partially erupted third molars' extraction sockets as local hemostatic agents in three groups and no agents applied to extraction sockets in control group. Soft tissue samples which would be thrown away were taken from patients just after extraction and 8 days after extraction, saliva samples were taken from patients just before extraction, 1 hour, 3 days and 8 days after extraction and evaluated biochemically and cytologically and histologically. As a result of our study all three different local hemostatic agents have similar effects on TF activity of gingival tissues and saliva. They were well tolerated by organism and could be freely used to achieve application goals in oral surgery procedures.

P216

**TREATMENT OF RECURRENT TEMPOROMANDIBULAR JOINT
DISLOCATION WITH TYPE A BOTULINUM TOXIN:
CASE REPORT**

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The anterior dislocation of the temporomandibular joint (TMJ) occurs when the mandibular condyle is displaced anteriorly beyond the articular eminence. There are multiple causes for its occurrence, and treatments range from relatively conservative methods to complex surgical intervention. The manual repositioning using the Nelaton maneuver is the first treatment. Occasionally, it may be necessary to use sedation or general anesthesia to achieve the desired muscle relaxation. When dislocation in a patient becomes more frequent and progressively worse, the condition is referred to as recurrent dislocation and many patients suffer recurrent temporomandibular joint (TMJ) dislocation due to an excess of muscle contraction or spasticity in the depressor muscles of the jaw. In case of recurrence, generally surgical treatment is indicated. A nonsurgical method of treatment is the local infiltration of botulinum toxin type A to the effected lateral pterygoid muscle. In this presentation a 39-year-old woman referred to Baskent University department of OMFS with a history of recurrent TMJ dislocation for 10 years and its treatment with EMG guidance botulinum toxin-A injection is described.

Keywords: recurrent TMJ dislocation botulinum toxin A Electromyography

P217

BOTULINUM TOXIN TYPE A IN THE MANAGEMENT OF MASSETER AND TEMPORALIS MUSCLES HYPERTROPHY

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Purpose: We searched to evaluate the response of 3 patients with masseter and temporalis muscles hypertrophy to botulinum toxin type A therapy.

Patients and Methods: Three patients with bilateral masseter and temporalis muscle hypertrophy received intramuscular injection of the botulinum toxin type A. The functional and cosmetic results were evaluated as well as recurrence.

Results: In all patients, satisfactory regression of the masseter and temporalis muscle hypertrophy occurred and mild muscular pain was relieved. Recurrence was observed in any cases.

Conclusion: The use of botulinum toxin type A in masseter and temporalis muscle hypertrophy therapy was shown to be a successful and safe treatment method. Injection of the botulinum toxin type A appears to be an efficient and safe method to control parafunctional activities involving the masticatory muscles of patients .

Keywords: botox botulinum toxin type A masseteric hypertrophy

P218

EVALUATION OF WOUND HEALING AFTER APPLICATION OF LOCAL HEMOSTATIC AGENTS IN MINOR ORAL SURGERY PROCEDURES BY EXAMINING GINGIVAL AND SALIVARY GLUTATHIONE AND LIPID PEROXIDATION LEVELS

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The aim of this study was to evaluate and to compare biochemically, cytologically and histologically short term soft tissue healing and saliva parameters after minor oral surgery operations. In our study, totally 41 patients are divided in to four groups. Gelatine sponge, collagen fibril and granular formed chitosan are applied to alveol sockets after extraction of partially erupted third molars' extraction sockets as local hemostatic agents in three groups and no agents applied to extraction sockets in control group. Soft tissue samples which would be thrown away were taken from patients just after extraction and 8 days after extraction, saliva samples were taken from patients just before extraction, 1 hour , 3 days and 8 days after extraction and evaluated biochemically, cytologically and histologically. As a result of our study, analyzes showed that there are significantly important differences at GSH and LPO levels of local hemostatic agent groups compared with control group. Further studies need to be held to improve the positive effects of these agents on wound healing.

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EXTENSIVE LOCALIZATION OF FIBROUS DYSPLASIA OF MANDIBLE

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Introduction: Fibrous dysplasia is a benign bone lesion of unknown etiology. Fibrous dysplasia is mostly seen in the second decade of life. The maxilla is involved far more often than mandible, most common in the posterior region of the maxilla. Normal bone and bone marrow is replaced with abnormal benign intramedullary fibroosseous tissue and can involve any bone in the body. Radiological and pathological findings can be diagnostic. Fibrous dysplasia mostly appeared as radiopaque lesions. Conservative treatment of fibrous dysplasia includes biphosphonates and calcium, vitamin-D, phosphorus supplements and surgical counturing.

Case Report: A 15-year old woman with fibrous dysplasia referred to our clinic with the chief complaint of facial asymmetry as a result of marked and progressive swelling in the recent 5 months. The lesion was characterized with bone expansion on the left mandibular body region since 1 year. Broad swelling was extending from median mandible to the left mandibular angle. Her facial asymmetry was treated by surgical recountering followed by rasping with a bone file through preserving the mental nerve and vitality of the related teeth. The patient was followed up 6 months with any facial aesthetic deterioration. Paresthesia was not seen during the follow up period.

Conclusion: Surgical recountering for the patients with fibrous dysplasia is an effective treatment modality in elimination of the facial asymetry. Careful attention must be paid with preserving the mental nerve during shaving bone surrounding mental foramina.

Keywords: Fibrous Dysplasia Facial Asymmetry Mandible

P220

BIOMECHANICAL BEHAVIOR OF A NEW ALTERNATIVE METHOD IN REPAIR OF MANDIBULAR ANGLE FRACTURES

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The facial area is one of the most frequently injured parts of the body, and the mandible is one of the most common fractured maxillofacial bones. The mandibular angle is the most frequent site of mandibular fracture. Fractures involving the mandibular angle are treated with a variety of techniques. The primary treatment modality has been rigid internal fixation with a plate and screws. On the other hand, one of the most common reasons for plate removal were at the patients' request and plates being palpable. Besides palpability or sometimes visibility, metal fixation systems are hampered by temperature sensitivity and interference with radiographic imaging. Therefore the use of biodegradable plates in this area may be a considerable alternative. But the main reason for restriction of use of biodegradable devices was their mechanical weakness and costs. For mandibular fractures treatment, an alternative technique was described that an plate shaped otogen mandibular graft has been harvested and used to fix of the fracture with only screws without miniplate. The purpose of this in vitro investigation was to evaluate the biomechanical behavior of single titanium miniplate osteosynthesis according to Champy's technique and plate shaped bone graft fixed by titanium and resorbable screws.

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OSTEOMYELITIS AFTER IMPACTED MANDIBULAR THIRD MOLAR EXTRACTION : CASE RESPORT AND A REVIEW OF THE LITERATURE

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Introduction: Osteomyelitis is an inflammatory process involving cortical and cancellous bone. In the maxillofacial region, the mandible is the most frequently affected bone. In the vast majority, a bacterial focus can be identified as the origin of the disease. Chronic progress of the disease may lead to destruction of mandibular bony structures, resulting in mild or severe loss of function if no adequate treatment is applied. In some cases, the etiology of osteomyelitis remains unclear. We report a case of a 63-years-old male patient with complaint of pain and swelling in mandibular posterior region. We used panoramic radiography and MRI screening system to diagnose primary chronic osteomyelitis (PCO). The combination of antibiotic therapy and Klorhexidin glukonat is topically used for the treatment. The purpose of this paper is to report a case of PCO following the extraction of impacted mandibular third molar and to evaluate the effectiveness of the applied therapeutic protocol. PCO of the jaws is a complex clinical entity, presenting both a diagnostic and therapeutic challenge. Surgical treatment in conjunction with antibiotics and non-steroid anti-inflammatory drugs proved to be beneficial and to improve considerably the patients' quality of life. Nevertheless, exacerbation of the disease may appear and regular follow-up of the patients is required.

P222

PLEOMORPHIC ADENOMA ARISING FROM MINOR SALIVARY GLAND: REPORT OF FIVE CASES

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Pleomorphic adenoma (PA) is the most common tumor of the salivary glands. About 90% of these tumors occur in the parotid gland and 10% in the minor salivary glands. The most common sites of PA of the minor salivary glands are the palate followed by lip and cheek. The treatment of PA is essentially surgical. Though these benign tumours are apparently well encapsulated, resection of the tumour with an adequate margin of grossly normal surrounding tissue is necessary to prevent local recurrence. The aim of this report is to present the diagnosis and treatment of five cases of minor salivary gland PA. Four of them were at the posterior palate and one was at the upper lip. Complete surgical excision was performed in all cases.

Keywords: Pleomorphic adenoma minor salivary gland posterior palate upper lip

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OSTEOMYELITIS IN MANDIBLE IN A DIABETIC: A CASE REPORT

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Osteomyelitis of the mandible is a severe infection that may result in loss of a large portion of the mandible. Therefore this infection should be managed by a clinician who has the training and experience to handle the problem expeditiously. In addition, it is likely that medical consultation will be required, to help correct any underlying compromise of host defenses. A case of chronic mandible osteomyelitis in a diabetic and her medical and surgical treatments is presented.

Keywords: osteomyelitis mandible diabetes

P224

PRESERVING OF A TOOTH RELETED WITH CENTRAL GIANT CELL GRANULOMA WITH NON-INVASIVE CURETTAGE: 7 YEARS FOLLOWED-UP CASE REPORT

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Central Giant Cell Granuloma (CGCG) is defined by the World Health Organization as an intraosseous lesion consisting of cellular fibrous tissue containing multiple foci of hemorrhage, aggregations of multinucleated giant cells and occasionally, trabeculae of woven bone. CGCG lesions are characterised in aggressive and nonaggressive forms on the basis of signs and symptoms and histological features. Radiologically, lesions present unilocular or multilocular radiolucent defects without any sclerotic band. Surgery is the treatment method of choice ranging from curettage to en bloc resection. In last years non-surgical methods such as administration of alpha interferon daily systemic doses of calcitonin, , and intralesional injection of corticosteroids are performed in treatment of CGCGs. In this report we presented the CGCG of 8 years old boy in his maxilla canine zone. Non-invasive surgically curettage and secondary healing of the lesion and long-term follow-up is aimed. After proper bone healing, eruption of the permanent canine achieved. Consideration of the CGCG lesions, treatment options regarding the patient's age, size and aesthetic localization of the lesion and character of the lesion are discussed.

Keywords: aesthetic curettage long-term Non-invasive

P225

BOTULINUM TOXIN TYPE A TREATMENT FOR FACIAL ASYMETRY DUE TO UNILATERAL MASSETER MUSCLE HYPERTROPHY

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Botulinum toxin A is a highly efficacious and cost-effective, nonsurgical option for reducing the width and shape of the lower face and jaw line. Botulinum toxin (BTX) is a bacterial toxin that could be used as a medicine. Clinical applications of BTX have been expanding over the last 30 years and novel applications reported. Its mechanism of inhibiting acetylcholine release at neuromuscular junctions following local injection is unique for the treatment of facial wrinkles. Other dose-dependent anti-neuroinflammatory effects and vascular modulating properties have extended its spectrum of applications. Conditions such as temporomandibular joint disorders, sialorrhea, headache and neuropathic facial pain, muscle movement disorders, and facial nerve palsy could also be treated with this drug. Further applications of BTX are likely to be developed. The patient was a 22-year-old woman, complaints were about bruxism and masseter hypertrophy effecting her facial appearance. After clinical evaluation, unilateral masseteric and temporalis muscles were treated with multi-point percutaneous intramuscular injections of botulinum toxin type A, 30–50 u for left side for two times, six months apart. No significant side-effects have occurred and this technique is recommended for the routine treatment of masseteric hypertrophy

Keywords: Botulinum toxin A masseteric hypertrophy facial asymetry

P226

PLATELET-RICH FIBRIN (PRF) APPLICATION IN ORAL AND MAXILLOFACIAL SURGERY

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Purpose : Platelet-rich fibrin (PRF) is a second generation of platelet concentrates prepared from centrifuged blood without biochemical blood handling. It is a breakthrough with healing properties on the soft tissue, sinus membrane and bone. The aim of this study is to evaluate the effect of platelet-rich fibrin, which effects like an autologous cicatricial matrix on healing process. Subjective signs taken from patients who had oral surgical procedures were assessed.

Materials: Medical charts of 14 patients who were treated with PRF after tooth extraction, complicated tooth extraction ,impacted third molar surgery, oroantral fistula, cysts, sinus lifting with simultaneous implant placement, soft tissue management were reviewed for objective clinical and radiographic results, and adverse events.

Results: Two days after tooth extraction the patient had no pain or edema and the extraction site was filled with PRF and the gingiva was at optimal form and color. After surgical procedures early healing was documented at the wound site. Patients showed less pain, edema after surgery.

Conclusion: Autologous PRF treatment is well tolerated and appears to be superior to rutin techniques. Key words: platelet rich fibrin (PRF), extraction, oroantral fistula, sinus lifting.

Keywords: Platelet Rich Fibrin (PRF) extraction oroantral fistula sinus lifting.

P227

TREATMENT OF AGGRESSIVE JUVENILE OSSIFYING FIBROMA

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Juvenile ossifying fibroma is a fibro-osseous lesion that mostly occurs in children, although it's a benign entity, it is known to be locally aggressive and has a high tendency to reoccur. It is recognized as a separate histopathological entity among the fibro- osseous lesions. Surgical resection is the preferred line of treatment.

We here present a JOF case in a twelve year old boy which had produced left orbital cavity expansion with partially invasion to left side of ethmoidal bone. He suffered from painless progressive proptosis, poor vision and severe limitation of the ocular excursion on all cardinal gazes in left eye.

We performed a tumor resection on zygomatic and orbital region through Webber-Ferguson approach interestingly; patient's visual acuity was improved obviously on post surgical ophthalmologic exams.

P228

MINIMAL ACCESS CRANIAL SUSPENSION (MACS) LIFTING; CLINICAL APPLICATION AND NEW MODIFICATION

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Abstract: There is a strong trend toward less dramatic facial rejuvenation surgery. Most of the patients want a cosmetic improvement but not at the cost of prolonged disfigurement or a high risk of complication. The technique of Minimal Access Cranial Suspension (MACS) lifting achieved the results of traditional face lifting surgery but through a much smaller incision and with a much lower rate of potential complications. We will introduce new methods and modifications in this technique of face lifting to reach a stable anchorage and better results.

P229

ORAL MANIFESTATIONS OF CROHN'S DISEASE IN A 10 YEAR OLD BOY

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Abstract: A 10 year old boy was referred for his several oral ulcers with recurrences from 4 years ago. After clinical examinations, the diagnosis was recurrent aphthous stomatitis .Laboratory findings showed anemia, a high degree of ESR and positive CRP. Moreover, he suffered from periodic abdominal pain after eating and loss of weight. This associated clinical signs and laboratory changes required more comprehensive search about possible systemic diseases which can have similar oral manifestations .So, with this objective, he was referred to a specialist for

considering his digestive signs .The findings of the colonoscopy revealed that all of the colon was normal but there was increased thickening as well as edema of the terminal mucosa .In the transit of the small bowel, thinning of the distal ileum and loop of jejunum were seen .Also, an increase of the terminal ileum loop was shown .In the serologic finding ASCA, (Anti- Saccharomyces Cervisia) was positive .Due to the pain of ankle's leg which then occurs in the sacral region, a decrease of bone density was seen in the MRI .All of these finding approve our strong suspicion to Crohn's disease. Now, he is under treatment by a gastroenterologist.

Key words: Crohn' disease, Oral manifestation, Aphthous ulcer

P230

FIVE YEAR CLINICAL AND EPIDEMIOLOGIC FINDINGS OF 420
ORAL LICHEN PLANUS PATIENTS IN IRAN

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Introduction: Lichen planus is a chronic mucocutaneous disease and relatively frequent in adult, which involves 0.2-2% of population. There are limited studies on frequency and clinical pattern of oral lichen planus in Iran. This study was designed in order to evaluate clinical and epidemiological features of Oral lichen planus (OLP) patients during 2000-2005 compared with other populations.

Materials & Methods: In this descriptive study, the patients' data were collected from files of 420 OLP patients who had been referred to oral medicine department of Mashhad dental school and included age, sex, chief complaint, skin involvement, location, type & form of lesions. Data were analyzed with SPSS 11.5 statistical software.

Results: The mean age of these OLP patients was 41.16 years. 64.9% of cases were female and 35.1% were male. Buccal mucosa was most frequently involved (85.2%). The most prevalent clinical type was reticular form (76.9%). 15.5% of patients had skin involvement.

Conclusion: Based on the results of this study, the importance of proper history and clinical examination is of great importance to achieve the best diagnosis and treatment plan for OLP. Considering the variety of epidemiologic findings, we need more extensive epidemiological study of this kind to be more familiar with our OLP patients and to schedule clinical research and treatment plan in our society.

Key words: Oral Lichen planus, clinical findings, Mucocutaneous disease.

P231

AN UNFORESEEN COMPLICATION FOLLOWING ORBITAL FLOOR RECONSTRUCTION WITH TEMPORALIS MYOFASCIAL FLAP: REPORT OF A CASE

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Abstract: Reconstruction of orbital floor is one of the important and challenging categories in oral and maxillofacial surgery field. Temporalis myofascial flap (TMF) can be used successfully in large defects. TMF provides thin and well-vascularised base and comfortable seat for rehabilitation of the globe structures. Here in the authors described a case of rhabdomyosarcoma in the left maxillary sinus that eroded orbital floor. Reconstruction of the orbital floor immediately done with temporalis flap concomitant with coronoid process after debulking of a pathologic lesion. After the operation a complication happened in which the patient complained of upward eye movement during mastication.

Key Words: Temporalis Myofascial Flap, Reconstruction

P232

NEW SUSPENSION TECHNIQUE FOR TREATMENT OF FACIAL PARALYSIS

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Facial paralysis offers to condition in which all or portion of the facial nerve are paralyzed and result in a lack of facial expression which is not only an esthetic issue but also influence patient communications.

Treatment of long-standing facial paralysis has challenged surgeons for many years, and obtain of the ultimate goal of esthetic and function has not achieve yet.

In this article We propose a simple alternative technique using the zygomatic arch as a stable point for suspension of the lifted facial tissue.

P233

MULTIPLE MYELOMA INVOLVING THE CONDYLE PROCESS OF MANDIBLE: REPORT OF A CASE

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Abstract: Multiple myeloma is a plasma cell dyscrasia in which sheets of proliferating plasma cells form bone tumors. Multiple myeloma represents about 43% of malignant tumors of bone. Most cases arise in individuals older than 60 years. Nearly seven cases of multiple myeloma reported in the literature in which there was a mandibular condyle lesion. All of these patients ranged from 41 to 70 years in age, which is typical for this disease. In some patients, additional bone lesions are found at the time of presentation, but in others no additional bone lesions are identified. Radiographically the lesions are typically well-defined radiolucencies that lack a sclerotic rim. The authors reported another case of condyle multiple myeloma in a young man that was 27 years old at the time of diagnosis. Multiple myeloma at this age has not been reported until now.

Key Words: Multiple myeloma, Condyle

P234

ROLE OF SEPTAL EXTENSION GRAFT IN CONTROLLING TIP PROJECTION

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Objectives: Obtaining and maintaining adequate tip projection has been a challenge in rhinoplasty, especially open approach, and different methods have been proposed to achieve this goal. One of these methods is septal extension graft, introduced by Byrd and colleagues, which can have magnificent effect in increasing and controlling tip projection.

Material and Method: In our study, tip projection of 30 patients who underwent open rhinoplasty by one surgeon and had bilateral septal extension graft for maintaining or increasing tip projection was evaluated 2 months and 1 year postoperatively. Follow-up assessments were carried out for 1 year.

Results: Nasal tip projection in all of the patients was found satisfactory 1 year postoperatively, with approximately 0.7 mm projection loss between 2 months and 1 year after the surgery.

Summary: Obtaining and maintaining adequate tip projection is a key factor in rhinoplasty. Bilateral septal extension graft as is indicated by this study can have dramatic effects in achieving this goal

P235

EVOLUTION EFFECT OF GLUCOSAMINE SULPHATE AND GELOFEN IN PATIENTS WITH TEMPOROMANDIBLAR DISORDER JOINTS SYMPTOM

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Abstract: Temporomandibular disorders are one of the most common disorder in orofacial area. This group of patients are a significant propotion of patients referred to the office. Therefore, a plan can be presented based on proper treatment with positive effects on healing with less side effects. The purpose of this study was to evaluate changes in symptom severity before and after glucose amine sulfate and gelofen in patients with temporomandibular joint disorders.

Methods and Material: In this clinical trial study 30 patients 20-40 years old with Temporomandibular disorders randomly were in one of two treatment groups, 1500 mg Glucosamine sulfate plus chonderotin sulphate and 400 mg gelofen. The amount of mouth opening , pain , mastication muscle tenderness and ... measured and compared before treatment with 1, 2 and 3 month after treatment.

Results: The results showed that the improvement of pain and mouth opening before and after taking the drug are significantly different between two treatment groups and in most intervals glucosamine sulfate in relieving symptoms of disease was more effective than gelofen.

Discussion: Glucosamine sulfate in the treatment of temporomandibular joint disorders has faster onset and lasting longer than gelofen. And the drug side effect of glucosamine sulphat is less than NSIDS.

Key words: Temporomandibular disorders - Glucosamine sulfate - gelofen.

P236

PINDBORG TUMOR REVIEW OF ARTICLES

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Abstract

The present profile of the calcifying epithelial odontogenic tumour (CEOT) is based on a literature survey of 210 (193 intraosseous & 17 extraosseous) published tumour cases. The CEOT is a benign, though occasional locally invasive, slow-growing neoplasm occurring as intraosseous (95%) and extraosseous (5%) variants. The intraosseous type appears radiographically as an irregular, uni- or multilocular radiolucent area containing radiopaque masses which increases in size and opacity with time. 52% of intraosseous CEOT are associated with an unerupted tooth (or odontoma). CEOT shows a relative frequency of 1-2% all of odontogenic tumor. The extraosseous variant is diagnosed slightly earlier (mean age 34 years) than the intraosseous type (mean age 39 years). Both variants have an almost 1:1 gender ratio. The intraosseous CEOT shows a maxilla:mandible site ratio of 1:3 and are mainly located in the premolar/molar region. The present authors present evidence that the CEOT originates from the complex system of dental laminae or remnants thereof. Histologically, the CEOT is characterized by the occurrence of sheets, nests and masses of polyhedral, eosinophilic epithelial cells which may show cellular abnormalities including giant cell formation and nuclear pleomorphism. Some cells increase in size and produce a homogeneous, eosinophilic, 'amyloid-like' substance which may become calcified and which may be liberated as the cells break down. The true nature of the amyloid-like material is still unresolved. clear-cell CEOT (17 cases reported so far).

Key Words: Calcifying Epithelial Odontogenic Tumour, CEOT, Pinborg Tumor

P237

MAXILLARY DISTRACTION OSTEOGENESIS AND AIRWAY

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Introduction: Maxillary deficiency is one of the most common dentofacial deformities. This problem can present in the three dimensions of space: (1) anteroposterior, (2) vertical, and (3) transverse. It also may be combined with other maxillary alterations. Distraction osteogenesis involves the regeneration of bone and surrounding soft tissues through gradual traction between 2 surgically separated fragments fixed to a mechanical device. There are a variety of indications for maxillary distraction; one of these indications is the compromised airway. The purpose of this study is to evaluate the effect of maxillary distraction on the airway by measuring the pre- and postoperative airway space in lateral cephalogram and to determine relapse in maxilla 6 months and 1 years postoperatively

Materials and Methods: In this presentation, pre- and postoperative demographic data of fourteen (14) patients treated at king abdullaziz university hospital , who underwent maxillary advancement by distraction osteogenesis, are evaluated by measuring the pre- and postoperative airway space, point A, ANB, anterior nasal spine (ANS), posterior nasal spine (PNS), upper incisor position and upper first molar position. Preoperative records ,6 months and 1years records were undertaken. Descriptive statistics were computed to document changes in airway parameter.

Conclusion: maxillary distraction osteogenesis improves the airway limitation in all fourteen patients and acceptable relapse occurs 1 years posyoperatively.

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**AUTOGENOUS BONE GRAFTING AND VERTICAL DISTRACTION
OSTEOGENESIS PRIOR TO DENTAL IMPLANT PLACEMENT:
A CASE REPORT**

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Abstract

Dental rehabilitation of partially or totally edentulous patients with dental implants has become popular in the last decades. However, vertical defect of the alveolar ridge may render the use of dental implants difficult or impossible owing to an insufficient bone volume. Various advanced surgery methods for alveolar ridge reconstruction exist, such as autogenous bone grafting, guided bone regeneration, use of alloplastic materials, and alveolar distraction osteogenesis. In this study, a 25-year-old female with dentinogenesis imperfecta who had vertically atrophied partially edentulous mandible requiring implant-supported prosthetic rehabilitation, is reported. In this case, autogenous bone grafting with guided bone regeneration and distraction osteogenesis methods prior to dental implant placement have been used. Histologic and histomorphometric analyses were performed to evaluate the bone formation. Primary and secondary stability of the implants was assessed by means of the Osstell's mentor device. In this study advantages and disadvantages of both techniques are discussed.

Key Words: Dentinogenesis imperfecta, autogenous bone grafts, distraction osteogenesis

P239

TREATMENT OF DIFFERENT ORAL LESIONS USING DIODE LASER: A CLINICAL STUDY

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Abstract

The relatively small size and lower cost of diode lasers have made them attractive to dental practitioners and oral surgeons for use in various indications. More recent reports have also mentioned the diode laser with wavelengths ranging from 810 to 980 nm in a continuous or pulsed mode as a possible instrument for soft tissue surgery in the oral cavity. Based on the photothermal effect of the diode lasers, lesions of the oral mucosa are removed with an excision technique or ablation/vaporization procedures. The major advantages mentioned in the literature for the use of diode lasers are minimal postoperative swelling and scarring, improved wound healing, and decreased postoperative pain. Additionally, diode lasers are reported to have some advantages over a scalpel in soft tissue surgery. Unlike the scalpel, the laser instantly disinfects the surgical wound, and due to its hemostatic effect affords largely bloodless surgery, allowing a noncontact type of operative procedure and therefore no mechanical trauma to the tissue. The most common complication after laser surgery mentioned in the literature is pain and discomfort. Four patients with different intraoral pathological lesions were treated using diode laser in the present pilot study. Oral tissues were treated without local anesthesia. The patients described the procedure as totally painless and all patients returned to their routine activities without delay. All wounds in the oral mucosa were left to open granulation and secondary epithelialization; therefore, no sutures were required. In all oral surgical procedures, no haemorrhage was observed either during treatment or during the healing period. The patients were comfortable with no pain, either intra-operatively or post-operatively. In conclusion, diode lasers can be used as alternative instruments for excisional biopsies of oral soft tissue lesions. Intra- and postoperative complications are rare, with mild pain being the only complication observed during our surgeries.

Keywords: Diode laser, oral lesions, complications

P240

CONSCIOUS INTRAVENOUS SEDATION IN DENTAL IMPLANT SURGERY

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Abstract

Aim: Preoperative anxiety is widespread and adversely affects a patient's physical and psychological outcome. Placement of dental implants is one of the most anxiety-provoking oral surgery procedures. Conscious intravenous sedation with local anesthesia is a safe alternative to general anesthesia for the control of intraoperative pain and anxiety in dental implant surgery. In this study we evaluated the effect of intravenous midazolam as a sedative for dental implant surgery in adult patient.

Materials and Methods: The study has performed at Department of Maxillofacial Surgery, Faculty of Dentistry of Ege University. Dental implants were placed in 20 patients under local anesthesia and intravenous midazolam (0.05 mg/kg) sedation. Patients were instructed to fast for 6 hours before surgery. Anxiety was evaluated using Corah's Dental Anxiety Scale and levels of surgeon and patient satisfaction were evaluated on an adapted scale. Pulse rate, oxygen saturation and Ramsey sedation score were all recorded during surgery.

Results and conclusion: We believe that reliable dental treatments can be provided through a multidisciplinary collaboration involving the anesthetist and the dentist, providing appropriate sedation methods and appropriate patients are chosen.

Keywords: Intravenous sedation, anxiety, dental implant

P241

TREATMENT MODALITIES OF ECTOPIC MANDIBULAR THIRD MOLARS WITH AGGRESSIVE ODONTOGENIC CYSTS

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Abstract

Ectopic mandibular third molars, however, are not usual. They are reported in the condylar area, in the ascending ramus of the mandible, or in the coronoid process. The pathologies associated with ectopic teeth may result in paresthesia, facial deformity, fractures and oral carcinomas.

Case 1: A 20-year-old woman was referred to our department for emergency evaluation of a buccal swelling in the area of the left mandibular ramus and molars (teeth 37 and ectopic 38). Intraoral examination revealed a fluctuant mass measuring 50 mm × 45 mm over the left mandibular ramus and corpus. Cystostomy for decompression and biopsy of the cystic lesion was decided after CT was taken. An informed consent was obtained and via an intra oral approach, the lesion was enucleated and sent for histopathologic examination. Healing was uneventful and the histopathological diagnosis came as an odontogenic keratocyst. The patient has been under review for 40 months with no signs of a recurrence.

Case 2: A 52 years old man was referred to our clinic from a secondary care hospital for his impacted lower right 3rd molar tooth and the associated pathology. The patient was complaining of right sided facial pain and several episodes of swelling over the area in the past 4 years. A panoramic radiograph revealed an impacted lower right 3rd molar and the associated radiolucant lesion in the ascending ramus. Examination revealed the swelling and the pus discharge in the right retromolar region that was treated with appropriate antibiotics. Patient was informed consent was obtained before removing the tooth and the associated cyst via an intraoral approach under local anaesthesia. The bone defect was grafted with deminarilised cancellous bone graft and a mini plate was placed over the external oblique ridge for supporting the mandible during the healing period.

Keywords: Ectopic teeth, impacted molars, aggressive odontogenic cysts

P242

EXTERNAL SINUS LIFTING APPLICATIONS USING PIEZOSURGERY: REPORT OF TWO CASES

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Abstract

Insufficient bone volume is a common problem encountered in the rehabilitation of the edentulous posterior maxillae with implant-supported prostheses. Bone volume is limited by the presence of the maxillary sinus together with loss of alveolar bone height. Sinus lift procedures increase bone volume by augmenting the sinus cavity with bone grafts and/or commercially available biomaterials. With regard to the surgical technique of maxillary sinus lifting, studies have shown a high rate of rupture of the sinus membrane during the maneuvers of divulsion, which could compromise the result of treatment. The main causes found for rupture of the sinus membrane are operative accidents, generally related to the learning curve and extreme fragility of the sinus membrane in some patients. Piezosurgery appears to be an extremely advanced and conservative tool when compared with the existent methods for the treatment of bone and soft tissues. In this context it considerably lessens the risk of sinus mucosa laceration by preparing the bony window in the external wall of the upper maxilla, and can be used to complete the lifting maneuver. In the presented study, piezosurgery instrument was used in advanced boosted mode with external irrigation to prepare the bony windows and lift the sinus membrane. There was no perforation of the sinus membrane, and the bony window was lifted with the membrane, conforming the new floor of the maxillary sinus. The resulting space was filled with a 50% mixture of crushed autologous bone harvested from the chin and xenograft, covering the entire surgical zone with a reabsorbable collagen membrane. In conclusion, the use of piezosurgery in application to hard tissues can be regarded as a slow technique compared with the conventional rotary instruments, since it requires special surgical skill and involves a certain learning curve.

Keywords: External sinus lifting, piezosurgery, bone grafts

P243

PARTIAL GLOSSECTOMY USING DIODE LASER IN A PATIENT WITH OPEN-BITE AND MACROGLOSSIA

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Abstract

Patients with skeletal open-bite characteristics usually have excessive eruption of posterior teeth accompanying their anterior open-bite. Intrusion of maxillary posterior teeth may therefore, have a dynamic effect on overall treatment by inducing counterclockwise rotation of the mandible. A combination of subapical corticotomy and orthodontic treatment supported with bone anchors may be an alternative method for skeletal open bite correction in adult patients who would like to consider a rather rapid treatment option. Additionally, macroglossia may occur in these patients. Macroglossia is the abnormal enlargement of the tongue. Symptoms and physical findings associated with macroglossia may include noisy, high-pitched breathing (stridor), snoring, and/or feeding difficulties. In some cases, the tongue may protrude from the mouth. Due to high recurrence risk of open-bite, partial glossectomy may also add this procedure. Partial glossectomy is the main treatment for macroglossia. The resection of the part of the tongue tissue, which is a very vascularised tissue, requires a good hemostasis. The main advantage of the diode laser is allowing a bloodless resection of soft tissue. The aim of this study was to examine the wound healing of soft tissue after the application of a diode laser in the patient with macroglossia. We resected the middle part of the tongue in one session after local anesthesia. The continuous and the pulsed mode were used. Intraoperative as well as postoperative clinical observations were examined. Diode laser procedure allowed a fine removal of the middle part of the tongue. Postoperative complications, such as bleeding, pain, swelling or other functional and sensory disturbances were not recorded. No scar tissue formation was observed. In conclusion, diode laser application makes it fast and easy to perform a partial glossectomy with no intra and postoperative clinical complications.

Keywords: Open-bite, partial glossectomy, diode laser

P244

SEVERE HEREDITARY GINGIVAL FIBROMATOSIS: A CASE REPORT

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Abstract

Hereditary gingival fibromatosis (HGF) is characterized by the slowly progressive fibrous enlargement of gingival tissue that causes aesthetic and functional problems. It is usually transmitted as an autosomal dominant trait and develops as an isolated disorder but can also be one feature of various syndromes. The present case report describes a Turkish family with individuals from three generations affected. Treatment consisted of surgical removal of the hyperplastic fibrous tissue in a series of gingivectomies for 54-year-old male patient who had generalized severe gingival overgrowth covering almost all maxillary and mandibular teeth. Because the risk of recurrence is high with this condition, poor oral hygiene and irregular follow-up can precipitate recurrence as seen in this case.

Keywords: Gingival enlargement; hereditary gingival fibromatosis; gingivectomy.

P245

AGE GROUP DIFFERENCES IN THE POSITION OF MANDIBULAR CANAL BUCCOLINGUALLY AMONG THE MALAYSIAN POPULATION USING CBCT

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Objectives. To determine the age group differences of the mandibular canal positions buccolingually in dentate Malaysians using the Cone Beam Computed Tomography (CBCT) and Simplant interactive software.

Methods. The subjects for this study included imaging of 60 patients (30 males and 30 females) from the Division of Oral radiology, with ages ranging from 20 to 60 years (mean age, 47 years). The measurements of the mandibular canal length were done in coronal view of the jaw at every 1cm interval beginning from the mental foramen backwards (D1-D5); the position of the mandibular canal was measured at five different locations.

Results. One way ANOVA test showed that there were no significant differences for the position of mandibular canal at D1 and D5 buccolingually amongst the age groups, while the significant differences for mandibular canal position varies at D2, D3, and D4. Amore statistical analysis showed that at D2 location, significant difference was observed between age group (21-30) and age group (31-40, 51-60) with P values (0.024, and 0.020) respectively. At D3, significant difference was noticed between age group (21-30) and age groups (31-40, 41-50, and 51-60) with P values 0.001, 0.007 and 0.007 respectively. Significant differences was noticed at D4 between age groups (31-40) and (51-60) at $p=0.002$.

Conclusion. Based on our findings, it was observed that there was no significant difference in the position of the canal at D1 and D5 position buccolingually, while there was a difference in the canal position buccolingually for D2, D3 and D4; therefore clinician should be aware of this variation in the Malaysian population.

Keywords: Cone Beam Computed Tomography (CBCT), Mandibular Canal, Inferior Alveolar Nerve (IAN), Simplant Software, Age groups

P246 ESTHETIC ZONE REHABILITATION PRIOR TO IMPLANT PLACEMENT

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Achieving an esthetic and functional implant supported restoration in the maxillary anterior segment can be challenging. Basic requirements for an optimal final restoration include having adequate volume of supporting alveolar osseous and soft tissues. Surgical reconstruction of lost alveolar structures has relied largely on bone grafts, used alone or in combination with a barrier membrane. During the initial phase of bone regeneration, primary closure is critical for success. The current challenge in bone grafting technique is vertical augmentation and autogenous bone grafting is the gold standard in reconstruction of the maxillofacial region. The sufficient amount of soft tissue is necessary for the of final restoration.

In the presented case report a 59 year old treatment of vertical and horizontal bone defect in esthetic zone with symphysis bone graft followed by implant supported prosthesis is described.

P247

SURGICAL PROCEDURES OF DENTOFACIAL DEFORMITIES WITH 3 CASE REPORTS

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Body

Anormalities in facial development causes an unpleasant facial appearance with a disturbance in both aesthetics as well as function. Dentofacial deformities can also induce severe psychological problems in the affected individuals so treatment of these cases are also necessary for the patient's psychological health.

Dentofacial deformities generally can be grouped into following categories; Mandibular prognathism and retrognathism, Maxillary excess and deficiency, Combination deformities and Facial asymmetry (Malik NA, Textbook of Oral and Maxillofacial Surgery, 2002).

In this study we aimed to show various surgical procedures in dentofacial deformities with 3 cases.

Keywords: Dentofacial Deformities, Surgical Procedures

P248

OSSIFYING FIBROMA OF THE MANDIBLE: A CASE REPORT

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Body

Fibro-osseous lesion are a group histologically similar lesions but with characteristic clinical and radiographic features. The definitive diagnosis of these lesions requires integration of clinical, radiological, histological, and gross surgical features. Ossifying fibroma is an encapsulated lesion that is often found in the mandible of middle-aged females. Radiographically, they appear as well-defined unilocular or multilocular intraosseous masses, commonly in the premolar/molar region of the mandible. The histopathology is composed of fibrous tissues with calcified structures resembling bone or cementum. Surgical enucleation or resection is the treatment of choice. They are insensitive to radiotherapy and recurrences are uncommon. The clinical, radiographical, and histopathological features of a ossifying fibroma, arising in left mandibula of 52 years-old female patient was presented in this case report.

Keywords: Ossifying fibroma, mandible

P249

THE EFFECT OF TRANEXAMIC ACID ON BLOOD LOSS

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Introduction: Orthognathic surgery is the main surgical treatment for correction of dentofacial deformities, which is accompanied with significant bleeding. Intra-operative blood loss in Orthognathic surgeries, sometimes requires blood transfusion. However, this procedure should be limited because of the concomitant side effects. The main objective of this study is to investigate the effect of tranexamic acid on blood loss.

Materials and Methods: 16 healthy patients scheduled for bimaxillary osteotomy were included in this double-blinded, randomized, controlled trial. 8 patients received a bolus of tranexamic acid (15 mg/kg) and 8 received normal saline before surgery. The amount of blood loss was recorded.

Results: The mean blood loss was 450+₋220 cc in cases and 830+₋360 cc in controls. The results showed a statistically significant reduction in blood loss in the case group (P value <0.05)

Conclusion: This study indicates that preoperative administration of Tranexamic acid reduces blood loss.

Keyword :Orthognathic surgery, blood loss, Tranexamic acid

P250

PREVALENCE OF TEMPOROMANDIBULAR DISORDERS AND ITS RELATED FACTORS

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Introduction: Since different factors are effective in high spreading of TMD this study was conducted to determine the prevalence of TMD and related factors.

Materials & Methods: This descriptive-analytical study was conducted on 261 Iranian patient's referred to the faculty of Dentistry of Azad University of Tehran. All samples were evaluated through three frameworks. The data were statistically analyzed by chi-square test.

Results: The average age of the samples was 34 ± 12.4 . Eighty nine samples were suffering from TMD. The prevalence of TMD was 34/1%. All related factors under the study (age-sex-parafuction habits-trauma-orthodontics-anxiety and depression) showed significant correlation with TMD ($P < 0.05$), while among TMD and occlusion (Angle classification), no significant correlation was observed.

Conclusion: The frequency of TMD was almost high. Among All related factors except for the occlusion, there was a significant relationship. Considering the recognized complications of this disease, it is recommended to study the etiology.

Keywords: Temporomandibular disorders, TMD Related factors, Prevalence.

P251

THE EFFECT OF COUNTER CLOCK ROTATION AND MANDIBULAR ADVANCEMENT ON THE PHARYNGEAL AIRWAY

Lujain BASS

Any surgery that alters and repositions the facial skeleton has a secondary influence on the soft tissues attached to these bones. Orthognathic surgery and Distraction Osteogenesis DO are used primarily but not exclusively to correct the bite and the facial profile in patients with dentofacial deformities, as they cause some changes in the pharyngeal airway's size and morphology.

As a matter of, there is several articles that discuss the effect of mandibular advancement on the airway and the resulting anatomic changes of its dimension, these changes are assessed using lateral cephalograms, computed tomography CT or magnetic resonance imaging MRI. In this retrospective cephalometric analysis, our aim was to study the pharyngeal airway changes and the hyoid bone position after mandibular advancement and counter clock rotation, a long with a long term follow up period. Data were obtained from the Oral and Maxillofacial Surgery OMFS service at King Abdulaziz University KAU in the period between 2003 and 2010.

P252

SURGICAL TREATMENT OF MAXILLARY OVER PROTRUSION

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Purpose: The aim of this presentation is to show segmental osteotomy with piezo-surgical treatment of 44 years old female patient with extreme maxillary protrusion.

Material and Method: According to the cephalometric analysis; the amount of the increased overjet was 21 mm and ANB angle was 9.5° . The patient has periodontal defects, muscular deficiency and inability to close the lip. According to cephalometric analysis the osteotomy was completed on the anterior segment of maxilla between 1. Premolar teeth and the interdental osteotomy was completed with piezo surgical method.

Result: Piezo-surgery is very effective for orthognatic surgery procedures because of its precision and ability to preserve soft tissues. The palatal soft tissue wasn't damaged because of the usage of piezo-surgical method. After surgery expected skeletal and dental relation was observed. Postoperative overjet is measured 13 mm and ANB angle is measured 10° .

Conclusion: Utilization of anterior segmental osteotomy with piezo -surgery in this case resulted good esthetic and functional outcomes.

Keywords: Piezo surgery, segmental Le Fort I osteotomy

P253

GARRÉ'S OSTEOMYELITIS: A CASE REPORT

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Garré's osteomyelitis (GO) is a type of osteomyelitis generally affects children and adolescents. Although the disease is well described in dental literature and is usually associated with an odontogenic infection resulting caries, a number of other causative factors have been occasionally reported, such as dental extraction or mild periodontitis. There have also been cases with unknown etiology. Radiographically GO is characterized by the presence of lamellae of newly formed periosteal bone outside the cortex, giving the characteristic appearance of "onion skin".

A 12 year-old female was referred to the Department of Oral and Maxillofacial Surgery, Istanbul University, Faculty of Dentistry with the complaints of extra oral swelling and discharge from cutaneous sinus in the lower left side of the face which had been present for 3 months. Intraoral examination revealed a deciduous molar and partially erupted second molar were present on the left side of the mandible. Although panoramic radiography showed no significant lesion, cortex destruction and periosteal proliferation which were characteristic in Garré's Osteomyelitis were revealed on the vestibular side of the left mandible, starting left second bicuspid to ramus by the cone-beam computed tomography. She was prescribed antibiotics and anti-inflammatory agents. After 6 months the swelling were eliminated, facial contour was normal and no evidence of recurrence.

P254

BISPHOSPHONATES RELATED OSTEONECROSIS OF THE JAW: BRONJ

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Introduction: Bisphosphonates are used in treatment of bone lesion of multiple myeloma, metastatic bone cancers, osteoporosis and Paget's disease. Although, there are many theories concerning the mechanisms of bisphosphonates, the main theory is that Bisphosphonates prevent bone remodeling and inhibit osteoclastic activity.

Case Report: This report presents a case of Bisphosphonates related osteomyelitis in the mandible of a 45 year old male with lung carcinoma. The major symptoms were severe pain on the left mandibular premolar region. Periapical and panoramic radiographs showed signs of osteonecrosis and osteomyelitis with the presence of sequestra along with an increase in bone sclerosis. The patient was placed on a regimen of combined oral antibiotics and referred to another clinic for hyperbaric oxygen therapy.

Discussion: Bisphosphonates related osteonecrosis of the jaw (BRONJ) has been observed in several oral medicine, maxillofacial and oncology departments around the world. There are many surgical medical and alternative treatment protocols, due to the investigations the most appropriate protocol includes sequestrectomy and debridement, in case of the infection medical therapy with antibiotics and antiseptic mouth rinses.

P255

EVALUATION OF HISTOPATHOLOGICAL CHANGES AFTER 10 WEEKS ZOLEDRONATE USAGE IN RATS

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Introduction: Osteonecrosis of the jaw is associated with aminobisphosphonate use in patients treated with intravenous doses for the prevention of bony metastases. A more complete understanding of the natural history of bisphosphonate-related osteonecrosis of the jaws (BRONJ), factors associated with risk, and its pathobiology has been limited by the availability of human material and the absence of clinical predictability.

Methods: Twelve weeks old Sprague-Dawley rats were used in the study which were consist of 10 rats. C; control group was injected with saline solution for 10 weeks and Z; zoledronate group was injected with zoledronate for 10 weeks. The zoledronate injection was performed as 0.1 mg/kg, 3 times in a week. Rats were sacrificed 2 days after the end of drug therapy, and the posterior and anterior mandible and femur of each rat were evaluated histopathologically.

Results: No specific inflammatory changes were observed in the mandible according to the zoledronate usage.

Conclusion: As animal bone physiology is extremely resistant to chemical and physical injury, establishment of a reliable animal model is difficult.

P256

CHANGES IN BONE VOLUME IN MAXILLARY SINUS FOLLOWING SINUS LIFT WITHOUT GRAFT MATERIAL BY DENTAL TOMOGRAPHY: CLINICAL REPORT

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Sinus floor elevation was developed to increase the needed vertical height to overcome insufficient bone level. In previous studies, it was shown that new bone formation had occurred in maxillary sinus after Scheniderian membrane elevation and integration of implants without bone graft material. The present study intended to respectively evaluate the bone gain and bone volume changes 12-18 months after the implant installation by dental computed tomography

Material-method: Six patients who needed maxillary sinus lift procedure for dental implant treatment participated in this study. Preoperative orthopantomographs and dental tomography were taken for every subject to observe the residual bone height. The sinus mucosal lining was elevated and the implants were placed and graft material was not used. Patients underwent postsurgical panoramic radiographs, and computed tomographic scan during the 12-18 month follow-up. No patients developed sinusitis or other complications leading to loss of an implant.

Conclusion: In 6 month follow up new bone gain around the implants that were in maxillary sinus was detected. In long term follow up bone volume was decreased according to the dental computed tomography measurement similar like as the graft height changes after maxillary sinus floor elevation with different grafting material in the literature. Since the present study has been done retrospectively, further studies with controlled group that sinus lift procedure with using graft material to compare the reduction should be done.

P257

COMPARISON OF ULTRASONOGRAPHY, CT AND ASPIRATION BIOPSY IN DIAGNOSIS OF SUBMANDIBULAR DISEASES

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Introduction: The submandibular gland is affected by a numerous disease that may be difficult to distinguish clinically. Ultrasonography (US) is a safe and accurate method for the evaluation of the symptomatic submandibular gland, providing valuable information to guide further imaging and therapy ; CT and aspiration biopsy for the diagnosis of tumor-like lesions. The aim of this study was: to confirm algorithm for diagnostic protocol of submandibular diseases and to determine the value of this diagnostic procedures comparing the results with the histological outcome.

Material And Methods: All 480 patients with clinically suspected diseases of submandibular glands were examined by US; CT was performed in 78 (16,3%) patients, and aspiration biopsy in 59 patients. The results were compared retrospectively with histologically (37%), cytologically (12%) and clinically proven diagnoses in (51%).

Results: A sialoadenitis was diagnosed by sonography at a sensitivity of 86%. A glandular tumor was correctly diagnosed by radiological procedures and had approximately the same sensitivity (sonography 88%, CT 92%), and with aspiration biopsy in 99% of cases. The results of US, CT and aspiration biopsy were compared with the histological outcome in 176 patients with a tumor-like lesion which underwent surgery.

Conclusion: Ultrasonography is the initial imaging method of choice for the evaluation of the symptomatic submandibular gland and submandibular sialolithiasis, followed by CT and aspiration biopsy for tumor-like lesions, providing information on nature and extent of submandibular pathology and acting as a guide for further imaging and therapy.

Keywords : US, CT, aspiration biopsy.

P258

NON-SYNDROM MULTIPLE SUPERNUMERARY TEETH: A CASE REPORT AND REVIEW OF LITERATURE

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Multiple supernumerary teeth are rare anomalies of the maxillofacial complex and often occur with some congenital syndromes. This article reports a case of non-syndromic multiple supernumerary teeth with some impacted in both jaws.

Keywords: Non-syndromic, multiple supernumerary teeth, impacted teeth

P259

**REPORT OF A RARE CASE OF A FOURTH MANDIBULAR MOLAR
DENTES SUPRANUMERÁRIOS: UM CASO RARO DE QUARTO
MOLAR MANDIBULAR**

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Objectives: To present a rare case of mandibular fourth molar.

Method: Brief review of the literature; presentation of the clinical data of the patient and images of the case.

Discussion: Supernumerary fourth molars are rare anomalies of the maxillofacial complex that are more common in the maxilla than in the mandible. This article reports a case of an impacted rudimentary type of supernumerary fourth molar in the mandibular arch.

Keywords: Supra numerary teeth., Fourth molar., Mandible

P260

TRANSMIGRATION OF IMPACTED CANINES: A REPORT OF FOUR CASES AND A REVIEW OF THE LITERATURE

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Introduction: Impacted canines are not uncommon in clinical practice, but intraosseous movement of impacted canines crossing the midline (transmigration) is considered as a rare phenomenon, especially with regard to the mandibular canine. The etiology of transmigration is not clear and early radiographic examination of the patient is of significant importance.

Aim: The purpose of this article is to report 4 cases of impacted canine transmigration and review the literature in order to highlight the importance of early detection by panoramic radiographic examination, which may avoid future complications.

Methods: Pretreatment computerized panoramic radiographs.

Results: Panoramic radiographic examination of four patients revealed that three patients presented with one impacted transmigrated canine, while the fourth patient with bilateral transmigrated canines. Of the first three transmigrated impacted teeth, the mandibular canine was involved in two instances and the maxillary canine in one instance. Of the three unilateral impacted transmigrated teeth, the left canines were involved. In two cases the transmigrated canine was associated with congenital missing of teeth.

Conclusion: Migration of the canine through the midline is infrequent and normally asymptomatic. The diagnosis of transmigrated canines is based on the absence of the corresponding permanent canine in the arch as well as on the radiographic findings in both intraoral and panoramic radiographs. Early examination aids in proper treatment planning.

Keywords : *Transmigrated canine, tooth migration, impacted canine*

P261

AMELOBLASTIC FIBRODENTINOMA: A CASE REPORT

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Ankara, Turkey Ameloblastic fibrodentinoma is a rare, benign odontogenic tumour, composed of neoplastic odontogenic epithelium and odontogenic mesenchyme with dentin or dentin-like tissues. Ameloblastic fibrodentinoma arises mainly in the posterior mandible (maxilla/mandible ratio 1:3) and usually in association with unerupted molar teeth of young adults, adolescents and children. This case report describes the treatment modalities and histopathological findings of an ameloblastic fibrodentinoma of the left mandible related with the unerupted tooth of a 16 year old girl.

Keywords: Ameloblastic fibrodentinoma associated with unerupted molar teeth benign odontogenic tumour histopathology

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