AÇBİD 2017

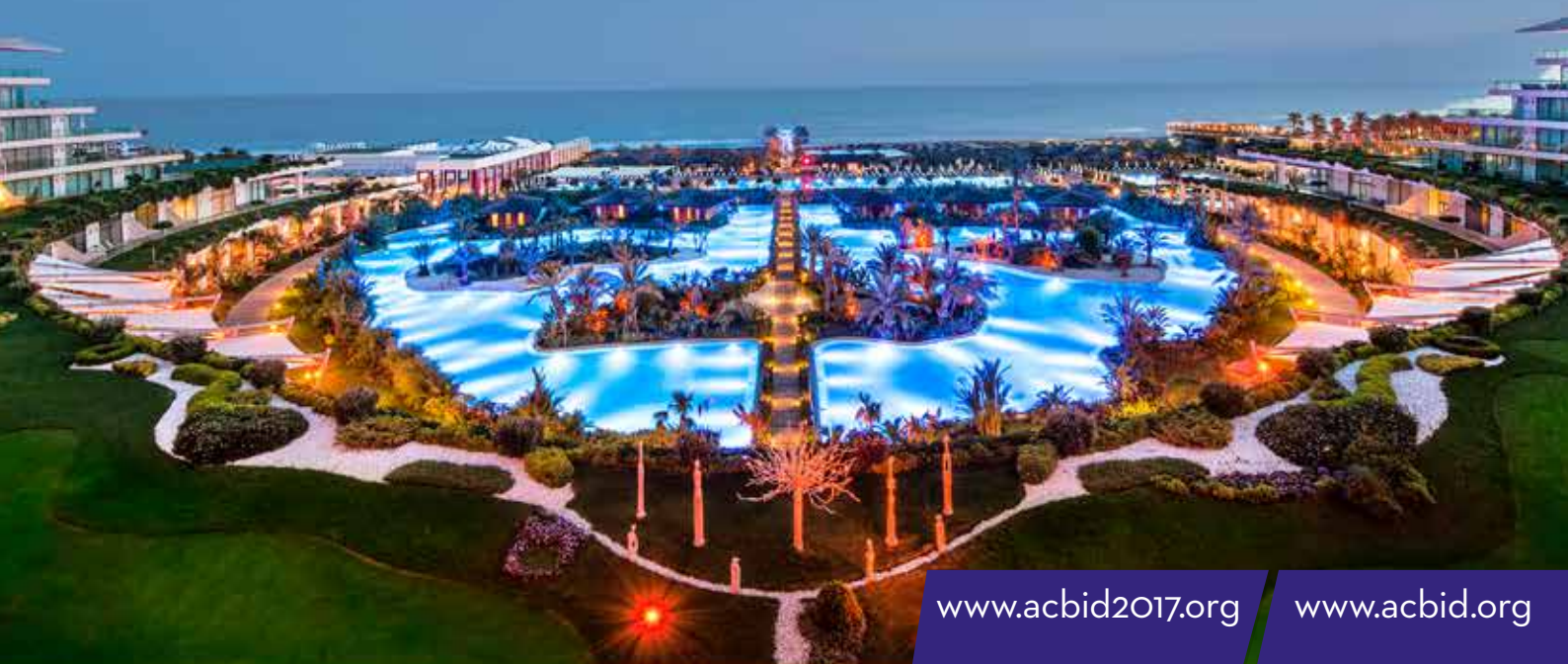
11th International Congress

19-23 April 2017

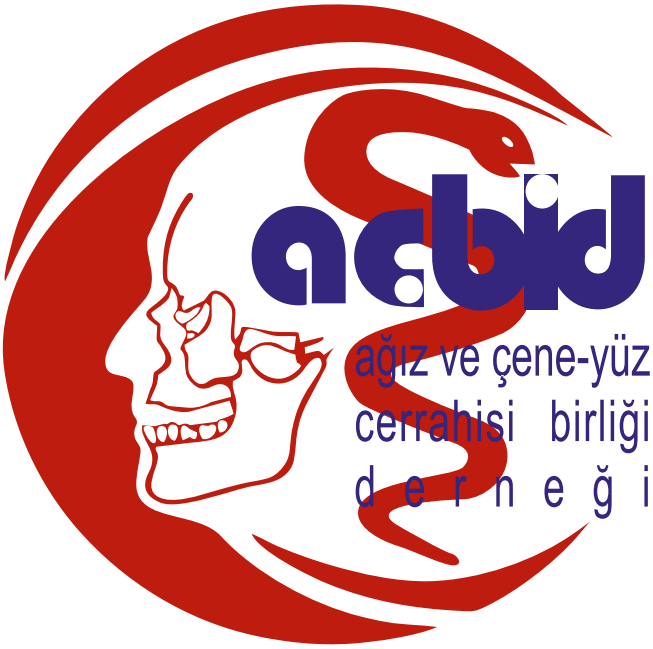
MAXX ROYAL GOLF RESORT HOTEL

Belek, Antalya - Turkey

ABSTRACT BOOK

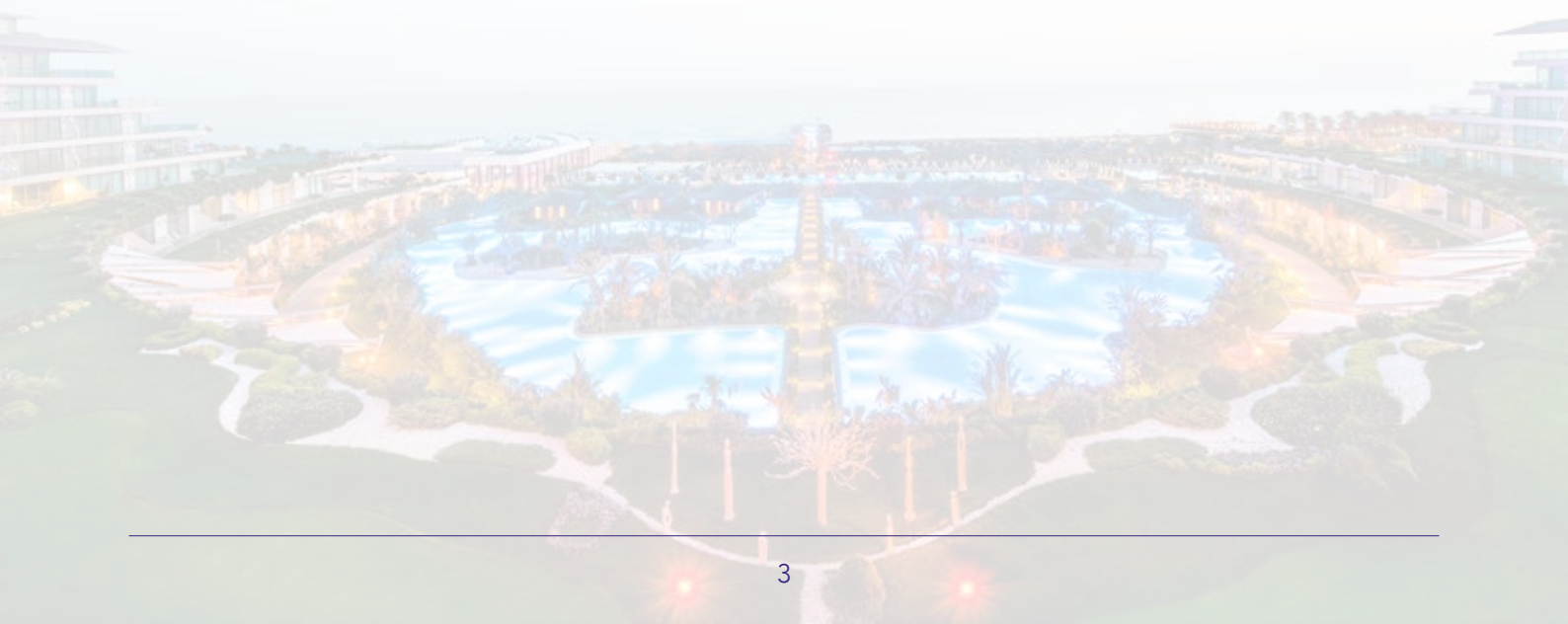


www.acbid2017.org www.acbid.org


acbid
ağız ve çene-yüz
cerrahisi birliği
d e r n e ğ i

CONTENTS

COMMITTEES	**4**
WELCOME MESSAGE	**6**
SCIENTIFIC PROGRAM	**6**
ORAL PRESENTATIONS	**7**
POSTER PRESENTATIONS	**69**



COMMITTEES

President of Congress
Hakkı Tanyeri

General Secretary of the Organisation Committee
Özgür Pektaş

Asistants of General Secretary of the Organisation Committee
Burak Bayram
Meltem Koray
Bora Özden

Organisation Committee
Serpil Altındoğan
Timuçin Baykul
Gühan Dergin
Sertan Ergun
Doruk Koçyiğit
Berkay Tolga Süer
Gökhan Yazlı

Scientific Committee
Ivan Alajbeg
Alper Alkan
Hanife Ataoğlu
Antonio Azul
Burak Bayram
Fatih Mehmet Coskunses
Ertunç Dayı
Doğan Dolanmaz
Zeynep Burçin Gönen
Rezzan Güner
Piet Haers
Velupillai Ilankovan
Reha Kişnişçi
Gülperi Şanlı Koçer
Ercüment Önder
Nedim Özer
Nabil Samman
Metin Şençimen
Umut Tekin
Hakan Tüz
Sina Uçkan
Hasan Yeler

COMMITTEES

Social Committee

Mehmet Emre Benlidayı
Emel Bulut
Ülkem Cilasun
Ezher Dayısoylu
Umut Demetoğlu
Nilay Er
Hasan Garip
Ümit Karaçaylı
Abdullah Özel
Alp Saruhanoğlu
Figen Şenel
Fatih Taşkesen
Mustafa Temiz
Ceyda Özçakır Tomruk

Technical Committee

Nazlı Altın
Ahmet Arslan
Fethi Atıl
Müge Çına
Ediz Deniz
Gühan Dergin
Gamze Şenol Güven
Kubilay Işık
Emrah Kaplan
Uğur Mercan
Ahmet Mihmanlı
Özkan Özgül
Lokman Onur Uyanık
Cem Üngör

Asistants Committee

Canay Yılmaz Asan
Nurettin Diker
Eren Meral
Duygu Ofluoğlu
Elif Özçelik

WELCOME

Dear Colleagues,

This year, the ACBID 11th International Congress will take place in Antalya on April 19-23, 2017.

Maxx Royal Hotel will be the venue of this year's event as one of the top quality hotels in Turkey.

In addition to its high scientific profile, the congress will again be combined with an enriched social comfort in supreme accommodation conditions.

We have confidence that all our colleagues will find the opportunity of expressing their opinions in relevant debate platforms of the congress.

As a tradition, renown local and international speakers have been invited to take part at different levels of the congress in a variety of fields ranging from orthognathic surgery to trauma, TMJ to cleft lip and palate, oral diseases to implant surgery.

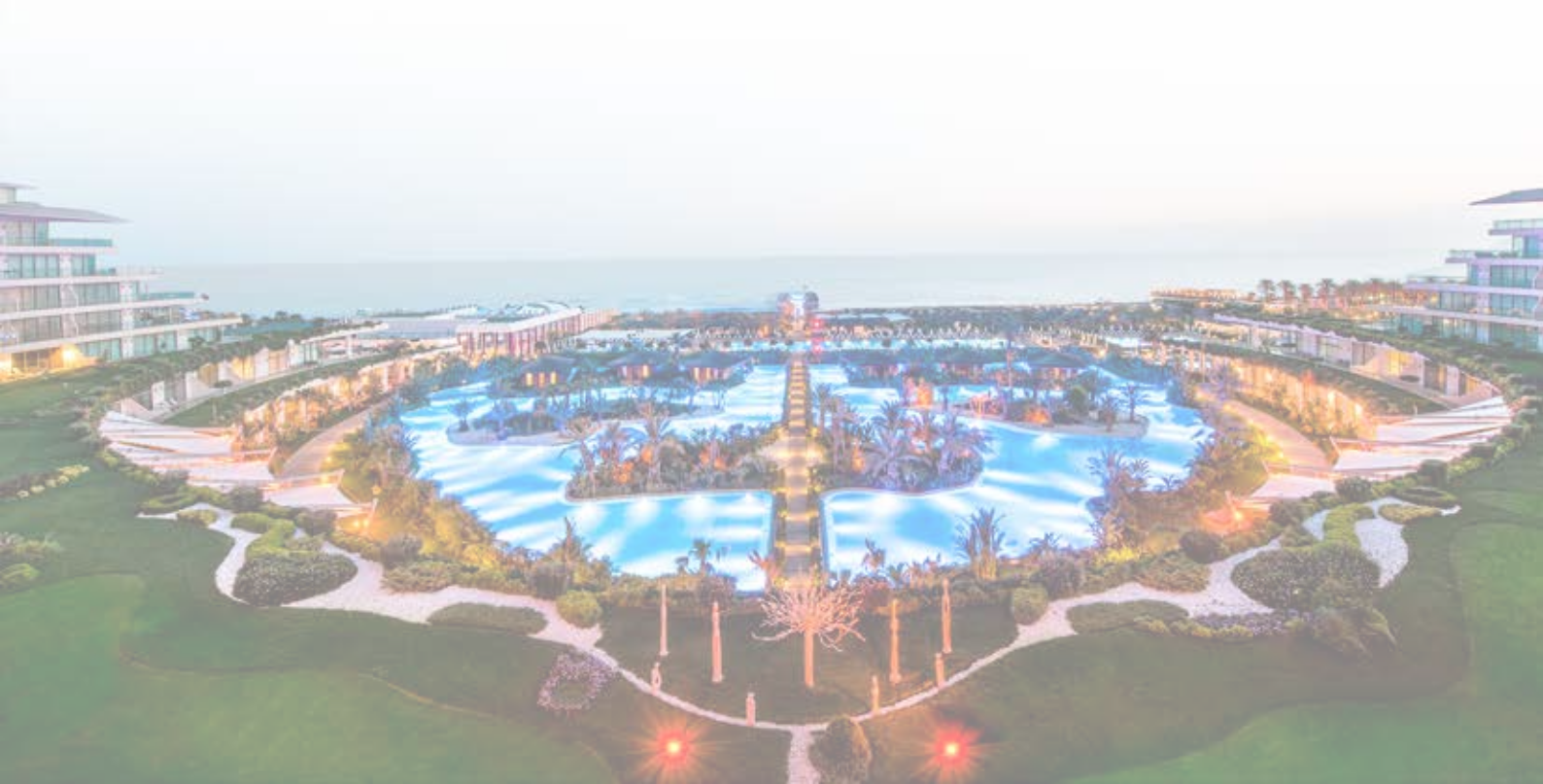
Distinguished Colleagues,

I have the privilege of inviting you to the next congress of the Oral and Maxillofacial Surgery Society, which will be joining science with hospitality.

With my best regards,

Hakkı TANYERİ, M.D., Prof.
President of the Executive Board of ACBID

SCIENTIFIC PROGRAM



Wednesday, 19th Apr 2017 — HALL A

08:00-18:00	REGISTRATION	
14:00-14:50	Pre-Conference Course: Facial Aesthetic Chairperson: Prof. Dr. Zafer Özgür Pektaş	
14:00-14:25	Face lift under local anaesthetic	Velupillai ILANKOVAN (UK)
14:25-14:50	Aesthetic procedures in oro-facial deformities	Velupillai ILANKOVAN (UK)
14:50-15:00	COFFEE & TEA BREAK	
15:00- 15:45	MINI COURSE 1 Chairperson: Prof. Dr. Zafer Özgür Pektaş	
	Botox	Velupillai ILANKOVAN (UK)
15:45-16:30	SATELLITE SYMPOSIUM	
	IMPLANCE Mandibular Nerve Transposition Technique	Mazen TAMIMI (Jordan)
18:00-19:00	OPENING CEREMONY	
19:00-20:00	OPENING COCKTAIL	-1 FLOOR

Thursday, 20th Apr 2017

08:30-17:00	POSTER PRESENTATIONS		
08:30-17:00	EXHIBITION		
08:30-09:30	**ORAL ABSTRACT SESSION 1** **HALL A** **Chairpersons: Ümit KARAÇAYLI, Alp SARUHANOĞLU**	**ORAL ABSTRACT SESSION 2** **HALL B** **Chairpersons: Kıvanç BEKTAŞ KAYHAN, Ediz DENİZ**	**ORAL ABSTRACT SESSION 3** **HALL C** **Chairpersons: Bora ÖZDEN, Burcu BAŞ**
08:30-08:40	**OP-01** **Treatment of dental-facial abnormalities in patients with craniofacial deformities.** Chingiz Rahimov, Gunel Hajiyeva, Zaur Novruzov, Ismayil Farzaliyev	**OP-07** **A survey for Dentofacial deformity awareness. What if the patients informed of SF approach?** Çağrı R. Gençer, Gamze Şenol, Abdullah Özel	**OP-12** **Glandular Odontogenic Cyst (GOC): Clinicopathological Presentation** Gökhan Gürler, Humam Alghamian, Nihan Aksakallı, Çağrı Delilbaşı
08:40-08:50	**OP-02** **Improvement of efficiency of reconstructive surgery in dentofacial abnormalities by application of modern computer technologies.** Chingiz Rahimov, Ismayil Farzaliyev	**OP-08** **The Reliability of Upper Lip Bite Test in Skeletal Class III Patients** Berat Serdar Akdeniz, Sıdıka Sinem Akdeniz, Burak Bayram	**OP-13** **Management Of Uncontrolled Diabetes Mellitus Related Osteomyelitis Of The Jaw: A Case Report** Ahmet Emin Demirbaş, Yusuf Nuri Kaba, Erdem Kılıç, Fatma Doğruel, Alper Alkan
08:50-09:00	**OP-03** **Orthognathic Surgery in Patients over 30 years of Age** İpek Necla Güldiken Kaçar, Tuba Develi, Emrah Dilaver, Sina Uçkan	**OP-09** **Thermographic evaluation of occlusal splint and low level laser therapy ın myofascial pain syndrome** Taygun Altındiş, Metin Güngörmüş	**OP-14** **Investigation Of Patient's CBCT Have Intraosseous Lesions: A Retrospective Study** Kemal Özgür Demiralp, Seval Bayrak, Nihat Akbulut, Ahmet Altan, Şebnem Kurşun Çakmak, Tolgahan Kara
09:00-09:10	**OP-04** **Correction of Hemimandibular Elongation with High Level Condylar Ostectomy and Bimaxillary Osteotomy** Tayfun Civak, Nasuh Kolsuz, Serhat Can, Altan Varol	**OP-10** **Therapeutic Use of Melatonin and 5-Methoxytrytophol Lead Down Regulation of COX-2, Raf-1 and STAT3 in Zymosan Induced TMJ Rheumatoid Arthritis** Lokman Onur Uyanık, Gökçe Savtekin, Ahmet Özer Şehirli	**OP-15** **Pleomorphic adenoma of minor salivary glands: Diagnosis and treatment modalities** Chingiz Rahimov, Ismayil Farzaliyev, Vugar Gurbanov
09:10-09:20	**OP-05** **Bilateral Total Alloplastic Temporomandibular Joint Reconstruction and Orthognathic Surgery for Correction of a "Bird Face" Deformity** Elif M. Ozcan, Kahlan Alanesi, Baris Aydil, Altan Varol	**OP-11** **Botulinum Toxin Long Term Effects in Myofascial Pain Syndrome** Tuba Develi, Tansu Uzel, Sina Uckan	**OP-16** **The Effect of Chronic Dental Inflammation on Development of Stage 0 Bisphosphonate-related Osteonecrosis of the Jaw** Göknur Topaloğlu, Osman Taha Köseoğlu, Çiğdem Karaca, Kemal Kösemehmetoğlu
09:20-09:30	**OP-06** **Orthognathic Surgery for Mentally Retarded Patients** Nasuh Kolsuz, Tayfun Civak, Serhat Can, Altan Varol		**OP-17** **Treatment principles of hemangiomas maxillofacial zone (case reports)** Yunus Yusubov, Sahib Bilalzade, Oktay Mehtiyev, Jahid Mammedov, Tural Mammedov, Vugar Gurbanov
09:30-10:00	COFFEE & TEA BREAK		

Thursday, 20th Apr 2017 — HALL A

10:00-12:00	**PLENNARY SESSION 1 – PATHOLOGY, TMJ** Chairpersons: Prof. Dr. Hakkı TANYERİ, Prof. Dr. Reha KİŞNİŞÇİ, Prof. Dr. Behçet EROL	
10:00-10:25	Update on Condylar Resorption	Piet HAERS (UK)
10:30-10:55	Burning Mouth Syndrome	Ivan ALAJBEG (Croatia)
11:00-11:25	Interactive Analysis of Interesting Cases with Radiological Approach	Kaan ORHAN (Turkey)
11:30-11:55	Oral care in oral, head & neck cancer patients	Ivan ALAJBEG (Croatia)
12:00-13:30	LUNCH	
12:30-13:30	**MASTERCLASS 1**	
	Clues at Your Fingertips: 1-Day Ultrasound Handson Course	Kaan ORHAN (Turkey)
13:30-14:55	**PLENNARY SESSION 2 – CLEFT** Chairpersons: Prof. Dr. Sina UÇKAN, Prof. Dr. Hakan TÜZ	
13:30-13:55	3D Tools in Cleft and Craniofacial Surgery	Stefaan BERGE (Netherlands)
14:00-14:25	3D assessment of orthognathic outcomes in cleft patients	Piet HAERS (UK)
14:30-14:55	Cleft Rhinoplasty	Velupillai ILANKOVAN (UK)
14:55-15:20	COFFEE & TEA BREAK	
15:20-17:30	**CLINICOPATHOLOGY CONFERENCE (CPC)** Moderators: Doç. Dr. Meltem KORAY, Doç. Dr. Sertan ERGUN	

15:20-17:30	The Contributor	The Discussant
	Antonio AZUL (Portugal)	Ediz DENİZ (Turkey)
	Ülkem CİLASUN (Turkey)	Ahmet ARSLAN (Turkey)
	Altan VAROL (Turkey)	Ümit KARAÇAYLI (Turkey)
	Hakkı TANYERİ (Turkey)	Ivan ALAJBEG (Croatia)

Friday, 21st Apr 2017

08:30-17:00	POSTER PRESENTATIONS		
08:30-17:00	EXHIBITION		
08:30-09:30	**ORAL ABSTRACT SESSION 4** **HALL A** **Chairpersons: Ülkem CİLASUN, Ceyda ÖZÇAKIR TOMRUK**	**ORAL ABSTRACT SESSION 5** **HALL B** **Chairpersons: Fethi ATIL, Mehmet Fatih COŞKUNSES**	**ORAL ABSTRACT SESSION 3** **HALL C** **Chairpersons:Bahadır KAN, Berkay Tolga SÜER**
08:30-08:40	**OP-18** **Is the Modified Blair Approach A Reliable Option for the Surgical Treatment of Subcondylar Fractures?** Yusuf Tamer, Zafer Özgür Pektaş	**OP-24** **Does Third Molar Surgery Alter Cardiac Parameters? A Retrospective Study** Alper Sindel, Mehmet Ali Altay, Nelli Yıldırımyan, Öznur Özalp	**OP-30** **Comparative Examination Of Recombinant Human Hyaluronidase's (rHuPH20) Effect On Post Traumatic Edema With Dexamethasone** Onur Koç, Nuray Er
08:40-08:50	**OP-19** **Reconstruction Of The Temporomandibular Joint Fracture By Costochondral Graft** Nazife Begüm Karan, Çiğdem Köşe	**OP-25** **Our Anaesthetic Approach To A Case With DiGeorge Syndrome** Ayşe Hande Arpacı	**OP-31** **Osteomyelitis of the Jaw Bone Following Oral Surgeries: A Case Series** Pelin Aydın, Sıdıka Sinem Akdeniz, Burak Bayram, Kenan Araz
08:50-09:00	**OP-20** **Comparison of Biomechanical Properties of Two Miniplates Used for Mandibular Condyle Fracture on Synthetic Polyurethane Mandible Models and Evaluation with Finite Element Analysis** Nasuh Kolsuz, Altan Varol	**OP-26** **Comparison of the postoperative pain relief and clinical local anesthetic efficiency of levobupivacaine and articaine for impacted lower third molar removal** Burak Ergüder, Ümit Karaçaylı	**OP-32** **Modified Connective Tissue Flap Approach in Oroantral Fistula Closure: Clinical Study** Serhat Can, Gühan Dergin
09:00-09:10	**OP-21** **Treatment of condylar fractures in children.** Chingiz Rahimov, Elnur Abdullayev, Ismayil Farzaliyev	**OP-27** **Evaluation Of The Emergency Agitation Incidence In Children Who Underwent Deep Sedation For Tooth Extraction** Ayşe Hande Arpacı, Berrin Işık	**OP-33** **Effects Of Platelet Rich Fibrin On Sciatic Nerve Regeneration: A Histomorphometric Study** Burak Bayram, Nurettin Diker, Sıdıka Sinem Akdeniz, Fatma Helvacıoglu, Remzi Erdem
09:10-09:20	**OP-22** **Custom made orbital mesh plates in orbital floor reconstruction.** Chingiz Rahimov, Siraj Ahmedov, Ismayil Farzaliyev	**OP-28** **Patients' Preferance and Perceptions of Oral and Maxillofacial Surgeons at Faculty of Dentistry** İpek Necla Güldiken Kaçar, Gökhan Gürler, Barış Çağrı Delilbaşı	**OP-34** **The Effect of Salivary Gland-derived Stem Cells on Diabetic Healing: Preliminary Report** Sertaç Aktop, Elif Merve Özcan, Deniz Genç, Burcu Çevreli, Emel Serdaroğlu Kaşıkçı, Nil Çomunoğlu Üstündağ, Noushin Zibandeh, Gökhan Göçmen, Hakan Karagözoğlu, Mehmet Kamil Göker, İsmail Tayfun Uzbay, Tunç Akkoç
09:20-09:30	**OP-23** **Mandibular Reconstruction for War Victim Patient** Tuğçe Göktürk, Murat Akkocaoğlu,	**OP-29** **The Evaluation of Medical Emergencies at Kocaeli University Faculty of Dentistry** Hatice Hoşgör, Mehmet Fatih Coşkunses, Bahadır Kan, Ülkem Cilasun	**OP-35** **A novel approach for differentiating acute from chronic rhinosinusitis: MDCT assessment of sinus air density.** Mustafa Fatih Erkoç, Bilge Öztoprak, Mansur Doğan
09:30-10:00	COFFEE & TEA BREAK		

Friday, 21st Apr 2017 — HALL A

10:00-12:00	**PLENNARY SESSION 3 – RECONSTRUCTION, TRAUMA** Chairpersons: Prof. Dr. Selçuk BASA, Prof. Dr. Nabil SAMMAN, Prof. Dr. Piet HAERS	
10:00-10:25	CAD-CAM Assited Reconstruction of the Maxillofacial Bone Defects: Immediate and Long Term Results	Andrey KOPCHAK (Ukraine)
10:30-10:55	Application of a Computer-Assisted Surgical Navigation in Craniomaxillofacial Reconstructive Surgery	Chingiz RAHIMOV (Azerbaijan)
11:00-11:25	Treatment of Angle and Lateral Body Fractures	Timuçin BAYKUL (Turkey)
11:30-11:55	Conflicts in Maxillofacial Hard Tissue Injuries and Reconstruction	Sina UÇKAN (Turkey)
12:00-13:50	LUNCH	
12:30-13:30	**MINI COURSE 2 - HALL B** Virtual 3D reconstruction, diagnosis and surgical planning with Mimics software	Chingiz RAHIMOV (Azerbaijan)
14:00-14:25	**PLENNARY SESSION 4 – DENTOALVEOLAR** Chairpersons: Prof. Dr. Nedim ÖZER, Prof. Dr. Andrey KOPCHAK, Prof. Dr. Hanife ATAOĞLU	
14:00-14:25	Third Molar Surgery: risk factors and management of nerve injury	Nabil SAMMAN (Hong Kong)
14:25-14:40	COFFEE & TEA BREAK	
14:40-15:40	**MİNİ COURSE 3** Minimally invasive management of TMD	Reha KİŞNİŞÇİ (Turkey)
16:00-17:00	**AWARD WINNING RESIDENCY EXAM** Moderators: Prof. Dr. Hakan TÜZ, Doç. Dr. Bahadır KAN, Doç. Dr. Fatih Mehmet COŞKUNSES	

Saturday, 22nd Apr 2017

08:30-17:00	POSTER PRESENTATIONS		
08:30-17:00	EXHIBITION		
08:30-09:30	**ORAL ABSTRACT SESSION 4 HALL A Chairpersons: Ivan ALAJBEG, Burak ERGÜDER**	**ORAL ABSTRACT SESSION 5 HALL B Chairpersons: Emel BULUT, Ebru Deniz KARSLI**	**ORAL ABSTRACT SESSION 6 HALL C Chairpersons: Burak BAYRAM, Ahmet Ferhat MISIR**
08:30-08:40	**OP-36** **The relationship between sinus lateral wall thickness and periodontal bone loss** Tuba Talo Yıldırım, Güliz Nigar Güncü, Mehmet Çolak, Tolga Fikret Tözüm	**OP-42** **Efficacy Of Nd: Yag Laser Biostimulation In The Treatment Of Inferior Alveolar Nerve Injury After Implant Surgery** Ferhat Ayrancı, Efe Can Sivrikaya, Mehmet Melih Ömezli, Emrah Polat, Burak Cezairli	**OP-48** **Is it necessary to alter anticoagulation therapy for tooth extraction in patients taking direct oral anticoagulants?** Hüseyin Can Tükel, Mehmet Çalışkan, Mehmet Emre Benlidayı, Ali Deniz
08:40-08:50	**OP-37** **Comparison of Patient-Specific Root Analogue Zirconia and Titanium Immediate Dental Implants: Preliminary Results** Emine Fulya Akkoyun, Ahmet Emin Demirbaş, Hasan Önder Gümüş, Arzu Alkan, Alper Alkan	**OP-43** **Alveolar Ridge Augmentation with Titanium Mesh versus Autogenous Onlay Bone Graft: Evaluation of Post-Operative Complications** Nurettin Diker, Nur Altıparmak, Sıdıka Sinem Akdeniz, Burak Bayram, İbrahim Sina Uçkan	**OP-49** **Evaluation of Complications Following Impacted Mandibular Third Molar Extraction in Patients with Different Hand Preference** Utkan Kamil Akyol
08:50-09:00	**OP-38** **A comprehensive analysis of the iliac crest donor site in terms of bone graft volume that can be harvested** Adnan Kılınç, İsmail Hakkı Korkmaz, İrfan Kaymaz, Zekiye Kılınç, Ertunç Dayı, Abdulmecit Kantarcı	**OP-44** **Histomorphometrically Comparison of Conventional Grafting and Mineralized Plasmatic Matriks in Maxillary Sinus Augmentation.** Hatice Özlem İrdem, Nejat Ünlükal, Seda Atay, Ender Erdoğan, Doğan Dolanmaz	**OP-50** **Alteration of Preoperative Anxiety Levels in Oral Surgery** Akif Türer, Sant Altunkara, Özge Faydalı, Çiğdem Coşkun Türer
09:00-09:10	**OP-39** **The Effects of Irrigation Volume to the Heat Generation During Implant Surgery** Alper Sindel, Ömür Dereci, Mükerrem Hatipoğlu, Mehmet Ali Altay, Öznur Özalp, Adnan Öztürk	**OP-45** **Resistance of Allogenic and Autogenous Bone-rings to the Loading Forces After Implantation** Berkan Altay, İsmail Doruk Koçyiğit, Mustafa Ercüment Önder, Umut Tekin, Fethi Atıl, Özkan Özgül, Seda Yılmaz	**OP-51** **Bisphosphonate-Related Osteonecrosis and Fracture of Mandible, Healing After Teriparatide Injection** Bilal Cemşid Sarı, Abdullah Özel
09:10-09:20	**OP-40** **The role of endodontic risk factors in early implant failure** Selen Nihal Sisli, Zafer Özgür Pektaş	**OP-46** **Assessment Of The Effect Of Implant Treatment On Quality Of Life** Burak İrfan İçten, Ahmet Ferhat Mısır	**OP-52** **The ultrastructural features of re-epithealization process of surgical wounds on oral mucosa and facial skin** Chingiz Rahimov, Ismayil Farzaliyev, Tamraz Guliyev
09:20-09:30	**OP-41** **Finite Element Analysis of Biomechanical Alterations of Dental Implants with Peri-Implantitis** Salih Eren Meral, Hakan Hıfzı Tüz	**OP-47** **Reimplantation: Case Series** Demet Şahin	**OP-53** **Comparison of piezoelectric technique and rotary handpiece technique in impacted third molar surgery** Dilek Menziletoğlu, Funda Baştürk,
09:30-10:00	COFFEE & TEA BREAK		

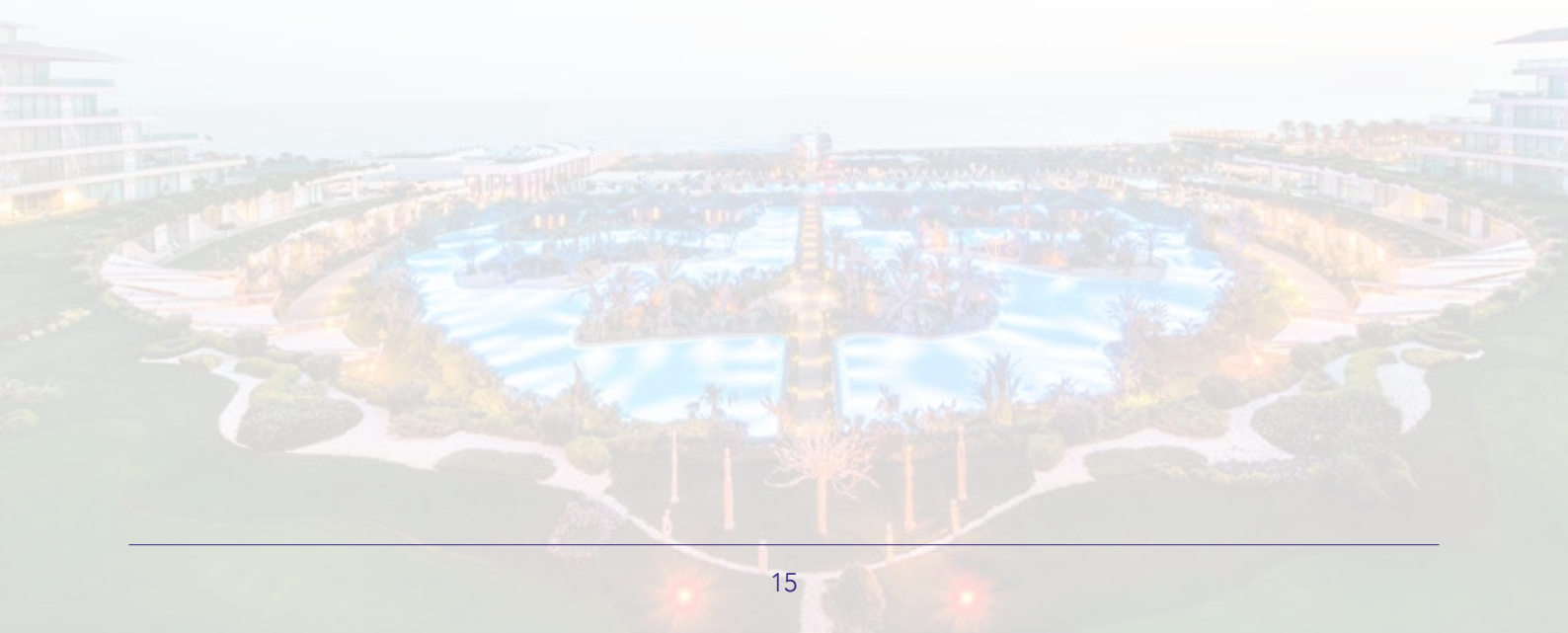
Saturday, 22nd Apr 2017 — HALL A

10:00-12:00	**PLENNARY SESSION 5 - IMPLANTOLOGY** Chairpersons: Prof. Dr. Chingiz RAHIMOV, Prof. Dr. Hasan YELER, Prof. Dr. Timuçin BAYKUL	
10:00-10:25	Impact of dental implant surface modifications on osseointegration	Sertan ERGUN (Turkey)
10:30-10:55	Why Some Dental Implants Work and Others Don't	Ceyda ÖZÇAKIR TOMRUK (Turkey)
11:00-11:25	How to chose the implant macrodesign according to the type of surgery	Antonio AZUL (Portugal)
11:30-11:55	Facing the New Aesthetic Requests of The Patients: The Minimally Invasive Implant Surgery	Artem DUBNOV (Ukraine)
12:00-13:30	LUNCH	
13:30-14:25	**PLENNARY SESSION 6 - ORTHOGNATIC** Chairpersons: Prof. Dr. Velupillai ILANKOVAN, Prof. Dr. Alper ALKAN, Prof. Dr. Altan VAROL	
13:30-13:55	Upper Incisor position-A new tool for diagnosis and treatment planning	Tamer BÜYÜKYILMAZ (Turkey)
14:00-14:25	Le Fort I : Challenges and Considerations	Reha KİŞNİŞÇİ (Turkey)
14:25-14:45	COFFEE & TEA BREAK	
14:45- 15:45	**MASTERCLASS 2** Chairpersons: Prof. Dr. Doğan DOLANMAZ, Prof. Dr. Zafer Özgür PEKTAŞ Surgical Planning of Orthognathic Surgery	Tamer BÜYÜKYILMAZ (Turkey)
15:45-16:45	**MASTERCLASS 3** Ortognatik cerrahinin püf noktaları	Alper ALKAN (Turkey)
20:00	GALA DINNER	

Sunday, 23rd Apr 2017

12:00	CHECK OUT

ORAL PRESENTATIONS



OP-01
TREATMENT OF DENTAL-FACIAL ABNORMALITIES IN PATIENTS WITH CRANIOFACIAL DEFORMITIES

Chingiz Rahimov[1], Gunel Hajiyeva[1], Zaur Novruzov[2], Ismayil Farzaliyev[1]

[1]Department of Oral and Maxillofacial surgery, Azerbaijan Medical University, Baku, Azerbaijan
[2]Department of Pediatric Dentisrty, Azerbaijan Medical University, Baku, Azerbaijan

INTRODUCTION: Congenital cranial deformities frequently involves facial structures and dental occlusion as well. Appropriate management of dento-facial deformities related with cranio-facial abnormalities requires especial approach from diagnosis and treatment point of view. The application of quite reasonable 2D cephalometry in dento-facial abnormalities is not always effective in case of craniofacial deformities. Current progress of computer technologies allows us to create 3D models of craniofacial abnormalities and determine new navigation guidance to improve outcomes of reconstructive procedures and follow orthodontic treatment. The aim of this study is to identify the informative benchmarks on the 3D cephalometry and their application in preplanning of both surgical procedures and orthodontic setup in treatment of congenital craniofacial deformities.

MATERIALS AND METHODS: Treatment outcomes of two patients with diagnosis of Crousone syndrome and one with frontonasal dysplasia have been analyzed. Virtual preplanning of treatment was based on data collected from CT examination by the means of Materialise Mimic Research software (Materialise, Belgium). In all cases, the method of 3D cephalometry was used as the determining. All virtual data was carefully documented and used during surgical procedure. The postoperative results were assessed clinically and radiologically.

RESULTS: In all cases, no significant postoperative complications were noted. Reasonably functional and aesthetic results were achieved. Orthodontic setup was applied directly after surgery with no additional major surgical interventions.

CONCLUSIONS: The application of virtual planning with 3D cephalometry can significantly improve functional and aesthetic results, as well as decrease total time of patient's rehabilitation.

OP-02
IMPROVEMENT OF EFFICIENCY OF RECONSTRUCTIVE SURGERY IN DENTOFACIAL ABNORMALITIES BY APPLICATION OF MODERN COMPUTER TECHNOLOGIES

Chingiz Rahimov, Ismayil Farzaliyev

Department of Oral and Maxilofacial surgery, Azerbaijan Medical University, Baku, Azerbaijan

INTRODUCTION: Acquired and congenital dentofacial abnormalities are the most trending problem of reconstructive surgery. Efficiency of performing reconstructive surgery in these cases is depending on clear preoperative preparation: planning, preoperative orthodontic preparation, surgical team and technical equipment. Introduced by Obwegeiser fundaments of orthognatic surgery allows managing these patients including functional and esthetic aspects of pathology. However, increasing demands on esthetic requirements are determining new criteria to performing procedures. Modern computer technologies allow determining postoperative result prior to surgery and applying correction ifnecessary. The aim of current study is to demonstrate efficiency of application computer software in preoperative planning of surgical reconstruction to the patients with dentofacial abnormalities.

MATERIALS AND METHODS: Within current study, patients with acquired and congenital abnormalities were included. Additional to the clinical evaluation- CT scan followed by virtual planning by the means of Materialise Mimics Research (Belgium) have been done. Different types of virtual functions were used in order to preplan the surgical procedure. The accumulated virtual data was well-documented and used as guidance during the surgery.

RESULTS: Postoperative radiology shows concurrency of effects of surgery with virtual preoperative data. No significant complications occurred, while postoperative outcomes were reasonable from esthetic and functional point of view.

CONCLUSIONS: Application of virtual planning and correct usage as guidance during the surgery could significantly improve functional and esthetic outcomes of craniofacial reconstructive procedures in the treatment of different craniofacial deformities.

OP-03
ORTHOGNATHIC SURGERY IN PATIENTS OVER 30 YEARS OF AGE

İpek Necla Güldiken Kaçar, Tuba Develi, Emrah Dilaver, Sina Uçkan

Istanbul Medipol University, Department of Oral and Maxillofacial Surgery, Istanbul, Turkey

OBJECTIVE: This study aimed to evaluate the differences between two age groups according to postoperaitve patients satisfaction, rate of surgery-first approach, number of visits and amount of complications.

METHODS: This study was carried out with 34 patients who had undergone ortognathic surgery by using orthodonty-first or surgery-first aproaches for correction of dentofacial deformities at Istanbul Medipol University, Department of Oral and Maxillofacial Surgery between 2013-2016. Number of postoperative visits, lenght of hospital stay, rates of postoperative complications, patient satisfaction and amount of surgery-first preference in over 30 years and under 25 years of age were evaluated.

RESULTS: Lenght of hospital stay, number of postoperative visits, complication rate and patient satisfaction were not significantly different between the groups ($p>0.005$). The most remarkable result of this study was significantly higher rates of the preference of surgery-first aproach in patients over 30 years old ($p<0.005$).

CONCLUSION: Orthognathic surgery in older ages is a reliable treatment modality, even by using surgery-first approach.

OP-04
CORRECTION OF HEMIMANDIBULAR ELONGATION WITH HIGH LEVEL CONDYLAR OSTECTOMY AND BIMAXILLARY OSTEOTOMY

Tayfun Cıvak, Nasuh Kolsuz, Serhat Can, Altan Varol

Department of Oral and Maxillofacial Surgery, Marmara University, İstanbul Turkey

Hemimandibular deformities usually occur due to unilateral biological activity of the condylar head. The asymmetry is marked with midline shift of lower jaw to unaffected site with occlusal cant of the maxilla. The critical decision of treatment is whether to arrest condylar activity with surgical ablation or not. Therefore, SPECT(single photon emission computed tomography) or scintigraphic assessments are necessary to evaluate biological activity. We present treatment of 2 patients with hemi-mandibular elongation with discussing the latest publications.

OP-05
BILATERAL TOTAL ALLOPLASTIC TEMPOROMANDIBULAR JOINT RECONSTRUCTION AND ORTHOGNATHIC SURGERY FOR CORRECTION OF A "BIRD FACE" DEFORMITY

Elif M Ozcan[1], Kahlan Alanesi[1], Baris Aydil[2], Altan Varol[1]

[1]Department of Oral and Maxillofacial Surgery, Marmara University, Istanbul, Turkey
[2]Department of Oral and Maxillofacial Surgery, Istanbul University, Istanbul, Turkey

Concomitant surgical correction of TMJ pathology and maxillofacial deformity provides improved outcomes and effectiveness in selected cases. The authors present a 27 year-old female patient with idiopatic condylar hypoplasia with subsequent bird-face deformity. Simultaneous reconstruction of the TMJ complex with total alloplastic prostheses and correction of the facial deformity with major advancement in mandibular body, corrected posterior facial height and maxillary repositioning is described in the report.

OP-06
ORTHOGNATHIC SURGERY FOR MENTALLY RETARDED PATIENTS

Nasuh Kolsuz, Tayfun Cıvak, Serhat Can, Altan Varol

Department of Oral and Maxillofacial Surgery, Marmara University, İstanbul Turkey

Ortognathic surgery may be a questionable procedure for patients with mental retardations.Poor oral hygiene(termination of therapy) and non-compliance to treatment stages causes unseccsfull orthodontic decompensation Labile psychologic status may not tolerate difficult postoperative period and can cause uneventful complications. Patients with retardation score less than 50 <IQ should not be considered candidates for any facial osteotomies. However, patients with minimal retardation (70>IQ>50) could receive such corrections. We present our experience with such group of patients

OP-07
A SURVEY FOR DENTOFACIAL DEFORMITY AWARENESS. WHAT IF THE PATIENTS INFORMED OF SF APPROACH?

Çağrı R. Gençer, Gamze Şenol, Abdullah Özel

Istanbul Medipol University

AIM: Skeletal discrepancies are diagnosed and planned by Orthognatic treatment protocols. The aim of this study is to evaluate awareness of the patients who have Dentofacial Deformities regardless the purpose of the visit to OMFS Department. We also investigated the understanding of the patients' idea for the which jaw to be corrected.

METHOD: The patients who applied to OMFS department between March 2014 to January 2017 with orthognathic treatment need or any other dental procedure are included in this study. 160 patients included in this study. Among these patients 121 have underwent orthognathic surgery. The survey includes five questions of self awareness which evaluate; the reason of the application to the clinic, the main problem of the patient that is caused by dentofacial deformity, if they are aware of the deformity, which jaw is to be corrected and what should be the jaws' movement, which treatment protocol is to be preferred first, orthodontics or surgery?

RESULT: Most of the patients have applied for orthognatic examination according to our results. The main motivation for the patients, who has applied for orthognathic examination, was aesthetic demand. The major parameter for the patients' aesthetic demand was their mandible. As an interesting fact for the patients who was asked for various protocols of orthognathic treatment most of them preferred Surgery First treatment. Also for the motivation of the patient SF seems to be a better alternative for traditional orthognatic treatment.

OP-08
THE RELIABILITY OF UPPER LIP BITE TEST IN SKELETAL CLASS III PATIENTS

Berat Serdar Akdeniz[1], Sıdıka Sinem Akdeniz[2], Burak Bayram[2]

[1]Department of Orthodontics, Kirikkale University, Kirikkale
[2]Department of Oral and Maxillofacial Surgery, Basket University, Ankara

INTRODUCTION: Upper lip bite test (ULBT) is one of the several difficult airway prediction methods which was shown to be easy and reliable when predicting difficulty in tracheal intubation. The reliability of the preoperative airway assessment methods is a substantial issue for anesthesia and is still being investigated. The aim of this study was to investigate the change and reliability of ULBT score in skeletal class III patients before and after sagittal split ramus osteotomy surgery and mandibular set-back.

PATIENTS AND METHODS: Twenty consecutive ASA I skeletal class III patients (12 female and 8 male) were included in this prospective study. The mean age of the patients was 21.8 years. All patients had mandibular set back surgery via sagittal split ramus osteotomy by the same surgical team. Preoperative and postoperative upper lip bite test scores were evaluated clinically at neutral head position. The following three-scale ULBT score system was used for evaluation; 1: Lower incisors can bite upper lip above vermilion line, 2: Lower incisors can bite upper lip below vermilion line, 3: Lower incisors can not bite upper lip. Digital analysis of pre-and post-surgical lateral cephalograms was performed.

RESULTS: Mean mandibular set-back amount was 5.76 cm. The mean ULBT scores decreased significantly after the surgery.

CONCLUSION: Although mandibular set-back surgery was shown to diminish post-operative airway size, the ULBT failed to detect such changes. Therefore, ULBT should not be used post-operatively for difficult airway prediction in mandibular set-back patients.

OP-09
THERMOGRAPHIC EVALUATION OF OCCLUSAL SPLINT AND LOW LEVEL LASER THERAPY IN MYOFASCIAL PAIN SYNDROME

Taygun Altındiş, Metin Güngörmüş

Department of Oral and Maxillofacial Surgery, Gaziantep University, Gaziantep, Turkey

OBJECTIVE: Thermography is a diagnostic imaging method used in veterinary and medicine that allows the detection of thermal changes in the location of the pain, without causing any discomfort or radiation damage to the patient in various diseases. The aim of this prospective clinical study is to perform thermographic detection of temperature changes in muscle heat by occlusal splint and low level laser therapy in patients with myofascial pain syndrome.

METHODS: Twenty patients with myofascial pain whom are all women were included in the study and the patients were randomly divided into two groups. One group received a stabilization splint while the other received low dose laser therapy. Thermographic records, Visual Analogue Scale (VAS) and changes in palpation score values of patients were compared before and after treatment. The collected data were analyzed statistically.

RESULTS: A decrease in VAS and palpation scores were detected in both groups. Thermographic recordings showed a significant decrease in temperature values in both groups in the masseter region. In temporal and sternocleidomastoid region a significant difference was found only in the laser group. No statistically difference were found between the groups during the study.

CONCLUSION: In conclusion, occlusal splint and low level laser therapy are effective, conservative and safe treatment methods for relieving pain in patients with myofascial pain syndrome. Thermographic imaging is a preferred imaging method that can be used in both diagnosis and treatment process in myofascial pain. Being effective, easy to apply and causing no radiological damage are the advantages of the method.

OP-10
THERAPEUTIC USE OF MELATONIN AND 5-METHOXYTRYTOPHOL LEAD DOWN REGULATION OF COX-2, RAF-1 AND STAT3 IN ZYMOSAN INDUCED TMJ RHEUMATOID ARTHRITIS

Lokman Onur Uyanık[1], Gökçe Savtekin[1], Ahmet Özer Şehirli[2]

[1]Department of Oral and Maxillofacial Surgery,Faculty of Dentistry, Near East University, Nicosia, TRNC
[2]Faculty of Dentistry, Near East University, Nicosia, TRNC

PURPOSE: This study evaluated the effects of Melatonin (MEL) and 5-Methoxytryptophol (5-MTX) on Cyclooxygenase-1 (COX-1), Cyclooxygenase-2 (COX-2), Rapid Accelerated Fibrosarcoma-1 (Raf-1) and Signal Transducer and Activator of Transcription 3 (STAT3) which are involved in the pathogenesis of Temporomandibular Joint Rheumatoid Arthritis.(TMJ RA)

MATERIAL-METHODS: 200-250 gr Wistar albino rats of both sexes were used for modeling arthritis in this study. Arthritis model was created by intraarticularly injecting 2 mg Zymosan into the left TMJ of the rats while the sham group was created by only injecting physiological saline solution. Intraperitanoeal applications of MEL and 5-MTX was carried out. The animals were decapitated for analysis 6 hours after the administration of zymosan or the physiological saline solution. COX-1, COX-2 enzyme activities and Raf-1 and STAT-3 levels were examined with Real Time-Polymerase Chain Reaction (RT-PCR) technique in the articular tissue. Articular structural damage was assessed histologically.

RESULTS: Zymosan administration, increased the activity of COX-2, Raf-1 and STAT3 in TMJ tissues, administration of MEL and 5-MTX brought these values closer to the sham group. However, a significant difference was not observed in COX-1. In the histological evaluation, obvious articular dejeneration and disc congestion in the inflammation group regressed with application therapy.

CONCLUSION: In this study, COX, Raf-1 and STAT3, which play a role in the pathogenesis of TMJ RA, have been suppressed by the therapeutic effect of the dark hormone MEL and the day light hormone 5-MTX.

OP-11
BOTULINUM TOXIN LONG TERM EFFECTS IN MYOFASCIAL PAIN SYNDROME

Tuba Develi, Tansu Uzel, Sina Uckan

Department of Oral and Maxillofacial Surgery, Istanbul Medipol University, Istanbul, Turkey

BACKGROUND: Myofascial pain syndrome (MPS) is described as a distinct type of regional musculoskeletal pain complaint that is caused by myofascial trigger points (TrPs) within muscles. Botulinum toxin is a neurotoxin produced by anaerobic bacterium called Clostridium botulinum which blocks the snare proteins' effects and the releases of acetyl choline and also it has anti inflammatory, analgesic and antinociceptive effects. By its mechanism, botulinum toxin is used in Myofascial pain syndromes last years.

OBJECTIVES: This prospective, randomized-controlled clinical study was proposed to compare long-term and short-term effects of TrP injection with Botulinum toxin type A (BTX-A).

METHODS: 25 patients with MPS were treated with 10-20 IU of BTX-A to each TrP. Each patient was evaluated pre-op (T1), short-term (T1(one week and fourt week)) and long-term (T2(2 years)) for TrP pain pressure algometry(PPA) scores, and visual analog scales(VAS) for pain. Additionally, depression were evaluated with the Back depression inventory, quality of life was assessed using the Short Form-36(SF-36) and sleeping quality was assessed using Pitsburgh Sleep Quality Index(PSQI).

FINDINGS: Short-term BTX-A group, PPA values were significantly higher than long-term BTX-A group. Even if long-term BTX-A group PPA values higher than the pre-op PPA values, there is no significant difference.

CONCLUSIONS: Although Botulinum toxin's short-term effects are commonly known, there are also long term effects on patients which have myofascial pain syndrome.

OP-12
GLANDULAR ODONTOGENIC CYST (GOC): CLINICOPATHOLOGICAL PRESENTATION

Gökhan Gürler[1], Humam Alghamian[1], Nihan Aksakallı[2], Çağrı Delilbaşı[1]

[1]Depatment of Oral and Maxillofacial Surgery,
Istanbul Medipol University School of Dentistry, Istanbul, Turkey
[2]Department of Tumor Pathology and Oncologic Cytology,
Istanbul University, Institute of Oncology, Istanbul, Turkey

Glandular odontogenic cyst (GOC) is an uncommmon cyst of jaw bones which most commonly presents in the mandible anterior region, It was first discribed by Gardner in 1988. GOC occurs mostly in the middle age and has a slight male predilection. Radiologically, these cysts may be unilocular or multilocular with a well-defined border. Sometimes it may present with peripheral osteosclerotic border and scalloping, root resorption and displacement of the İnferior alveolar nerve (IAN). In our presentation, we will present five cases of GOCs which were treated at our department and focus on clinico-pathologic features, differential diagnosis, and treatment modalities of this rare entitiy.

OP-13
MANAGEMENT OF UNCONTROLLED DIABETES MELLITUS RELATED OSTEOMYELITIS OF THE JAW: A CASE REPORT

Ahmet Emin Demirbaş[1], Yusuf Nuri Kaba[1], Erdem Kılıç[2], Fatma Doğruel[1], Alper Alkan[2]

[1]Department of Oral and Maxillofacial Surgery,
Erciyes University Faculty of Dentistry, Kayseri, Turkey
[2]Department of Oral and Maxillofacial Surgery,
Bezmi Alem University Faculty of Dentistry, İstanbul, Turkey

Osteomyelitis is an infectious disease which occurs in jaws and one of the main factor in its aggravation is the impairment of microcirculation. Microangiopaty that develop in long term uncontrolled diabetes patients without predisposing factors is thought to change the course of osteomyelitis in those patients. It is aimed to improve recovery by controlling diabetes in this case.

A 61 years old female patient with diabetes referred to our clinic with swelling and pain in the right maxillary region. In the clinical examination, the right side of the maxilla was confirmed to be mobile and there was drainage in right side of both upper and lower jaw. CT scan showed poorly demarcated lytic bone lesions originating from right maxillary sinus floor through anterior and HbA1c was measured as 10,5. After one week of combined antibiotherapy incisional biopsy was performed and the biopsy result was osteomyelitis. Treatment plan was the excision of affected bone lesions and subsequant hyperparic oxygen therapy. Uneventful healing was seen after hyperbaric oxygen therapy.

Diabetic control is importtant to reduce risk of osteomyelits development in patients with uncontrolled diabetes. In the present case, treatment of osteomyelitis related to uncontrolled diabetes with surgery and hyperbaric oxygen therapy was demonstrated.

OP-14
INVESTIGATION OF PATIENT'S CBCT HAVE INTRAOSSEOUS LESIONS: A RETROSPECTIVE STUDY

Kemal Özgür Demiralp[1], Seval Bayrak[2], Nihat Akbulut[3], Ahmet Altan[3], Şebnem Kurşun Çakmak[1], Tolgahan Kara[3]

[1]Department of Oral and Maxillofacial Radiology, Public Hospital Agency, Health Ministry, Ankara
[2]Department of Oral and Maxillofacial Radiology, Faculty of Dentistry,
Abant Izzet Baysal University, Bolu
[3]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Gaziosmanpasa University, Tokat

OBJECTIVE: It was aimed to research type, frequency and distribution of intraosseous lesions in the maxillofacial region by using their CBCT images and pathological diagnosis in our clinical practice.

METHOD: CBCT images of 178 patients with age range of 13-17 years and who had various lesions such as odontogenic or non-odontogenic cysts and tumors, were viewed by using patient datas of Dentistry Faculties of Abant İzzet Baysal University and Gaziosmanpasa University. These datas were supported by pathological examination. The outcomes were assessed according to definitive statistic and percentage account.

RESULTS: This study included 104 male, 74 female patients with a mean age of 41,5. 156 of them introduced staphne bone cyst, radicular cyst, ameloblastoma, metastatic lesion, fibroosseous lesions but none of these entities were associated with an impacted tooth. However, associated with 24 impacted teeth in 22 patients lesions were detected. These patients consisted of 17 male and 5 female. 21 of these 24 lesions (3 in maxilla, 21 in mandibula) were associated with impacted third molar and the other three ones were associated with impacted cuspid, premolar and supernumerary tooth respectively.

CONCLUSIONS: Examination of the lesions located in the maxillofacial region with orthopantographs and evaluation of the patients with these radiographs, has virtually become a gold standart. At the present time, by the development of technologies in low grade radiation, 3D images can be taken so that using of CBCT become widespread. Its benefit on treatment management is indisputable.

OP-15
PLEOMORPHIC ADENOMA OF MINOR SALIVARY GLANDS: DIAGNOSIS AND TREATMENT MODALITIES

Chingiz Rahimov[1], Ismayil Farzaliyev[1], Vugar Gurbanov[2]

[1]Department of Oral and Maxilofacial surgery, Azerbaijan Medical University, Baku, Azerbaijan
[2]OMFS dentistry faculty, University of Dokuz Mayis, Samsun, Turkey

INTRODUCTION: Pleomorphic adenoma is the most frequent (40%) tumor of minor salivary glands. The treatment consists in surgical ablasion of the tumor and subsequent reconstruction in cases associating with major defects. The purpose of this study is to increase effectiveness of surgical treatment of minor salivary gland tumors located on the hard palate on the basis of MRI and CT, planning surgical intervention and following reconstruction of postresectional defects.

MATERIALS AND METHODS: Retrospective analysis of 16 patients with minor salivary gland tumors is presented in this study. Diagnostic modalities included clinical observation, CT, MRI and FNA. The planning of surgical excision and primary post-excisional reconstruction made based on the radiological findings. Double layer reconstruction with vascularized Bichat fat pad was performed for the oro-antral communication closure. The possibility of the defect filling with Bichat fat pad was made based radiological data.

RESULTS: No significant complications occurred on postoperative follow-up. The gauze removed 7 days post-OP with further re-epithelization of transferred skin. 6-month post-OP the resection site showed good mucosal coverage and re-epithelization with no signs of recurrence.

CONCLUSIONS: Up-to-date radio diagnostic methods such as CT and MRI are one of the most effective complementary diagnostic methods. Their application enables the planning of resection volume and primary surgical reconstruction of a defect. Usage of the combination of Bichart fat pad and split thickness skin graft significantly shortens the rehabilitation period thus having a good impact on a patient's quality of life.

OP-16
THE EFFECT OF CHRONIC DENTAL INFLAMMATION ON DEVELOPMENT OF STAGE 0 BISPHOSPHONATE-RELATED OSTEONECROSIS OF THE JAW

Göknur Topaloğlu[1], Osman Taha Köseoğlu[1], Çiğdem Karaca[1], Kemal Kösemehmetoğlu[2]

[1]Department of Oral and Maxillofacial Surgery, Hacettepe University, Ankara, Turkey
[2]Department of Pathology, Hacettepe University Ankara/Turkey

OBJECTIVE: Pathogenesis of bisphosphonate-related osteonecrosis of jaw (BRONJ) is poorly understood. The aim of this study was to determine the effect of chronic dental inflammation on the development of stage 0 BRONJ based on histopathological findings.

METHODS: The study involved patients with a history of bisphosphonate use and an indication for tooth extraction. Before surgery, C-terminal telopeptide test (CTX) values were collected from all patients. All tooth extractions were performed according to a determined protocol. To detect whether any bisphosphonate-related osteonecrotic changes were present in the non-exposed bone, biopsies were taken from the alveolar bone.

RESULTS: A total of 50 patients were included in the study (39 women, 11 men). The patients had a mean age of 57.4 ± 12.1 years. In total, 74 teeth were extracted (29 maxillary, 45 mandibular). Histologic examination of three patients (6%) revealed stage 0 BRONJ. Post-operatively, the complete mucosal healing success rate was 96%. BRONJ risk was not significantly correlated with low CTX value ($p = 0.285$).

CONCLUSIONS: Chronic inflammation may contribute to stage 0 BRONJ; however, its role may not be sufficient alone for its development. Application of a predetermined protocol for dentoalveolar processes will help to prevent BRONJ development.

OP-17
TREATMENT PRINCIPLES OF HEMANGIOMAS MAXILLOFACIAL ZONE (CASE REPORTS)

Yunus Yusubov, Sahib Bilalzade, Oktay Mehtiyev, Jahid Mammedov, Tural Mammedov, Vugar Gurbanov

Azerbaijan Medical University,Department Oral And Maxillafacial Surgery,Baku,Azerbaijan

Therapy of patients with hemangiomas of maxillofacial area very often meet and among benign tumors are 12-15 %. Hemangiomas in 80 % of cases are observed in the field of the face and a neck. In children this new growth makes 50 % of all tumors of soft tissue and if in newborns the tumor are 1,2-2,6 %of cases at the age of one yearold and occurrence can increase up to 10,1 %. Hemangiomas of soft tissue of maxillofacial area can be combined with defeat in bony skeleton of face. Defeat of a bone tissue is found in patients with hemangiomas soft tissue with any localisation in inspection of 12-13 % of cases (Gorbushina M. P, 1978; Yusubov Y.A., Bilalzade S.Y. 2007). Considering a somatic condition of the child, localization and the new growth form, it is necessary to define treatment policy. Exist once is a great risk connected both with medical manipulations, and with further progress of diseases and its complications. Today there are various lands of treatment of the hemangiomas. Among them under indications it is ffeqmeot used sclerotherapy, cryoablation. Sclerotherapy is a choice method in cases when radical surgical removal of a tumor for whatever reasons is impossible. The method is effective, however is connected with a great risk of complications. Today there is no data that at each form hemangiomas how many to enter into a tumor sclerotic substance. The work purpose Improvement of results of treatment hemangiomas soft and bone tissue of maxillofacial area.

OP-18
IS THE MODIFIED BLAIR APPROACH A RELIABLE OPTION FOR THE SURGICAL TREATMENT OF SUBCONDYLAR FRACTURES?

Yusuf Tamer, Zafer Özgur Pektaş

Department of Oral and Maxillofacial Surgery, Başkent University, Adana, Turkey

PURPOSE: This study evaluated the outcomes and complications of the surgical treatment of subcondylar fractures by the modified Blair approach. Our study hypothesized that such an approach would be safe and reliable for the treatment of most subcondylar fractures.

MATERIALS-METHODS: A retrospective evaluation of patients who underwent surgical reduction of a subcondylar fracture from July 2013 to march 2016 at Başkent University, Adana Research and Medical Center, Department of Oral and Maxillofacial Surgery, was performed. Inclusion criteria were as follows: 1) having undergone surgical treatment of subcondylar fractures with modified Blair approach 2) Records of intraoperative complications and postoperative healing problems, assessment of surgical scars and static and dynamic occlusal function 3) A minimum follow-up of 6 months.

RESULTS: The sample was composed of 13 patients. Preinjury occlusion and temporomandibular joint health were restored in most patients. The average interincisal distance was 38,2 mm (Temporary injuries to the facial nerve branches were observed in 1 case which later resolved within 3 months, others did not have either neurologic impairment or major postoperative complications. Post-operative scar was accepted by all the patients. Esthetic outcomes were deemed satisfactory by clinicians and patients.

CONCLUSIONS: According to the results of the present study, modified Blair approach provides good exposure and facilitates accurate reduction of subcondylar fractures with a low risk of facial nerve paresis.

OP-19
RECONSTRUCTION OF THE TEMPOROMANDIBULAR JOINT FRACTURE BY COSTOCHONDRAL GRAFT

Nazife Begüm Karan, Çiğdem Köşe

Department of Oral&Maxillofacial Surgery, RTE University, Rize, Turkey

PURPOSE: Open and closed reduction methods have been used in the treatment of condyle fractures. Although there are different opinions about the open reduction, rigid internal fixation by open reduction became more common in recent years. In this case report, a patient admitted to our clinic with mouth restriction and facial asymmetry due to trauma was presented and the patient's condyle fracture was surgically treated with a costochondral graft.

METHOD: A 32-year-old male patient was referred to our clinic with a complaint of mandibular trauma. Radiographic examination revealed a medially displaced right subcondylar fracture. An occlusal-stopper was fixed at the posterior region to achieve nonsurgical close reduction of the medially displaced condyle by intermaxillary fixation. Due to the unresolved limitation of the mouth opening and malocclusion complaints, open reduction and the reconstruction of the temporomandibular joint (TMJ) by costochondral graft was planned. Medially displaced fracture was removed, costochondral graft was adapted to the fractured subcondylar region and fixed with a titanium mini-plate. The patient was asked to perform short-term and low-strength exercises after the operation. Restricted mouth opening, mandibular movements and functions was improved gradually. In the first year of follow-up, neither relapse nor restriction was reported.

RESULT: In present case, by the surgical approach and successful use of the costochondral graft, significant increase in mouth opening was achieved, malocclusion was relieved. It has been shown that the costochondral graft's cartilage structure can be successfully simulate the TMJ condyle functions and is the most appropriate graft for TMJ reconstructions.

OP-20
COMPARISON OF BIOMECHANICAL PROPERTIES OF TWO MINIPLATES USED FOR MANDIBULAR CONDYLE FRACTURE ON SYNTHETIC POLYURETHANE MANDIBLE MODELS AND EVALUATION WITH FINITE ELEMENT ANALYSIS

Nasuh Kolsuz, Altan Varol

Department of Oral and Maxillofacial Surgery, Marmara University Faculty of Dentistry, Istanbul, Turkey

Many recent studies have shown that mandibular condyle neck fractures were mechanically fixed with the highest force resistance with two mini-plates. No consensus still exists upon ideal fixation for condylar neck fractures. Two different condylar titanium plates were designed and produced by CAD/CAM technology. Biomechanical tests and FEA tests were performed on 30 synthetic polyurethane mandible models.

MATERIAL-METHODS: 30 polyurethane mandible models (Synbone, Swiss) were fractured bilaterally at subcondylar region. 10 rectangular,10 triangular and 20 straight 4 holed mini-plates were tested using servo-hydraulic test unit (Shimatzu,Japan). Stability of new CAD/CAM designed plates were also evaluated using finite element analysis (Ansys Workbench 15 & SolidWorks). The servo-hydraulic test was continued until fracture segments displaced 1,75 and 3,5 mm from each other. Statistical analyses were performed using Statistical Package for Social Sciences for Windows 21.0 with 0,05 level of significance.

Mean displacing forces for 1,75mm were 32,717 N for rectangular plates, 41,315 N for triangular plates and 78,790 N for straight mini-plates. Mean displacing forces for 3,50 mm were 48,597 N for rectangular plates, 68,560 N for triangular plates and 141,342 N for straight mini-plates. Mean maximum resistance were 60,693N for rectangular plates, 123,698 N for triangular plates and 257,805 N for straight mini-plates.

Both STU and FEA analysis showed that the implementary forces to destroy the fixation obtained 2 straight mini-plates bigger than other plates. Rectangular plate is not suitable for fixation of condylar fractures. Triangular plates can used for specific conditions like limited accessibility or anatomic variations.

OP-21
TREATMENT OF CONDYLAR FRACTURES IN CHILDREN

Chingiz Rahimov[1], Elnur Abdullayev[2], Ismayil Farzaliyev[1]

[1]Department of Oral and Maxilofacial surgery, Azerbaijan Medical University, Baku, Azerbaijan
[2]Department of Maxillofacial surgery, 1st City hospital, Baku, Azerbaijan

BACKGROUND: General principles of the management of pediatric mandibular fractures do not differ from the adults' one. Only condylar fractures require a different approach. This paper reports a clinical and radiological evaluation of effectiveness of orthodontic treatment of condylar fracture in children.

METHODS: This study was based on a sample of 35 children aged 3-12 years, with diagnosis of fracture of the condylar process. All patients underwent clinical investigation, with a special emphasis on the TMJ function and facial symmetry as well as radiological investigation includes 3D-CT. In all cases, surgical or non-surgical treatment was applied. In case of conservative approach primarily in order to achieve an orthognathic occlusion MMF were done by application of circular shape Class I 4-oz skeletal elastics. 2 weeks later this elastics were changed to ellipse rubber elastics, which remain in place for the next 4–12 weeks followed by an active physiotherapy

FINDINGS: All cases were analyzed retrospectively. In all cases specific treatment protocol used, including application of 4 oz elastics for 2 weeks in order to obtain 1st class occlusion followed by application of 4 oz cross-midline elastics on injured site and Class III elastics on opposite over next 4 weeks.

CONCLUSION: Successful treatment of condylar fractures in pediatric patients could be achieved by the means of application of orthodontic treatment in case of enough number of abutment teeth which should be starting immediately after injury and lasting over 6–14 weeks period of time.

OP-22
CUSTOM MADE ORBITAL MESH PLATES IN ORBITAL FLOOR RECONSTRUCTION

Chingiz Rahimov, Siraj Ahmedov, Ismayil Farzaliyev

Department of Oral and Maxillofacial surgery, Azerbaijan Medical University, Baku, Azerbaijan

INTRODUCTION: Orbital wall deformities, requiring surgical reconstruction are in most cases result of orbital fractures account for 40% of craniofacial injuries. The orbital floor is most affecting site and represents in 67-84% of cases of orbital fractures. The main aim for the orbital reconstruction is restoration of anatomy, volume, function and esthetics. The method of choice seems to be application of titanium mesh plates. The aim of this study is to improve the outcomes of orbital floor reconstruction by the means of application of preoperative virtual 3D surgical planning.

MATERIALS-METHODS: 26 patients (20 with primary and 6 with secondary) with orbital floor fractures were included into the study. A preoperative CT scan, DICOM files of 0.5 mm in thickness were imported to a 3D image processing software (Mimics 17.0, Materialise, Leuven, Belgium), and virtual 3D modeling was performed. The size and location of the defects were determined and virtual 3D surgical planningincluding virtual prefabrication of further orbital mesh platewere done. The data was well documented and transferred to a real plate, which was sterilized prior to surgery.

RESULTS: No significant complications occurred. Almost all patients showed well postoperative function and esthetics. Only in 3 patients with secondary orbital floor deformity diplopia remains in postoperative period. Postoperative radiology showed good positioning and the shape of orbital mesh plate even in postoperative diplopia cases.

CONCLUSION: The application of preoperative virtual 3D surgical planning is showing reasonable functional and esthetic results and making outcomes of orbital reconstruction more predictable.

OP-23
MANDIBULAR RECONSTRUCTION FOR WAR VICTIM PATIENT

Tuğçe Göktürk, Murat Akkocaoğlu, Serkan Kiriş, Sarper Tan

Department of Oral and Maxillofacial Surgery, Hacettepe University, Ankara, Turkey

AIM: This case report provides a method based on CAD/CAM and titanium reconstruction plate for individual design, implantation of mandibula and defect reconstruction with iliac crest.

METHOD: Fracture or defect of the mandible is a serious complication of mandibular trauma. Three dimensional (3D) reconstruction models via computered tomography are being routinely used in pre-surgical planning in Maxillofacial surgery. 26 years old, war victim patient came our department for reconstruction plate fracture. After examination of patient fractured reconstruction plate and huge bone defect at parasymphysis area were diagnosed. 3D model of patients mandible and skull got manufactured and pre-surgical planning was made on it. Reconstruction plate was renewed with new one and bone defect was reconstructed with iliac crest graft.

RESULT: The 3D model of operative scheme demonstrated the operative procedure, and determined the position of the reconstruction plate and graft so as to obtain a perfect fit. Postoperatively, the patient regained satisfactory morphologic symmetry, facial appearance, occlusion, and TMJ functions.

OP-24
DOES THIRD MOLAR SURGERY ALTER CARDIAC PARAMETERS? A RETROSPECTIVE STUDY

Alper Sindel, Mehmet Ali Altay, Nelli Yıldırımyan, Öznur Özalp

Department of Oral and Maxillofacial Surgery, Akdeniz University, Antalya, Turkey

OBJECTIVES: Medical procedures in general are believed to induce anxiety in patients. Particularly in the dental field, even a simple visit to the dentist seems to intensify anxiety, let alone dental surgical procedures. Anxiety is known to stimulate endogenous epinephrine secretion from the adrenal medulla, which has direct effects on cardiac system and cause an increase in blood pressure and heart rate. However there appears no consensus on whether there is an abnormal pattern of blood pressure or heart rate changes during dental surgical procedures. This retrospective study aims to investigate perioperative changes in the parameters of anxiety, blood pressure and heart rate, in patients undergoing surgical extraction of third molars.

MATERIAL-METHODS: Patients who reported anxiety before scheduled procedures were monitored for cardiac parameters before, during and after the surgery. The obtained data were analyzed to determine if there is a certain pattern of change within these values in systemically healthy patients. Alterations in selected parameters with regard to duration and difficulty of operation were also studied.

RESULTS: No statistical differences in any of the parameters listed above could be identified.

CONCLUSION: Despite the common belief that dental procedures initiate anxiety, this study reveals that physiological parameters of anxiety show no significant changes over the course of third molar surgery, likewise difficulty and duration of surgery do not cause noteworthy changes in these parameters.

OP-25
OUR ANAESTHETIC APPROACH TO A CASE WITH DIGEORGE SYNDROME

Ayşe Hande Arpacı

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Ankara University, Ankara, Turkey

Characteristic findings of DiGeorge syndrome include hypoparathyroidism, thymic hypoplasia and interstitial deletions on 22nd chromosome. Common concomitant conditions are congenital cardiac and vein anomalies, hypocalcaemia, facial dysmorphism, upper airway and facial anomalies, musculoskeletal, gastrointestinal, urogenital development anomalies, growth failure and mental retardation.

We aimed to present our anesthetic method during diagnosis and treatment of dental pathologies of a case being monitored for DiGeorgeSyndrome at an external center.

A 7-year old female case has consulted us because of lack of cooperation during examination and treatment. Sedoanalgesia was planned to be applied to the case diagnosed with hypoparathyroidism, thymic hypoplasia, cerebral palsy, cleft palate, atrial septal defect, mental retardation and 22q11.22 deletion.

The case was taken into operation room without premedication and non-invasive monitoring was performed. After anesthesia induction with %100O2 and 8%sevofluran, intravenous cannulation was performed. Inhalation anesthetics were terminated. Oxygen was applied with nasal cannula at 4ltmin and 2mgkg-1 ketamine and 30mgkg-1 Amoklavin®iv were administered. The case whose RamseySedationScale was determined as -4 was examined and excision was planned for tooth numbered55. Tooth was excised by applying localanesthetic. No additional medication was needed during 15-minute procedure. The hemodynamically stable case was discharged after monitoring for 45minutes at service.

We believe that sedoanalgesia applied under non-invasive monitoring by an experienced staff in cases, where general anesthesia is risky due to existing anomalies, is efficient and safe, and that it can provide rapid anesthesia recovery and early discharge, accelerate patient circulation and increase the satisfaction for both the surgeon and the patient.

OP-26
COMPARISON OF THE POSTOPERATIVE PAIN RELIEF AND CLINICAL LOCAL ANESTHETIC EFFICIENCY OF LEVOBUPIVACAINE AND ARTICAINE FOR IMPACTED LOWER THIRD MOLAR REMOVAL

Burak Ergüder[1], Ümit Karaçaylı[2]

[1]Department of Oral and Maxillofacial Surgery, Yeni Yuzyil University, Istanbul, Turkey
[2]Department of Oral and Maxillofacial Surgery, Sağlık Bilimleri University, Ankara

OBJECTIVE: Postoperative pain is a common phenomenon after surgery, due to surgical trauma and the release of pain mediators.

After the surgical removal of lower third molars, the maximum intensity of pain occurs in the first hours after the end of the surgery, when the local anesthetic has worn off. 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 clinical anesthetic efficacy of articaine and levobupivacaine as local anesthetic agents for symmetrically positioned bilateral impacted third molar removal.

METHOD: This 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 two seperate 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 onset of anesthetic agent action, the duration of operation, intraoperative bleeding, hemodynamic parameters, the duration of postoperative analgesia, the duration of postoperative anesthesia and the postoperative VAS scores.

CONCLUSION: In comparison with 2% articaine, 0.5% levobupivacaine provided a longer time to onset, and less hemostasis and a longer period of postoperative pain control with a longer duration of soft tissue anesthesia in lower third molar removal.

OP-27
EVALUATION OF THE EMERGENCY AGITATION INCIDENCE IN CHILDREN WHO UNDERWENT DEEP SEDATION FOR TOOTH EXTRACTION

Ayşe Hande Arpacı[1], Berrin Işık[2]

[1]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Ankara University, Ankara, Turkey
[2]Department of Anesthesiology and Reanimation, Gazi University Faculty of Medicine, Ankara, Turkey

PURPOSE: Emergence agitation(EA) is a condition where factors associated with patient, surgery and anesthesia play role in occurrence, and that may occur in any age groups–particularly well-defined in children and delay discharge. The objective of this study was to investigate the incidence of EA in pediatric cases scheduled for tooth extraction under deep sedation and its relationship with drugs for sedation.

MATERIALS-METHODS: The patients were admitted in operating room just according to our anesthesia protocol. With the aim of achieving Richmond Agitation Sedation Scale(RASS)=(-4), In GroupK who allowed IV canulla insertion:2-3mg.kg-1IV Ketamine was administrated. In GroupKM who also allowed IVcannula insertion: 0.5mg of Midazolam was added to 2-3 mg.kg-1 IVKetamine. In GroupS: 8%Sevoflurane in 50%O2/N2O through face mask was administrated to the Group S who did not allow inserting IV canulla. Detecting the RASS as-4 local infiltration anaesthesia was applied for the extraction of associated teeth.At the end of the procedure, another anesthesia personnel who were blinded groups were recorded RASS at T0,thanT15,T30,T45,T60 with RASS.

RESULTS: The RASS values at T0 were statistically significantly higher in Group K than those of other groups. No significant differences were found between groups for RASS mean at T15 RASS values at T30, T45, T60 minutes were statistically significantly lower in GroupS than GroupK andGroup KM.

CONCLUSIONS: We concluded that use of ketamine alone or in combination with low dose of midazolam for short-time surgical procedures did not cause agitation compared to sevoflurane, increased quick recovery and child-parent satisfaction and efficiency of operating room.

OP-28
PATIENTS' PREFERANCE AND PERCEPTIONS OF ORAL AND MAXILLOFACIAL SURGEONS AT FACULTY OF DENTISTRY

İpek Necla Güldiken Kaçar, Gökhan Gürler, Barış Çağrı Delilbaşı

Istanbul Medipol University, Department of Oral and Maxillofacial Surgery, Istanbul, Turkey

OBJECTIVE: There is a lack of information regarding the patient's point of view of oral and maxillofacial surgeons (OMFSs). The aim of this study was to evaluate the perception and preference of a group of university dental hospital patients for OMFSs.

METHODS: This study was based on patients' self-assessment using a questionnaire that examined the expectations of an OMFS. A total of 530 patients were enrolled for the study. The patients' preferences regarding the surgeons' age, gender, religion, race and experience were evaluated. The data were statistically examined to determine whether correlations existed between the patients' demographic status and their preferences.

RESULTS: There was a significant difference between male and female participants regarding gender preference for the OMFS. Female patients preferred a female practitioner more than male patients did (p=0.002). The educational status of the patients did not make a difference to the gender preference for the OMFS (p=0.114); however, educational status significantly affected preference for the ethnicity and religion of the practitioners (p=0.001).

CONCLUSION: There is a wide range of different criteria for choosing an OMFS. The diversity of these criteria may affect the quality of the health service and may necessitate updates in postgraduate curricula for oral and maxillofacial surgery.

OP-29
THE EVALUATION OF MEDICAL EMERGENCIES AT KOCAELI UNIVERSITY FACULTY OF DENTISTRY

Hatice Hoşgör[1], Mehmet Fatih Coşkunses[1], Bahadır Kan[1], Ülkem Cilasun[2]

[1]Department of Oral and Maxillofacial Surgery, Kocaeli University Faculty of Dentistry, Kocaeli, Turkey
[2]Department of Oral and Maxillofacial Surgery, Ufuk University Faculty of Dentistry, Ankara, Turkey

OBJECTIVE: True medical emergencies in the dental office are rare and usually related to the complexity of the patient's medical history, the difficulty of the dental procedures being performed, and the method of anesthesia / analgesia employed. The purpose of this study is to evaluate the medical emergencies encountered in dentistry.

MATERIALS-METHODS: In our faculty of dentistry, Rapid Response Systems and Code Blue are applied for medical emergencies and this task is carried out by doctors and nurses of the Department of Oral and Maxillofacial Surgery. In this study, the data of the medical emergency of the patients between March 2015 to April 2017 were evaluated.

RESULTS: Medical emergency warnings were announced for 40 of the total 278877 patients referred to our faculty. Twenty-five of these 40 cases were vasovagal syncope, 5 were hypertension, 4 were epilepsy, 3 were the arrhythmia, 2 were hypoglycemia, and 1 was the allergy. The first emergency interventions of patients were performed at our faculty. For 8 patients, the 112 emergency service was called and the patients were sent to the full-fledged hospital.

CONCLUSION: An emergency situation that required the Code Blue did not appear. Dentists must be experienced to able to manage medical emergencies that may arise in dental practice.

OP-30
COMPARATIVE EXAMINATION OF RECOMBINANT HUMAN HYALURONIDASE'S (RHUPH20) EFFECT ON POST TRAUMATIC EDEMA WITH DEXAMETHASONE

Onur Koç, Nuray Er

Hacettepe University Faculty of Dentistry,Department of Oral and Maxillofacial Surgery, Ankara

Edema is a complication which may cause non-healing of epithelium lines, lessen the function and failing at the surgical operation. At our study we aimed to reduce the operative edema which is named exudates of intercellular substance, by hyaluronidase enzyme which fasten the pass of the fluids from intercellular substance to systemic circulation. That activity of recombinant human hyaluronidase (rHuPH20) enzyme is compared with deksamethasone's which has the highest antiinflamatuar potency between glucocorticoids. 40 Sprague-Dawley albino rats divided randomly 5 equal groups. At 1. group just traumatic edema was made on 8 rats. At 2. group traumatic edema was made and 0.4 ml SF injected to the right hind paws of the rats. At 3. group 0.4 ml rHuPH20 injected to the right hind paws of the rats. At 4. group 0.4 ml deksamethasone injected to the right hind paws of the rats in the same way. At 5. group 0.4 ml deksamethasone-rHuPH20 combine injected to the right hind paws of the rats. The dosage of the medicines calculated according to weights of the rats. Because all fluids which are injected to the paws of the rats must be at the same volume, all medicines are completed to 0.4 ml by SF. All the rats' right hind paws volume evaluated by plethysmometer before starting the traumatic edema formation and after it at the 3., 6., 12., 24., 48., 72., hours. As a result of statistical analyses, rHuPH20 is significantly more effective at reducing edema than dexamethasone.

OP-31
OSTEOMYELITIS OF THE JAW BONE FOLLOWING ORAL SURGERIES: A CASE SERIES

Pelin Aydın, Sıdıka Sinem Akdeniz, Burak Bayram, Kenan Araz

Department of Oral and Maxillofacial Surgery, Başkent University, Ankara, Turkey

OBJECTIVES: Osteomyelit is the inflammation of bone marrow to be caused by the movement of the microorganisms either localized at a site or from a primary focus to the jaw bone. Disease factor, clinical signs and initial treatment can be variable depending on age of the patient, the way which is the microorganisms' movement to bone, the duration of the infection and whether any systemic disease is present. The aim of this report was to present a case series of osteomyelitis after minor invasiv oral surgeries.

CASE SERIES: Case report of osteomyelit after surgeries in jaw bone in 3 patients(one is after implant surgeries, the other 2 are after tooth extraction) will be presented. The diagnosis, clinical and radiological features, surgical treatment procedures were explained in detail.

CONCLUSION: Osteomyelitis in jaw bone can be originated from odontogenic, movement of infection in another site hematogenously or trauma. Diagnosis and treatment protocols can be variable depending on the disease agent.

OP-32
MODIFIED CONNECTIVE TISSUE FLAP APPROACH IN OROANTRAL FISTULA CLOSURE: CLINICAL STUDY

Serhat Can, Gühan Dergin

Department of Oral and Maxillofacial Surgery, Marmara University, İstanbul Turkey

Various techniques have been examined for the closure of oroantral communications. However, the most common question is how to provide better healing of the defect area and the donor site. In our study two patient with oroantral fistula were treated by modified arterial palatal connective tissue flap. Severe bleeding, palatal bone exposition,seconder infection surrounding soft tissues and dog ear formation were not seen.Therefore, modified palatal connective tissue pedicle flap cause superior healing when compared with other methods.

OP-33
EFFECTS OF PLATELET RICH FIBRIN ON SCIATIC NERVE REGENERATION: A HISTOMORPHOMETRIC STUDY

Burak Bayram[1], Nurettin Diker[1], Sıdıka Sinem Akdeniz[1], Fatma Helvacıoglu[2], Remzi Erdem[3]

[1]Department of Oral and Maxillofacial Surgery, Baskent University, Ankara, Turkey
[2]Department of Histology and Embryology, Baskent University, Ankara, Turkey
[3]Department of Pharmacology, Baskent University, Ankara, Turkey

AIM: The objective of the present study was to evaluate the effects of platelet rich fibrin (PRF) after crush injury of sciatic nerves in rabbits by histomorphometric analysis.

METHODS: Eighteen, male, Vienna white rabbits were used in the present study. After induction of general anaesthesia, 9ml blood samples were collected and centrifuged for 12 minutes at 2700 rpm to get PRF. Left sciatic nerves of all rabbits were clamped for 30 seconds to induce crush injuries. Animals were randomly divided into two groups and in the treatment group PRF membranes were wrapped around the injured part of sciatic nerves and immobilized with non-resorbable sutures. After 12 weeks healing period, tissue samples of the injured part of nerves were harvested. Tissue sections were stained with toluidine blue and investigated under light microscope. ''G'' values of axons and EMG of sciatic nerves were also evaluated for functional recovery of injured nerve.

RESULTS: Analysis revealed that axon density is higher in the control group than PRF treatment group but the differences were not statistically significant (p=0,246). Rate of nerve fibers with optimum G-ratio was significantly decreased in the treatment group (p=0,02). Conduction velocity decreased after crush injury, however at the end of treatment period differences between control and treatment group was not statistically significant.

CONCLUSION: Although positive effects of PRF application on maxillofacial tissues have been revealed, local PRF application did not show any improvement in recovery of crush nerve injuries. Nerve specific growth factors containing scaffolds may be applied in future studies.

OP-34
THE EFFECT OF SALIVARY GLAND-DERIVED STEM CELLS ON DIABETIC HEALING: PRELIMINARY REPORT

Sertaç Aktop[1], Elif Merve Özcan[1], Deniz Genç[2], Burcu Çevreli[3], Emel Serdaroğlu Kaşıkçı[4], Nil Çomunoğlu Üstündağ[5], Noushin Zibandeh[2], Gökhan Göçmen[1], Hakan Karagözoğlu[1], Mehmet Kamil Göker[1], İsmail Tayfun Uzbay[4], Tunç Akkoç[2]

[1]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Marmara University, Istanbul,Turkey
[2]Department of Pediatric Allergy and Immunology, Faculty of Medicine, Marmara University, Istanbul; Turkey
[3]Experimental Research Unit, Faculty of Engineering and Natural Sciences, Uskudar University, Istanbul, Turkey
[4]Department of Moleculer Biology and Genetics, Faculty of Engineering and Natural Sciences, Uskudar University, Istanbul, Turkey
[5]Department of Medical Pathology, Faculty of Medicine Cerrahpasa, Istanbul University, Istanbul, Turkey

OBJECTIVE: Diabetes mellitus (DM) inhibits wound-induced angiogenesis, thus impairing the wound healing process and leading to the development of chronic wounds. Stem cell therapy is a promising approach for addressing dysfunctional wound healing.

METHODS: This study evaluated the therapeutic effects of mesenchymal stem cells (MSCs) from salivary gland sources on short-term soft tissue healing in streptozotocin (STZ)-treated rats. Untreated Wistar albino rats (control group, n = 5) were compared with rats that were systemically treated with STZ (STZ group, n = 10). Incisions were performed on the dorsal dermal tissue of rats in the STZ group, where rat salivary gland-derived mesenchymal stem cells (rSG-MSCs), or no stem cells (NSCAs) were applied subcutaneously. Rats in the control group did not receive stem cells before suturing. Each group was sacrificed on day 4, and skin and blood samples were subjected to biochemical and histological assessments.

RESULTS: STZ-treated rats that received rSG-MSCs demonstrated improved histological results compared with those that did not received rSG-MSCs; Collagen 4 intensity and extent scores were significantly higher in rSG-MSC-treated rats than in non-rSG-MSC-treated rats. STZ treatment had a negative effect on soft tissue healing according to glutathione (GSH) and lipid peroxidation values; administration of rSG-MSC prevented changes in GSH levels, but unfortunately not in LPO levels.

CONCLUSION: The subcutaneous application of rBM-MSCs improved dermal healing in STZ-treated rats based on histological and biochemical parameters.

OP-35
A NOVEL APPROACH FOR DIFFERENTIATING ACUTE FROM CHRONIC RHINOSINUSITIS: MDCT ASSESSMENT OF SINUS AIR DENSITY

Mustafa Fatih Erkoç[1], Bilge Öztoprak[2], Mansur Doğan[3]

[1]Bozok University Medical Faculty, Department of Radiology, Yozgat/TURKEY
[2]Cumhuriyet University Medical Faculty, Department of Radiology, Sivas/Turkey
[3]Cumhuriyet University Medical Faculty, Department of Head and Neck surgery, Sivas/TURKEY

It is difficult to differentiate acute from chronic rhinosinusitis clinically, and to date, they are assessed radiologically via the air-fluid level or opacification, which can appear similar in both cases. Our purpose was to examine whether the air density analysis combined with classical radiological approaches can be used as a new tool to differentiate between acute and chronic sinusitis. This retrospective study included a total of 2419 sinuses in 550 patients who underwent paranasal sinus multidetector computed tomography (MDCT). Patients were divided into three groups according to the clinical diagnosis of sinus status: acutely inflamed as group 1 (n=176), chronic sinusitis as group 2 (n=191) and healthy sinuses (n=183) as group 3, the control group. The mean air density and standard deviations (SD) within the paranasal sinuses in each group were calculated by the measurements of air density with a region of interest (ROI) of 0.5 cm2, located in the center of the air-filled sinus avoiding the sinus wall, and the measurement was repeated in 4-6 consequent CT slices, where available. The mean air density was significantly higher in group 1 compared with group 2 and 3 (- 810 HU, -973 HU and -1010 HU, respectively; $p < 0.05$), as well as SD (89.3 HU, 21.1 HU and 20.9 HU, respectively; $p < 0.05$). In conclusion, increased air density in paranasal sinuses may aid in differentiating between acute and chronic rhinosinusitis.

OP-36
THE RELATIONSHIP BETWEEN SINUS LATERAL WALL THICKNESS AND PERIODONTAL BONE LOSS

Tuba Talo Yıldırım[1], Guliz Nigar Güncü[2], Mehmet Çolak[3], Tolga Fikret Tözüm[4]

[1]Department of Periodontology, Faculty of Dentistry, Firat University, Elazig, Turkey
[2]Department of Periodontology, Faculty of Dentistry, Hacettepe University, Ankara, Turkey
[3]Department of Dento-Maxillofacial Radiology, Faculty of Dentistry, Dicle University, Diyarbakir, Turkey
[4]Department of Periodontics, College of Dentistry, University of Illinois at Chicago, Chicago, IL, USA

PURPOSE: The purpose of the present clinical study was desinged to determine the associations among periodontal bone loss (PBL), lateral sinus wall thickness, age, and gender using cone beam computerized tomography (CBCT).

MATERIAL-METHOD: The current retrospective study consists of 716 maxillary sinus CBCT images of 358 patients. The CBCT scans were assessed to detect the relationship between lateral wall thickness and PBL. ANOVA and student-t test analysis were used to determine the influence of PBL on sinus lateral wall thickness.

RESULTS: Sinus lateral wall thickness was significantly associated with PBL ($P<0.05$) at 3mm, 13mm and 15mm. There was no significant association between lateral wall thickness and gender; however, there was a significant association between lateral wall thickness (at 3mm and 13mm) and age ($P<0.05$).

CONCLUSIONS: PBL may have an association with maxillary sinus lateral wall thickness. Profound knowledge of this anatomy will certainly decrease the chances of complication in sinus lift surgery.

OP-37
COMPARISON OF PATIENT-SPECIFIC ROOT ANALOGUE ZIRCONIA AND TITANIUM IMMEDIATE DENTAL IMPLANTS: PRELIMINARY RESULTS

Emine Fulya Akkoyun[1], Ahmet Emin Demirbaş[1], Hasan Önder Gümüş[2], Arzu Alkan[3], Alper Alkan[4]

[1]Department of Oral and Maxillofacial Surgery, Erciyes University Faculty of Dentistry, Kayseri, Turkey
[2]Department of Prosthodontics, Erciyes University Faculty of Dentistry, Kayseri, Turkey
[3]Department of Periodontology, Erciyes University Faculty of Dentistry, Kayseri, Turkey
[4]Department of Oral and Maxillofacial Surgery,
Bezmialem Vakıf University Faculty of Dentistry, İstanbul, Turkey

OBJECTIVES: This study aimed to explore the feasibility of and to compare immediate patient-specific root analogue (PRI) zirconia and titanium dental implants.

METHODS: Thirty-six patients who had root caries, unsuccessful root canal treatment, chronic apical periodontitis, or fractured non-restorable teeth with adequate periodontal bone height and thickness were included in the study. The datasets acquired using a cone beam computed tomography scanner before tooth extraction were used for creating three dimensional models of roots and surrounding bone. PRIs were designed in a 3D design and modelling software and manufactured from zirconia and titanium blocks by using a CAD/CAM device. The implants were placed in the extraction sockets immediately after tooth extraction at same operation. Radiographic and clinical evaluations were performed at the follow up period.

RESULTS: Twenty-one zirconia and seventeen titanium PRIs were placed. 13 zirconia implants and 4 titanium implants were failed. 9 of the 13 failed zirconia PRIs were at the anterior region. Survival rate was 38% for zirconia and 76.5% for titanium groups. Survival implants were stable; with no signs of infection such as pain or suppuration after functional loading.

CONCLUSIONS: PRI concept is a new promising treatment modality. According to the results of this study, design and manufacture of the zirconia and the titanium PRIs are feasible with currently available technologies. Unfortunately, its use is limited to a small number of patients because of its narrow indication range, manufacturing costs are expensive and the success rate in the anterior region is quite low.

OP-38
A COMPREHENSIVE ANALYSIS OF THE ILIAC CREST DONOR SITE IN TERMS OF BONE GRAFT VOLUME THAT CAN BE HARVESTED

Adnan Kılınç[1], İsmail Hakkı Korkmaz[2], İrfan Kaymaz[3], Zekiye Kılınç[4], Ertunç Dayı[1], Abdulmecit Kantarcı[5]

[1]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry,
Ataturk University, Erzurum, Turkey
[2]Department of Mechanical Engineering, Faculty of Engineering, Igdir University, Igdir, Turkey
[3]Department of Mechanical Engineering, Faculty of Engineering, Ataturk University, Erzurum, Turkey
[4]Private practitioner, Orthodontist, Erzurum, Turkey
[5]Department of Radiology, Faculty of Medicine, Ataturk University, Erzurum, Turkey

PURPOSE: To calculate bone graft volumes (BGVs) that can be harvested from the The anterior iliac crest (AIC) and posterior iliac crest (PIC) using 3D CTs and software in a large living adult population, while taking into account the reference points for the safe bone graft harvesting procedures reported in various studies.

MATERIALS-METHODS: CT scans of the pelvis were randomly selected from the Radiology Imaging Database. CT data in DICOM file format were imported into the Mimics software. The AIC and PIC bone graft-harvested boundaries were determined. The cortical and cancellous BGVs the can be harvested from AIC and PIC was measured using this software.

RESULTS: Data from 31 men and 29 women were studied. The results show that the average cancellous BGV that can be harvested was 15.98 mL from the AIC-1, which has the widest limit; and 25.80 mL from the PIC. The average cortical BGV was 10.29 mL in the AIC-1 and 8.19 mL in the PIC; the average corticocancellous BGV was 26.27 mL in the AIC-1 and 33.99 mL in the PIC, respectively.

CONCLUSION: The results show that the volume of cancellous and total corticocancellous bone grafts can be harvested from the PIC higher than AIC, while similar or lesser volumes of cortical bone grafts can be harvested. Sex, but not age, is an important factor in terms of the BGV can be harvested. The volume of bone grafts that can be harvested individually from both the AIC and PIC shows a wide range.

OP-39
THE EFFECTS OF IRRIGATION VOLUME TO THE HEAT GENERATION DURING IMPLANT SURGERY

Alper Sindel[1], Ömür Dereci[2], Mükerrem Hatipoğlu[3], Mehmet Ali Altay[1], Öznur Özalp[1], Adnan Öztürk[4]

[1]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Akdeniz University, Antalya, Turkey
[2]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry,
Osmangazi University, Eskişehir, Turkey
[3]Department of Periodontology, Faculty of Dentistry, Akdeniz University, Antalya, Turkey
[4]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Erciyes University, Kayseri, Turkey

OBJECTIVES: To evaluate the effects the amount of irrigation on heat generated during implant site preparation.

STUDY DESIGN: Ten freshly dissected sheep mandibles were sectioned into 30 equal bone blocks and transferred into a heat-controlled water tank. Implant socket preparations were performed with four consecutive drills. Temperature measurements were performed with a thermocouple inserted into the bone immediately before the preparation and after the drilling using three different physiologic saline irrigation set-ups: 1- No irrigation, 2- 12 ml/min and 3- 30 ml/min irrigation volume. The temperature differences between three different irrigation set-ups for implant drills 1, 2, 3 and 4, and the temperature differences between the drills for three different irrigation set-ups were separately compared.

RESULTS: The temperature difference of no irrigation group was significantly higher than 12 ml/min and 30 ml/min groups for all four drills ($p<0.05$), whereas no statistically significant difference was found between 12 ml/min and 30 ml/min irrigation groups. ($p>0.05$) The temperature difference of drill 1 is significantly higher than drills 2, 3 and 4 for no irrigation group. ($p<0.05$) The temperature differences of drill 1, 2 and 3 were significantly higher than the temperature difference of drill 4 for 12 ml/min irrigation group. ($p<0.05$)

CONCLUSIONS: The heat generated during drilling is not directly proportional to the coolant volume. Given that certain amount of irrigation is applied, implant sites can be prepared safely without the need for additional irrigation, which may result in reduced visibility of the surgical site and therefore a suboptimal surgery.

OP-40
THE ROLE OF ENDODONTIC RISK FACTORS IN EARLY IMPLANT FAILURE

Selen Nihal Sisli[1], Zafer Özgür Pektaş[2]

[1]Department of Endodontics, Baskent University, Ankara, Turkey
[2]Department of Oral and Maxillofacial Surgery, Baskent University, Ankara, Turkey

The aim of this preliminary study is to examine the ratio of endodontic risk factors in the etiology of early implant failure retrospectively.

In this study implants which were placed in our clinic between 2012-2017 and failed in 1 year were examined; cases with history of diabetes mellitus, chemotherapy, autogenous bone augmentation procedures were excluded. Fifty six implants were included and classified according to the presence of adjacent teeth, adjacent teeth with endodontic treatment or periapical lesion, the reasons of extraction before implantation. Duration between implantion and extraction was also classified. 7.1% of the implants were adjacent to endodontically treated teeth, and 32.1% were adjacent to teeth. In partial toothless jaws, the ratio of the implants with no adjacent teeth was found 28.6%, whereas in total toothless jaws it was 32.1%. It was observed that 27.7% of implants were adjacent to teeth with periapical lesion and 75% for those with adjacent to endodontically treated teeth. The leading reasons for extraction were endodontic failure (31.5%) and loss of periodontal tissue (25.9%), while only 1.9% of them were associated with prosthetic treatment planning. It was observed that implant failure ratio was higher among implants placed to old extraction sites (46.4%), while it was equal among implants placed immediate and after at least 6 weeks healing time (26.8%).

As a result, it was observed that the frequency of adjacent teeth with periapical lesion was high enough not to be underestimated among potential endodontic risk factors.

OP-41
FINITE ELEMENT ANALYSIS OF BIOMECHANICAL ALTERATIONS OF DENTAL IMPLANTS WITH PERI-IMPLANTITIS

Salih Eren Meral, Hakan Hıfzı Tüz

Hacettepe University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Peri-implantitis is a progressive situation with multifactorial etiology leading to peripheral crestal bone loss and eventual loss of osseointegration. Bacterial infections and biomechanical factors are two major etiologic factors associated with peri-implantitis. Other etiologic factors such as traumatic surgical techniques, smoking and inadequate bone volume not only act as co-factors in the development of peri-implantitis, but also result with exposed implant surface.

Dental implants induce forces on surrounding bone. When excessive forces are applied, resorption of the surrounding bone may occur due to pathological strain around dental implants and thus lead to loss of osseointegration around the neck of the implant. Usually this forces are generated by trauma and parafunction. On the other hand resorption of surrounding bone around implant caused by peri-implantitis may lead to increase in pathological strain around dental implants even on functional occlusal forces due to differentiation of bone supported implant / crown ratio.

The aim of this study is to evaluate biomechanical behaviors of dental implants with peri-implantitis at different levels of bone loss, using finite element analysis.

OP-42
EFFICACY OF ND: YAG LASER BIOSTIMULATION IN THE TREATMENT OF INFERIOR ALVEOLAR NERVE INJURY AFTER IMPLANT SURGERY

Ferhat Ayranci, Efe Can Sivrikaya, Mehmet Melih Ömezli, Emrah Polat, Burak Cezairli

Department of Maxillofacial Surgery, Ordu University, Ordu, Turkey

PURPOSE: Dental implantology has become one of the most used treatment modalities in dentistry. The inferior alveolar nerve can be damaged during implant surgery. In present study, the effectiveness of Nd: YAG LLLT was evaluated.

METHODS: In this study, 4 patients who have long-term sensory loss following implant placement in mandible were treated with LLLT. Patients had numbness in their lip, chin and gingival areas and they had undergone implant surgery at least 8 months before. The patients underwent LLLT. Neurosensory tests (2-point discrimination test, visual analog scale) applied to the patients before and after the laser treatment.

RESULTS: There were no statistical differences found in 2 point discrimination test although increased values seen. The VAS analysis indicated improvement in the quality of life.

OP-43
ALVEOLAR RIDGE AUGMENTATION WITH TITANIUM MESH VERSUS AUTOGENOUS ONLAY BONE GRAFT: EVALUATION OF POST-OPERATIVE COMPLICATIONS

Nurettin Diker[1], Nur Altiparmak[1], Sıdıka Sinem Akdeniz[1], Burak Bayram[1], Ibrahim Sina Uckan[2]

[1]Department of Oral and Maxillofacial Surgery, Baskent University, Ankara, Turkey
[2]Department of Oral and Maxillofacial Surgery, Istanbul Medipol University, Istanbul, Turkey

AIM: Besides use of various grafting techniques, there is no consensus about the superiority of one approach over the others. The aim of the present study is to compare the complication rates of the recipient sites those grafted with autogenous bone or titanium mesh.

METHOD: Patients at the ages of 24-65 with alveolar crest atrophy applied to Oral and Maxillofacial Surgery Clinic of Baskent University were included in this study. 24 graft site augmented with autogenous bone graft and 24 graft site augmented with titanium mesh were included in the present study. Recipient site paraesthesia, minor graft exposures, major graft exposures, infection of graft during post-operative period and frequency of implant placement with simultaneous augmentation were determined from patient records

RESULTS: Minor exposure frequency in mesh group was significantly higher than the autogenous graft group (p=0,0209). However there was no statistically significant differences between two groups for recipient site paraesthesia, major graft exposure and graft infection frequency. Frequency of implant placement with simultaneous augmentation was significantly higher in the titanium mesh group (p=0,0209).

CONCLUSION: Due to same major graft exposure rates that causes to change treatment plan or does not allow prosthodontically guided positioning of dental implants, alveolar ridge augmentation with titanium mesh provide similar success during post-operative period. In addition, simultaneous implant placement with titanium mesh can reduce treatment time and it eliminates donor site morbidity. However further investigations are required to state that it is an alternative to autogenous bone graft.

OP-44
HISTOMORPHOMETRICALLY COMPARISON OF CONVENTIONAL GRAFTING AND MINERALIZED PLASMATIC MATRIKS IN MAXILLARY SINUS AUGMENTATION

Hatice Özlem İrdem[1], Nejat Ünlükal[2], Seda Atay[2], Ender Erdoğan[2], Doğan Dolanmaz[1]

[1]Selcuk University Faculty of Dentistry, Departmen of Oral Surgery, Konya, Turkey
[2]Selcuk University Faculty of Medicine, Departmen of Histology and Embryology, Konya, Turkey

OBJECTIVE: Dental implants are the best choice to replace a missing tooth. Sometime the height or the thickness of the natural bone where an implant should be placed is not sufficient especially on maxillary posterior site. So in these cases sinus lifting with bone graft are recommended. This study aims to compare the capacity of bone regeneration between the Mineralized Plasmatic Matrix (MPM) and deproteinize bovine bone mineral (Bio-Oss) in sinus lifting.

MATERIALS-METHODS: Fourteen sinuses of seven patients with bilaterally posterior maxillary bone atrophy were selected for the study. In one site sinus augmentation was done by using Bio-Oss graft and the other site grafted with MPM. After a 4 month healing period, bone biopsies were obtained by using trephine bur when implant placement from the grafted posterior maxilla. Bone characteristics were evaluated using histological observation and histomorphometric analyses. Masson's trichrome stain was used to detect new bone formation.

RESULT: The mean new bone formation rate 39.4% ±18.11 in the Bio-Oss sites. In the MPM sites ıt was 45.95% ±10.29%. No significant statistical differences were found between two groups.

CONCLUSIONS: The results of this study show that both grafting procedures have similar healing caracteristic. However, MPM has relatively better new bone gain capacity although there is no statistically significant differences.

OP-45
RESISTANCE OF ALLOGENIC AND AUTOGENOUS BONE-RINGS TO THE LOADING FORCES AFTER IMPLANTATION

Berkan Altay[1], İsmail Doruk Koçyiğit[1], Mustafa Ercüment Önder[1], Umut Tekin[1], Fethi Atıl[1], Özkan Özgül[1], Seda Yılmaz[2]

[1]Department of Oral and Maxillofacial Surgery, Kırıkkale University, Kırıkkale, Turkey
[2]Department of Oral and Maxillofacial Surgery,
Buyukçekmece Centrefor Oral and Dental Health, Ministry of Health, Istanbul, Turkey

OBJECTIVES: It is aimed to evaluate the stress distribution in the bone by finite element analysis and mechanical analysis in allogeneic and autogenous bone ring supported immediate implant surgery. Assessment of the success and clinical applicability of the method to be applied as a result of evaluation of the possible resorption amount in the recipient area and bone.

MATERIAL-METHODS: Anterior edentulous maxilla computed tomography image has been designed as a three-dimensional computer-assisted programs. 10 bone rings were placed in the models and the images were scanned and transferred to the computer environment. Maxillary bone, bone rings and peripheral structures stress data were recorded in the finite element analysis program. Stress analysis was performed on the created model according to different age, sex and length measurement.

RESULTS: The amount of stress measured in autogenous bone rings was statistically higher when compared with allogenic bone rings.

DISCUSSION: The excess amount of stress seen in the autogenous bone rings will cause resorption in the implant neck. Thus supporting the autogenous bone rings, which are considered to be the gold standard, to be supported by various biomaterials will reduce resorption.

OP-46
ASSESSMENT OF THE EFFECT OF IMPLANT TREATMENT ON QUALITY OF LIFE

Burak İrfan İçten, Ahmet Ferhat Mısır

Department of Oral and Maxillofacial Surgery, Bulent Ecevit University, Zonguldak, Turkey

Nowadays, in modern dentistry, implant treatment is seen as the most appropriate option to improve the reduced quality of life due to tooth loss. The Oral Health Impact Profile(OHIP) is the most common form being used in adults to assess the intraoral pre- and postoperative life quality. The objective of our study is to assess the oral health related life quality, before and after the implant treatment and also to assess the postoperative patient recovery and complications, in patients with tooth losses caused by several reasons. Our study included 60 patients who had no any systemic complications and had one or more tooth losses in maxilla or mandible. The results from this study are analyzed statistically and it's found that the quality of life of the patients are improved after dental implant treatment.

OP-47
REIMPLANTATION:CASE SERIES

Demet Şahin

Medipol University Department of Periodontology, Istanbul, Turkey

Intentional replantation (IntR) is described as purposely removing a tooth and replacing it into its socket following some extra-oral procedures. INtR could be the best alternative for patients who are eager to preserve their natural teeth in a cost effective way. In this study, we aimed to preserve hopeless anterior incisor teeth with severe periodontal destruction. Patient selection was held carefully. Patients who were eager to keep their hopeless teeth were enrolled. Full-mouth SRP in one session was performed and oral hygiene instructions were explained. Patients were recalled 1 week later. 17 incisor teeth in 6 patients with severe periodontal destruction and full mouth plaque score less than %10 were included in the study. Before surgical intervention, root canal treatments were performed. After LA, compromised teeth were extracted atraumatically. Granulation tissues were carefully removed. Root surfaces were cleaned from calculus, debris and granulation tissue. Sockets were irrigated with SF. Teeth were replaced into the sockets. Provisional splints were placed. Antibiotics and analgesics were prescribed. Patients were recalled 1 week later. Healings were uneventful. Patiens were controlled 1 month and 6 months later.

RESULTS: All reimplanted teeth were periodontally healthy at first month and sixth month. No pocket formation, no gingival bleeding, no suppuration was observed. Panoramic radiographic evaluation revealed bone apposition at sixth month.

CONCLUSION: IntR could be a good treatment alternative at patients who are motivated to keep their teeth. Patient selection must be performed very carefully. Only patients with perfect oral hygiene are good candidates for IntR.

OP-48
IS IT NECESSARY TO ALTER ANTICOAGULATION THERAPY FOR TOOTH EXTRACTION IN PATIENTS TAKING DIRECT ORAL ANTICOAGULANTS?

Hüseyin Can Tükel[1], Mehmet Çalışkan[1], Mehmet Emre Benlidayı[1], Ali Deniz[2]

[1]Oral and Maxillofacial Surgery, Çukurova University, Adana, Turkey
[2]Cardiology, Çukurova University, Adana, Turkey

PURPOSE: The aim of this study was to compare the amount of bleeding (AOB) and postoperative complications after tooth extractions between patients taking warfarin and DOACs. Patients and methods.

Eigthy-four patients were included in this study and a single tooth was extracted in each patient. There were four groups in this study: Patients taking direct thrombin inhibitor, patients taking factor Xa inhibitor, patients taking warfarin and patients not taking any anticoagulant (Control group). AOB was measured for 20 minutes after tooth extraction.

Mean AOB was 1388.6, 1909.29, 3673, 1593.33 mg for direct thrombin inhibitor, factor Xa inhibitor, warfarin and control groups respectively. Mean AOB was statistically significant for warfarin group, compared to other groups. The number of patients showing mild and moderate bleeding was significantly higher in warfarin group compared to other groups on the 2nd postextraction day (p=0.001). No bleeding occurred on 7th postextraction day for thrombin inhibitor and control groups. One patient in factor Xa inhibitor group (4.8%) and 1 patient in warfarin group (4.5%) had mild bleeding and 2 patients in warfarin group (9.1%) had moderate bleeding on 7th day. However these results were not statistically significant (p=0.251).

CONCLUSION: Patients taking warfarin had more bleeding compared to patients taking direct oral anticoagulants after tooth extractions. In patients taking direct oral anticoagulants tooth extractions can be safely carried out without altering the anticaogulant regimen with the use of local hemostatic agents.

OP-49
EVALUATION OF COMPLICATIONS FOLLOWING IMPACTED MANDIBULAR THIRD MOLAR EXTRACTION IN PATIENTS WITH DIFFERENT HAND PREFERENCE

Utkan Kamil Akyol

Department of Maxillofacial Surgery, Recep Tayyip Erdoğan University, Rize, Turkey

AIM: Individual preference of using right or left hand for doing various hand workings, is the most easily observable form of the cerebral lateralization. It was stated that, among the right or left hand dominant individuals, there is an immunological asymetry, and a difference in motor control, visuospatial skills, and in the incidence of a number of disease. The aim of the study was to investigate pain, edema, trismus following the mandibular third molar extraction in patients with different hand preference.

MATERIAL-METHODS: Forty three patients who were indicated for bilateral surgical extraction of impacted mandibular third molars were included in the study. The interval between the extraction of the right and left molars of the patient was 30 days. The patients were divided into four groups; 1) Left Handed- Right (Right Third Molar), 2) Left Handed- Left, 3) Right Handed- Right, and 4) Right Handed- Left. Measurements were made for comparison of pain, edema and trismus before and after operation.

RESULTS: The statistical significance was not observed between the groups regarding the pain, edema and trismus. ($P > 0.05$)

CONCLUSION: The results suggest that severity of pain, edema and trismus may not be related to the hand preference following the right and left mandibular third molar extraction. Extended studies demonstrating an extent of an influence of hand preference in the complications of oral surgery, could be useful for planning the surgical interventions as well as for treatment results in maxillofacial surgery.

OP-50
ALTERATION OF PREOPERATIVE ANXIETY LEVELS IN ORAL SURGERY

Akif Türer[1], Şant Altunkara[1], Özge Faydalı[2], Çiğdem Coşkun Türer[3]

[1]Department of Oral and Maxillofacial Surgery, Bulent Ecevit University, Zonguldak, Turkey
[2]Private Clinic, İstanbul, Turkey
[3]Department of Periodontology, Bulent Ecevit University, Zonguldak, Turkey

OBJECTIVE: Dental anxiety is a common case that every dental practitioner faces in clinic. As dental anxiety involves personal consequences for the affected patients, it also hampers the clinical performance of the dental professional. The aim of this study is to evaluate preoperative anxiety levels of patients who had at least two oral surgery under local anaesthesia.

MATERIAL-METHOD: The "STAI FORM TX-1" questionnaire, which is used to measure situational anxiety, was administered to 100 patients to assess their preoperative anxiety before both operations. Standard local anaesthesia was performed after all patients received information about surgical operation and dental anaesthesia. Oral surgery was performed under local anaesthesia. Same procedure also repeated before the second oral surgery.

RESULTS: Although the pre-surgery anxiety levels were less in second questionnaire, the differences in STAI values between first and second questionnaires were not statistically significant. The anxiety levels of men were found higher than women according to first STAI scores, furthermore the anxiety levels of women were found higher than men on the second STAI scores.

CONCLUSION: The results showed that the anxiety levels of the patients were lower before the second surgery, even though the difference between the first and second STAI scores were not statistically significant. This situation can be explained by patient's knowledge about the surgical procedure.

OP-51
BISPHOSPHONATE-RELATED OSTEONECROSIS AND FRACTURE OF MANDIBLE, HEALING AFTER TERIPARATIDE INJECTION

Bilal Cemşid Sarı, Abdullah Özel

Department of Oral and Maxillofacial Surgery,Istanbul Medipol University, Istanbul

OBJECTIVE: Osteoporosis is a disease which there is decreased bone strength. Osteoporosis may ocur due to low level bone mass or increased bone loss. In women, bone loss increases after menopause due to lower levels of estrogen. Recently bisphosponate is prescribed to reverse the situation. Management of BRONJ(Bisphosphonate-Related Osteonecrosis of jaw) is challenging and controversial, and there is currently no evidence based drug treatment and treatment protocol. Daily Teriparatide injection has recently been reported to be effective for BRONJ in osteoporosis patients. In this review and case report, we present the treatment of BRONJ and pathologic fracture of the mandible which was caused by periimplantitis, with teriparatide

MATERİAL & METHOD: Entire English literature has been searched in by Pubmed and EBSCO databases. "Osteoporosis" "jaw","teriparatide" "osteonecrosis" have been used as keywords. All case reports has been included and 14 osteonecrosis cases was found that healed by teriparatide.

CASE REPORT: 88 years old woman reffered by her dentist to our clinic suffering from osteonecrotic and fractured jaw caused by peri-implantitis. In radiological examination, favourable fracture has been seen. Daily teriparitide has been administered for 6 months with a strict oral hygiene motivation and follow-up.

RESULTS: In the literature review, there are 10 cases that healed using teriparitide however it has not encountered any pathological fracture caused by peri-implantitis which is healed by teriparatide injection.

CONCLUSION: Because of Teripatide's anabolic effects on the bone, administiration of it may be useful in the clinical setting and ONJ in osteoporitic patients.

OP-52
THE ULTRASTRUCTURAL FEATURES OF RE-EPITHEALIZATION PROCESS OF SURGICAL WOUNDS ON ORAL MUCOSA AND FACIAL SKIN

Chingiz Rahimov, Ismayil Farzaliyev, Tamraz Guliyev

Department of Oral and Maxilofacial surgery, Azerbaijan Medical University, Baku, Azerbaijan

BACKGROUND: The question concerning migration process of keratinocytes within re-epithelization of surgical wounds is still debating. The aim of the present study was to investigate the dynamic relationship between keratinocytes itself and with connective tissue elements on ultrastructural level during re-epithealization process of surgical wound on facial skin and oral mucosa.

METHODS: The model of full-thickness surgical wounds on skin and oral mucosa were created in domestic pigs under the general anesthesia. The tissue which was taken from the wound keep in to the fixating solution, contain 2.5% paraformaldehyde, 2.0% glutaraldehyde and 0.1% picric acid in 0.1 M PBS for at least 4 hours and then processed using standard EM. Ultrathin sections were examined by using TEM.

RESULTS: The "epithelial regeneration lingua" composed from different number of keratinocytes is forming on the wound edges with a further tendency to migration toward the bottom of the wound. In the area of beginning of epithelial lingua as well on the part directed toward bottom of the wound the main bulk of keratinocytes are losing their baso-apical polarization and because of their fattening are localizing parallel to the edges of surround connective tissue elements. It is character by the forming of cytoplasmatic bridges on the background of existing desmotomes in-between.

CONCLUSIONS: This novel study demonstrates that re-epithealization of surgical wound in oral mucosa and skin is associating with migration of keratinocytes not as single cell migration but as cell layer.

OP-53
COMPARISON OF PIEZOELECTRIC TECHNIQUE AND ROTARY HANDPIECE TECHNIQUE IN IMPACTED THIRD MOLAR SURGERY

Dilek Menziletoğlu, Funda Baştürk, Bozkurt Kubilay Işık, Alparslan Esen

Department of Oral and Maxillofacial Surgery, Necmettin Erbakan University, Konya, Turkey

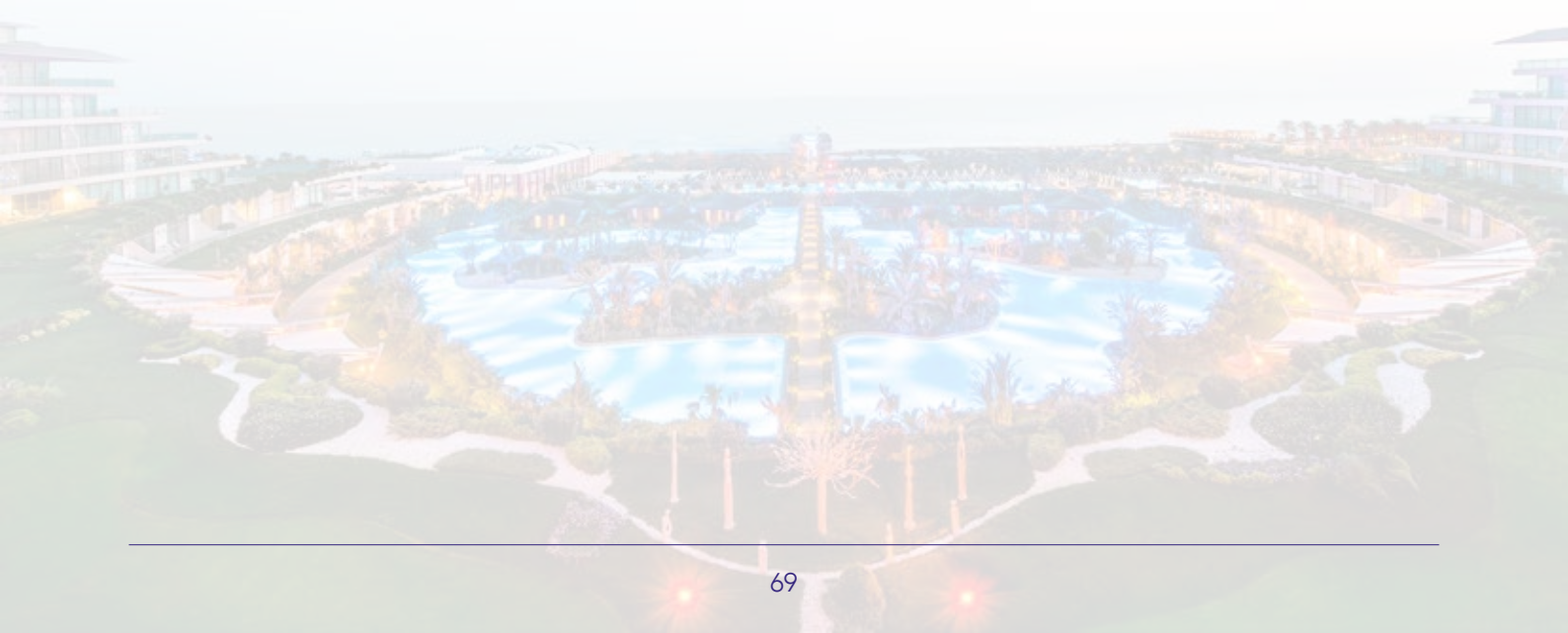
AIM: The aim of this study was to compare the piezosurgery technique and the rotary handpiece technique on the effect of post-operative pain, swelling and trismus in mandibular third molar surgery.

METHOD: Thirty patients (27 women and 3 men) with bilateral impacted mandibular third molars were included in this split-mouth clinical study. Sixty impacted third molars were divided into a control group (n=30), in which the osteotomies were performed using a rotary handpiece technique and an experimental group (n=30), in which the osteotomies were done by piezosurgery technique. Duration of the procedure was recorded. Postoperative pain was assessed using a visual analogue scale (VAS). Trismus was evaluated by measuring the interincisal distance between the incisal edge of the upper and lower central incisors using a caliper at maximum mouth opening (cm).

RESULTS: There was no significant difference in postoperative pain, trismus and swelling between control and experimental groups ($p>0.05$). However, time of the procedure increased in control group ($p<0.05$).

CONCLUSION: Piezosurgery technique took longer to complete the osteotomy than the rotary handpiece technique and piezosurgery instruments are expensive.

POSTER PRESENTATIONS



PP-001
LUDWIG'S ANGINA: A CASE REPORT

Bilge Çadır[1], Erdoğan Okur[2], Deniz Dilek[2], Mustafa Tüz[2], Barış Konuk[1], Burçin Özkart[3], Burcu Taşkıran Kandeğer[4], Serap Kocabey Uzun[5]

[1]Süleyman Demirel University (SDU), Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery, Isparta, Turkey
[2]SDU, Faculty of Medicine, Department of Ear Nose Throat (ENT), Isparta, Turkey
[3]SDU, Faculty of Medicine, Department of Internal Medicine, Isparta, Turkey
[4]SDU, Faculty of Medicine, Department of Ophthalmology, Isparta, Turkey
[5]SDU, Faculty of Medicine, Department of Dermatology, Isparta, Turkey

AIM: The aim of this abstract was to report a patient with an uncommon pathology called Ludwig's Angina.

METHOD: 55-years-old a male patient admitted to our clinic with widespread Head&Neck swelling typical for Ludwig's Angina. Patient underwent clinical-, radiological- microbiological-, and blood test-examinations; antibiotic- and corticosteroid-therapy, tracheotomy and decompression for surgical abscess drainage under general anesthesia.

RESULTS: Patient's anamnesis exhibited fast-developing painful swelling on his face following mandibular tooth filling of 37 with occlusal caries two-weeks ago. Analgesic prescribed by his dental practitioner was ineffective, and further antibiotic therapy was rejected by the patient due to uncontrollable devastating disease progress. Our clinical-examination revealed fatigue, overtiredness in his appearance; decrease in his patience; wheezing; increase in -breathing, -fever; difficulty in -talking, -walking, -breathing; and widespread swelling involved bilateral periorbital-, infraorbital facial-tissues; submandibular-, sublingual-, submental-spaces and neck. Additionally, erythema was remarkable on his facial-, neck- and chest-skin. Medical history indicated diabetes mellitus, hypertension and cardiac stent operation. High blood-glucose level (304mg/dl) in concomitant with ketoacidosis was present at the time of disease progress. Patient had iatrogenic paresthesia in his left-laryngeal, -terminal brunch of the lingual (unremarkable at the right-side) and left-cervical brunch of the facial nerves post-operatively. Eight-month follow up period showed recovery of the laryngeal-nerve, improvement in terminal brunch of the lingual-nerve and unresolved cervical brunch of the facial-nerve paralysis. Post-operatively, patient recovered well in general and prognosis is good.

CONCLUSION: We concluded that early diagnosis, treatment and determining the etiology of the Ludwig's Angina are extremely important to avoid mortality

PP-002
A LARGE SIALOLITH ON THE PARENCHYMA OF THE SUBMANDIBULAR GLAND: A CASE REPORT

Vugar Gurbanov[1], Tural Mammedov[2], Siraceddin Ahmedov[2]

[1]Ondokuz Mayıs University,Department of Oral and Maxillofacial Surgery,Samsun, Turkey
[2]Azerbaijan Medical University,Department of Oral and Maxillofacial Surgery,Baku.Azerbaijan

Sialolithiasis is the most common disease of the major salivary glands and accounts for ~30% of all salivary disorders. Between 0.01 and 1.0% of the world population is believed to be affected by the disease and the incidence is higher among males aged between 30 and 60 years. The most common location is the submandibular gland, the duct being more frequently affected than the parenchyma. Sialolithiasis is characterized by obstruction of the salivary secretion by a calculus. This is associated with pain and inflammation and in some occasions with an infection of the affected gland. In a few cases, when the sialolith is small and located near the orifice of the duct, it may be removed following a widening of the orifice with a lacrimal probe. Intraglandular sialoliths require submandibular sialadenectomy or partial parotidectomy. Clinical, radiographic findings are important in determination of the precise location and size in order to indicate the right treatment for the individual patient.

A case is described here which is of interest because the large sized salivary stone is rarely located in the parenchyma of submandibular glands.

PP-003
BILATERAL DOUBLE MAXILLARY PARAMOLARS: A RARE CASE REPORT

Aydın Özkan[1], Hakan Dağ[2], Hasan Ayberk Altuğ[1], Metin Şençimen[1], Gürkan Raşit Bayar[1]

[1]University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery Clinic, Ankara, Turkey.
[2]Yıldırım Beyazıt Training and Research Hospital, Dental Service, Ankara, Turkey

Paramolars are rare supernumerary molar occurring buccally or lingually/palatally near the molar row. They may cause complications such as caries, periodontal disease and delay or prevention eruption of permanent teeth. Reports of bilateral entity are rarely found in the dental literature. The present case report reports a rare case of bilateral double paramolars in the maxillary molar region in 21-year-old male patient.

PP-004
A LARGE RADICULAR CYST INVOLVING THE MAXILLARY SINUS: A CASE REPORT

Aydın Özkan[1], Gürkan Raşit Bayar[1], Hasan Ayberk Altuğ[1], Metin Şençimen[1], Abdullah Durmaz[2]

[1]University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery Clinic, Ankara, Turkey.
[2]University of Health Sciences, Gulhane Training and Research Hospital, Ear, Nose, Throat Clinic, Ankara, Turkey

Radicular cysts are the most common odontogenic cysts of inflammatory origin affecting the maxillofacial region. Radicular cysts grow slowly, but in some cases may reach a considerable size. Clinically they are asymptomatic unless infected. In the posterior part of the maxilla, a large radicular cyst can displace or destroy the floor of maxillary sinus. This case report presents the successful surgical management of large radicular cyst involving the entire right maxillary sinus.

PP-005
CEMENTO-OSSIFYING FIBROMA (COF): A CASE REPORT RELATED TO THE IMPLANT LOSS

Nazife Begüm Karan[1], Aysenur Nergiz Tanıdır[1], Hatice Yemenoglu[2]

[1]Department of Oral&Maxillofacial Surgery, RTE University, Rize, Turkey
[2]Department of Periodontology, RTE University, Rize, Turkey

OBJECTIVE: Cemento-ossifying fibroma(COF) is a slow-growing, generally asymptomatic, intrabony lesion and mostly seen in the mandible and in women between the third and fourth decades of life. The prognosis is known to be fair and recurrence is rare after complete enucleation and curettage; however, radiographic follow-up should be annual and on a long-term basis.

MATERIALS-METHOD: Systemically healthy 72-year-old female patient had a request to get implant-supported removable prosthesis. Implants were placed in the mandibular canine region, bilaterally. One month later, the patient returned to the clinic with a major complaint of pain. Radiographic examination showed no signs of any abnormality; however, implant that was placed in the right canine region was mobile and not osseointegrated. Based on these results, removal of the related implant was performed. Bony walls of the cavity were curetted and sample was sent for pathologic examination. An implant with a larger diameter was placed at the same region, subsequently.

RESULTS: There were no symptoms suggestive of infection in the post-operative period. Biopsy specimen showed the definition of COF and the patient was kept under close observation. Osseointegration criterias were full-filled in the third month of surgery and the patient had her implant-supported removable dentition. In the first year of follow-up no signs of recurrence suggestive of COF was observed.

CONCLUSION: The present case emphasize a diagnosis of COF should be considered as a failure reason for an unexpected implant loss and this unwanted condition can be avoided by the awareness of the doctors.

PP-006
NEW METHOD OF SURGICAL FIXSATION OF FRACTURE OF CONDYLAR PROCESS OF MANDIBLE

Yunis Yusubov[1], Oktay Mehtiyev[1], Tural Mammedov[1], Vugar Gurbanov[2]

[1]Department of Oral and Maxillofacial Surgery, Azerbaijan Medical University, Azerbaijan
[2]Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University,Samsun,Turkey

Surgical treatment the fractures condylar prosses with displacements is a difficult and actual problem. Due to anatomical and topographical features application of surgical treatment methods, used in fractures of other parts of mandible causes complexities at the high fractures of the condylar process. Known methods of fixation (titanic wire suture, mini plates. are not suitable in this case,because at the high fractures of codylar process with displacement it is impossible to drill a small fragmen and fixate by mini plate to it by means of acrew.Considering all these complexities someauthors replanted an condylar head,screwed one end of mini plate on it and then placed and fixed another end of the plate to a ramus of mandible.This operation is traumatic and leads to the resorption of a condylar head though replantation. Wehave invented a device (İ20130006) a simple titanium plate for surgical treatment of high condylar fractures.The upper part of the plate is bent according to a neck of condylar process and there are sharp teeth on its end.Thefracture fragments are visualized by means of submandibular approach and reposed. The fragment of the fracture is fixed into bended part of the plate and the plate is pressed to the bone.The lower part of the plate is screwed to a ramus of MD.Thus, without any manipulation with small bone fragment it is possible to fix it in between the plate and to a bigbone fraction.It is easy and convenient to carry out this operation and to fix the plate to fragments.

PP-007
DEVICE FOR FIXATION AND REPOSITION OF ZYGOMATIC BONE FRACTURES

Farman Hasanov, Siracceddin Ahmedov, Agil Hasanov, Vugar Gurbanov

Department of Oral and Maxillofacial Surgery, Azerbaijan Medical University, Azerbaijan

Fractures of the zygomatic complex constitute 45% of all midface fractures, and it is the most common complex facial fracture which presents a challenging diagnostic and reconstructive task to the surgeon.Most frequently fractures of the zygomatic arch are the result of fractures of the entire zygomatic complex (ZMC). However, isolated bilateral fractures of the arches without other injuries do occur when a force is applied directly from the lateral aspect of the midface.Though the incidence varies, isolated zygomatic arch fractures constitute fewer than 10% of zygomatic injuries. The necessity for treatment of theseinjuries is based on clinical detection of cosmetic or functional disturbances.Until now zygoma arch bone fractures were reposited by using Limberg hook. However, fragmentized fractures are treated by removing arc from the Highmore cavity and corcked up by wad tamponade. Whereas according to the rules of EAO osteosynthesis in several places should be done beginning from the stable bones. In both cases, there might be a slight difference in symmetry of cheekbone area. By using device we offer one can obtain results in osteosynthesis of fragmented fractures or fixation of fragments after osteosynthesis (in 5 directions) for the control. We present the patient we treated with the help of the tool we designed from us in the treatment of zygoma fractures.In the patient we treated, the postoperative complaints were fewer. The cost of the office is low and the design is simple. In many patients, we think that it can be used without needing the operation.

PP-008
NONINVASIVE METHOD FOR RETRIEVAL OF BROKEN DENTAL IMPLANT ABUTMENT SCREW

Bora Özden[1], Anar Abilov[1], İdris Kavut[2], Vugar Gurbanov[1]

[1]Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University,Samsun,Turkey
[2]Department of Prosthodontics,Ondokuz Mayıs University,Samsun,Turkey

Dental implants made of titanium for replacement of missing teeth are widely used because of ease of technical procedure and high success rate, but are not free of complications and may fail. Fracturing of the prosthetic screw continues to be a problem in restorative practice and great challenge to remove the fractured screw conservatively. These cases report describes and demonstrates the technique of using dental sond in the removal of the fracture screw fragment as a noninvasive method without damaging the hex of implants.

PP-009
AN İNVESTIGATION OF THREE DIMENSIONAL FINITE ELEMENTS ANALYSIS OF BONE RESORPTION AT THE NECK AREA OF TWO DIFFERENT İMPLANT SYSTEMS WHICH SWITCH PLATFORM FEATURE ON DIFFERENT BONE DENSITY

Adalet Çelebi[1], Belgin Gülsün[1], Emre Arı[2]

[1]Dicle Unıversity, Faculty of Dentistry, Oral And Maxillofacial Surgery, Diyarbakır
[2]Dicle University, Faculty of Machine Engineer, Diyarbakır

PURPOSE: In this study; we aim to implement tw o different implant systems; which have sw itch platform feature; to distinct bone structure and investigate bone resorption at the neck area of implant under angled forces and compare w ith each other.

MATERIAL-METOD: In our study; 2 dental implant brands which has different platform switch concept has been used.Totally 4 dental implant which; is the first one of the each dental implant brands has 2 different diameters (3.8mm, 4.6mm) and 10.5mm length (Tapered Internal Plus Implant; Biohorizons,USA);and the other has 2 different diameters(3.75mm,4.2) 10mm length (DFI: Dual Fit Implant; Alpha- Bio Tec, Israel); was used.The maxillar and mandible bone model was desinged for placement of dental implant. The endosteal dental implant,its abutment(straight and angled 25 degree) and prosthetic structure were transfered to computer for 3 dimensional solid model by NextEngine 3D laser scanner and Rhinoceros software.Vertical and oblique(angled 30 degree) forces were applied to prosthetic structure from spesific points.The results was analyzed by using Finite element analysis(FEM).

CONCLUSION: At the maxillar and mandibular dental implant the value of Von Mises stress which is around at the neck of the Tapered Internal Plus Implant (Biohorizons) at is higher than DFI: Dual Fit Implant (Alpha- Bio Tec).It has been shown that the stress value increases when the angled forces apply according to vertical forces.It has shown that at the maxilla the Von Misses stress value at the around neck of the dental implant is more than mandible.

PP-010
MYOFIBROMA OF INFRA TEMPORAL FOSSA: A CASE REPORT

Hüseyin Can Tükel, Revnak Metin, Sadi Coskun

Oral and Maxillofacial surgery, Çukurova University, Adana, Turkey

PURPOSE: Myofibromas or myofibromatosis are benign tumors composed of myoid spindle cells. The solitary type is called myofibroma, whereas the multicentric type is known as myofibromatosis. Myofibromas occur at a wide age range. Approximately half of myofibromas occur in the cutaneous and subcutaneous tissues of the head and neck region. The prevalence of myofibroma in the oral region is very low, and the mandible is recognized as the most common site followed by the tongue and buccal mucosa. We report a case of myofibroma located at the infratemporal fossa.

METHOD: A fifty year old male patient was referred to Cukurova University Oral and Maxillofacial Surgery with a chief complaint of dull pain during mouth opening. Clinical examination revealed a palpable mass inferior to the zygomatic arch. CBCT and contrast MRI revealed a lesion 23mm in greatest diameter. An incisional biopsy was performed and the vague pathological diagnosis was made as fibroblastic/myofibroblastic tumour. Under GA, the tumour was excised trans-orally along with coronoid process to gain access to tumour.

RESULTS: The healing was uneventful. The patient returned to normal function after 10 days. And no recurrence was seen at one year follow-up. The tumour was positive for smooth muscle actin and negative for Desmin, CD34,ALK and had 2-3% Ki67 proliferation index. Therefore the diagnosis of myofibroma was made based on radiologic and pathologic features.

CONCLUSION: Myofibromas are benign and local excision is generally curative. However local recurrences can be seen therefore follow-up of these patients is necessary.

PP-011
LE-FORT I FRACTURE AND WOUND INFECTION: A CASE REPORT

Hüseyin Can Tükel, Sadi Coşkun

Oral and Maxillofacial Surgery, Çukurova University, Adana, Turkey

PURPOSE: In cases of maxillofacial trauma, hard and soft tissue injuries often occur together. Traffic accidents are the most common cause of accompanying soft tissue injuries. We present a case of maxillofacial trauma with hard and soft tissue injuries.

CASE REPORT: The clinical and radiological examination of the patient revealed a Le fort I level mid face fracture and an infected facial laceration which was closed primarily at the ER department. Dermal sutures were removed and the wound was left for secondary healing. Five days later the infection was resolved. Then, under general anesthesia, via maxillary vestibular incision the fracture line was exposed. After reduction, the maxilla was fixated by mini plate and screws. The wound edges of the facial laceration were debrided and primary closure was achieved. No complications were observed during 6 months of follow-up.

CONCLUSION: Soft and hard tissue injuries of face should be treated with great care to avoid devastating results. Primary repair of soft tissue wounds is almost always advantageous however in some cases such as infected wounds, primary closure following secondary healing is preferable. The goals of treatment should be restoring the function and aesthetics of the facial structures.

PP-012
ECTOPIC IMPACTED MANDIBULAR THIRD MOLAR IN THE SUBCONDYLAR REGION

Hatice Özlem İrdem, Ahmet Aktı, Elif Esra Özmen, Hasan Küçükkolbaşı

Selcuk University Department of Oral and Maxillofacial Surgery,Konya,Turkey

OBJECTIVE: The surgical removal of impacted third molars is the most common procedure performed by maxillofacial surgeons. Only a few cases of ectopic third molars in the condyle have been reported. In the present paper, we report a case of an ectopic third molar on the right subcondylar region associated with a cyst and the proposed protocol for extraction are presented.

MATERIAL-METHOD: A 47- year-old woman was referred due to dental control. Panoramic radiography showed a third molar dislocated high on the right side of the ascending ramus of the mandible. She had no pain, swelling and trismus. Computerized tomography (CT) scans were performed for determination of the relationship of the ectopic tooth to the anatomic structures. Surgical treatment was via a intraoral approach for extraction of the third molar and the associated cyst while the patients was under general anesthesia.

RESULTS: The material was sent for pathologic examination, and a diagnosis of radicular cyst was made. The radiological control 4 months after surgery shows integrity and ossification of the mandibular ramus

CONCLUSIONS: The etiology of ectopic mandibular third molars has not yet been completely clarified. Annual follow-up visits with panoramic radiographs are required for patients with symptom-free highly aberrant wisdom teeth. Treatment should be carefully planned according to the position of the ectopic tooth and the potential for trauma caused by the surgery.

PP-013
CONVENTIONAL ARTHROCENTESIS TECHNIQUE USING INTRAVENOUS CATHETER: A NEW METHOD

Tayfun Yazici, Mehmet Fatih Şentürk

Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey

Temporomandibular joint (TMJ) arthrocentesis is a minimal invasive treatment pprotocol used for lavage of the inflammatory content of the supradiscal space and lysis of the fibrous strands attaching the articular disc to the superior TMJ. To ease this procedures different techniques are prescribed in literature. However to prevent the complexities concepts, techniques were classified as single puncture arthrocentesis (SPA) and double puncture arthrocentesis (DPA) in 2015. Both methods were done with one or two cannula and the cannulas were used for puncture and lavage. We described a new technique that allows TMJ arthrocentesis lavage without a cannula during the procedure. This aim of this report is to present intravenous catheter usage in DPA. Patient's satisfaction during the procedure was well.

PP-014
INTRAOPERATIVE ANALGESIA ASSESSMENT IN SURGICALLY-ASSISTED RAPID PALATAL EXPANSION: A PILOT STUDY

Tayfun Yazici, Yavuz Fındık, Mehmet Fatih Şentürk, Timuçin Baykul

Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey

Surgically-assisted rapid palatal expansion (SARPE) has been a commonly used for correction of transverse maxillary deficiency in skeletally mature patients. Different complications such as hemorrhage, pain, edema, nasal septum deviation, asymmetric expansion, etc. may be occured in SARPE. To minimize pain lots of analgesics could be prescribe intraoperatively. The aim of this pilot study was to compare the analgesic effects of different analgesics(Diclofenac sodium, Petidin HCl, Dexketoprofen) which used intraoperatively in SARPE. Nine patients were randomly divided into three groups. We evaulated pain at visual analogue scale (VAS) in every 2 hours on postoperative 12 hours and 24th hours. Mean pain scores recorded as VAS score. Result showed that Petidin HCl is found more efficient than other analgesics. More studies are needed with larger samples and long-term follow-up period.

PP-015
INTRAOPERATIVE ANALGESIA ASSESSMENT IN ORTHOGNATHIC SURGERY: A PILOT STUDY

Yavuz Fındık, Tayfun Yazıcı, Gülperi Koçer, Timuçin Baykul

Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey

Orthognathic surgery has been used to correct skeletal anomalies of the jawbones and soft tissues. Compared with other oral and maxillofacial operations, orthognathic surgery has the highest postoperative pain score. To minimize pain lots of analgesics could be use intraoperatively. The aim of this pilot study was to compare the analgesic effects of different analgesics(Tramadol HCl, Petidin HCl) which used intraoperatively in orthognatic surgery. We evaulated pain at visual analogue scale (VAS) in every 2 hours on postoperative 12 hours and 24th hours for seven patients. Mean pain scores recorded as VAS score. Result showed that Tramadol HCl is found more efficient than Petidin HCl. More studies are needed with larger samples and long-term follow-up period.

PP-016
OSTEOID OSTEOMA OF MANDIBLE: A CASE REPORT

Hüseyin Can Tükel, Ufuk Tatlı, Erkan Arslan, Revnak Metin

Oral and Maxillofacial Surgery, Çukurova University, Adana, Turkey

PURPOSE: Osteoid osteoma is a benign skeletal neoplasm generally seen in young individuals. The tumor most commonly occurs in the femur, the tibia, and the phalanges and lesions located in the craniofacial skeleton are rare. We report a case of osteoid osteoma that presented in the mandible of a 16 year old male patient.

CASE REPORT: The patient was referred to our department for evaluation of a solid growth located at the inferior border of the mandible. CBCT examination revealed a 1.5cm in diameter mixed appearance(radiopaque-radiolucent) pedunculated lesion located at the antegonial notch. A decision was made to remove the lesion. Under general anesthesia the lesion was exposed by a 2cm neck incision. Lesion was removed together with a small portion of the inferior border of the mandible. Layered closure was achieved with 3.0 polyglactin sutures and the skin was closed with 4-0 nylon. The healing was uneventful. The sutures were removed at fifth day. Pathologic diagnosis was osteoid osteoma.

CONCLUSION: Osteoid osteomas are rarely seen in the mandible. The lingual surface and lower border of the body are the most common locations of these lesions. They are usually asymptomatic and can be discovered in routine clinical and radiographic examination. But they can cause facial deformity. In this case, surgical removal is necessary.

PP-017
REHABILITATION OF THE ATROPHIED MAXILLA WITH ZYGOMATIC IMPLANTS

Tayfun Yazıcı[1], Yavuz Fındık[1], Mehmet Fatih Şentürk[1], Süha Türkaslan[2], Timuçin Baykul[1]

[1]Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey
[2]Department of Prosthodontics, Suleyman Demirel University, Isparta, Turkey

Maxillary atrophy lead to prosthodontic treatment problems depending lack of support, stability and retention. Usually bone augmentation procedures are common used in this situation. Zygomatic implant is an alternative treatment choice due to decreased complications associated with bone grafting. In this case, 48 years-old male patient referred to our clinic with edentolous atrophic maxilla. We decided to rehabilitate the maxilla with zygomatic implants. Under general anesthesia, bilateral zygomatic implants were inserted to the posterior maxilla with two conventional implants located anterior. Postoperative course was uneventful. Combination of conventional implants and zygomatic implants has been used successfully in atrophied maxilla.

PP-018
THE EFFECT OF LOCAL ORGANIC SILICON ADMINISTRATION ON CALVARIAL BONE DEFECTS

Akif Türer[1], Mehmet Emin Önger[2]

[1]Department of Maxillofacial Surgery, Faculty of Dentistry, Bülent Ecevit University, Zonguldak, Turkey
[2]Demartment of Histology and Embriology, Faculty of Medicine, Ondokuz Mayıs University, Samsun, Turkey

AIM: The purpose of this study is to investigate the potential of the local administration of organic silicon on autogenous grafted critical-sized cortical bone defects.

MATERIAL-METHODS: Twenty-four rats were divided into three groups: Group C (control), Group Au and Si. A 5-mm diameter critical-size defect was created in the calvarium of each animal. In group C, Only a sterile saline-treated absorbable collagen sponge (ACS) was applied to defect area. In group Au, a sterile saline-treated absorbable collagen sponge (ACS) was applied on autografted defect area. In group Si, 500 mg treated ACS was applied to the autografted area. All animals were euthanized at 28 days postoperative. Stereologic analyses were performed. New bone area (NBA) and connective tissue volumes were measured.

RESULT: Stereologic analysis showed that the difference between group Si with a mean bone formation of 1.79 ± 0.48 mm3 and groups Au and C was statistically significant ($p \leq 0.05$) with a mean bone formation of 1.50 ± 0.51 mm3 and 1.04 ± 0.03 mm3 respectively. The differences between the group C and the other two groups were statistically significant ($p \leq 0.05$). Connective tissue volume was larger in group Au than in group Si, but the difference was not statistically significant.

CONCLUSION: Local administered organic silicon enhances bone regenaration in critical size calvarial rat defects filled with autogenous graft.

PP-019
HYALINE FIBROMATOSIS SYNDROME: A RARE INHERITED DISORDER WITH EARLY CHILDHOOD GINGIVAL HYPERPLASIA CASE REPORT

Mert Bülte, Berk Turgay, Soydan Kılıç

Mustafa Kemal University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

OBJECTIVE: Hyaline fibromatosis syndrome is a rare autosomal recessive disease of the connective tissue. It is characterized by papulo-nodular skin lesions, osteoarticular symptoms such as limited movement, soft tissue masses, and gingival hypertrophy in early childhood. (2-5 years old) Consanguineous marriage plays an important role in its etiology. A defect in collagen synthesis or glycosaminoglycan production is considered in its pathogenesis.

CASE: 2,5 years old female patient whose decidous teeth is completely covered with fibrotic gingiva was brought to our clinic with scaring around her nose and perianal papulonodular lesions. The parents are consanguineous (blood relatives). The patient's gingival hypertrophy was excised to reveal her teeth and provide her nutrition. Pathological examination revealed excessive hyaline accumulation. Our patient is regularly followed up with HFS diagnosis.

CONCLUSION: HFS is a rare collagen synthesis disorder disease without a definitive treatment seen with early childhood gingival hypertrophy. The gingival hypertrophy is recurrent and needs surgical excision. Right and early diagnosis with regular follow-ups are necessary to keep oral manifestations under control. There is no known cure. Further research is necessary for enlightening the underlying genetic factors and for finding a cure.

PP-020
ASSOCIATION OF BITE-FORCE AND MEDIAL DEPRESSION OF MANDIBULAR RAMUS

Alime Okkesim[1], Mehmet Zahit Adışen[1], Melda Mısırlıoğlu[1], Fethi Atıl[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: Medial depression of the mandibular ramus (MDMR) is a normal anatomical depression and described as a consequence of a slender mandibular ramus in the area of the sigmoid notch. The etiology behind the appearance of MDMR is not known however, it was suggested that MDMR may be a result of variations in muscle function as the medial and posterior attachments of temporal muscle are inserted into this area. The aim of our study is to compare the bite force of patients with and without MDMR detected on panoramic radiographs.

METHODS: Fifty patients (30 females and 20 males; mean age 26,34 ± 11,22 years) were participated in this study. According to presence of MDMR on panoramic radiographs, two groups were conducted. Bite force of 25 patients with MRMD in the mandibular ramus region and 25 patients with no depression were measured with Viste bite force measuring device. Acquired measurements between groups were evaluated with non-parametric Kruskal Wallis and Man Whitney U tests.

RESULTS: Bite force measurements showed sginificant differences between genders with males having higher values than females. Although higher values of bite force were detected in patients with MDMR than control groups, there was no statistically significant difference between subjects. When we evaluated bite force of patients according to Angle classficication, there was also no significant difference between groups.

CONCLUSION: The present study suggests bite force may be involved in the etiology of MDMR, however further studies with larger populations are needed to reveal this association.

PP-021
EVALUATION OF STYLOID PROCESS ACCORDING TO GENDERS AND AGE GROUPS

Melda Mısırlıoğlu[1], Mehmet Zahit Adışen[1], Fethi Atıl[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: The purpose of the present study is to determine the prevalence of elongated styloid process (ESP) and investigate the distribution of styloid process (SP) length according to genders and age groups in a selected patient population.

METHODS: A total of 200 panoramic radiographs of patients (100 females, 100 males) aged between 16-60 years were selected from the database of Oral and Maxillofacial Radiology Department. Patients were equally divided into five groups according to their ages. Length of right and left SPs were measured on digital panoramic radiographs by an oral and maxillofacial radiologist. SP measuring more than 30 mm was considered elongated. Obtained variables were entered SPSS 17.0 software for statistical analysis of measurements.

RESULTS: Prevalence of ESP was found to be 15%. Among patients with ESP 18 (60%) were male and 12 (40%) were female. Mean length of SP was 24,64 ± 4,83 mm on left side and 24,35 ± 4,84 mm on right side. There was no significant difference between genders and age groups for SP measurements ($p>0,05$). Moreover, there was no significant correlation between age of the patients and SP length.

CONCLUSION: The ESP prevalence and mean SP length measurements in the selected patient group were in the range of reported values in the literature. Also, it was determined that the SP length does not differ significantly depending on gender and age. The accuracy of the study results should be tested in the larger study population with different imaging modalities.

PP-022
SUBMANDIBULER TÜKRÜK BEZI KANALINDA ANORMAL BÜYÜKLÜKTE BIR SIYALOLIT (MEGALIT)

Melda Mısırlıoğlu[1], Mehmet Zahit Adışen[1], Yağmur Yılmaz Akyıl[1], Fethi Atıl[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: Salivary stones also termed sialolithiasis is the most common pathologic condition affecting the salivary glands. Sialolith may be seen in any of the salivary glands but mostly seen in submandibular gland and its ducts. Sialoliths larger than 15 mm in length are called giant stones or megaliths and are relatively rare in occurrence. The present study reports a case of megalith detected in the left submandibular gland by using cone-beam computed tomography (CBCT) and panoramic radiography.

METHODS: A 56-years-old male patient referred to Department of Oral and Maxillofacial Radiology complaining of halitosis and swelling in the left sublingual area. In intraoral examination; swelling and pus drainage was detected in the same region. Panoramic radiograph revealed a large radiopaque mass superimposed on the left mandibular angle. For advanced imaging of the mass CBCT images were taken.

RESULTS: CBCT images revealed a solitary calcified stone 45 mm in length and 25 mm in width in the left submandibular gland region. Definitive diagnosis of submandibular megalith was made with clinical and radiographic findings. Local excision of the mass was planned under general anesthesia.

CONCLUSIONS: Giant sialoliths of the submandibular duct have been very rarely reported in the literature. In this case report, the clinical, radiological findings of an unusually large sialolith (megalith) of submandibular gland duct is presented.

PP-023
CHONDROMA OF TEMPORMANDIBULAR JOINT: REPORT OF A RARE CASE

Melda Mısırlıoğlu[1], Mehmet Zahit Adışen[1], Yağmur Yılmaz Akyıl[1], Umut Tekin[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: Chondromas are benign tumors of hyaline cartilage. They are usually seen in long tubular bones and proximal phalanges. Occurrence of a chondroma in maxillofacial region is rare. The present study reports a rare case of chondroma detected in temporomandibular joint (TMJ) region by panoramic radiography and cone beam computed tomography (CBCT).

METHODS: A 36-year-old male patient referred to the Oral and Maxillofacial Radiology Department for complaints of facial asymmetry and inability in chewing function. His systemic and general condition were normal. He had no history of facial trauma. In extra-oral examination, there was an obvious deviation while opening the mouth. In intraoral examination, an open bite was detected at right side and a cross-bite detected at left side. The panoramic radiographic examination revealed a mass at right TMJ region upon the condyle. CBCT scan confirmed the right sided mass. Local excision of the lesion was planned under general anesthesia trough the right preauricular approach.

RESULTS: Right TMJ arthroplasty was performed under general anesthesia with preauricular approach. After the operation, the mandible was rotated to the right side and the patient had a stable facial symmetry. Histological examination confirmed that the lesion was a chondroma containing mature hyaline cartilage. The patient was followed regularly.

CONCLUSION: Occurrence of chondroma in TMJ is very rare, but it should be considered in differential diagnosis of benign tumors in this region. So, operating surgeons should have knowledge about the nature, behavior and pattern of disease progression.

PP-024
DIAGNOSIS AND TREATMENT OF A CALCIFIED ODONTOGENIC CYST

Melda Mısırlıoğlu[1], Mehmet Zahit Adışen[1], Yağmur Yılmaz Akyıl[1], Alime Okkesim[1], Umut Tekin[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: Calcifying odontogenic cyst (COC) an uncommon benign odontogenic lesion of jaws. Although named and defined as a cyst, there is no agreement in the literature regarding its classification as a cyst or a neoplasm, as some examples of COC shows areas suggestive of neoplasia. COC is usually asymptomatic and may be an incidental radiographic finding. The present study reports diagnosis and treatment of a case with COC in mandible.

METHODS: A 21-year-old young girl presented to our department complaining about painless swelling in the left side of mandible for 6 months. She did not have a positive medical history of any hereditary disease. Extraorally, a vaguely swelling that can only be felt on palpation was detected. In intraoral examination, the overlying mucosa was normal. There was no mobility or tenderness of any tooth. Panoramic radiograph revealed a well-defined unilocular radiolucent lesion involving the entire left side of mandible. A radio-opaque irregular mass was present in the middle region of the lesion. Tooth associated with lesion was non-vital. Root resorption was not present but there was migration of teeth.

RESULTS: The patient was operated under local anesthesia. The lesion was curetted aggressively with a clear margin. The histopathological analysis revealed the lesion was a COC. Postoperative healing was uneventful and the patient still has been followed up.

CONCLUSION: The prognosis of the COC is generally good with infrequent recurrence. However, five years' follow-up of the operated patients should be recommended to assess the healing for this tumor.

PP-025
TREATMENT OF RECURRENT PERIPHERAL GIANT CELL GRANULOMA: A CASE REPORT

Hatice Özlem İrdem, Elif Esra Özmen, Doğan Dolanmaz

Selcuk University Department of Oral and Maxillofacial Surgery,Konya,Turkey

OBJECTIVE: Peripheral giant cell granuloma (PGCG) is a relatively frequent benign reactive lesion of the oral cavity, originating from the periosteum or periodontal membrane following local irritation or chronic trauma. PGCG is a soft tissue lesion that very rarely affects the underlying bone, though the latter may suffer superficial erosion. The purpose of this case report is to illustrate an example of an aggressive peripheral giant cell granuloma (PGCG) and treatment.

MATERIAL-METHODS: A 54-year-old female patient with kidney disease was referred to our clinic for soft swelling on the right side of maxilla. The patient had a history of three unsuccessful surgical treatment for two years.The lesion was localized on attached gingiva of maxillary right premolar- molar region and it was removed by surgical treatment with extraction of the teeth numbered 53,13,16.

RESULTS: Postoperative healing was uneventful. Histopathological examination confirmed the diagnosis of PGCG. Through the one year follow-up period, there were no complaints or recurrences.

CONCLUSIONS: Peripheral giant cell granuloma is a benign hyperplastic reactive lesion which is a relatively uncommon lesion of the oral mucosa. Local irritation factors such as poor dental restorations, unstable dental prosthesis, dental extractions, plaque and calculus accumulation, and food retention seem to play a significant role in the development of a PGCG. Early detection of the PGCG results in more conservative surgery with less risk for tooth and bone loss.

PP-026
EARLY DIAGNOSIS OF GARDNER SYNDROME IN DENTAL EXAMINATION

Mehmet Zahit Adışen[1], Alime Okkesim[1], Melda Mısırlıoğlu[1], Ercüment Önder[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: Gardner syndrome (GS) is a rare genetic disorder. Dentists play an important role in diagnosis considering that craniomaxillofacial osteomas are major criteria for GS. This article presents a case of incidentally detected GS in routine dental examination with emphasizing the general manifestations of disease for early detection.

METHODS: A 26-year old male patient referred to our Department with toothache. On routine panoramic radiographic examination multiple radiopaque masses with relatively well-circumscribed margins involving the both maxillaries, especially at bilateral angle of the mandible were detected incidentally. Patient said to desmoid tumor occurs on his body and underwent a surgical operation previously for removal of tumor on his chest. However, another tumor was occurred on his shoulder one year after surgical operation. For advanced imaging of the area; CBCT images were captured. Multiple enostosis was detected in the medullar (spongious) bone of the corpus of maxilla and mandible. Also bilateral fungiformed type osteomas were observed arising from angle of mandible. Due to the radiographic appearance and clinical findings; a preliminary diagnosis of GS was thought.

RESULTS: Patient was referred to gastroenterology department and intestinal polyps were detected in the colon. Histopathology report revealed malignant changes in intestinal polyps. Early colectomy, which is a life-saving operation, was possible because of our early diagnosis.

CONCLUSION: Considering that polyposis normally develops after the osteomas, dental practitioners should be aware of clinical features of GS. In this way they can help in early diagnosis of GS referring the patient to preventive medical examinations.

PP-027
RARE VARIANT OF STAFNE BONE CAVITY BELOW THE MANDIBULAR CONDYLE

Mehmet Zahit Adışen[1], Alime Okkesim[1], Melda Mısırlıoğlu[1], Özkan Özgül[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: Stafne bone cavity (SBC) is an uncommon lesion of the mandible; and generally found incidentally on routine radiographic examinations. Radiographically, a homogeneous well-defined unilocular radiolucency appears round or ovoid in shape and usually located between the inferior alveolar nerve (IAN) and the inferior border of the posterior mandible. SBC has also been reported in the lingual cortex of the anterior mandible, and the rarest variants have even been located on the lingual/buccal aspect of the mandibular ramus. This article presents a very rare case of SBC located below the mandibular condyle.

METHODS: A 51-year old male patient referred to our Department complaining about periodontal disease. On routine panoramic radiographic examination, a homogeneous well-defined unilocular radiolucency was detected below the mandibular condyle at ramus area. For advanced imaging of the lesion; cone beam computed tomography (CBCT) images were captured.

RESULTS: On tomographic examination, lesion was located posterior to mandibular foramen and below the mandibular condyle. The lesion showed no expansion from mandibular bone however, there was no lingual cortical plate at lesion area. Due to characteristic feature of lesion, definitive diagnosis of SBC was made. Hence, no further surgical intervention was planned.

CONCLUSION: The radiographic diagnosis of SBCs has included a variety of benign and malign tumors. So, a careful examination should be performed with CBCT on suspicious lesions for differential diagnosis. In the present case, we diagnosed a very rare type of SBC at mandibular ramus area with the aid of CBCT images.

PP-028
SQUAMOUS CELL CARCINOMA RELATED WITH MULTIPLE ETIOLOGICAL FACTORS

Mehmet Zahit Adışen[1], Melda Mısırlıoğlu[1], Alime Okkesim[1], Ercüment Önder[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: Squamous cell carcinoma (SCC) is the most common malignant lesion of oral cavity usually located at buccal mucosa, lip, tongue and palate. There are many etiological factors for oral SCC such as alcohol and tobacco consumption, geographic variation, genetic predisposition, immune status, oncogenic viruses, radiation and poor oral hygiene. In the present paper, we report a case of exophytic oral SCC of buccal mucosa related with multiple etiological factors.

METHODS: A 48-year old male patient referred to our department with a white lesion in oral cavity. In intra-oral examination, an extensive ulceration was observed at buccal mucosa with approximately diameter of 1 cm. The lesion has irregular borders and a necrotic background surrounded by an erithematous atrophic area. The patient reported that the lesion gradually increased in size in the last few weeks. Physical examination revealed lymphadenopathy in neck triangles. He had multiple risk factors for SCC like smoking and alcohol consumption, narcotic habits and HCV infection.

RESULTS: The patient was consulted to Maxillofacial Surgery Department for treatment planning. Incisional biopsy under local anesthesia was performed and the specimen was submitted for histopathological examination, which revealed a malignant neoplastic proliferation of stratified squamous epithelial cells invading the connective tissue. Once the definite diagnosis of SCC was made, the patient was referred to oncology department for further treatment.

CONCLUSION: Dentists are the pioneer for the early discovery of oral cancers especially in patients with multiple risk factors which leads to better treatment, increased survival rate and mortality reduction.

PP-029
TWO CASES OF ANTRAL EXOSTOSES INCIDENTALLY DETECTED ON PANORAMIC RADIOGRAPHS

Melda Mısırlıoğlu[1], Mehmet Zahit Adışen[1], Alime Okkesim[1], İsmail Doruk Koçyiğit[2]

[1]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Kırıkkale
[2]Kırıkkale University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kırıkkale

AIM: Exostosis is an outgrowth from the surface of a bone, usually in response to inflammation or repeated trauma. It is very rarely detected on paranasal sinuses. The etiology of antral exostosis is unknown, but recently, some authors have related exostosis cases with nasal irrigation treatment, correlating cold temperature with a possible exostosis beginning. Two rare cases of antral exostoses diagnosed with cone-beam computed tomography (CBCT) will be described in this article.

METHODS: A 55 year-old and a 20-year-old female patients were attended to our clinic for different dental complaints. In routine panoramic radiographic examination, oval and amorphous radiopacities inside the maxillary sinuses were observed in both patients. They reported no sinus complaints or sign of sinusal inflammation. They were referred for the CBCT examination to determine the exact localization and structure of the lesion.

RESULTS: Unilateral pedunculated lesions including cancellous and compact bone were found originating from the inferolateral wall of the maxillary sinuses and were showing continuity along the sinus wall on CBCT images. The lesions were diagnosed as antral exostoses.

CONCLUSION: Antral exostoses might create difficulties during the maxillary sinus surgery. So detecting the lesions with CBCT before any surgical operation is important. In these cases, only a clinical follow-up was necessary to control the antral exostoses since the patients had no clinical symptoms.

PP-030
EVALUATION OF DIODE LASER ON EDEMA WITH 3D FACE SCAN AND CONVENTIONAL METHODS AFTER IMPACTED THIRD MOLAR EXTRACTION

Mehmet Ali Koldaş, Yavuz Fındık, Timuçin Baykul

Department of Oral and Maxillofacial Surgery, Süleyman Demirel University, Isparta, Turkey

Low-level laser therapy(LLLT) is a very common practice in dentistry.In oral and maxillofacial surgery LLLT used for different situations such as treatment of surgical and non-surgical impacted tooth extraction, Le Fort I osteotomy, removal of the nerve damage, acceleration of wound healing and reduction of edema. Following the surgical extraction of impacted molars teeth in particular, complications such as pain, edema, loss of function and trismus are frequently encountered postoperatively. In this study bilateral impacted third molars in 16 patients were extracted. Subjects will be divided into 2 groups. Diode laser application (BİOLASE EPİC 10, FDA, CE) performed extraorally in study group. At 1st-2nd-3 rd.day while in control group placebo performed. Values was recorded preoperatively and postoperatively 1st,2nd and 5th days. Results showed that laser application positively affects the procedure.

PP-031
IS IT REALLY NECESSARY TO PERFORM CONE BEAM COMPUTED TOMOGRAPHY FOR DENTAL IMPLANT PLANNING?

Nilay Er, Gonca Duygu Çapar

Trakya University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Edirne, Turkey

INTRODUCTION: One of the most important factors for achieving long-term success of dental implant surgery is accurate examination of present bone volume, and placement of implants in correct length and diameter. Clinical evaluation with panoramic radiography (PAN) is widely used for this purpose, and cone beam computed tomography (CBCT) is a current preferred method for three-dimensional evaluation. The purpose of this study is to reveal whether there is a significant difference between two methods for a proper presurgical determination.

PATIENTS AND METHODS: This study was carried out by retrospectively analysing the implant cards of patients who refferred to our clinic for dental implant placement between September 2015 and January 2017. In 45 patients total of 73 implants were evaluated. Patients with both PAN and CBCT assessments were included in the study. In terms of standardization of the work, the choice of implants was restricted to only one brand (Straumann, Switzerland). Estimated lenght and width after clinical evaluation and PAN measurements, CBCT measurements and dimensions of inserted implants those are written in the patient cards evaluated and statistically compared.

RESULTS: Results showed that both modalities gave similiar results when planning implant length and diameter. Also statistical evaluation revealed that both method have no advantage over each other for predicting length and diameter of inserted implants in incisive, premolar and molar regions. (Bland-Altman, $p<0,05$)

CONCLUSION: Within the limitations of this study, our findings indicate that there was no difference between PAN+clinical evaluation and CBCT images for predicting dental implant width and length.

PP-032
OSTEOSARCOMA OF THE MANDIBLE: TWO YEARS FOLLOW UP

Yavuz Fındık[1], Tayfun Yazıcı[1], Asım Aydın[2], Timuçin Baykul[1]

[1]Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey
[2]Department of Plastic and Reconstructive Surgery, Suleyman Demirel University, Isparta, Turkey

In the head and neck region, osteosarcoma is the most common primary malignant bone tumor, representing 20 to 25% of total head and neck malignancies. Osteosarcomas of the jaws are nevertheless rare lesions, representing only 2 to 10% of all osteosarcomas. Patients with osteosarcomas of the jaw are generally 10 to 20 years older. The primary presenting complaints are pain, swelling, paresthesia, and ulceration. The radiographic view showed an area of bone destruction and abnormal bone formation also the external cortical portion showed clear radiopacity resembling sunrays, suggesting the diagnosis of osteosarcoma. The treatment comprised partial mandibulectomy and reconstruction of the area. In this case, a 52-year-old man presented with a complaint of pain in the left body of the mandible. Incisional biopsy resulted as Osteosarcoma. Under general anesthesia, segmental mandibulectomy was performed involving corpus and ramus without condyle. For fixation, a reconstruction plate without bone grafting was used. Postoperative two years follow-up is progressing uneventful.

PP-033
GIANT CELL REPERATIVE GRANULOMA; A CASE REPORT

Hatice Özlem İrdem, Ahmet Aktı, Elif Esra Özmen, Hasan Küçükkolbaşı

Selcuk University Department of Oral and Maxillofacial Surgery,Konya,Turkey

OBJECTIVE: The central giant cell granuloma is fairly common in the jaws and it is a nonneoplastic bone disease, probably reactive to some unknown stimulus. Surgical removal is the most commonly applied therapy. It was usually seen in children and young adults. The report presents a case of reperatif central giant cell granuloma is in the anterior mandible.

MATERIAL-METHODS: A 5-years-old child was referred to our clinic complaining of swelling in the mandibular anterior region.The parents of the patient were reported to have trauma to the mandibular anterior region 6 months ago. There was a soft cystic fluctuant swelling extending from distal of 41to mesial of 75 with buccal cortical plate destruction. Panoramic radiograph revealed a unilocular radiolucency with a sclerotic border.The lesion was removed under the local anesthesia.

RESULTS: The histopathology report confirms the diagnosis of a giant cell reperatif granuloma. The patient's postoperative 4 months follow-up exam was uneventful. The patient is using removable space maintainer.

CONCLUSIONS: Giant Cell Reparative Granuloma was introduced by Jaffe in 1953 to describe an apparently reactive intraosseous lesion of the mandible and maxilla following trauma induced intraosseous hemorrhage and containing prominent giant cells. It is a disease of the young presenting as a painless swelling in the anterior jaw and radiographically appearing as a lytic expansile lesion with a characteristic tendency of resorbing the root tips of adjacent unerupted teeth. It is also known as Central Giant Cell Granuloma.

PP-034
CONSERVATIVE TREATMENT OF THE DENTIGEROUS CYST: A CASE REPORT

Hatice Özlem İrdem, Elif Esra Özmen, Semih Karcı, Abdullah Kalaycı

Selcuk University Department of Oral and Maxillofacial Surgery,Konya,Turkey

OBJECTIVE: Dentigerous cyst is the second most common odontogenic cyst and constitutes around 20-24% of all the odontogenic cysts involving the jaws. Usually, these cysts remain asymptomatic and rarely cause enlargement and displacement of associated tooth. Two techniques are described as conservative treatment for these cysts, marsupialization and the decompression.In this paper, we present a case of a displaced mandibular third molar and treatment which was associated with a large dentigerous cyst.

MATERIAL-METHODS: A 60-year-old male patient attended the clinic with swelling and discomfort on the lower right mandible but exhibiting no pain. After radiological examination, a biopsy was taken from the lesion with impacted third molar. The cyst was opened to the oral cavity and stents (removable devices, or gauze packing) were used to keep the opening patent to permit shrinkage of the cyst enucleated at a later date with a less extensive and safer surgical procedure.

RESULT: The sufficiently small cyst was enucleated after 12 months. Bone formation occurred in all defect within 14 months after the treatment started. No recurrences or infections occurred during the follow-up period.

CONCLUSIONS: Cyst size is an important factor when formulating a treatment plan. Small cysts may easily be enucleated and submitted for pathologic examination. Radiologic evaluation of large cysts is mandatory to decide the appropriate duration of decompression, the enucleation time, and also for the evaluation of the adequate new bone formation.

PP-035
MANDIBULAR AGGRESSIVE-OSSIFYING FIBROMA: A CASE REPORT

Gülperi Koçer, Mehmet Ali Koldaş, Tayfun Yazıcı, Timuçin Baykul

Department of Oral and Maxillofacial Surgery, Süleyman Demirel University, Isparta, Turkey

Ossifying fibroma(OF) is a benign fibro-osseous lesion that occurs mostly in patients between the ages of 20 and 40 years. OF is often located in the mandible that diagnosed by clinical, radiological and histological consideration. It usually presents as a painless spherical or ovoid expansive intra-bony mass that may displace the roots of adjacent teeth. Small, slowly growing and well-defined lesions can be excised by enucleation and curettage, whereas, resection should be employed for extensive lesions that behave aggressively. In this case, a 32-year-old man presented with a complaint of pain, swelling and facial asymmetry in the right body of the mandible. Incisional biopsy resulted as Aggressive OF. Under general anesthesia, segmental mandibulectomy was performed involving corpus and angulus with intraoral approach. For fixation, a reconstruction plate without bone grafting was used. Postoperative first month is progressing uneventful.

PP-036
MANAGEMENT OF A MANDIBULAR VENOUS MALFORMATION WITH CONSERVATIVE APPROACH

Levent Acar[1], Damla Torul[1], Mehmet Cihan Bereket[1], Rıfat Karlı[2]

[1]Department of Oral and Maxillofacial Surgery, Ondokuz Mayis University, Samsun, Turkey
[2]Department of Ear Nose Throat, Faculty of Medicine, Ondokuz Mayis University,Samsun, Turkey

Venous malformations (VMs) are the most common type of vascular malformations and intraosseous location of these lesions is fairly rare. Among all intraosseous tumors VMs accounts for approximately 0.5 % to 1 % of the tumors. Because of the non-specific radiological/clinical features and bleeding prone nature, the adequate treatment of VMs is still remains a challenge. Correct diagnosis and pre-surgical planning assisted with appropriate imaging modalities pose a crucial role in terms of determining characteristic of the malformation and choosing the most appropriate management option. The aim of this paper is to present diagnosis and surgical management of an intraosseous venous malformation located in the mandibular body.

PP-037
INJURY PATTERNS OF MAXILLOFACIAL FRACTURES IN RTE UNIVERSITY HOSPITAL

Nazife Begüm Karan[1], Çiğdem Köşe[1], Rüştü Köse[2]

[1]Department of Oral&Maxillofacial Surgery, RTE University, Rize, Turkey
[2]Department of Esthetic&Reconstructive Surgery, RTE University, Rize, Turkey

OBJECTIVE: The aim of the present study is to analyze the etiological factors, injury patterns and treatment outcomes of maxillofacial fractures at Recep Tayyip Erdogan University Hospital, Rize.

MATERIAL AND METHODS: Recorded data of the patients with maxillofacial fractures treated in the Department of Oral&Maxillofacial Surgery and Esthetic&Reconstructive Surgery, were evaluated and set in a one year retrospective analysis between Jan 1th 2016 and Jan 1th 2017. The patient records were collected and analyzed under pre-set characteristics as; gender, age, type of maxillofacial fracture, cause of injury and treatment method.

RESULTS: A total of 22 patients were diagnosed, 68% (n = 15) were male and 32% (n = 7) were female. Condyle, angulus, parasymphis, zygomatico-maxillary, orbital, and frontal fractures were encountered and a total of 39 fracture sites were identified. Fractures of the parasymphis was most frequently observed (31%; n = 12). Condyle fractures was the second frequent fracture type (26%; n=10). A significant percentage of the fractures (41%; n = 9) were caused by a fall. Etiologically, age of men within the fall group was significantly lower, 48 and 37.4 for women and for men respectively. The causes of fall was reported as from daily work activities.

CONCLUSION: Preventative measures aimed at reducing the incidence of fractures should be directed towards reducing falls in young males and old females. Work safety measures must be taken into account especially for young males in Rize.

PP-038
USAGE OF PLATELET RICH FIBRIN IN VESTIBULOPLASTY: CASE REPORT

Özkan Karataş[1], Hatice Balcı Yüce[1], Emrah Soylu[2], Ahmet Altan[2], Nihat Akbulut[2]

[1]Gaziosmanpasa University Faculty of Dentistry, Department of Periodontology, Tokat, Turkey
[2]Gaziosmanpasa University Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery, Tokat,Turkey

Shallow vestibule depth is one of the factors that make oral hygiene activities difficult for individuals. In these individuals, plaque accumulation and gingival recession can be seen as result of not being able to brush properly. Vestibuloplasty can be applied to deepen the sulcus. PRF (Platelet Rich Fibrin) is a platelet concentrate containing all constituents involved in wound healing and immune response. PRF can be used like a membrane by crushing between two hard surfaces. Growth factors such as TGF-b (Transforming Growth Factor-beta), VEGF (Vascular Endothelial Growth Factor) and PDGF-AB (Platelet Derived Growth Factor-AB) are slowly released from PRF for 7 days. PRF is a fibrin-based biomaterial capable of guiding epithelial cell migration and angiogenesis as well as in development of microvascularization. A 22-year-old female patient was admitted to our clinic with a complaint of gingival bleeding in lower left canine area. Clinical examination revealed that there was shallow vestibular sulcus, plaque accumulation in region and it has been decided to perform vestibuloplasty. Split thickness horizontal incision was made from tooth no.34, to tooth no.31 following mucogingival line. Buccal mucosa was sutured to base of sulcus. PRF placed in operation area, immobilized to tissue with cross hanger sutures and process was terminated. Sutures were removed after 14 days and vestibular depth was 5 mm deeper than pre-operative measurements. Patient was re-examined after 8 weeks and 3 mm keratinized gingiva were detected. PRF can be used in vestibuloplasty due to patient comfort, contribution to wound healing, and guiding epithelial cell migration.

PP-039
DELAYED RETREATMENT OF COMMUNITED MAXILLARY FRACTURE AND ORTHOGNATHIC CORRECTION OF MALOCCLUSION IN A PANFACIAL TRAUMA PATIENT

Göknur Topaloğlu[1], Hakan H. Tüz[1], Tevfik Sözen[3], Cenk Ahmet Akcan[2], Kardelen Öykü Tanır[1]

[1]Department of Oral and Maxillofacial Surgery, Hacettepe University, Ankara, Turkey
[2]Department of Orthodontics, Hacettepe University, Ankara,Turkey
[3]Department of Otolaryngology-Head and Neck Surgery, Hacettepe University, Ankara, Turkey

Panfacial fractures are defined as fractures involving the lower, middle and upper face. Treatment is often challenging and may require a detailed assessment and multidisciplinary approach. This clinical report describes multidisciplinary treatment of a 15 year old male patient who was involved in a motorcycle accident and suffered multiple communited fracture of frontal sinus wall, displaced communited mid-face, parasagittal palatal,nasal,mandibular fractures and tracheal stenosis. In clinical examination, the left segment of the maxilla was still mobile and skeletal mid face deformity was present. Four weeks delayed revision surgery after trauma was performed due to the fact that the first operation performed at the external center failed to provide adequate treatment. Orthodontic analysis was performed prior to surgery to and a guide splint was prepared for proper reduction of the occlusion and suitable skeletal profile. The patient underwent open reduction and rigid fixation for multiple communited displaced maxilla fractures. After the treatment, adequate function and aesthetics have been achieved successfully.

PP-040
KERATOCYSTIC ODONTOGENIC TUMOR INVOLVING THE ORBITAL APEX AND NASAL CAVITY: A CASE REPORT

Göknur Topaloğlu, Canseda Avağ, Kardelen Öykü Tanır, Murat Akkocaoğlu

Department of Oral and Maxillofacial Surgery, Hacettepe University, Ankara, Turkey

The keratocystic odontogenic tumor (KCOT) is a benign odontogenic cystic neoplasm characterized by thin, mostly parakeratinized squamous epithelium. It has the potential for infiltration and local aggressiveness and has a high rate of recurrence. KCOTs are found in the mandible in approximately a 2-to-1 ratio. In the mandible the posterior portion of the body and the ramus region are most commonly affected. Whereas, KCOT arising in the maxillary sinus region is relatively rare.

In this case report, surgical management and histopathological evaluation of an extensive KCOT in a 16-year-old female patient, localized in the right maxillary area involving the orbital apex, maxillary sinus,nasal cavity and accompained by impacted canine is presented.

PP-041
A GIANT CENTRAL GIANT CELL GRANULOMA THAT IS EXTENDED TO THE MOLAR REGION AND THE INCISURA MANDIBLE: A CASE REPORT

F Gulfesan Canakci, Nilay Er, Gonca Duygu Capar

Department of Oral and Maxillofacial Surgery, Trakya University, Edirne, Turkey

A 23 years old male patient was referred to Oral and Maxillofacial Surgery Clinic with the complaint of paresthesia and extraoral swelling of the right side of the posterior mandible. Intraoral examination revealed that swelling of the mandible from second molar area to retro-molar area and paresthesia of inferior alveolar nerve(IAN). Panoramic radiography and cone-beam tomography(CB-CT) showed that a multiloculer osteolytic lesion of approximately 4,6cm in its largest dimension, extending from the mandibular second molar to the incisura mandible and an impacted third molar associated with the lesion. The impacted third molar was extracted and simultaneously incisional biopsy was performed. Histopathological diagnosis was determined as central giant cell granuloma(CGCG). The patient was screened for hyperparathyroidism(HPT) to differentiate the lesion as a brown tumour.Laboratory investigations of PTH, calcium,and phosphorus were within normal limits. Our treatment plan was intralesional steroid injections. 3.5 mL of triamcinolone(Sinacort-A) and 3.5 mL of maxicaine with 1/200,000 epinephrine(total 7mL) were mixed. At first, the 21 gauge needle was struck in to the central point of the lesion approximately and redirected to inject small amounts of the solution into different areas. This procedure was repeated once a week for 6 weeks. The panoramic radiography was taken every 2 months and CB-CT was taken 1 year after the terminal injection. Follow-up radiographies revealed that the osteolytic areas were shrinked and osseous areas were observed in periphery of the lesion. Clinically the swelling was disappeared and the paresthesia was healed.Mean follow-up period was 15 months and the process has still ongoing.

PP-042
PERI-IMPLANT FREE GINGIVAL GRAFT APPLICATION: CASE REPORT

Özkan Karataş[1], Hatice Balcı Yüce[1], Ahmet Altan[2], Emrah Soylu[2], Nihat Akbulut[2]

[1]Gaziosmanpasa University Faculty of Dentistry, Department of Periodontology, Tokat, Turkey
[2]Gaziosmanpasa University Faculty of Dentistry Department of Oral and Maxillofacial Surgery, Tokat, Turkey

The role of keratinized mucosa at the peri-implant region in the long-term success of implant has been emphasized. Providing sufficient oral hygiene in adequate amount of keratinized mucosa and inhibiting peri-implant diseases play a major role in ensuring patient comfort.Free gingival graft is frequently used in the treatment of keratinized mucosal insufficiency.A 45-year-old woman with a total edentulism in the lower jaw, was treated with implant therapy. After the application, keratinized mucosal insufficiency was observed around the implant at the left lower posterior region and it was decided to apply free gingival graft to the patient. Half-thickness horizontal incision was made at a distance of 1 mm from the implant margin and the buccal mucosa was sutured to the base of the vestibular sulcus. A 5 mm wide free gingival graft harvested from the palatinal region, was then secured to the operation site with 6-0 polypropylene sutures to prevent it from being affected by the cheek muscles.After 14 days, the patient's sutures were removed and the procedure was successful. Follow-up of the patient was continued and after 1 year, 3 mm wide keratinized mucosa in the region was detected.As a result, the use of free gingival graft in the presence of keratinized mucosal insufficiency around the implant seems to be the most successful method despite requiring a second operation.

PP-046
WHAT HAPPENS TO THE PLANNING IN ORTHOGNATIC SURGERIES? CASE REPORT

Sibel Akbulut[1], Fatih Çelebi[1], Nihat Akbulut[2], Ahmet Altan[2], Esengül Şen[2], Mehmet Kemal Tümer[2]

[1]Department of Orthodontics, Faculty of Dentistry, Gaziosmanpasa Universitiy, Tokat
[2]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Gaziosmanpasa Universitiy, Tokat

AIM: The aim of this case report is to asses what extent we perform the presurgical planning correctly and determine possible errors between model and the real surgeries.

METHODS: For this purpose, measurements were made on the lateral cephalometric films taken before and after surgery of skeletal class 3 patient who underwent two-jaw orthognathic surgery, so the amount of movement obtained by surgery was determined. It was then compared with the amount of movement planned in model surgery.

RESULTS: As a result, sagittal difference between the amount of movements performed in surgery and planned with model surgery were found as 0.9 in maxillary and 0.6 mm in mandibulary.

CONCLUSION: Face bow transfer errors and positioning of the mandible more posteriorly than normal due to the supine position during surgery were interpreted as possible causes of the detected difference.

PP-047
A YOUNG MALE PATIENT WITH CHONDROSARCOMA IN THE MANDIBLE: A CASE REPORT

Selin Saygınsoy Adıgüzel, Zeynep Seda Pekçetin, Arthur Bozacıoğlu, Selin Kumral, Emre Turan, Hakkı Tanyeri

Department of Oral Maxillofacial Surgery, İstanbul University, İstanbul, Turkey

Chondrosarcoma is a type of sarcoma that affects the bones and joints. It is a rare cancer that accounts for about 20% of bone tumors. Chondrosarcoma typically affects adults between the age of 20 and 60 years old, and it is more common in men. The disease usually starts in the bones of the arms, legs or pelvis, but it can be found in any part of the body that contains cartilage. Sometimes chondrosarcoma grows on an otherwise healthy bone, and sometimes it grows on a benign bone tumor (an enchondroma or osteochondroma). In this case, we introduced a 19-year-old male patient having painless, solid, nontender, and firm mass in left side of mandible. He was pulled his wisdom tooth 1 month ago and got swelling. he had antibiotic theraphy but the swelling and pain didn't go neither. The biopsy was taken and turned out that it was chondrosarcoma.The tumor was treated with wide resection and followed by radiation therapy and chemotheraphy. Apparently, the main key in the treatment is the surgical resection, and this process is the most important method in their management.

PP-048
IMMEDIATE IMPLANT PLACEMENT WITH BONE RING TECHNIQUE FOR REHABILITATION THE EDENTOLOUS REGION: A CASE REPORT

Yavuz Fındık, Onur Berkün

Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey

The advent of osseointegration and advances in biomaterials and techniques have contributed to increased application of dental implants in the restoration of partial and completely edentulous patients. A variety of techniques and materials has been used to provide the structural base of bone and soft tissue support for dental implants. The aims of this case report was to evaluate autogenous chin bone ring consolidation after the augmentation of severely defective sockets and the clinical application of these rings in edentulous region with immediate implant placement in a 1-stage procedure. The autogenous chin bone ring augmentation technique was found to be a reliable alternative method for the management of severely defective sockets.

PP-049
CENTRAL GIANT CELL GRANULOMA IN THE MANDIBLE: A CASE REPORT

Ömür Dereci[1], Adnan Öztürk[2], Ergin Öztürk[1], Didem Turcan[3], Mustafa Açıkalın[3]

[1]Department of Oral and Maxillofacial Surgery,
Eskişehir Osmangazi University, Faculty of Dentistry, Eskişehir, Turkey
[2]Department of Oral and Maxillofacial Surgery, Erciyes University, Faculty of Dentistry, Kayseri, Turkey
[3]Department of Pathology, Eskişehir Osmangazi University, Faculty of Medicine, Eskişehir, Turkey

AIM: The aim of this study is to present a case of non-agressive type of central giant cell granuloma.

CASE REPORT: Seventy-two years old male patient with no contributive medical history referred to the Eskişehir Osmangazi University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, with a complaint of swelling on the mandibular right region. The swelling was reported to be gradual in onset and had progressed slowly from a small lesion to the present size. Clinical examination revealed a local mass between right canine and first molar region. A radiolucent lesion was observed in the premolar region including right canine root in the radiological examination. Excisional biopsy was performed under local anesthesia and specimen was sent for histopathological diagnosis. Microscopical examination revealed multinucleated giant cells and mononuclear stromal cells dispersed in collagenized stroma with bleeding zones and hemosiderin accumulation. The final diagnosis was central giant cell granuloma. There was no sign of recurrence at 6 months postoperative follow up control.

CONCLUSION: Clinically, central giant cell granuloma usually occurs in the early ages of life with a predilection in females. Also, in many cases, the lesion has been reported to be seen in the dentate jaws. The origin of central giant cell granulomas is not fully explained. Although the lesion is considered to be originated from trauma (tooth extraction, dental calculus, prosthetic irritation), some researchers suggested that they are of odontogenic origin. The story of the present case supports this findings.

PP-050
COMPLEX ODONTOMA: A CASE REPORT

Ömür Dereci[1], Adnan Öztürk[2], Ergin Öztürk[1], Hülya Kaçar[3], Mustafa Açıkalın[3]

[1]Department of Oral and Maxillofacial Surgery, Eskişehir Osmangazi University, Faculty of Dentistry, Eskişehir, Turkey
[2]Department of Oral and Maxillofacial Surgery, Erciyes University, Faculty of Dentistry, Kayseri, Turkey
[3]Department of Pathology, Eskişehir Osmangazi University, Faculty of Medicine, Eskişehir, Turkey

AIM: The aim of this study is to present a case of complex odontoma in maxilla anterior region.

CASE REPORT: A sixteen year old male was referred to the Eskişehir Osmangazi University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery with a complaint of slow-growing mass and pain anterior maxillary region. His medical history was non-contributory and this was his first visit to the dental clinic. Intraoral examination revealed mucosal swelling on labial side of right maxillar canine tooth. There was absence of buccal cortical plate in the same region when palpated. The lesion was excised surgically with canine tooth under local anesthesia and sent for histopathological examination. The histopathological specimen diagnosed as complex odontoma.

CONCLUSION: Odontomas constitute about 22% of all odontogenic tumors of the jaws. More of the compound type (62%) occur in the anterior maxilla in association with the crown of an unerupted canine and 70% of complex odontomas are found in the mandibular molar area. In the present case, complex odontoma occured in the anterior region of maxilla. Odontomas are common odontogenic tumors and are usually asymptomatic. In the current case, the patient experienced swelling and pain in the region of right maxillar canine. Treatment of choice is surgical excision. As it is surrounded by connective tissue, enucleation of the entire lesion is easier. Nevertheless, periodic examination is necessary to evaluate healing and recurrence. Thorough clinical and radiographic examination usually lead to correct diagnosis.

PP-051
OSSIFYING FIBROMA WITH AN IMPACTED TOOTH IN THE POSTERIOR MAXILLA: A CASE REPORT

Tayfun Yazıcı, Gülperi Koçer, Tufan Güzel

Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey

Ossifying fibroma (OF) is classified as a benign bone neoplasm which females are more commonly affected than males with a ratio of 5:1. OF is locally destructive lesions causing deformities in the bones that is diagnosed by clinical, radiological and histological evaluation. Generally, the recommended treatment for OF is complete excision of the tumor. Slowly growing and well-defined lesions can be excised by enucleation and curettage, however resection should be employed for expanding aggressive lesions. In this case, a 33-year-old woman applied to our clinic without complaints. On radiological examination, lesion was determined in the right posterior maxilla that associated with an impacted tooth. Incisional biopsy resulted as OF. Under general anesthesia, enucleation and curettage was performed with extracted impacted tooth. Postoperative follow-up is progressing uneventful.

PP-052
ODONTOGENIC KERATOCYST: A CASE REPORT

Arthur Bozacıoğlu, Selin Saygınsoy, Zeynep Seda Pekçetin, Selin Kumral, Hakkı Tanyeri

Istanbul University, Oral and Maxillafacial Depertmant, Istanbul

Odontogenic keratocyst (OKC) is the most aggressive odontogenic cyst in the oral cavity. It is a significant clinical entity due to rapid growth and tendency for recurrence and extension into adjacent tissues including bone. Odontogenic keratocyst is a developmental odontogenic cyst typically occurring in the mandible and maxilla, with a predilection for angle and ascending ramus of the mandible. The majority of patients are in the 2nd or 3rd decade. Due to possible recurrences many years after initial treatment the long-term follow-up is offered. We present an unilateral odontogenic cyst at a female 25 years old patient.

PP-053
PROTECTING MANDIBULAR CONTINUITY WITH AUTOGENOUS CORONOID GRAFT AFTER TUMOR ENUCLATION: A CASE REPORT

Uğur Karadayı, Burcu Gürsoytrak, Umut Demetoğlu, Özlem Kocatürk

Department of Oral and Maxillofacial Surgery, Adnan Menderes University, Aydın, Turkey

Keratocystic odontogenic tumor (KOT), formerly known as the odontogenic keratocyst, has unique features, including locally aggressive behavior, a high recurrence rate, and distinctive histologic appearance. Due to aggressive behavior of KOT, reconstruction of mandibular defects after tumor resection is one of the most challenging problems faced by any reconstructive surgeon. During enuclation surgery with buccal approach of KOTs which perforates lingual border of mandibular ramus, mandibular continuity could be lost. After such an enuclation, bone healing of defected side, which is both buccal and lingual walls are perforated, is not expected. To supply bone healing and continuity of mandible, bone grafts should be used. The mandibular coronoid process as a bone graft has been widely applied in the cranial-maxillofacial field for a long time. In our case, a patient with residual KOT placed upper half of mandibular ramus and perforeted lingual wall of ramus is treated with intraoral buccal approach and autogenous coronoid graft placed to perforated buccal wall to protect mandibular continuity.

PP-054
MARSUPIALIZATION OF KERATOCYSTIC ODONTOGENIC TUMOR: A CASE REPORT

Uğur Karadayı, Burcu Gürsoytrak

Department of Oral and Maxillofacial Surgery, Adnan Menderes University, Aydın, Turkey

The Keratocystic Odontogenic Tumor (KOT), previously known as Odontogenic Keratocyst (OKC), was first described in 1956. KOT is defined as a benign, uni- or multi-cystic, intraosseous neoplasm of the jaws that originates either from the dental lamina or from the primordial odontogenic epithelium. KOT is one of the most common odontogenic neoplasms of the jaw, representing about 12-14% of all odontogenic cysts of the jaws. The treatment modalities of KOT includes enucleation alone, enucleation with various adjunctive therapy, such as Carnoy's solution, peripheral osteotomy, cryotherapy, decompression or marsupialization with or without secondary adjunctive surgery and more aggressive radical surgical resection. Decompression or marsupialization is a longstanding conservative technique and has been widely applied for dental cysts as well as sporadically for OKC/KOT. The advantages of marsupialization or decompression in the treatment of KOT are that minimal surgery is required under local anesthesia, the involved teeth can be saved and surgical resection with consequent possible deformity and neurological defects is evaded. In our case, lesion occupied right corpus, angulus and ramus mandibula, from right first premolar to the right mandibular notch and we treated this large lesion with marsupialization as a conservative treatment.

PP-055
SIMULTANEOUSLY ILIAC BONE GRAFTING VIA NEUROAXIAL BLOCKADE TECHNIQUE AND IMPLANT PLACEMENT BY USING DYNAMIC NAVIGATION SYSTEM: A CASE REPORT

Burcu Gürsoytrak, Umut Demetoğlu, Özlem Kocatürk, Uğur Karadayı

Department of Oral and Maxillofacial Surgery, Adnan Menderes University, Aydın, Turkey

After premature extraction of maxillary molar teeth, sinus enlarge downward. Due to pathologic resorption of the maxilla, it is hard to treat tooth lost with implant treatment. Autogenous anterior iliac crest bone block grafting guarantees high quantities of good bone for sinus augmentation. Generally a grafted bone is fixed by screws to secure bone fixation and achieve graft bone union. There have been recent, gradual developments in 3D analysis using computed tomography (CT) and simulation surgery, which provide a higher degree of accuracy in the diagnosis and surgical planning. Currently available dynamic navigation systems for dental implant placement use optical technologies to track the patient and the hand piece to display images in 3D onto a monitor. The use of post fixation CT to plan the placement of implants and the use of surgical guides, aided by specific software, helps to place implants at the appropriate locations in the graft bone union. Anterior iliac grafting procedure is usually performed with patients under general anesthesia. Additionally, neuroaxial blockade techniques allows for very efficient pain control. We harvested anterior iliac graft with neuroaxial blockade, so patient was awake during whole surgery performed sinus augmentation with local anesthesia and placed dental implants with a dynamic navigation system aided by specific software at the same surgery.

PP-056
İMPLANT PLACEMENT AFTER LARGE RADICULAR CYST TREATMENT: CASE REPORT

Dinçer Kader[1], Burak Kocabalkan[1], Mehmet Mustafa Özarslan[2], Alper Sindel[1], Mehmet Ali Altay[1]

[1]Department of Oral and Maxillofacial Surgery, Akdeniz University, Antalya, Turkey
[2]Department of Prosthodontics, Akdeniz University, Antalya, Turkey

INTRODUCTION: Radicular Cysts are among the most common cystic lesions of jaws. When left untreated, Radicular cysts may dramatically expand and cause considerable amount of bone loss in the affected region. Implant supported prosthetic rehabilitation of sites previously affected by radicular cysts, is often complicated by the limited amount of residual bone height and width. The aim of this report is to present management of a young patient with a large radicular cyst located in the anterior maxilla.

CASE REPORT: A 20-year-old male patient presented at A.U. Dept. of OMFS with a complaint of painless, slow-growing mass in his upper jaw.Clinical examination expansion on the labial and palatinal aspects of the maxillary central incisors. Incisional biopsy and followed by enucleation were the treatment of choice, following three monts of decompression of the lesion which was reported as an inflammatory cyst of odontogenic origin an histopathological examination enucleation was performed. The residual amount of alveolar bone was not found to be sufficient for implant placement. Therefore, autogenous bone was harvested from the mandibular symphysis region and was used to reconstruct the affected region. Post-operative 6th month, two implants were placed.

CONCLUSION: Radicular cysts may expand and result in considerable amount of bony destruction, given the definitive diagnosis is confirmed by an incisional biopsy, decompression followed by enucleation remains as an effective treatment option of these lesions. Reconstruction of the residual defects can effectively be performed with autogenous bone which will aid clinicians in accomplished rehabilitation with dental implants.

PP-057
3D APPROACH TO EVALUATE FACIAL PROFILE CHANGES FOLLOWING LEFORT I OSTEOTOMY: A CASE REPORT

Yavuz Fındık, Tayfun Yazıcı, Hatice Akpınar, Timuçin Baykul

Department of Oral and Maxillofacial Surgery, Süleyman Demirel University, Isparta, Turkey

Orthognathic surgery is used to correct skeletal anomalies of the jawbones and soft tissues. According to bimaxillary surgery, the surgeon has more limited to optimize the soft tissue facial profile in LeFort I osteotomy. Because of this limitation, it is important to be able to evaluate the amount of change in the soft tissue facial profile. Many two-dimensional (2D) cephalometric analyses have been used to quantify the soft tissue facial profile. However, 2D measurements have limited validity and reliability when used for the evaluation of the 3D face. Therefore, 3D evaluation of the facial profile is preferred in orthognathic surgery. In this case, to evaluate changes in the soft tissue facial profile in 18-year-old female patient who underwent LeFort I osteotomy using 3D stereophotogrammetry facial system (3DMD). Three-dimensional photographs were imported into the 3DMDPatient software. Soft tissue anatomical landmarks were identified and differentiated volume changes between the preoperative and postoperative. As a result, in soft tissue facial profile changes after LeFort I osteotomy had a sufficient improvement.

PP-058
GLASS PARTICLE INJURY TO THE MAXILLOFACIAL REGION

Ahmet Ferhat Mısır

Bulent Ecevit University Department of Oral and Maxillofacial Surgery

Automobile accidents have become the leading cause of maxillofacial trauma in modern times. Traffic accidents are one of the main causes for glass foreign bodies in the head and neck. Such foreign bodies are difficult to identify until a high suspicion index is kept in mind at the time of initial presentation. Identification of the probability of foreign body retention in wounds at presentation, diagnosis, need of radiographic aids, locating such foreign bodies, need for surgical exploration or conservative treatment, wound management, and methods to prevent such injuries are certain aspects of glass injuries that continue to perplex the maxillofacial surgeons. Patients presenting with maxillo-facial injuries, especially those with lacerations due to glass or car wind-screen trauma should have thorough examination and appropriate imaging of the injury.

PP-059
IS REPLACEMENT NECESSARY FOR TEMPOROMANDIBULAR JOINT DISCECTOMY?

Burcu Gürsoytrak, Umut Demetoğlu, Özlem Kocatürk, Hasan Onur Şimşek,
Muhammed Haşmet Türker

Department of Oral and Maxillofacial Surgery,Adnan Menderes University, Aydın, Turkey

Patients with temporomandibular joint (TMJ) degenerative joint disease commonly present with pain, limited mandibular range of motion, and difficulty with mastication.These signs and symptoms of temporomandibular joint dysfunction are reported frequently. Most patients can be managed successfully with nonsurgical methods such as physical therapy, bite splints, moist heat, arthrocentesis or intra-articular injections, or pharmacotherapy. However, about 5% of patients whose nonsurgical therapy fails require open joint surgery. Discectomy is the most common surgery performed for the painful TMJ; it is also the one procedure for which there are the best long-term data outcomes available. The materials used to replace the articular disc have included alloplast grafts, autografts, and local flaps. Controversy exists regarding the need for disc replacement after discectomy. Disc replacement could have significant disadvantages. Autogenous grafts have the associated morbidity of a second surgical site and possible degradation once placed under functional loads; alloplastic material must be removed 3 weeks after the initial surgery, thus, necessitating an additional procedure. İn these cases these disadvantages orient us to discectomy without replacement.To adress the research purpose, we designed and implemented a retrospective case of patients with the primary source of pain and dysfunction based in history,clinical examination, radiographic evaluation, and the lack of improvement with nonsurgical therapies. The nine consecutive patients with TMJ internal derangement recieved unilateral or bilateral discectomy without replacement surgery. With an avarage follow-up 6 months. Four of these as bilateral procedures. The main outcome variables were the pain score and maximum mouth opening.

PP-060
REPORT OF COMBINED ODONTOGENIC CYSTS: DENTIGEROUS CYST WITH ODONTOGENIC KERATOCYST

Serhat Güvenç, Mustafa Cenk Durmuşlar

Bülent Ecevit Üniversitesi Diş Hekimliği Fakültesi Ağız Diş ve Çene Cerrahisi Bölümü

OBJECTION: Most studies report that dentigerous cysts are the second most prevalent odontogenic cysts and Odontogenic keratocysts(OKC) are third. But combined odontogenic lesions, have rarely been reported within the jaws. We present rare cases of combined odontogenic lesions and briefly review previous cases in the literature.

MATERIAL METHODS: 36 years-old male refered to our clinic with complaint of swelling and pain in left posterior mandible. Intraoral examination showed exposure of the cystic cavity near vestibular sulcus of second molar. Radiographic examination showed a multilocular radiolucent lesion in left mandibular posterior area related with impacted third molar and second molar roots. Cone beam computed tomography(CBCT) also showed that inferior alverior nerve was in close relationship with the lesion inferior borders. Enucleation of the lesion was performed under the local anestesia with extraction of second and impacted third molar.

RESULT: Anterior part of cyst cavity was reported to OKC in histopathological examination of lesion which was related with second molars root and posterior region of impacted third molars reported that it was a dentigerous cyst. After the surgery paraesthesia was seen till one month. But there wasn't seen any recurrence and paraesthesia three months after operation.

PP-061
MANAGEMENT OF KERATOCYSTIC ODONTOJENIC TUMOR: REPORT OF THREE DIFFERENT CASES

Esma Bilge Şahin, Nilüfer Özkan

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry,
Ondokuzmayis University, Samsun, Turkey

INTRODUCTION: Odontogenic cysts are accepted as nonneoplastic benign lesions. Among the cysts, keratocystic odontogenic tumor (KCOT) is an intraosseous tumor characterized by parakeratinized stratified squamous epithelium with aggressive and infiltrative behavior be develop to carcinomas in the lesion wall.

CASE: The aim of this case reports was to describe a clinical cases of KCOT in three patients and discuss the treatment alternatives. İn the first case, a 85yearold female was referred to our clinic for treatment. She has swelling in her right side of mandible. The second case was a young patient at 17 years old referred to our clinic with pain, supuration and swelling at right posterior mandible. The third case was noticed at routine radiographic with unusual localization and it was different from KCOT carecteristics. Following the radyological and clinical examination biopsies were perfomed and KCOT was diagnosed in all cases. Marsupialization and enucleation was performed for first case; total enucleation were planned in for second and third cases. No recurrence was observed in all cases in follow up period.

CONCLUSION: Especially, in medically compromised patients, conservative treatment with minimal complication and low risk morbidity is essential in large size lesions.

PP-062
3D APPROACH TO EVALUATE FACIAL PROFILE CHANGES FOLLOWING BIMAXILLARY SURGERY: A CASE REPORT

Timuçin Baykul, Yavuz Fındık, Tayfun Yazıcı, Hatice Akpınar

Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey

Orthognathic surgery is performed to correct dentoskeletal deformities and to provide functional improvements. However, patient concern regarding the facial aesthetic results of the orthognathic procedure is increasing, and most patients have high expectations regarding outcomes. Therefore, when an orthognathic surgery case is planned, the skeletal tissues are used to determine the amount of change necessary to provide the appropriate soft tissue profile change. Many two-dimensional (2D) cephalometric analyses have been used to quantify the soft tissue facial profile. However, 2D measurements have limited validity and reliability when used for the evaluation of the 3D face. Therefore, 3D evaluation of the facial profile is preferred in orthognathic surgery. In this case, to evaluate changes in the soft tissue facial profile in 20-year-old female patient who underwent bimaxillary surgery using 3D stereophotogrammetry facial system (3DMD). Three-dimensional photographs were imported into the 3DMDPatient software. Soft tissue anatomical landmarks were identified and evaluated volume changes between the preoperative and postoperative. As a result, in soft tissue facial profile changes after bimaxillary surgery had an optimal improvement.

PP-063
ALVEOLAR DISTRACTION OSTEOGENESIS WITH DENTAL IMPLANT REHABILITATION: A CASE REPORT

Yavuz Fındık, Özgür Oşar, Orhan Akpınar, Murat Kaya

Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey

Multiple reconstructive and regenerative methods have been used for the augmentation of alveolar bone. Alveolar distraction osteogenesis (DO) is a surgical technique used to repair bone defects by means of the gradual, controlled movement of a bone segment, across the defect by tension-stress effect. A 30 year old patient presented to our clinic with bone insufficiency depend on trauvma and missing teeth. Under general anesthesia alveolar distaction osteogenesis was performed.After a 4-month retention period, the distraction device was removed and four titanium dental implants were placed.Post operative follow up is progressing uneventful.

PP-065
SIALOLITHIASIS OF MINOR SALIVARY GLAND

Anıl Öztürk, Selen Adiloğlu, Alper Aktaş

Department of Oral and Maxillofacial Surgery, Hacettepe University, Ankara, Turkey

Sialolithiasis is a common disease of the salivary gland. It represent non-neoplastic calcified masses found in intra -or extra- glandular salivary ducts. The submandibular gland is affected in 80-92% of cases, the parotid gland in 6-19%. Sialolithiasis of Minor Salivary Glands (SMSG) is very rare. Only 2% of all cases of sialolithiasis develop in minor salivary glands and sublingual glands. Minor salivary gland sialolithiasis is characterized by a small, solitary submucosal nodule, which is hard and it can be movable in the surrounding tissue in some cases. In this case report it is presented a 61-year-old man with a several month history of an asymptomatic mass in his right upper lip. There is not a history of trauma to upper lip. He has no sistemic disease. In intraoral examination, the lesion was hard, easily palpable and good visualized under the mucosal surface of the lip. The differential diagnosis included a mucocele, a mixed tumor, or a cyst. The lesion like calculus was taken by excisional biopsy. After histopathological evaluation, the lesion was finally confirmed as sialolithiasis and gladular tissue.

PP-066
TREATMENT OF HEMANGIOMAS IN THE ORAL CAVITY WITH ND-YAG LASER

Naci Kazaz, Taygun Altındiş, Beyza Demiroğlu

Gaziantep University, Department of Oral and Maxillofacial Surgery, Gaziantep,Turkey

OBJECTIVE: Although hemangiomas are common in the head and neck region, hemangioma of oral cavity is rare.They are found mostly in the mouth,on the tongue,on the lips and gums.The most common complaints are the aesthetic appearance,recurrent bleeding,difficulty in talking and chewing. Until now,many different treatment modalities have been used,such as surgical intervention, steroid therapy,sclerotherapy and laser therapy,but no general agreement has been reached regarding the treatment.In recent years, Nd-yag lasers, which are well absorbed by hemoglobin,have emerged as a new treatment option and reported successful results in treatment.

METHOD: Clinical examinations of two patients who were referred to our clinic with the complaints of swelling and coloring on the lip and vestibule oral mucosa revealed purple colored,exophytic lesions on the lips and mucosa.As a result of diascopy,these lesions were found to be hemangioma.Nd-Yag laser (Fotona AT Fidelis Nd-Yag laser) with a wave length of 1064 nm was preferred because of its ease of operation due to low hemorrhage,improved healing without scar tissue and good absorbability by hemoglobin.Laser power was set to 6.5W,pulse interval was 30-60milliseconds,and the lesion was applied.

RESULT: The patients were followed up on the first day, first week,first month and sixth month after the procedure.At the end of the 6th month, hemangiomas in the related areas of both patients were lost and no complications developed during the treatment period.

CONCLUSION: Nd-Yag lasers are preferred treatment methods because of their easy and painless usage, low probability of complication and high treatment efficiency in the treatment of hemangiomas seen in the oral region.

PP-067
CYSTIC LESIONS OF THE JAWS-A CLINICOPATHOLOGICAL STUDY OF 57 CASES:

Gonca Duygu Çapar[1], Nilay Er[1], F. Gülfeşan Çanakçı[1], Anıl Özyurt[1], Nurtaç Sarıkaş[2], Nuray Can[2]

[1]Department of Oral and Maxillofacial Surgery, School of Dentistry, Trakya University, Edirne, Turkey
[2]Department of Pathology, Faculty of Medicine, Trakya University, Edirne, Turkey

AIM: The aim of this study was to evaluate the frequency and distribution of cystic jaw lesions treated between 2014 -2016 year around Edirne.

MATERIAL-METHODS: This retrospective review was analyzed a total of 57 patients with jaw cysts treated from 2014 to 2016. Data were collected from clinical files, imaging, and histopathologic reports. Demographic variables, radiological features on panoramic radiographs, provisional diagnosis, site of involvement, cyst diameter, association with impacted teeth, necessity of cone beam computed tomography, treatment modalities, final diagnosis and microscobic findings were recorded.

RESULTS: The study involved 57 patients with a mean 46.24± 15.30 years, ranging from 9 to 74 years. 38 (66.7%) cyst cases were mostly localized in mandible, the most common cyst were radicular cyst (52.6%) followed by dentigerous cyst (17.5%), odontogenic keratocystic tumor (14.1%), unicystic ameloblastoma (5.3%), and aneurysmal bone cyst (1.7%). It was located mostly posterior region (75.4%). 17 (29.8%) cyst cases were associated with the impacted tooth. The mean cyst diameter was 2.56 cm, ranging from 0.86 to 7.09 cm. Before histopathologic examination, radicular cyst was the most frequent diagnosis provisionally (56.1%). Three different surgical treatments were (1) enucleation (82.5%); marsupialization (10.5%); marsupialization followed by enucleation (7%).

CONCLUSION: It was found similar prevalence of jaw cysts that reported in the literature. The diagnosis of all cystic lesion of the jaws should be based on clinical, radiographic and histopathologic features.

PP-068
DENTAL IMPLANT TREATMENT IN SJOGREN'S SYNDROME: A CASE REPORT

Alp Saruhanoğlu, Duygu Ofluoğlu, Gizem Ecem Koçak, Umutcan Demiral

Istanbul University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery Istanbul

AIM: Sjogren's syndrome is a chronic, systemic, autoimmune disease characterized by lymphocytic infiltration of the exocrine glands. The affected tear and salivary glands leads to keratoconjunctivitis sicca and xerostomia. In this case report, fungal infection due to xserestomia and poor oral hygiene of 31 years old female patient with Sjogren's syndrome was treated medically and dental implant treatment was performed for missing teeth.

METHOD AND CASE: A 31years old woman was admitted to our clinic with complaints of xserestomia, burning mouth and numerous missing teeth. In intraoral examination, loss of papilla of tongue and oral ulcerations were detected, microbiological examination of saliva showed candida infection. Antifungal treatment was performed for candida infection and the patient was rehabilitated with five dental implants.

RESULTS: Neither a cure nor a spesific treatment is known for Sjogren Syndrome, symptomatic and supportive treatments for xserestomia and infections of oral mucosa are recommended. Prosthetic treatment with dental implants instead of partial and total removable prosthesis is preferred to increase patients quality of life.

PP-069
DYNAMIC NAVIGATION SYSTEM FOR DENTAL IMPLANT SURGERY – A CASE REPORT OF FULLY EDENTULOUS PATIENT AND REVIEW OF THE LITERATURE

Hasan Onur Şimşek, Güneş Kenan Üstek

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Adnan Menderes University, Aydın, Turkey

PURPOSE: The purpose of the present case is reported the dynamic navigation system of dental implant placement for the fully edentulous patient. Dynamic navigation system in implant surgery is discussed and review of literature represented.

CASE: In this case report, 68 years old male fully edentulous patient applied to our clinic for prosthetic complications which are about retention and stabilization of the lower prosthesis due to mandibular resorption. In our case we planned 2 implants assisted overdenture prosthesis on the lower jaw with dynamic navigation system.

DISCUSSION: Dynamic navigation system is a surgical method which uses a stereo vision computer triangulation setup to guide implant placement. Dynamic navigation system is a computerized dental navigational system intended to assist preoperative planning and to guide drilling in a patient jaw and allows intra-operative changes of the implant position during implant surgery, using pre-acquired CT scan of the jaw. The system provides many potential benefits such as reduces damage to critical anatomical structures, enables flapless surgery, and the plan can be modified at any time, even during operation.

CONCLUSION: The dynamic navigation system as a useful alternative method to plan the position, depth, and angle of the implants more accurately.

PP-070
SQUAMOUS ODONTOGENIC TUMOR: A CASE REPORT

Ezgi Ergezen, Selen Adiloglu, Alper Aktas

Department of Oral and Maxillofacial Surgery, Hacettepe University, Ankara,Turkey

OBJECTIVE: Squamous Odontogenic tumor (SOT) is a rare, benign, locally infiltrative neoplasm described in 1975. Generally, it is located in mandibular premolar molar region, radiographically characterized as unilocular triangular shaped radiolucency. The aim of this report is to evaluate the clinical and histopathological aspects of rare finding SOT.

CASE REPORT: A-22-year old male patient, without any systemic illness, referred to our clinic with pain of anterior mandible. He stated that the relevant area had swelled 3 months ago, however it was asymptomatic to date. Radiographically, a unilocular radiolucency seems to originate between canine and first molar teeth and extending up to basis up to mandible. The lesion was curated under general anesthesia and histopathologic evaluation showed Squamous Odontogenic tumor.

CONCLUSION : SOT is still a concept, much remains to be learned about. This case is unique because, the lesion represented here is larger than published cases and caused root resorption unlike the other cases in the literature. Reminding the clinicians this rare seen lesion is important.

PP-071
PLEOMORPHIC ADENOMA IN THE HARD PALATE: CASE REPORT

Müge Çina Aksoy[1], Tufan Güzel[1], Süha Türkaslan[2]

[1]Department of Oral and Maxillofacial Surgery, Süleyman Demirel University, Isparta, Turkey
[2]Department of Prosthodontics, Süleyman Demirel University, Isparta, Turkey

AIM: Pleomorphic adenoma (PA), also known as benign mixed tumor, is the most common salivary tumor. Mostly, PA is located in the parotid glands (85%), minor salivary glands (10%), and the submandibular glands (5%).Minor salivary gland tumors are frequently encountered on the palate, followed by the lip, cheek, tongue and floor of the mouth. It is a neoplasm characterised by neoplastic proliferation of parenchymatous glandular cells along with myoepithelial components. And it has a malignant potential. After enucleation recurrence rate varies between 20-45%.

CASE: In this presentation, a 51 year-old female patient with pleomorphic adenoma presumed for one year was reported. A nodular and asymptomatic mass spreading through the posterior midline of the hard palate towards the soft palate was excised. The area was grafted with absorbable collagen graft(Geistlich Mucograft, Sweetzerland) and primarily closed with 4/0 vicryl suture. After four weeks the epithelium was healed completely.

CONCLUSION: Wide surgical excision with overlying mucosa and primarily closure of the surgical site is recommended for treatment of PAs. ide Skin grafts can be used for primer closure, but with the use of mucografts, there is an advantage in terms of a second surgical field and donor site morbidity. Although generally palatal PAs are partially or nonencapsulated, recurrence of the lesion is rarely encountered after total surgical removal of the tumors.

PP-072
MEDIASTINITIS AS A COMPLICATION OF ODONTOGENIC İNFECTION

Emrah Soylu[1], Battal Tahsin Somuk[2], Emrah Sapmaz[2], Aras Erdil[1], Nihat Akbulut[1]

[1]Gaziosmanpasa University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Tokat, Turkey
[2]Department of Otorhinolaryngology, Medical Faculty, Gaziosmanpasa University, Tokat, Turkey

INTRODUCTION: Mediastinitis is a serious, life threatening complication that can occur from a common odontogenic infection and the mortality rate remains between 20 and 47%. The diagnosis of this condition is difficult and often a surgical approach can delay due to initial clinical improvement after antimicrobial therapy.

AIM: The aim of this report is to present the successful treatment of mediastinitis originating from odontogenic infection.

CASE: A 22 years old male patient were referred to our clinic complaining of pain and swelling in left mandible. Clinical and radiological examination showed acute periapical infection of lower left second molar. He was placed on oral antibiotherapy. After 4 days, symptoms were worsened and the patient referred to Department of Otorhinolaryngology. A CT examination showed that abscess spread through upper mediastinum. Under intravenous antibiotic therapy, abscess was drained surgically with peri-tonsillar approach first, however, clinical symptoms get worsened. Under general anesthesia, a second approach was planned through the post-jugular space and a drain was placed and drainage was maintained. Two days after surgery, lower left second molar was extracted. Also, periapical abscess was drained. Two days after extraction drain was removed and after a total of 10 days hospital stay, patient was discharged.

DISCUSSION: Odontogenic infections can cause several morbidities in a range from periapical abscess to life-threatening mediastinitis. Mediastinitis can endanger life and requires a long hospital stay. It is important to treat periapical infection with pharmacological and dental therapy at the initial phase to avoid such life-threatening complications.

PP-073
BROWN TUMOR OF THE JAW AS A RESULT OF TERTIARY HYPERPARATHYROIDISM IN A CHRONIC RENAL DISEASE PATIENT

Alper Sindel[1], Mehmet Ali Altay[1], Nelli Yıldırımyan[1], Hüseyin Alican Tezerişener[1], Nezihi Oygür[2]

[1]Department of Oral and Maxillofacial Surgery, Akdeniz University, Antalya, Turkey
[2]Department of General Surgery, Akdeniz University, Antalya, Turkey

Tertiary hyperparathyroidism (HPT) is a rare condition at patients are liable to secondary HPT for a long period. Brown tumors is non-neoplastic lesions should be associated with HPT. Increased osteoclastic activity and bone resorption, starting with cortical bone is the major hallmark of high PTH levels. Brown tumor is generally asymptomatic, but it may also be a painful nodular mass. Lesion could be unilocular or multilocular at radiological examination with an irregular margin. A 36-year-old female patient attended to Akdeniz University, Oral and Maxillofacial Surgery Department with a chief complaint of intraoral swelling. The patient's medical history disclosed that she had chronic renal failure. OPG revealed multilocular radiolucent lesions on the left mid-face and mandible. Incisional biopsy was performed and histopathological examination revealed a central giant cell granuloma. However due to the CRF and HPT, a preliminary diagnosis of Brown tumor was considered and the patient was referred to the endocrinology polyclinic. Fallowing parathyroid scintigraphy, the diagnosis of HPT-parathyroid hyperplasia was considered. Parathyroidectomy was performed by the general surgery department. 12 cures of intralesional corticosteroid injection were planned for the treatment of the intraoral lesions. After injections including pre and post operative period of the parathyroidectomy, a significant reduction was observed at lesion size. The case reveals importance of interdisciplinary approach for the diagnosis and treatment. Patient's medical history, physical and radiological examination and laboratory findings should be considered as a whole. The rarity of brown tumor necessitate a multidisciplinary approach be carried out for accurate diagnosis.

PP-074
DECOMPRESSION FOLLOWED BY ENUCLEATION AS THE DEFINITIVE TREATMENT MODALITIY OF EXTENSIVE CYSTIC JAW LESIONS: REPORT OF A CASE

Öznur Özalp, Nelli Yıldırımyan, Burak Kocabalkan, Göksel Şimşek Kaya, Alper Sindel, Mehmet Ali Altay

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Akdeniz University, Antalya, Turkey

INTRODUCTION: A cyst is defined as a pathological cavity lined by epithelium that is filled with fluid or semi-fluid material. The mandible and maxilla are the bones with the highest prevalence of cysts in the human body. Although they are frequently encountered as slow-growing, asymptomatic intra-bony lesions of the jaw, they may expand to extensive limits and may cause trismus, paresthesia, migration and resorption of adjacent teeth, pathological fractures and facial asymmetry. This report presents an extensive odontogenic cyst of the mandible treated with enucleation following a long-term decompression treatment.

CASE PRESENTATION: A 69-year-old male patient presented with a diffuse, painless swelling on edentulous alveolar crest of the right mandibular posterior region. Radiological examination revealed a unilocular, ill-defined radiolucency measuring 61x43 mm extending to the midline of the mandible from the angulus. Following an incisional biopsy, which reported as to be an inflammatory odontogenic cyst, two decompression tubes were inserted to the anterior and posterior aspects of the lesion. At the end of a 12-months period of decompression with regular follow-ups, significant reduction in lesion size was achieved and final enucleation and curettage were carried out as the definitive treatment.

CONCLUSION: Given the definitive diagnosis is confirmed with a histopathological evaluation, large cystic lesion of jaws can effectively be treated with decompression and enucleation. This approach not only provides adequate bone formation in the affected site, but also saves the patient from resective surgery, which would otherwise result in loss of jaw continuity and diminished quality of life.

PP-075
LATERAL COMMISSUROPLASTY COMBINED WITH SUBNASAL LIP LIFT: A TREATMENT MODALITY FOR MICROSTOMIA

Alper Sindel, Öznur Özalp, Göksel Şimşek Kaya, Mehmet Ali Altay, Emre Muslu

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Akdeniz University, Antalya, Turkey

INTRODUCTION: Microstomia is defined as a congenital or acquired reduction in the size of oral aperture. Various conditions may restrict mouth opening. Maintaining adequate mouth opening is essential for the function of speech, food intake, dental hygiene, facial expression. This report presents a case of severe microstomia caused by basal cell carcinoma resection from lip and its surgical management with combination of commissuroplasty and subnasal lip lift.

CASE PRESENTATION: A 74- year-old female patient, with complaints of difficulty in eating and speaking and distorted physical view due to the restricted mouth opening was referred to our department. The maximal intercommissural distance was 2.8 cm and and the mouth-opening was 2.6 cm, posing a practical challenge for insertion of impression trays, and decreased upper incisor exposure was revealed. Therefore, bilateral commissuroplasties and subnasal lip lifting procedure were planned. The patient were operated under local anesthesia. The new locations of commissures were planned to be on the vertical lines drawn from the centre of pupils. Following the dissection of the skin and removal of the triangular wedges, the buccal mucosal flaps were rotated toward lower-upper lips and vermilion. For lip-lifting procedure, a bullhorn-shaped excision was performed on one-third of the cutaneous upper lip.

RESULTS: The mouth-opening increased up to 3.7 cm and intercommissural distance increased to 4.8 cm post-operatively. At the end of the follow-up period of 2 months, the mouth opening of the patient remained sufficient and prosthetic rehabilitation of the patient was completed with favorable functional and esthetic results.

PP-076
PERIPHERAL GIANT CELL GRANULOMA AND SURGICAL TREATMENT: CASE REPORT

Taygun Altındiş, Beyza Demiroğlu, Naci Kazaz

Department of Oral and Maxillofacial Surgery, Gaziantep University, Gaziantep, Turkey

OBJECTIVE: Giant cell granulomas of jaws occur in two forms as peripheral giant cell granuloma and central giant cell granuloma.Peripheral giant cell granulomas usually occur on the gingival and alveolar crest and are more common in mandible and women.Although the etiological factors are not fully known,they are thought to be related to poor oral hygiene and traumatic factors.Surgical excision and corticosteroid injection are the most preferred methods in their treatment.

METHODS: A 44-year-old woman presented with a red-blue,exophytic,palpable, ponceae-negative swelling in the anterior forearm of the lower jaw.It has been learned that one month after the attraction of the lower anterior teeth,the tooth is noticed and 6 months have passed since the shooting. Radiologically, the lesion was well defined between the alveolar bone and the periosteum.Due to the patient's inability to provide long-term treatment, surgical excision was decided instead of corticosteroid injection.In order to exclude the lesion and reduce the recurrence rate to a minimum,healthy bone tissue around the curette has been curetted.

RESULTS: Histopathological examination revealed that the resulting lesion was peripheral giant cell granuloma.The first week,first month and sixth month follow-ups were performed after the patient's procedure.Clinical examinations revealed that the mucosa in the region had a healthy appearance and that the patient's complaints had completely passed.No recurrence has been detected on the radiographic images taken.

CONCLUSION: Surgical excision is a successful treatment method for peripheral giant cell granulomas and prolonged follow-up is recommended due to the risk of relapse of the patients.

PP-077
MULTIDISCIPLINARY TREATMENT OF DENTAL FUSION: A CASE REPORT

Merve Demir[1], Sunay Çavuş[1], Deniz Asuman Gümrü Çelikel[2], Kıvanç Bektaş Kayhan[1]

[1]Istanbul University Faculty of Dentistry Department of Oral Surgery, Istanbul
[2]Istanbul University Faculty of Dentistry Department of Orthodontics, Istanbul

AIM: The fusion of the teeth can cause several problems such as dental caries, periodontal diseases, intrusion, diastema and ectopic eruption. For the optimal ideal esthetic and occlusion multidisciplinary approach for treatment is mandatory. This case report presents the surgical treatment of the fusion of maxillary first right incisor and neighboring supernumerary tooth in a 10-year-old girl.

METHOD AND CASE: Intraoral examination revealed intrusion of the right maxillary central incisor. Radiographically abnormal root and pulp formation which prevents the eruption of canine. It had star shape and compatible pulp. The fusion was monitored clinically and radiographically for 8 months. Consequently with the contribution of orthodontics, the central incisor and the fused supernumerary tooth which hindered the eruption of canine was removed surgically. The patient recovered uneventfully and is under routine control for monitorization of bone healing.

CONCLUSION: Through meticulous clinical and radiographic examination, pathological conditions which interfere with tooth alignment such as dental fusion can be diagnosed and treated with ideal timing and multidisciplinary approach.

PP-078
BISPHOSPHONATE OSTEONECROSIS OF THE JAW: A CASE REPORT

Güneş Kenan Üstek, Burcu Gürsoytrak, Umut Demetoğlu, Özlem Kocatürk

Adnan Menderes University Faculty of Dentistry Department of Oral and Maxillofacial Surgery

Medical-related osteonecrosis of the jaw (MRONJ) is a potentially devastating complication of anti-resorptive drugs used globally to treat bone disorders as osteoporosis, skeletal complications associated with osseous metastasis and multiple myeloma. Nowadays, the pathophysiology of MRONJ is not clearly understood. Numerous theories have been proposed, neither of which can provide an adequate explanation of the disease. MRONJ was perceived as a type of avascular necrosis due altered bone turnover or direct toxicity to the soft tissue, infection, inflammation, inhibition of angiogenesis or suppression of innate or acquired immunity have been identified as possible explanations of the disease process. Our patient was using iv bisphosphonate for multiple myeloma. Three months after the treatment of our patient with bisphosphonate, the premolar teeth were extracted and came to our clinic with the complaints of a non healing extraction socket.Clinical findings and radiological findings revealed that the lower mandible developed bisphosphonate osteonecrosis. The patient was treated with antibiotic therapy and debridement of necrotic bone sequestrations for approximately one year. The patient was scheduled for partial mandibular resection and reconstruction because the mandibula was weakned and he had extraoral fistulization.

PP-079
NASOLABIAL CYST: A CASE REPORT

Güneş Kenan Üstek, Burcu Gürsoytrak

Adnan Menderes University Faculty of Dentistry Department of Oral and Maxillofacial Surgery

Nasolabial cysts are rare nonodontogenic and developmental cysts arising from the maxilla that occur lateral to the midline of the maxillary lip and alar base and account for only 0.7% of all maxillary and mandibular cysts. Panoramic and intraoral radiographs usually reveal no abnormalities, but computed tomography and magnetic resonance images accurately demonstrate nasoalveolar cysts and, thus, are useful for diagnostic and surgical treatment planning. Many lesions probably remain undetected unless and until they become infected or are associated with facial deformity.Patients typically complain of deformity and nasal obstruction. Clinically, these non-odontogenic cysts present as smooth, fluctuant soft-tissue masses between the upper lip and nasal aperture, with obliteration of the nasolabial fold and elevation of the nasal ala. Slow painless enlargement of the swelling may develop over several years, but patients may present with an acutely painful swelling if the cyst becomes infected. Less commonly, extension of infection from these cysts may mimic facial cellulitis, periodontal abscess, acute maxillary sinusitis, or a nasal furuncle. Our patient also applied to our clinic with complaints of swelling on the upper part of the right lip for four months on the side of the nose. Our patient reported that her swollen grew slowly and she had no pain and we enucleated the cyst because of this symptoms.

PP-080
ANGULATED IMPLANTS AS AN ALTERNATIVE TO INVASIVE AUGMENTATION PROCEDURES IN SEVERELY ATHROPIC JAW

Soydan Kılıç[1], Mert Bülte[1], Berk Turgay[1], Hüseyin Berkay Belgin[2]

[1]Department of Oral and Maxillofacial Surgery, Mustafa Kemal University. Hatay, Turkey
[2]Department of Prosthodontics, Mustafa Kemal University. Hatay, Turkey

Over time, rehabilitation of fully edentulous jaws by implant-supported prosthesis has gained popularity among patients and clinicians worldwide. However, insufficient bone volume due to long-term edentulism often complicates implant placement in the posterior region. alternative treatments have been suggested to overcome anatomical limitations, including bone grafting techniques, short implants, inferior alveolar nerve transposition, and pterygomaxillary and zygomatic implants. The use of tilted implants has been proposed to avoid traumatization of the maxillary sinus or inferior alveolar nerve. 55 years old female patient with edentulous mandible applied to our clinic for prosthetic rehabilitation. The patient had implant supported fixed prosthesis on her upper jaw. Because of her insufficient bone volüme on posterior mandible, It was considered appropriate to place two angled implant in front of the mental foraminas. After local anesthesia, a mid-crestal incision was made from the first molar to the first molar region. A mucoperiosteal flap was elevated and mental nerve foramen was located in the mandible. Surgical plaque was used to guide implant positioning. The guide was inserted and adapted to the curvature of the alveolar ridge. two distal implants were installed mesial of the mental foraminas with an inclination of 30° relative to the occlusal plane. Then, the axial implants were placed in the lateral incisor area. The insertion torque of all implants was ≥35 Ncm, so temporary prosthesis was loaded immediately. Implants were followed clinically and radiologically. As a result of the 6-month control, the patient was not found to have any prosthetic or surgical complaints.

PP-081
INTRALESIONAL CORTICOSTEROID INJECTION AS A CONSERVATIVE TREATMENT PROCEDURE OF CENTRAL GIANT CELL GRANULOMA: A CASE REPORT

Uğur Karadayı, Umut Demetoğlu

Department of Oral and Maxillofacial Surgery, Adnan Menderes University, Aydın, Turkey

Central giant cell granuloma (CGCG) is a rare, benign lesion of the jaw and was first described by Jaffe in 1953 as a ''reparative fibrous dysplasia'' of the jawbones. He further opined that these lesions were not true neoplasms but, rather, represented a local reparative reaction. Despite the current World Health Organization definition central giant cell granuloma is a benign lesion of unknown etiology. The aggressive type lesions CGCG require wide resection that leads to major defects in the jaws. The treatment advocated for CGCG has predominantly been varying extents of surgery, ranging from simple curettage to radical resection. Althought, radical surgical resection has resulted in a low recurrence rate, restoring function and esthetic reconstruction of large defects would be difficult. A number of alternative non-surgical therapies have been advocated in recent years for the management of CGCG. Weekly intralesional corticosteroid injections have been suggested as possible treatment for large or multiple lesions to avoid the need devastating surgery. In our case, an elderly patient, who is not approprite to general anesthesia because of systemic diseases of him, referred to our clinic with complication of intraoral fistula at the maxilla. After biopsy, this lesion diagnosed as CGCG and treated weekly irrigation with corticosteriod combined bupivacain.

PP-082
MELKERSSON ROSENTHAL SYNDROME AND INTRALESIONAL CORTICOSTEROID TREATMENT: A CASE REPORT

Sertan Ergun[1], Gizem Ecem Koçak[1], Duygu Ofluoğlu[1], Umutcan Demiral[1], Ilknur Ozcan[2], Neslihan Senel[2]

[1]Istanbul University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Istanbul, Turkey
[2]Istanbul University, Faculty of Dentistry, Department of Oral Radiology, Istanbul, Turkey

INTRODUCTION: Melkersson-Rosenthal syndrome is a granulomatous, neuromucocutaneus, systemic disease characterized by recurrent, long lasting swelling of the face and lips (granulomatous cheilitis), recurrent facial paralysis and tongue with fissure. This syndrome exhibits elements of orofacial granulomatosis, which is disease associated with Crohn's disease, sarcoidosis, focal dental sepsis, and food or contact allergies.

CASE: A 48-year-old woman admitted to our clinic with complaints of swelling, weakness and redness of right side of face, discomfort from the appearance of face.In additionally, she also had gingival hiperplasia, swelling in tongue, right side of facial, upper and below lip.She didn't have any cobblestoning, oral ulcerations.The systemic corticosteroid treatment was interrupted to patient by Department of Dermatology with consultation.The patient was treated with intralesional corticosteroid treatment (SinakortR-A 40 mg) at two-week intervals for two months.The drug was mixed with an equal dosage(1:1) with local anesthesia (ArticaineR HCI 40 mg)

DISCUSSION: The treatment of Melkersson-Rosenthal syndrome remains a challenge because of the unclear etiopathogenesis. Various therapeutic methods have been described. Systemic corticosteroids used by patients may be inadequate during periods of redness and swelling. Patients are aesthetically complaining of this condition. Because of mentioned, topical corticosteroid therapy has been applied in addition to the systemic treatment of the disease.

PP-083
SURGICAL TREATMENT OF A LARGE RESIDUAL CYST

Burak Ergüder[1], Merve Çakır[1], Ümit Karaçaylı[2]

[1]Department of Oral and Maxillofacial Surgery, Yeni Yuzyil University, Istanbul, Turkey
[2]Department of Oral and Maxillofacial Surgery, Saglik Bilimleri University, Ankara, Turkey

OBJECTIVE: A radicular cyst is generally defined as a cyst arising from epithelial residues (cell rests of Malassez) in the periodontal ligament as a consequence of inflammation, usually following the death of the dental pulp. Radicular cysts are the most common odontogenic cystic lesions of inflammatory origin affecting the jaws. With incomplete removal of radicular or periapical cystic ephitelium, a residual cyst may develop. Residual cysts may be detected during a routine radiographic examination in the edentulous areas of jaws. The purpose of this case report is to present the successful surgical treatment of a large mandibular residual cyst.

METHOD: A 41 year-old healthy male patient was referred to the clinic with complaint of pain, swelling and pus discharge in left molar region of the mandible. Radiological examination, revealed a radiolucent, well-circumscribed large lesion in left molar region of mandible. Enucleation of the cyst and extraction of the second molar tooth was performed under local anesthesia. After 2 weeks, the extra and intra oral swelling and symptoms had completely resolved.

CONCLUSION: The patient was recalled after 2 months, clinical examination revealed uneventful and satisfactory healing. To conclude, residuel cysts usually go unnoticed and rarely exceed the palpable dimension. This case illustrates the successful management of a large residuel cyst with enucleation.

PP-084
NON-SYNDROMIC BILATERAL DENTIGEROUS CYSTS: A CASE REPORT

Levent Acar, Burcu Baş, Vugar Gurbanov

Department of Oral and Maxillofacial Surgery, University of Ondokuz Mayıs, Samsun, Turkey

OBJECTIVE: The purpose of this study is to present a case of a non-syndromic patient who had bilateral dentigerous cysts associated with unerupted mandibular third molars.

METHOD: A 50-year-old male patient was reffered to our clinic after the detection of unerupted teeth and associated cystic lesions on a panoramic radiograph taken during routine dental examination. There was no associated swelling, pain, numbness or discomfort found in clinical examination. The patient's medical history, drug history, and general physical examination were all non-significant. Panoramic radiography demonstrated a unilocular, well-circumscribed radiolucency at the posterior mandibular region associated with impacted thir molars, bilaterally. The lesions were assessed by CBCT; the dimension of the lesion was approximately 24x15 mm in right and 25x30 mm in the left side. Surgical enucleation and the associated impacted teeth extraction were performed under general anesthesia.

RESULT: Histopathological features confirmed diagnose of dentigerous cyst in both sides. Twelve months follow-up reveals no sign of recurrence with favorable osseous formation

CONCLUSION: Bilateral dentigerous cyst without any association of syndromes or sistemic problems is rare condition. Because they are typically asymptomatic, dentigerous cysts are usually diagnosed on routine dental radiographs. The diagnosis of dentigerous cyst is based on a combination of radiographic and histologic features.

PP-085
ERYTHEMA MULTIFORME: A CASE REPORT

Sunay Çavuş, Merve Demir, Kıvanç Bektaş Kayhan

Department of Oral Surgery, Istanbul University Faculty of Dentistry, Istanbul, Turkey

AIM: Oral ulcers may occur as side effects of systemic diseases or allergic reactions. It may be an indication of serious illnesses that life threatens. It is important to diagnose correctly and determine appropriate treatment option without losing more time. In our study, we presented the diagnosis and findings of eritema multiforme.

METHOD AND CASE: The patient were referred to our clinic due to complaining of oral ulcerations. Inspection showed erythematous lesions on the foot back, fingernail, palm of the hand. Skin lesions were compatible with the target lesions. Oral lesions presented on the palatinal mucosa, gingiva, buccal mucosa, lips and under the tongue. The lesions on the lips were with crusts and yellowish serous exudate. Lesions began as small patches and developed rapidly and completely healed within 7-10 days. There were repeated once a month. The patient had fever during attacks and serum CRP level was high. He had no systemic disease and he did not use any medications.

CONCLUSION: It was diagnosed with a good clinical examination and detailed anamnesis. Our patient was referred to the necessary medical unit to begin treatment as soon as possible.

PP-086
CLINICAL APPLICATION OF AUTOGENOUS GRINDED TOOTH GRAFT AT VARIOUS AUGMENTATION PROCEDURES

Alper Gültekin[1], Elçin Bedeloğlu[2], Pınar Gültekin[3], Serdar Yalçın[1]

[1]Istanbul University Faculty of Dentistry, Department of Oral Implantology, Istanbul
[2]Istanbul Aydın University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Istanbul
[3]Istanbul University Faculty of Dentistry, Department of Prosthodontics, Istanbul

AIM: Various of bone substitutes are being used for hard tissue augmentation procedures at pre-prosthetic implant surgery. However, there are still unsolved problems related with graft materials such as unpredictable tissue healing problems, foreign body reaction, risk of inflammation and high cost. The autogenous tooth usage that is extracted can be an alternative bone graft material with bone regeneration potential, high biocompatability, and cost reduction. The purpose of this case series was to evaluate the effectiveness of autogenous grinded tooth application in various augmentation procedures such as sinus lifting, immediate implantation, and socket preservation.

METHOD: In this case series, extracted teeth were grinded and placed on the buccal gap after implant placement. Grinded graft was gently packed until it filled the entire sinus cavity with simultaneous implant placement in sinus augmentation procedures. Lastly, graft was also evaluated clinically in socket augmentation applications. Stabilization of implant, complications during and after surgery, and the presence of any adverse tissue response were investigated.

RESULTS: Eight patients (3 for sinus augmentation, 3 for immediate implantation, and 2 for socket augmentation) were evalauted in this study. Totally, 13 implants were evaluated clinically and radiographically. None of the patients had any surgical complications, and adverse tissue response during the study period. All implants showed satisfactory clinical stability and osseointegration, with a 1-year cumulative survival rate of 100%.

CONCLUSION: Autogenous grinded tooth could be considered a viable alternative to the autogenous bone or other biomaterials in various of hard tissue augmentation procedures.

PP-087
SILICONE IMPRESSION MATERIAL FOREIGN BODY IN MAXILLA

Aysegul Senemtaşı, Mehmet Yaltırık, Meltem Koray

Istanbul University, Dental School, Department of Oral and Maxillofacial Surgery

Foreign bodies may be ingested, inserted or deposited in the oral cavity. Iatrogenic foreign bodies such as impression material, amalgam, broken instruments, needles etc, are commonly encountered. Detailed case history, clinical and radiographic examinations including CBCT were necessary to determine accurately the nature, size, and location of the foreign body. This study describes a case with an asymptomatic lesion presenting as a benign tumor-like mass in CBCT, which has been found as a silicone impression material implanted in the left maxillary alveolary bone. A 65-year-old woman referred to Oral and Maxillofacial Surgery clinic in Istanbul University Dentistry School due to the asymptomatic radiolucency on left maxillary alveolar bone in ortopantograph during routine oral examination. CBCT was taken to define the entire extent and nature of the lesion and its relationship with the surrounding structure for detailed analysis. After mucoperiostal flap was raised, silicon impression material foreign body was observed in alveolar bone in relation to the prosthetic preparation 5 years ago. The foreign body was removed. The fibrotic tissue surrounding the foreign body was excised completely. Wound healing has observed after 1 month examination. The use of elastomeric impression materials is a routine in restorative procedures. Special care must be taken to avoid leaving fragments of the material in the tissues as adverse soft tissue responses might occur, whether symptomatic or not. This case report emphasizes the importance of a thorough and systematic dental examination, which will prevent the local and systemic complications of foreign body for a long time.

PP-088
UNUSUAL TRAUMATIC FRACTURES OF THE MANDIBULAR SYMPHYSIS:CASE REPORT

Anar Asgerov[1], Tural Mammedov[2], Farinaz İrannejjad[2], Vugar Gurbanov[3]

[1]MediClub LTD.Department of otolaryngology and head and neck surgery,Baku Azerbaijan
[2]Azerbaijan Medical University,Department of Oral and Maxillofacial Surgery,Baku Azerbaijan
[3]Ondokuz Mayıs University,Department of Oral and Maxillofacial Surgery,Samsun,Turkey

In maxillofacial region, jaw fractures are frequently encountered because of having various weak areas, which are affected easily when an external trauma occurs. It is anatomical features that make it more susceptible to fractures, and most fractures of the facial bone occur in mandible. Mandible fractures are the most seen type of the facial skeleton fractures, which are two times greater than the mid-facial fractures according to the literature knowledge. Mandibular fractures ratio to maxillofacial fractures change between 23% and 97%. Mandible constitutes 1/3 of the lower face and has a greater chance to be affected by direct external traumas. During a trauma, fracture incidence of mandible is high due to anatomical shape and structure; in addition, mandible forms the most prominence region of craniofacial complex. Around the world, different societies show different patterns of facial trauma, and treatment also differs. These differences can be explained by varying economic and social conditions, local behavior and law. Region fractures, occurring frequently, are respectively condyle (29.1%), angle (24.5%), symphysis (22%), basis (16%), coronoid process (3.1%). Among mandibular fractures the most difficult is fracture of symphysis.The main reason is the local muscles.There are different treatment methods for symphysis fractures.we are presenting one of our patient with compound,comminuted fracture in symphysis area which got intraoral mini plates fixation. In the literatures facing with these cases are very rare.

PP-089
RADICULAR CYST OF A DENS IN DENTE AND FUSION OCCURING IN LATERAL INCISOR TOOTH: A RARE CASE REPORT

Emel Bulut[1], Fuat Altuncu[1], Peruze Çelenk[2], Canan Tezel[2], Bilge Can Meydan[3]

[1]Ondokuz Mayıs University, Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery, Samsun, Turkey
[2]Ondokuz Mayıs University, Faculty of Dentistry,
Department of Oral and Maxillofacial Radiology, Samsun, Turkey
[3]Ondokuz Mayıs University, Faculty of Medicine,
Department of Pathology, Samsun, Turkey

PURPOSE: The aim of this report is to discuss etiology and treatment of a permanent tooth which involved dens invaginatus and fusion together caused radicular cyst.

METHOD: A 14 year-old male patient referred to department of oral and maxillofacial radiology with a compliant of dental pain. CBCT imaging showed a cyst related with right maxillary lateral incisor. Intraoral examination revealed the maxillary right lateral incisor which present conical and unformed crown morphology. Definitive diagnosis was made by clinical and radiological examination. The permanent tooth which involved dens in dente and fusion was extracted and related cyst was totally enucleated.

RESULTS: Post-operative course was uneventful. Histopathological examination revealed radicular cyst.

CONCLUSION: Fusion and dens in dente are rarely seen anomalies in literature. Both fusion and dens in dente together are very rarely seen. Due to the irregular morphological structure of dens in dente, oral microorganisms can inoculate the periradicular tissue.

PP-090
SURGICAL TREATMENT OF DISPLACED CONDYLE FRACTURE WITH PREAURICULAR APPROACH: A CASE REPORT

Mehmet Melih Omezli, Ferhat Ayranci, Burak Cezairli, Efe Can Sivrikaya

Department of Oral and Maxillofacial Surgery, Ordu University, Ordu, Turkey

Condyle fractures are one of the most common mandibular fractures. (17.5% - 50%) In general, motor vehicle injuries, falls, crashes and sports accidents are the results. Radiological examination and clinical examination just as pain, impaired occlusion, paresthesia, anesthesia, damage to teeth, bleeding, hematoma help to diagnose. Treatment of condylar fractures are planned due to the region of fracture (Unilateral / bilateral), localization of fracture (intracapsular /extracapsular), and displacement of the fracture (non-displaced / displaced). Internal fixation provides success results in the treatment of displaced fractures, which usually require open reduction. The condyle is replaced with a suitable surgical approach (preauricular, retromandibular, submandibular, etc.) and fixed with mini plates, wires or lag screws. This case report presents a 25 year-old-patient with extracapsular and displaced fractures in the left condyle. Also, surgical treatment with open reduction and post-operative findings (3 months) is explained.

PP-091
TREATMENT OF UNILATERAL MASSETERIC HYPERTROPHY WITH BOTILINUM TOXIN: REPORT OF A CASE

Burcu Baş, Haluk Yener Ünsal

Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University,Samsun,Turkey

PURPOSE: The aim of this study is to present the treatment of a unilateral masseter hypertrophy with botulinum toxin type A injection.

METHOD: A 32 year-old woman referred to our department with a compliant of swelling on her right masseteric region which existed for 3 years. Botulinum toxin A injection into right masseter muscles was performed at three points.

RESULTS: Post-operative course was uneventful. Marked changes in facial feature were achieved 3 months after the procedure. Neither local nor general adverse effects were noted. Patient is pleased with her present facial appearance.

CONCLUSION: Several treatment methods reported for masseter hypertrophy, which range from simple pharmacotherapy to more invasive surgical reduction. Botulinum toxin type A is a powerful neurotoxin which is produced by the anaerobic organism Clostridium botulinum and when injected into a muscle causes interference with the neurotransmitter mechanism producing selective paralysis and subsequent atrophy of the muscle. This technique provided a predictable and conservative method of treatment for this type of facial asymmetry.

PP-092
REMOVAL OF A MIGRATED DENTAL IMPLANT AND MUCOSEL FROM MAXILLARY SINUS BY CALDWELL-LUC PROCEDURE

Burak Ergüder[1], Merve Çakır[1], Ümit Karaçaylı[2]

[1]Department of Oral and Maxillofacial Surgery, Yeni Yuzyil University, Istanbul
[2]Department of Oral and Maxillofacial Surgery, Saglik Bilimleri University, Ankara

OBJECTIVE: Rehabilitation of edentulous jaws with dental implants has become a usual practice. A very low incidence of complications is associated with this therapy. One of them is migration of dental implants into the maxillary sinus, because of the lack of bone, due to alveolar ridge resorption and/or maxillary sinus pneumatization in the posterior edentulous maxilla. To avoid these complications careful clinical and radiographical examination must be done. The accidental displacement of dental implants into the maxillary sinus can cause serious complications, such as oro-antral communication, infection. There are different approaches to remove the implant displaced into the maxillary sinus, Caldwell-Luc procedure is one of them. In this case report successful removal of a dental implant migrated into the maxillary sinus, by Caldwell-Luc procedure was presented.

METHOD: 69 years old male patient presented to the clinic reporting swelling and pain on the upper right posterior area and nasal obstruction, 3 months after implant insertion. Intraoral examination revealed swelling on the right sinus area. Panoramic radiograph showed presence of an implant and mucosel growth in the right maxillary sinus. Implant and the mucosel were removed from the sinus under local anesthesia, by Caldwell-Luc procedure.

CONCLUSION: Patient's follow-up continues with 2 months, clinical examination revealed uneventful and satisfactory healing.

PP-093
CEMENTOBLASTOMA LOCATED IN POSTERIOR MAXILLA: REPORT OF A CASE

Hasan Öztürk, Mehmet Cihan Bereket, Damla Torul

Department of Oral and Maxillofacial Surgery, Ondokuz Mayis University, Samsun, Turkey

As a result of the neoplastic growth of tissues which are a part of odontogenesis, variety of tumors that are rarely or never detected in other parts of the body, occur in the jaw bones. Cementoblastoma also known as true cementoma is a rare tumor originate from odontogenic ectomeshenchyme which characterized by neoplastic proliferation of cementum-like tissues. Majority of cementoblastomas are detected in second or third decades of life with a male predominance. Preferably the tumor located in mandibular posterior region and commonly associated with the apex of first molar or second premolar teeth. The tumor radiographically shows an appearance of a well-defined radiopaque mass which is surrounded by a thin radiolucent halo and this typical appearance is virtually diagnostic for the tumor. As a result of clinically asymptomatic behavior of the tumor, in most of the cases, it is detected incidentally on radiographs. In this paper, a case of cementoblastoma associated with the apex of maxillary first molar tooth and surgical management of the tumor is presented.

PP-094
SOLITARY PERIPHERAL OSTEOMA OF MANDIBULAR ANGULUS: REPORT OF A RARE CASE

Hasan Öztürk[1], Damla Torul[1], Ezgi Yüceer[1], Rıfat Karlı[2]

[1]Department of Oral and Maxillofacial Surgery, Ondokuz Mayis University, Samsun, Turkey
[2]Department of Ear Nose Throat, Ondokuz Mayis University, Samsun, Turkey

Osteoma is a benign osteogenic neoplasm originated from the continuous proliferation of compact and/or cancellous mature bone. The tumor can be classified as peripheral, central or extraskeletal regarding location and it commonly seen in cranio-facial region especially in skull and paranasal sinuses. The exact etiology of the tumor is still controversial, however, it is considered that infection, trauma, muscle activity contributes the occurrence of the tumor. Due to the slow growing nature of osteoma, it is coincidentally detected on radiographs or when the tumor reach a large size enough to trigger symptoms and cause facial disfigurement. Young adults more commonly affected by the tumor and no gender differences have been reported. Although mainly detected in craniofacial bones, osteomas are rarely located in jaw bones. In this case report, the diagnosis and treatment plan of a peripheral osteoma in the mandibular angulus region of an 8-year-old boy was presented.

PP-095
DECOMPRESSION OF A LARGE RADICULAR CYST INVOLVING NASAL FLOOR AND MAXILLARY SINUS

Damla Torul, Hasan Öztürk, Mehmet Cihan Bereket

Department of Oral and Maxillofacial Surgery, Ondokuz Mayis University, Samsun, Turkey

Radicular cysts (RCs) are odontogenic cysts of inflammatory origin and accounts for 70 % of all odontogenic cysts observed in the jaw bones. These lesions originate from the stimulation of the epithelial remnants by infected or necrotic pulp tissue. In most of the cases RCs occurs in maxillary anterior region between 30th and 50th year of age with a male predominance. Clinically, RCs have an asymptomatic behavior and are rarely become large enough to extensively erode adjacent bony structures. Treatment options of RCs are complete surgical enucleation or in some cases marsupialization/decompression which describe the gradual shrinkage of the cystic mass after relief of the internal hydrostatic pressure. Enucleation is recommended as a primary treatment option for cystic lesions, however, it is not always the most ideal treatment option especially for the large cystic lesions. Thus, conservative treatment options may be required in order to preserve vital structures adjacent to the cystic lesions that reach a large size. The aim of this case report is to present conservative management of a large radicular cyst involving maxillary sinus and nasal floor in a 50-year-old male patient.

PP-096
RECONSTRUCTION OF ALVEOLAR DEFECTS WITH TITANIUM MESH: REPORT OF TWO CASES

Haluk Yener Ünsal, Burcu Baş

Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University

PURPOSE: The purpose of this study is to present two cases of maxillary alveolar defects who were reconstructed with allogenic bone graft and titanium mesh before implant placement.

METHOD: In case 1, the patient referred to our clinic for dental implant rehabilitation. There was an impacted right upper canine tooth at the implant planned area. Extraction of the canine and simultaneous reconstruction of the defect with graft and titanium mesh was planned. Defect was repaired with 2 cc bovine bone material (Bio-Oss) and titanium mesh (30X40 mm) was adapted over graft and fixed with mini-screws. In case 2, left upper canine tooth and the cyst surrounding its root were removed during surgery. Horizontal and vertical alveolar defects occurred around extraction region. Defect was repaired with 1 cc bovine bone material (Bio-Oss) and titanium mesh (20X30 mm) was adapted over the grafted area and fixed with mini-screws.

RESULTS: Post-operative course was uneventful for both cases. The patient is under follow-up.

CONCLUSION: Several surgical techniques have been developed to increase bone volume for overcoming horizontal and vertically deficiency of alveolar ridge prior to ideal implant placement. We suggest titanium mesh as a useful method for reconstruction of horizontal and vertical deficiencies of alveolar ridge before prosthetic reconstruction.

PP-097
CAVERNOUS HEMANGIOMA IN MAXILLARY ANTERIOR REGION

Alparslan Esen[1], Gokhan Gurses[1], Dilek Menziletoglu[1], Kubilay Isik[1], Omer Gunhan[2]

[1]Necmettin Erbakan University, Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery Konya/Turkey
[2]TOBB ETU Hospital, Department of Pathology

OBJECTIVE: The objective of this report is to present a case of cavernous hemangioma in maxillary anterior region.

METHOD: A 32-year-old female patient was referred to our clinic due to a painless swelling which involved the anterior vestibular mucosa of the maxilla. The lesion was reddish blue in color and swollen on the surface of the mucosa. According to the patient, the swelling was present from six months and she said that it increased even more during menstrual periods. On palpation the swelling was soft to firm in consistency, non mobile and non tender. The mass was surgically excised using a cautery. The region was left to secondary healing.

RESULTS: Cavernous hemangioma was diagnosed in the histopathological examination. In the sections, stratified squamous epithelium showing acanthosis was observed. A cavernous hemangioma that consists of dilated and distorted vascular structures was observed in the mucosal specimen. After 5 months, the patient is still symptomless.

CONCLUSION: We think that surgery is the therapy of choice in the hemangiomas involving the vestibular mucosa of the alveolar bone.

PP-098
UNUSUAL RADICULAR CYST FORMATION DERIVED FROM PRIMARY TEETH IN HYPER IMMUNOGLOBULIN E SYNDROME

Mustafa Ercüment Önder, Berkan Altay, Fethi Atıl, Umut Tekin, İsmail Doruk Koçyiğit, Özkan Özgül

Department of Oral and Maxillofacial Surgery, Kırıkkale University, Kırıkkale, Turkey

Hyperimmunoglobulin E syndrome is a rare genetic based multi-system disorder. It is characterized by high serum levels of IgE, recurrent skin and pulmonary infection except these conditions abnormalities of the dentition, bones and connective tissue could be seen. In this paper we report a 7-year-old boy with HIES and a rare clinical manifestation regarding radicular cyst which is related to deciduous tooth. Ceftriaxone was admitted a day before the operation and continued five days after operation 1000 mg intravenously a day. Also, intravenous immunoglobin (IVIG) was admitted two days before the operation 1000 mg for each day by pediatric staff due to consultation. The cyst and related Primary teeth were removed by enucleation under general anesthesia. The removal of the cyst was performed with caution to avoid damaging neighbor vital tissues, especially the second premolar tooth germ. The histopathologic evaluation was consistent with the radiographic appearance of a radicular cyst. The healing completed uneventfully, and no complications have occurred within 11 months of follow-up. Chronic usage of antibiotics of the HIES patients can cause that suppressed serious lesion so that radicular cysts may be missed. Therefore, dentists should be alert on clinical and radiologic examination.

PP-099
TREATMENT OF MANDIBULAR LANGERHANS CELL HISTIOCYTOSIS AND TWENTY ONE MONTHS FOLLOW UP: A CASE REPORT

Şeydanur Urhan, Alper Aktaş, Selen Adiloğlu

Department of Oral and Maxllofacial Surgery,Hacettepe University Faculty of Dentistry,Ankara,Turkey

OBJECTIVE: Langerhans-cell histiocytosis(LCH) is a rare disease,characterized by the idiopathic proliferation and accumulation of abnormal and clonal Langerhans cells or their marrow precursors, resulting in localized,solitary or multiple destructive lesions.The spectrum includes eosinophilic granuloma, Hand–Schuller–Christian disease and Abt–Letterer–Siwe disease.The aim of the current report is to present treatment of 13 aged male patient was referred to our clinic because of the radiolucent lesion at the posterior right mandible determined in panoramic radiography and cone beam computed tomogrophy,mobility,pain and hypervascularized soft-tissue mass surrounds the related teeth.

METHODS: The lower right second molar tooth was extracted and incisional biopsy was taken from the extraction site under local anaesthesia.The microscopic features showed a lesion composed of eosinophilic leukocytes,large cytoplasmic Langerhans cells and multinuclear giant cells.

RESULTS: Patient was referred to the department of pediatric oncology and he was receiving chemotherapy. Patient was undertaken follow up period.The mobility in the teeth disappeared. After 21 months follow up, no recurrence was observed.

CONCLUSIONS: The treatment of LCH is dependent on lesion size, the degree of tissue involvement and whether it is unifocal or multifocal. Therapy includes observation and immobilization, indomethacin administration, methylprednisolone injections, radiofrequency ablation, surgery, local excision and curettage chemotherapy and irradiation.As in our case there was unifocal mandibular bone lesion which is treated with chemotherapy after incisional biopsy.

PP-100
CLOSURE OF ORO-ANTRAL OPENING DUE TO CYST ENUCLEATION IN PREMOLAR REGION WITH PALATAL ROTATIONAL FLAP TECHNIQUE

Nuri Ünal, Özgür Gözlüklü, Muhammed Furkan Cıcık, Hüseyin Akçay, Murat Ulu

Department of Oral and Maxillofacial Surgery, İzmir Katip Çelebi University Faculty of Dentistry

Oro-maxillary sinüs perforations that cause maxillary sinusitis and oro-antral relation can be developed by following extraction of maxillary posterior teeth and pathologies in that region. The aim of this case report is to describe of palatal rotational flap technique which occurs in oro-antral sinus gap after cyst enucleation from maxillary premolar region. A patient who applied to Izmir Katip Celebi University Department of Oral and Maxillofacial Surgery with pain and swelling around premolar region in 2016, is detected with cystic lesion that related with maxillary sinus and destructs palatal bone by following clinic and radiographic examination. After enucleation of cyst, patient who has oro-maxillary sinus gap is operated again and removed half thickness flap with vertical incisions from missing first molar region, after de-epithelization of the gap wheals flap is sutured to gap borders. At second week, first month and sixth month follow up after operation it is observed that there was no oro-antral gap. Buccal flap, simple approximation, buccal fat pad, bidirectional bridge technique, palatal rotational flap technique are used for closing of oro-antral sinus gap when compared to flap design, buccal and palatal flaps are considered safely fort closing of oro-antral sinus gap and it is observed that there are no statistical differences between them. In this case palatal rotational flep is used because of proper supply of palatina major artery and its branches, ease of application of this technique in that area. Also oro-antral sinus gap is found on alignment of tooth apex.

PP-101
MANAGEMENT OF TEMPOROMANDIBULAR JOINT ANKYLOSIS WITH GAP ARTHROPLASTY, POSTOPERATIVE PHYSIOTHERAPY

Seyhan Karaaslan, Hakan Hıfzı Tüz

Department of Oral and Maxillofacial Surgery,
Hacettepe University Faculty of Dentistry, Ankara, Turkey

AIM: Temporomandibular joint (TMJ) ankylosis is a problem that restricts jaw mobility and causes disturbances in facial and mandibular growth. The purpose of this paper is to present outcomes of five patients who were surgically treated with gap arthroplasty and/or interpositional arthroplasty with postoperative early period physiotherapy and discuss within the light of recent literature.

MATERIAL AND METHODS: Six TMJ's of five patients who presented with ankylosis of the TMJ underwent surgical release. One joint were treated by gap arthroplasty whereas temporalis fascia flap was transposed to the gap after performing gap arthroplasty in three joints and autogenous fat graft was used in two joints. Early physiotherapy was started 2 days after operation and continued for 3 months.

RESULTS: Of 5 patients 4 had unilateral, one had bilateral involvement. The mean maximal incisal opening in the preopera¬tive period was recorded as 10 mm which increased to 35 mm after surgery. Mean interincisal distance reached to a mean of 42 mm following physiotherapy. One patient's mouth opening diminished down to preoperative distance 3 months after surgery who later informed us that he didn't keep up with physiotherapy.

CONCLUSION: Management of TMJ ankylosis is mainly through surgical intervention and physiotherapy. It is recommended to start postoperative early physiotherapy and use of an interpositional substitute to prevent TMJ re-ankylosis after arthroplasty. The aims of physical therapy are to strengthen the faded muscles, preserve gained range of motion. Postoperative initial exercise, physiotherapy, follow-up play important role in preventing adhesions and helps decreased postoperative complications.

PP-102
UNUSUAL LOCATION OF OSTEOMAS: TWO CASES REPORT

Kadriye Ayça Dere, Ezgi Ergezen, Alper Aktaş, Selen Adiloğlu

Department of Oral and Maxillofacial Surgery, Hacettepe University, Ankara, Turkey

OBJECT: Osteomas are benign, osteogenic lesions that may arise from proliferation of cancellous, compact bone or a combination of both. Osteomas arising on the surface of bone are referred as periosteal osteomas, whereas developing centrally within bone are endosteal osteomas. Osteomas are more commonly found in the cortical plate of long bones but they can also affect the maxillofacial region especially in the nasal and paranasal regions. They are relatively rare in jaws.

FINDING: Two female patients aged 53 and 35 years were referred to Hacettepe University Department of Oral and Maxillofacial Surgery for evaluation of occasional pain located on the left side of the mandible. Well-defined and radiopaque lesion involving the medullary bone was seen radiologically. One of the patients had history of operation at same location but the pathology is not known. The other patient had missing teeth in the related area. The lesions were removed under local anesthesia. Specimens were evaluated and the results were osteoma.

RESULT: Osteomas are benign osteogenic tumors characterized by the production of mature bone and slow growth. The lesion is typically asymptomatic. Most cases are usually recognised when they become aware of painless swelling and masses. In our cases, obvious pain at left mandible posterior region was significant and the patients applied to our clinic because of this disturbing pain. Also an operation history is known at the same location for one of the patients,so it is thought that ıt can be recurrence of osteoma. It is uncommon

PP-103
SOLITARY PERIPHERAL OSTEOMA OF THE ANGLE OF THE MANDIBLE: A CASE REPORT

Ahmet Emin Demirbaş[1], Yusuf Nuri Kaba[1], Emine Fulya Akkoyun[1], Alper Alkan[2]

[1]Department of Oral and Maxillofacial Surgery, Erciyes University Faculty of Dentistry, Kayseri, Turkey
[2]Department of Oral and Maxillofacial Surgery, Bezmi Alem University Faculty of Dentistry, İstanbul, Turkey

Solitary peripheral osteoma is a benign, slow growing, painless osteogenic tumor.Peripheral osteomas are commonly occur at paranasal sinuses and temporal bone. Mandible is rarely affected. A rare case of peripheral osteoma located at the angle of the mandible was reported in this paper. A 14-year-old male patient who complained of a slow-growing mass and a slight pain in the right angle of mandible was referred to our clinic. Extraoral clinical examination revealed a well-defined, bony hard mass approximately 1.5 cm in diameter in the right angle of mandible. CBCT scan showed circumscribed, hyperdens, approximately 1x1x1 cm mass fixed to the lingual aspect of the right angle of mandible. Excision of the lesion with extraoral approach was planned. Histopathological evaluation was reported as peripheral osteoma. Uneventful healing was observed at one-month follow up visit postoperatively. We present clinical,radiological,histopathological findings and the treatment of a rare case of solitary peripheral osteoma established at the angle of the mandible.

PP-104
MAXILLARY COMPOUND ODONTOMA: A CASE REPORT

Hasan Öztürk, Haluk Yener Ünsal, Fuat Altuncu

Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University, Samsun, Turkey

PURPOSE: The purpose of this case report is to present treatment of compound odontoma which is relevant to maxilla.

METHOD: In this case, 9 year-old male patient referred to our clinic for delay at eruption of the lateral incisor. Cone beam computed tomography imaging showed radiopaque mass in the neighborhood of left lateral and canine. The tumor mass was completely resected under local anesthesia and biopsy specimen obtained. Specimen was sent to histopathological examination.

RESULTS: According to the histopathological examination, definitive diagnosis was ensured as compound odontoma. The patient has been under follow-up for 6 months.

CONCLUSION: Odontoma is the most common benign tumor in jaws and constitutes %22 of odontogenic tumors. Odontomas originate from dental tissues and were seen mostly asymptomatic. According to the current literature, two types of odontoma have been described which are complex and compound. Compound odontoma is twice as common as complex odontoma. While compuond odontoma mostly seen in maxillary anterior, complex odontoma is generally located in posterior mandibullary region. The treatment of these tumors is surgical removal of the mass and histopathologic examination is recommended.

PP-105
BENIGN CEMENTOBLASTOMA OF THE POSTERIOR MANDIBLE: REPORT OF A CASE

Haluk Yener Ünsal, Hasan Öztürk, Fuat Altuncu, Mehtap Muğlalı

Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University, Samsun, Turkey

PURPOSE: The aim of this report is to present surgical management of cementoblastoma associated with apex of right mandibular second premolar.

METHOD: A 33-year-old female was referred to our department for an asymptomatic lesion in the mandible that was noticed incidentally on panoramic radiograph during a dental examination performed by her dentist. A radiopaque well demarcated lesion attached to the apex of right mandibular second premolar was detected on panoramic imaging. Patient has not pain on palpation and percussion. CBCT imaging showed well circumscribed round shaped radiolucency with 9 mm diameter. The mass was surrounded by a thin radiolucent rim. Clinical and radiological examination led to the diagnosis of cementoblastoma. Root canal treatment was performed for related tooth before surgery. The lesion was removed surgically and apical third of tooth was resected. The surgical specimen was sent for histopathologic examination.

RESULTS: Histopathological examination revealed dense, mineralized, cementum-like material and vascular soft tissue areas that consisted of cementoblasts. Based on these findings, the diagnosis of cementoblastoma was confirmed. The patient was monitored for 5 months without any postoperative symptoms.

CONCLUSION: Cementoblastoma is a relatively rare odontogenic benign neoplasm characterized by a calcified cementum-like deposit attached to the apex of the root and produced by neoplastic cementoblasts. It represents a very small proportion of all odontogenic tumors, with a percentage less than 1%. Typically, the lesion is seen on the posterior region of the mandible. Differential diagnosis should be made with condensing osteitis, osteoblastoma, odontoma, cementoossifying fibroma, periapical cemental dysplasia, and hypercementosis.

PP-106
PARAPHARYNGEAL AND SUBMANDIBULAR HEMATOMA AFTER TOOTH EXTRACTION: A CASE REPORT

Özlem Akbelen Kaya[1], Levent Acar[2], Mahmut Sümer[2], Gökhan Kutlar[3]

[1]Bornova Oral and Dental Health Center, İzmir, Turkey
[2]Department of Oral and Maxillofacial Surgery, Ondokuz Mayis University, Samsun, Turkey
[3]Department of Otolaryngology-Head and Neck Surgery, Ondokuz Mayis University Faculty of Medicine, Samsun, Turkey

Few dental procedures have fatal complications, but severe postoperative hemorrhage can result in preventable death. Tooth extraction is a surgical procedure that is routinely performed and is associated with few risks. This report describes a case of postextraction hematoma that led to airway narrowing. This complication is rare, and a review of the literature revealed little in the way of case reports and treatment protocols. The aim of this report is to represent the possible causes of widespread postoperative hematoma and emphasis the importance of emergency conditions related hemorrhage that may be encountered even after a simple tooth extraction and management of such cases.

PP-107
RETROSPECTIVE EVALUATION OF DENTAL AND SURGICAL TREATMENT UNDER GENERAL ANAESTHESIA

Hatice Akpınar, Orhan Akpınar, Yavuz Fındık, Timuçin Baykul

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Süleyman Demirel University

OBJECTIVE: Most dental and surgical procedures can be performed with local anaesthesia, however noncompliant paediatric patients, patients with mental retardation, severe anxiety, severe craniofacial anomalies and orofacial trauma may need general anaesthesia. Anaesthesia records of 3413 cases of dental surgery performed under general anaesthesia between 2014-2016 is reported.

METHODS: In the study, 3413 cases, demographic data, ASA classification, duration of surgery, type of intubation and difficulties, comorbid diseases, analgesia and reasons for general anaesthesia were recorded as mean±standard deviation (SD) or as a number.

RESULTS: Between april 2014-march 2015, in 965 operation, complication due to the anesthesia was not seen, 3 diffucult intubation, 9 bradicardia, 1 tachycardia, 4 nausea and 3 allergy was seen during the anesthesia. Between the april 2015-march 2016, in 2335 operation, complication due to the anesthesia was not seen, 35 bradicardia, 7 spasm, 0 tachycardia, 13 nausea and 6 allergy was seen during the anesthesia. Of the 993 patients between april 2014-march 2015, 811 (81,7%) were classified as ASA I, 178 (17,9%) as ASA II and 4 (0,4%) as ASA III. And, of the 2396 patients between april 2014-march 2015, 2057 (85,9%) were classified as ASA I, 338 (14,1%) as ASA II and 1 as ASA III.

CONCLUSION: In the anaesthetic management of these patients, strategies for the patient should be identified, the process should be implemented in the operating room and preparations should be made with risk analyses.

PP-108
COMPARISON BETWEEN IMPLANTS INSERTED INTO SPLIT AND UNSPLIT ALVEOLAR CREST

Nuray Yılmaz Altıntaş, Emre Balaban, Onur Yılmaz

Department of Oral and Maxillofacial Surgery, Karadeniz Technical University, Trabzon, Turkey

Various treatment strategies and techniques have been proposed alveolar bone augmentation; most common are guided bone regeneration, split crest and autogous bone grafting. Crestal ridge bone augmentation is an alternative bone expansion technique that can be used to augment the atrophic maxilla and mandible prior to implant placement. This report analyzed the comparable outcomes of implants that were inserted with or without crestal ridge bone augmentation. 8 patients were operated and 50 implants were inserted in maxilla and mandible. Among these 31 implants were inserted into split crest and 19 implants were placed in unsplit alveolar crest. Healing progressed uneventfully for 50 implants, but 1 implant was lost in the split crest group. This retrospective analyses showed that through patient evaluation, split crest bone augmentation technique is a valid reconstructive procedure that can be used to augment the buccolingual alveolar defect prior to implant placement providing good bone foundation for placement of implants with desirable width in favorable angulation.

PP-109
DENTAL TREATMENT UNDER GENERAL ANESTHESIA IN PATIENT WITH DIFFERENT SYNDROMES

Hatice Akpınar, Orhan Akpınar, Yavuz Fındık

Süleyman Demirel University Faculty of Dentistry Oral and Maxillofacial Surgery Department

AIM: Dental treatments of the patient with syndromes are often carried out under general anesthesia due to difficulty of cooperation. In this study, we aimed to analyze retrospectively the patients with syndromes in Süleyman Demirel University Faculty of Dentistry, Oral and Maxillofacial Surgery Department, General Anesthesia Unit.

MATERIAL-METHOD: The records of the 48 patients with syndrom that were treated under general anesthesia 2014-2016 were retrospectively evaluated. The retrospective data included demographic variables, duriation of anesthesia, anti-epileptic drugs used, level of sedation, cardiac disorder and the type of dental treatment.

RESULTS: In this study the female/male ratio was 25/24. All of the patients were with ASA II. 10,4% of the patiens (n=5) was on one anti-epileptic drug regimen. Dental extraction with dental filling procedures were the most performed dental treatment (56,6%, n=27).

DISCUSSION: We are of the opinion that general anesthesia can be performed safely by choosing the appropriate treatment methods in patients with different syndromes.

PP-110
DENTAL TREATMENT UNDER GENERAL ANAESTHESIA IN A PATIENT WITH EPIDERMOLYSIS BULLOSA

Hatice Akpınar, Orhan Akpınar, Yavuz Fındık

Süleyman Demirel University Faculty of Dentistry Oral and Maxillofacial Surgery Department

Epidermolysis bullosa is a group of rare genetic disorders characterised by skin and mucous membrane fragility and systemic manifestations of variable severity. Epidermolysis bullosa comprises a group of uncommon skin-related diseases, characterized by the formation of blisters on mucocutaneous regions occurring spontaneously, following a trauma, exposure to heat, or as a result of minimal mechanical trauma.We report a case of dystrophic epidermolysis bullosa in a 7-year-old male patient who presented to the Unit of Anestesia Department of Oral and Maxillofacial Surgery,Faculty of Dentistry University of Süleyman Demirel, in 2017 with recurrent dental pain and infections. The dental treatment of the patient with epidermolysis bullosa raises many questions and discussions, due to the poor dental status of the patient and anticipated operative difficulties due tomicrostomia and limited mouth opening, the patient underwent full dental clearance under general anaesthesia. This report aimed to detail the clinical considerations of the treatment under general anesthesia of a patient with epidermolysis bullosa.The treatment under general anesthesia provided the ideal safe conditions and was beneficial for the patient.

PP-111
EVALIATION OF A CBCT IMAGE MORE THAN AN IMPLANT PLANNING

Ümit Karaçaylı[1], Hakan Avsever[2], Seda Özgedik[2], Kaan Orhan[3]

[1]Health Sciences University, Faculty of Gulhane Dentistry, Department of Oral and Maxillofacial Surgery, Ankara, Turkey.
[2]Health Sciences University, Faculty of Gulhane Dentistry, Department of Dentomaxillofacial Radiology, Ankara, Turkey.
[3]Ankara University, Faculty of Dentistry, Department of Dentomaxillofacial Radiology, Ankara, Turkey.

CBCT (Cone-beam computerized tomography) allows multiplanar visualization of the craniofacial structures to evaluate patients for several pathologies and problems. Because of two dimensioned imaging modalities' limitations and the carelessness of most clinicians about the anatomical structures or pathologies which are outside of the regions of primary interest; some pathologies, calcifications or anatomic variations may be missed. Most incidental findings such as anatomical variations and calcifications are asymptomatic or requires no intervention but some of them may be lifethreatening. At the same time these incidental findings can be indicator for important systemic diseases. A 79 year old male patient referred to the Department of Dentomaxillofacial Radiology, Faculty of Gulhane Dentistry, Ankara, Turkey with a complaint of maxillary total and mandibular partial edentulism. Except of hypertension he had no history of systemic disease. It was learned that the patient wanted to have implant rehabilitation. On panoramic evaluation it was detected severe bone resorption on maxillary bone and bilaterally low hanging maxillary sinuses. In order to determine the appropriate surgical approach and to obtain more detailed information, it was decided for an examination by CBCT(3D Accuitomo 170). On CBCT evaluation it was seen some anatomical variations and calcifications which weren't seen on panoramic radiographs.

PP-112
THE EVALUATION OF FIXATION TECHNIQUES IN BILATERAL MANDIBULAR FRACTURES BY FINITE ELEMENT ANALYSIS

Fethi Atil[1], Aytaç Gürsel[2], Ercüment Önder[1], Mine Cambazoğlu[2]

[1]Kırıkkale University Faculty of Dentistry, Department of Maxillofacial Surgery,Kırıkkale
[2]Ankara University Faculty of Dentistry, Department of Maxillofacial Surgery,Ankara

OBJECTIVE: Our goal is to assess the stress values and the amount of displacement (D) that occurs on the fracture line during the application of various numbers and ligation methods of intermaxillary fixation screws (IMFS) by using finite element analysis and to perform a comparison to the internal fixation technique with miniplates.

MATERIAL-METHOD: A three-dimensional model of the maxilla, mandible, and temporomandibular joint was created using the DICOM data obtained from Digital Volumetric Computed Tomography (DVCT). The nonhomogeneous bone structure was transferred to the model based on the Hounsfield Unit (HU) values obtained from DVCT. In the scenario created, a mandible having parasymphysis and corpus fractures together was modeled. IMFS and internal fixation methods was analyzed in eight different scenarios.

FINDINGS: Results of the analysis showed that the most successful fracture fixation models were the standard method of IMFS which is 4-point fixation (D:0,068 mm) or horizontal ligation (D:0,066 mm). It is observed that the increase in the number of IMFS has no effect on fracture displacement or the reduction of the stress formed in the bone surrounding the screws. The analysis of internal fixation shows that increasing the number of plates and screws does not change the amount of displacement, but it is influential on the distribution of stresses.

RESULT: It has been observed that number of IMFS has no effect on fracture fixation and stress distribution. It is observed that the amount of displacement is less in anterior fractures than it is in posterior fractures.

PP-113
RETROSPECTIVE ANALYSIS OF NASOPALATINE DUCT CYST

Deniz Akın, Fatih Mehmet Coşkunses, Bahadır Kan, Ülkem Cilasun

Kocaeli University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Kocaeli, Turkey

INTRODUCTION: Nasopalatine duct cyst is nonodontogenic, epithelial cyst of maxilla that proliferated and cystic degenerated from epithelial remnants of the nasopalatine duct. Most of them are asemptomatic and diagnosed incidentally. Treatment of the cyst is enucleation via either buccal or palatinal approach.

MATERIALS AND METHODS: Retrospective study was carried out using the patients who diagnosed and treated in Kocaeli University Faculty of Dentistry Oral Surgery Department between 2012 and 2017.

RESULTS AND CONCLUSION: Careful clinical and radiological examination should be performed in order to prevent the misdiagnosis and treatment of cysts located in anterior maxilla.The clinical, radiologic and demographic data of the patients will be presented.

PP-114
A RARE ANATOMICAL VARIATION OF NASOPALATINE CANAL

Ümit Karaçayli[1], Hakan Avsever[2], Hilal Peker Öztürk[2]

[1]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Maxillofacial Surgery, Ankara, Turkey.
[2]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Dentomaxillofacial Radiology, Ankara, Turkey

Nasopalatine canal is an anatomical structure which located in the middle of the anterior maxilla and posterior to the central maxillary incisors. It connects the palate to the floor of the nasal cavity and contains nasopalatine nerve, the terminal branch of nasopalatine artery, as well as fibrous connective tissue, fat and small salivary glands. Accurate diagnosis of nasopalatine canal and its variations plays a precious role to avoid complications in surgical procedures of anterior maxilla. Only way to view this structure is being used of a radiographic methods such as periapical, panoramic or CBCT. In the present case, although it was localized out of interest area, we aimed to take attention and increase of the knowledge of a nasopalatine canal variation in dental implant planning.

PP-115
AESTHETIC APPROACH IN THE ANTERIOR MAXILLA

Ümit Karaçayli[1], Hakan Avsever[2], Burak Ergüder[3], Merve Çakır[3]

[1]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Oral and Maxillofacial Surgery, Ankara, Turkey.
[2]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Dentomaxillofacial Radiology, Ankara, Turkey
[3]Yeni Yüzyıl University, Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery, Istanbul, Turkey

The fibrinogen-based collagen fleece is a collagen-bound fibrinogen sealants. It consists of a sponge-like patch composed of equine collagen and coated with a mixture of human fibrinogen, bovine thrombin, and bovine aprotinin. It has been used both to stop bleeding and to treat leakage of cerebrospinal fluid, bile, saliva, pleural effusion, and lymph. It is also well known that the fibrinogen-based collagen fleece adheres strongly to tissue and thereby forms a waterproof membrane. Collagen types I to IV are the most abundant collagens in animals.The 38-years-old woman refered to our department for dental implant treatment. After clinical and radiological examination, extraction and immediat implant treatment in the anterior maxilla were planned.

PP-116
DENTAL IMPLANT PLACEMENT WITH INFERIOR ALVEOLAR NERVE LATERALIZATION: A CASE REPORT

Ümit Karaçayli[1], Burak Ergüder[2], Emre Dikicier[3]

[1]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Oral and Maxillofacial Surgery, Ankara, Turkey.
[2]Yeni Yüzyıl University, Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery, Istanbul, Turkey
[3]Corlu State Hospital Dental Service Tekirdag, Turkey

Inferior alveolar nerve lateralization and transposition in combination with the installation of dental implants is sometimes the only possible procedure to help patients to obtain a fixed prosthesis, in edentulous atrophic posterior mandibles. The purpose of this presentation is to describe the procedure of alveolar nerve lateralization surgery followed by implant placement. It has a partially atrophic mandible, 5 mm between the crest-mandibular canal. A 58 year old male patient with low bone height and nerve lateralization is presented. 13 mm. The osseointegrated implant was placed at the height and the patient was laser treated for 2 months. After that, the alveolar nerve function was normal. After 4 months osseointegration procedure fixed prosthesis was completed. With careful preoperative surgical and prosthetic planning, imaging and application, this procedure is a successful technique for implant placement in the posterior mandibular segments of the tooth.

PP-118
IS DRUG HOLIDAY A NECESSITY TO AVOID BISPHOSPHONATE-RELATED OSTEONECROSIS OF JAWS FOLLOWING TOOTH EXTRACTION?

Çiğdem Karaca, Mustafa Yiğit Saysel, Göknur Topaloğlu, Osman Taha Köseoğlu

Hacettepe University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

OBJECTIVE: The cessation of bisphosphonate therapy is recommended to minimize the risk of developing bisphosphonate-related osteonecrosis of jaws (BRONJ) following dentoalveolar procedures. The investigators designed and implemented a retrospective clinical study composed of patients with a history of oral, intravenous (IV) or combined bisphosphonate (BP) use.

MATERIAL-METHOD: In this study, the participants were divided into two groups: the control group included the patients performed a drug holiday and the test group included the patients continued BP therapy before tooth extraction. The primary outcome variable was the development of BRONJ diagnosed according to the criteria of American Association of Oral and Maxillofacial Surgeons (AAOMS).

RESULTS: The sample was composed of 39 patients with a mean age of 57.64 years grouped as followed: the patients performed a drug holiday (41%) and the patients continued BP therapy (59%) to determine the development of BRONJ following tooth extraction. 2 patients using IV BP therapy in the test group were occured Stage 2 BRONJ following tooth extraction. There were no significant differences between the 2 groups (p=0.503).

CONCLUSION: In conclusion, this study could not prove any advantages of the cessation of BP therapy on the extraction socket healing in patients using BPs with the defined protocol. Future studies should focus on the effects of drug holiday in IV BP or combined with other antiresorptive and antiangiogenic drugs users.

PP-119
MANAGEMENT OF A COMPLEX ODONTOMA INVOLVING A MAXILLARY PREMOLAR ROOT: A RARE CASE REPORT

Emel Bulut[1], Dilara Kazan[1], Seda Gün[2]

[1]Ondokuz Mayıs University, Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery, Samsun, Turkey
[2]Ondokuz Mayıs University, Faculty of Medicine, Department of Pathology, Samsun, Turkey

OBJECTIVE: Odontomas are benign odontogenic tumors composed of odontogenic epithelium and odontogenic ectomesenchyme with dental hard tissue formation. They are nonagressive, slow growing and mostly asymptomatic, and usually are detected on routine radiographic examination. There is no case report about the occurence of an odontoma involving a tooth root in the literature. Therefore we aim to present diagnosis and management of this rare case.

METHODS: A 13 year-old-female patient was referred to our clinic after a radiopaque mass had been detected on the OPG during the orthodontic examination. On the intraoral examination there were no signs of a mass and the patient was asymptomatic. CBCT scans were obtained for detailed radiographic examination and a well-defined radiopaque mass associated with partially developed premolar tooth root observed on the left maxillary region. As a result of the radiographic examination, complex odontoma was considered as a preliminary diagnosis, but cementoma was also kept in mind due to the connection of the mass with tooth root.

RESULTS: Excision of the mass was performed under local anesthesia and the specimen was sent for histopathological examination which confirmed it as complex odontoma connected with tooth.

CONCLUSION: A definite diagnosis of lesions with similar radiological features is important in terms of determination of the treatment plan and prognosis.

PP-120
IMPLANT SUPPORTED PROSTHETIC REHABILITATION OF A PATIENT WITH INADEQUATE SULCULAR DEPTH USING OSU PROTOCOL REQUIRING NO FINAL IMPRESSION

Subutay Han Altıntaş[1], Ahsen Gülnar[1], Serdar Kılıç[2]

[1]Department of Prosthodontics, Faculty of Dentistry, Karadeniz Technical University, Trabzon, Turkey
[2]Department of Prosthodontics, Faculty of Dentistry, Kocaeli University, Kocaeli, Turkey

INTRODUCTION: Submucosa could be loosely attached to the bone over the crest of the residual alveolar ridge also the soft tissue is quite movable and there could be a fibrotic tissue after intra-oral surgical operations. The prosthetic rehabilitation of such patients presents a significant challenge for the practitioners especially for final impression. This case report describes an alternative approach for the implant supported prosthetic rehabilitation of the patient by using Ohio State University (OSU) protocol requiring no final impression procedure.

CASE REPORT: A patient aged 77 had inadequate sulcular depth and movable soft tissues affecting mandibular residual alveolar ridge. It makes final impression difficult and uncomfortable. Treatment plan was to fabricate fixed mandibular hybrid prostheses using OSU Protocol, which was used for immediate loading. We applied this technique without impression procedures after the placement of 4 dental implants for anterior mandible. A prepared acrylic resin framework was attached to the waxing sleeves using acrylic resin intraorally. The final metal framework was obtained from acrylic resin framework by casting and definitive prosthesis were finished using conventional procedures.

CONCLUSION: Dental hybrid prosthesis with OSU protocol requiring no final impression may be an appropriate treatment option in the rehabilitation of patients with inadequate sulcular depth and freely movable soft tissues adjacent to the area of alveolar crest. Oral function was positively affected, patient comfort and acceptable aesthetic was provided and the quality of life of the patient was increased.

PP-121
MOUTHGUARD AWARENESS, SATISFACTION WITH CUSTOM-MADE MOUTHGUARDS, OCCURRENCE OF ORAL TRAUMA, AND USE IN A GROUP OF ELITE BOXERS IN TURKEY

Ertan Yalçin[1], Süleyman Erim Erhan[2], Gökhan Yazıcı[3]

[1]Department of Oral And Maxillofacial Surgery,
Faculty of Dentistry, Ataturk University, Erzurum, Turkey
[2]Department of Recreation, Faculty of Sport Sciences, Ataturk University, Erzurum, Turkey
[3]Department of Physical Education and Sport,
Faculty of Education, Ataturk University, Erzurum, Turkey

AIM: This study's aims were to evaluate the awareness of and pleasure with mouthguards, and the type and use of mouthguards in boxing; and to identify the occurrence of dental trauma, tooth loss, and soft tissue injuries, among a group of elite boxers in Turkey between 17 and 27 years of age.

MATERIAL-METHODS: The study included 22 elite, world-class boxers who had participated in the Olympic, World, and European championships. All were male, were selected from a group of elite boxers in Turkey, and were between 17 and 27 years of age. These boxers received a nine-item, self completed questionnaire that sought information about the occurrence of oral and dental injuries during boxing, and the type and comfort of the boxers' mouthguards. The questionnaire also sought to evaluate the boxers' awareness and use of mouthguards.

RESULTS: They stated that they had participated in 109.09 matches, on average, excluding training. They had been boxing for a mean time period of 7.95 years. All of them used mouth-formed mouthguards. Of these 22 subjects, three (13.6%) reported having sustained dental trauma. Three subjects complained while using a mouthguard. All of the boxers believe that mouthguards protect them. The mean score they gave their mouthguards was 4.22 out of 5. Eleven boxers evaluated their mouthguards as very good, one boxer as awful, three boxers as not bad, and seven boxers as good.

PP-122
A RETROSPECTIVE PRELIMINARY REPORT OF RELAPSE IN ORTHOGNATHIC SURGERY

Berkay Tokuç, Pınar Çelik Topçu, Bahadır Kan, Ayşe Burcu Altan, Ülkem Cilasun, Fatih Mehmet Coşkunses

Oral&Maxillofacial Surgery Department,Kocaeli University Faculty of Dentistry,Kocaeli,Turkey

INTRODUCTION: Orthognathic movement is a treatment method which recovers the imbalanced maxilla and mandible with skeletal malocclusion, although this technique is used for the correction of jaw relationships successfully, complications may occur such as skeletal relapse, nerve damage, infection and unfavorable fracture. Large orthognathic skeletal moves seem to have greater relapse potential.

MATERIALS AND METHODS : A total of 30 patients who were treated in Kocaeli University Faculty of Dentistry Clinics and underwent maxilla and mandible surgeries either alone or simultaneously were involved. Lateral cephalograms were taken before surgery, immediately after surgery and at one year after surgery. Cephalometric measurements were made with Dolphin Ceph Tracing.

RESULTS AND CONCLUSION : Total amounts and ratios of relapse after surgeries were evaluated in terms of alone or simultaneous surgery, amount of movement and other possible variables were included in results of the study which was compatible with the literature.

PP-123
HEMIMAXILLECTOMY FOR ODONTOGENIC MYXOMA: A CASE REPORT

Seçil Çubuk, Abdullah Çapcı, Sıdıka Soydan Akdeniz, Burak Bayram

Department of Oral and Maxillofacial Surgery, Baskent University, Ankara, Turkey

Odontogenic myxoma is rare benign tumor that arises from ectomesenchyme. They are generally seen at the 2nd and 3rd decades of life, but rarely in children and the elderly. The tumor may grow into larger sizes, perforate the cortical bone or develop within the maxillary sinus. A 32-year-old female patient referred to our clinic with the complaint of pain and swelling in the right maxilla. Clinical examination revealed the significant expansion in the right maxillary premolar and molar regions. CT scans showed multilocular radiolucency which extending into the entire maxillary sinus.Incisional biopsy was performed. Histopathological evaluation confirmed the diagnosis of odontogenic myxoma. Hemimaxillectomy was performed using Weber-Ferguson approach. The healing was uneventfully within 3 months follow-up period. Odontogenic myxomas are rare local agressive tumors that can grow to larger size expanding into maxillary sinus. In such cases hemimaxillectomy require to remove the entire tumor and to minimize the recurrence risk.

PP-124
VESTIBULOPLASTY COMBINED WITH FREE GINGIVAL GRAFT ON PATIENTS WITH INSUFFICIENT VESTIBULAR SULCUS DEPTH: A CASE SERIES AND LITERATURE REVIEW

Ümit Özgür, Selen Adiloğlu, Alper Aktaş

Department of Oral and Maxillofacial Surgery,
Hacettepe University Faculty of Dentistry, Ankara, Turkey

OBJECT: Vestibuloplasty is a surgical procedure to restore alveolar ridge height and oral vestibular sulcus depth by lowering muscles attached to the buccal, labial and lingual surfaces of the jaws. Vestibuloplasty is indicated for ridge extension; complete osseous procedure when reconstructing edentulous bone; maintenance of the soft tissue around dental implants etc. In this procedure, the wound is allowed to heal by secondary healing.Free Gingival Graft commonly been using for covering exposed root surfaces and increasing keratinized soft tissue around tooth and dental implants to avoid gingival and periodontal problems by creating easy cleaned areas and restore esthetics especially in maxillar and mandibular esthetic areas.

FINDING: In our case, 3 patients with insufficient vestibular sulcus depth had vesitbuloplasty combined free gingival graft procedure. Patients aged between 45-60. We harvested free gingival graft from palatal gum and placed it on the wound area during vestibuloplasty procedure.

RESULTS: Healing process was better than just leaving the area healing by secondary intention in the follow-ups. The sulcular depths restored and preserved as well as during the procedure.

PP-125
MANDIBULAR PINDBORG TUMOR: A CASE REPORT

Serkan Kiriş, Murat Akkocaoğlu, Tuğçe Göktürk, Sarper Tan

Department of Oral and Maxillofacial Surgery, Hacettepe University, Ankara, Turkey

AIM: The purpose of the case report is to explore the clinical and imaging appearances of Pindborg Tumor and improve the understanding of the disease.

METHOD: Pindborg tumor is a rare, benign, locally invasive, slow-growing neoplasm occurring as intraosseous and extraosseous variants.We are reporting a case of Pindborg Tumor in a 44-year-old female patient with painless bony swelling in the mandible. After radiographic examination and biopsy, enucleation and curetage was performed. The clinical, radiographic, and histopathologic features are discussed.

RESULT: Surgery of Pindborg Tumors can differ from enucleation to resection.Every patient must be evaluated and treated individually.

PP-126
LARGE ODONTOGENIC CYST IN ANTERIOR MAXILLA

Ümit Karaçayli[1], Ceren Karaçaylı[2], Burak Ergüder[3], Emre Dikicier[4], Merve Çakır[3]

[1]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Oral and Maxillofacial Surgery, Ankara, Turkey.
[2]Health Sciences University, Faculty of Medicine,
Department of Otolarygology, Ankara, Turkey.
[3]Yeni Yüzyıl University, Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery, Istanbul, Turkey
[4]Corlu State Hospital Dental Service Tekirdag, Turkey.

Dentigerous cyst is a developmental odontogenic cyst and most common cyst in oral and maxillofacial surgery. It is a benign and asymptomatic intraosseous lesion.Treatment can be change marsupialization to enucleation. The aim of this case presentation was to evaluate the use of enucleation in the management of large dentigerous cyst of the maxilla. A 38-year-old male patient presented with swelling and pain at maxillary region. The original radiographic cone-beam dental tomography image suggested the presence of an odontogenic cyst, extended from right second incisor to left second molar. Based on a clinical diagnosis of dentigerous cyst, an excisional biopsy was performed, the lesion was totally enucleated under local anesthesia. The histological analysis confirmed that the lesion was a dentigerous cyst with no evidence of epithelial invasion in the connective tissue wall.

PP-127
FIBRO-OSSEOUZ LESIONS IN MANDIBLE

Ümit Karaçayli[1], Ceren Karaçaylı[2], Hakan Avsever[3]

[1]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Oral and Maxillofacial Surgery, Ankara, Turkey.
[2]Health Sciences University, Faculty of Medicine, Department of Otolarygology, Ankara, Turkey
[3]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Dentomaxillofacial Radiology, Ankara, Turkey

The fibro-osseous lesions represent a large group of disorders that have many common characteristics including clinical, radiographic and microscopic features. Although most of them are unknown aetiology, some are believed to be neoplastic and others are related to metabolic imbalances. It is not unusual to see these lesions presenting with a large range of radiographic appearances, causing considerable diagnostic confusion owing to their similar histology. Lesions are usually asymptomatic in the absence of infection, typically discovered on routine dental radiographs or imaging performed for unrelated indications. Fibro-osseous lesions of the jaws comprise a controversial group of pathologic condition that causes difficulty in classification, pathogenesis and treatment.

PP-128
LARGE ODONTOGENIC KERATOCYST IN MANDIBLE

Ümit Karaçayli[1], Hakan Avsever[2], Ceren Karaçaylı[3], Hilal Peker Öztürk[2]

[1]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Oral and Maxillofacial Surgery, Ankara, Turkey.
[2]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Dentomaxillofacial Radiology, Ankara, Turkey.
[3]Health Sciences University, Faculty of Medicine,
Department of Otolarygology, Ankara, Turkey.

Formerly called odontogenic keratocyst, known as keratocystic odontogenic tumour after re-classification in 1992 by WHO is one of the benign cystic neoplasms which involves the mandible or relatively uncommon the maxilla. They most often occur in the second and third decades of life and show a slight predilection for males. Due to its potential for aggressive behavior and high recurrence rate, it should be well known lesion's features and appropriate approach. In this case report, we shall present clinical and radiologic characteristics of 22 years old male with odontogenic keratocyst and discuss management of treatment.

PP-129
PREMAXILLARY DISTRACTION IN THE HYPOPLASTIC MAXILLA: A CASE REPORT

Ümit Karaçayli[1], Ceren Karaçaylı[2], Burak Ergüder[3], Serkan Görgülü[4]

[1]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Oral and Maxillofacial Surgery, Ankara, Turkey.
[2]Health Sciences University, Faculty of Medicine, Department of Otolarygology, Ankara, Turkey
[3]Yeni Yüzyıl Üniversitesi, Diş Hekimliği Fakültesi, Ağız, Diş ve Çene Cerrahisi AD, Istanbul, TÜRKİYE
[4]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Orthodontics, Ankara, Turkey

Distraction osteogenesis has recently evolved a challenging technique to overcome major drawbacks of the traditional orthodontic treatment modalities. Distraction osteogenesis is defined as a surgical process of the mechanical traction of bone segments at an osteotomy site to generate new bone gradually. The application of distraction osteogenesis might resolve restriction of the advanced maxillary distraction from the scar from traditional orthognathic surgery by exerting defined traction using a device that extends or broadens the skeleton and simultaneously expands the palatal soft tissues; a large amount of bone graft is not necessary in this operation, which is characterized by simple correction procedures, de- creased surgical trauma, and reduced operation risk.

PP-130
MAXILLARY ODONTOGENIC MYXOMA: A CASE REPORT

Ezgi Yüceer, Burcu Baş, Haluk Yener Ünsal

Department of Oral and Maxillofacial Surgery, Ondokuz Mayis University, Samsun, Turkey

OBJECTIVE: The purpose of this report is to describe the clinical, radiographic, histological features and surgical treatment of a maxillary odontogenic myxoma.

METHOD: A 28 year-old woman applied to our clinic with a complaint of swelling on her left maxillary posterior region since 6 months. There were no history about pain. The patient's medical history, drug history and general physical examination were all non-significant. The lesion measured as aproximately 16x21 mm on panoramic radiography. Cone beam tomogrophy images revealed similar findings. Aspiration biopsy was negative. Incisional biopsy revealed as odontogenic myxoma. The lesion was totally enucleated under general anesthesia.

RESULTS: The excisional biopsy results confirmed the initial diagnosis. Histologically, the lesion was mainly composed of spindled or stellate shaped cells in a mucoid-rich intercellular and alcian blue positive matrix. The patient was under regular follow-up and no signs of recurrence were seen after 8 months of surgery.

CONCLUSION: Clinical and radiological properties of odontogenic myxomas are not specific; a histopathological examination of the lesion is essential in order to make the right diagnosis. Because of its high recurrence rate, patients should be followed-up for a long time.

PP-131
SPLIT OSTEOTOMY AND SOCKET LIFTING FOR IMPLANT PLACEMENT IN THE ATROPHIC MAXILLA

Ümit Karaçayli[1], Burak Ergüder[2], Emre Dikicier[3]

[1]Health Sciences University, Faculty of Gulhane Dentistry,
Department of Oral and Maxillofacial Surgery, Ankara, Turkey.
[2]Yeni Yüzyıl University, Faculty of Dentistry,
Department of Oral and Maxillofacial Surgery, Istanbul, Turkey
[3]Corlu State Hospital Dental Service Tekirdag, Turkey

Implant primary stability plays a major role in successful osseointegration. 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. When the alveolar ridge is narrower than the optimally planned implant diameter, onlays of bone grafting material or guided bone regeneration (GBR) are indicated. Specific disadvantages have been reported for each technique, Crestal split augmentation technique involved a surgical osteotomy that was followed by alveolar crest split and augmentation after buccolingual bony plate expansion, prior to implantation. Socet lifting is a crestal approach for implant placement in deficient alveolar ridges. This presentation reports the clinical results of a surgical technique that expands a narrow ridge and increases heigt of inadequate vertical bone.

PP-132
LATE MANDIBULAR FRACTURE AFTER THIRD MOLAR EXTRACTION: A CASE REPORT

Bora Özden, Ezgi Yüceer, Vugar Gurbanov

Department of Oral and Maxillofacial Surgery, Ondokuz Mayis University, Samsun, Turkey

OBJECTIVE: This report aims to describe a patient who presented a late mandibular fracture following third molar removal, as well as surgical principles to avoid this complication.

METHOD: A 41 year- old man referred to our clinic with a complaint of pain on the right side of mandible and was systemically healthy. An altered occlusion with posterior open bite on the right side was detected during the intraoral examination. The patient's history revealed that he had an third molar removal surgery three weeks ago and he experienced clear cracking sound with extreme pain at the dinner time when he bite the meat two days ago. A presence of fracture was observed at the mandibular angle orthopantomographically. Intermaksiller fixation was planned and performed for 4 weeks. Healing was uneventfully after 6 months.

RESULTS: Late mandibular fracture is not a common complication of removal of a lower third molar. The associated factors of this complication include age, gender, types of impaction, existing infection or bony lesions, surgical technique, and chewing of hard foods after extraction. In this case existing risk factors for the late mandibular fractures were determined as bone lesion around third molar and chewing hard food after extraction.

CONCLUSION: Dental professionals should be very skilled and cautious while extracting teeth to avoid any prospective morbidity. If a complication occurs, clinicians should be competent in managing with it to avoid patients' inconvenience.

PP-133
DEEP NECK ABSCESS ORGINATING FROM CONTRALATERAL DENTAL INFECTION; A CASE REPORT

Ömer Erdur[1], Hatice Özlem İrdem[2], Yunus Emre Topan[1], Emire Aybüke Erdur[2]

[1]Selcuk University Faculty of Medicine, Department of Otorhnolaryngology, Konya, Turkey
[2]Selcuk University Faculty of Dentistry, Departmen of Oral Surgery, Konya, Turkey

OBJECTIVE: Submandibular space infection is a rapidly spreading, bilateral or contrlaterally indurated cellulitis occurring in the suprahyoid soft tissues. The contralateral spread of the dental infections are rarely reported in the recent litherature. In this report we aimed to present a case with right submandibular and parapharyngeal abscess caused by the left dental infection.

MATERIALS-METHODS: A 33-year-old female patient referred to our clinic with a right submandibular and submental and parapharyngeal cellulitis. The patient was reported to had a three-day history of left jaw pain and swelling. Then the swelling began to occur in the right mandible. Patient had dysphagia and respiratory distress. Examination findings included trismus and marked right submandibular, bilateral sublingual, submental swelling, and her 37th tooth was acute apical abscess. Computerized tomography (CT) scans and magnetic resonance images were performed for determination of the abscess spreading. The findings was unique and surprising with advanced pneumatization in the whole facial plans.

RESULT: The patient was treated in hospital for 2 weeks.Within the aggressive high dose antibiotics, abscess formation was formed and subsequently surgical incision and drainage was performed. After the acute period the infected tooth was extracted. The most common bacteria isolated were Peptostreptococcus. The patient was symptom free, improved without any complication.

CONCLUSIONS: Submandibular space infections are potentially lethal infections. Physicians should be aware that the clinical status may quickly and unexpectedly worsen and tracheostomy may be required. Patients with cellulitis and small abscesses can spread to contralateral side and may progress dangerous deep spaces.

PP-134
EVALUATION OF EARLY AND LONG TERM OUTCOMES OF ARTHROCENTESIS IN PATIENT WITH TEMPOROMANDIBULAR JOINT INTERNAL DERANGEMENT

Burcu Baş, Dilara Kazan, Ezgi Yüceer, Levent Acar

Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University, Samsun,Turkey

OBJECTIVE: Arthrocentesis is an effective treatment modality for Temporomandibular Joint (TMJ) internal derangements (ID), especially in patients who suffer from pain and limited mouth opening. This retrospective study is aimed to evaluate the early and long term outcomes of arthrocentesis in TMJ ID patients.

METHODS: A retrospective study was planned among the TMJ ID patients who underwent arthrocentesis between the years 2005-2010 in our clinic. The sample was composed of 21 joints in 14 patients. The preoperative pain (Visual analog scale(VAS)) and maximum mouth opening were compared with early and long term follow-ups. Friedman and Wilcoxon signed rank test were used for statistical analysis.

RESULTS: Postoperative VAS scores were decreased significantly when compared to preoperative scores. ($p<0.001$). There were no significant differences between the early and long term follow ups in VAS scores. ($p>0.001$). When compared preoperative and post operative results significant increase was seen at the range of mouth opening both at early and long term. ($p<0.001$). No significant difference was found between early and long term scores in maximum mouth opening ($p>0.001$).

CONCLUSION: Arthrocentesis is simple, minimally invasive procedure with less risk of complications and significant benefits in patients with TMJ ID. Our results showed that arthocenthesis was effective in pain relief and increase of mouth opening both at early and long term.

PP-135
A LARGE KERATOCYSTIC ODONTOGENIC TUMOR TREATED WITH INDIVIDUALIZED DECOMPRESSION DEVICE

Mehmet Demirkol[1], Nermin Demirkol[2]

[1]Departmant of Oral and Maxillofacial Surgery, Gaziantep University, Gaziantep, Turkey
[2]Department of Prosthodontics, Gaziantep University, Gaziantep, Turkey

We aimed to present a 53 years old male patient who treated with individualized acrylic decompression device for large Keratocystic Odontogenic Tumor extented from left mandibular first premolar to condyle. In this technique, the irrigation was easily performed by the patient, and the dranaige hole and surrounding area remained hygienic. This procedure can be used in cystic lesions, particularly tooth-bearing areas of the jaws involved, for relieving intracystic pressure.

PP-136
IMPACTED SUPERNUMERARY TEETH EXTRACTION: 2 CASE REPORTS– BILATERAL THREE UPPER THIRD MOLARS AND MANY PREMOLARS

Güneş Kenan Üstek, Hasan Onur Şimşek

Adnan Menderes University Faculty of Dentistry Department of Oral and Maxillofacial Surgery

PURPOSE: The purpose of the present case is reported extraction bilateral supernumerary three upper third molars in a patient and bilateral many supernumerary premolars in other patient.

CASE: 22 years old female patients she had impacted 6 upper third molars and 24 years old male patients he had many impacted upper and lower impacted premolars.

METHODS: Supernumerary teeth usually result in retarded eruption, malocclusion, poor aesthetics, and cyst formation. Impacted supernumerary premolars in our case also caused malocclusion and eruption problems and poor aesthetic results. Although the impacted supernumerary third molars were asymptomatic, they were extracted due to the orthodontic problems.

PP-137
AUTOGENOUS SOLUTIONS WHEN ONE TEETH IS MISSING WITH AN ALVEOLAR BONE DEFECT

Nasuh Kolsuz, İbrahim Murat Afat, Onur Gönül, Emine Tuna Akdoğan, Kamil Göker

Department of Oral and Maxiller Surgery, Marmara University, Istanbul, Turkey

Autogenous bone grafts are golden standard because of their osteoinductive and osteogenic properties unlike other bone graft materials. Autogenous bone graft options when patient is missing one teeth with a defected alveolar bone include; ramus or symphysis bone blocs, ring blocs with implant placement, autogenous particle grafts with implant placement.

PP-138
QUICK, AFFORDABLE AND LESS INVASIVE FIXED IMPLANT TREATMENT OPTIONS FOR ATROPHIC EDENTULOUS RIDGES

Hakan Karagözoğlu, İbrahim Murat Afat, Onur Gönül, Emine Tuna Akdoğan, Kamil Göker

Department of Oral and Maxiller Surgery, Marmara University, Istanbul, Turkey

Atrophic edentulous alveolar ridge generally comes with advanced age and many systemic diseases. Because of this most of the time advanced surgical procedures can not be used in this patients. All on four concept and its variations enhance quick, affordable and less invasive fixed treatment options. All on four is a treatment technique that has four or six dental implants to support a full fixed bridge. The use of angulated implants to overcome bony deficiencies or anatomical structures. In this presentation, different variation of the concept and their case pictures are presented.

PP-139
FIBROUS DYSPLASIA OF POSTERIOR MANDIBLE BLOCKS USE OF PROTESIS: A CASE REPORT

Ahmet Emin Demirbaş[1], Elvin Guliyev[1], Veysel Kalkan[1], Alper Alkan[2]

[1]Erciyes University Faculty Of Dentistry,Oral and Maxillofacial Surgery,Kayseri,Turkey
[2]Bezmialem Foundation University Faculty of Dentistry,Oral and Maxillofacial Surgery,Istanbul,Turkey

INTRODUCTION: Fibrous Dysplasia is a developmental, localized, benign skeletal disorder in which normal bone is replaced by a variable amount of structurally weak, fibrous and osseous tissue. Fibrous dysplasia represent 7% of all benign bone lesions. It is clinically asymptomatic and generally noticed by unilateral slow bone expansion. Most of Fibrous dysplasia cases are diagnosed by routine radiographic examinations accidentally.

MATERIAL AND METHOD: A 51-year-old female patient was consigned to the department of our dentistry faculty for the prosthetic reconstruction. Clinical examination revealed that there was an expansion at the left mandibular posterior alveolar crest and also lingual side, the mucosa was found to be intact. It has been determined that there was no paresthesia or pain. Radiographic examination revealed a wide, unspecific homogenous lesion with a 'ground glass' look, ranging from the medial side of the left ramus up to the first premolar tooth. The result of incisional biopsy is fibroosseous lesion (fibrous dysplasia). Recontouring of the involved bone was performed for esthetic and prosthetic reasons under general anesthesia.

RESULTS: Postoperative biopsy named the lesion as mandibular fibrous dysplasia. She has no compliance about surgery postoperatively and is ready for prosthetic reconstruction.

CONCLUSION: In conclusion, a rarely seen fibrous dysplasia in the mandibular posterior region has been treated. In such cases aesthetic and functional surgical treatment is required.

PP-140
SURGICAL APPROACH AT FLORID CEMENTO-OSSEOSUS DYSPLASIA CASE REPORT

Nuri Ünal, Keremcan Kuru, Özgür Gözlüklü, Muhammed Furkan Cıcık, Murat Ulu

Department of Oral and Maxillofacial Surgery,
Izmir Katip Çelebi University Faculty of Dentistry, Izmir, Turkey

FCOD is a rare,usually manifest non-neoplastic transformation,benign fibro-osseosus lesion.The term florid cementosseosus dysplasia was first introduced by Melrose et al.in 1976.Different terms have been used to refer to FCOD,these include periapikal cemental dysplasia, florid osseosus dysplasia, focal cementosseosus dysplasia and gigantiform cementomas.FCOD is more common in middle aged women and can be developed both jaws but more commanly in mandible. A 46-age woman who applied to Izmir Katip Çelebi University Department of Oral and Maxillofacial Surgery with pain in anterior mandible is evaluated with clinic and radiographic examination and in anterior mandible region multiple radioopac lesions with radiolucent band is revealed in CBCT. The patient who has early diagnosis of FCOD is operated and in the consequence of cement like structures removal that cause relapsing of lesions and persisting of pain complaint,patient is operated again and lesions which have buccal cortex is removed with hemorrhagic bone borders.Due to removal of lesion with buccal cortex,by following closing of flap, to prevent migration of soft tissue to the defect region,2titanium mini plaque are fixed to region.Relaps and plaque exposure are not seen after 6month follow up. FCOD usually does not require treatment because of benign and asymptomatic.Although the lesions do not require treatment, when pain or infection occur, treatment is necessary.Due to avascular characteristic feature of lesion, sensitivity to serious infection and development of osteomyelitis is more significant.If an infection develops, there might be no response to the antibiotic therapy,due to avascular characteristic features of the lesion.In such cases,surgical approach is required.

PP-141
HUGE RESIDUAL CYST MARSUPIALIZATION: A CASE REPORT– IN MANDIBULAR CORPUS, ANGULUS AND RAMUS REGION

Hasan Onur Şimşek, Güneş Kenan Üstek

Adnan Menderes University Faculty of Dentistry Department of Oral and Maxillofacial Surgery

PURPOSE: The purpose of the present case is reported to huge cyst at mandibular ramus, angulus and corpus in a patient. We planned a marsupialization in this patient because of the systemic problems, the risk of fracture due to the size of the lesion.

CASE: 80 years old female patient she has hepatitis B, hypertension and heart valve problem. Patient applied to our clinic with complaints of pain, swelling and purulent content formation on the lower jaw.

METHODS: The majority of these cysts will be the result of leaving a periapical cyst behind following tooth extraction. All of these cysts are inflammatory cysts. Our patient had no teeth in the area she came to us. We detected a cystic lesion in the mandible, extending from the right mandibular retromolar region to the ramus, on clinical and radiological evaluation. The cyst was caused by expansion from the mandibular vestibule bone.

RESULT: Twenty months after marsupialization, it was seen that most of the cyst cavity was filled with bones. The symptoms of the patient passed. The patient did not have mandibular nerve paralysis after surgery. The patient's follow-ups continue.

PP-142
EMINECTOMY FOR THE TREATMENT OF HABITUAL LUXATION: TWO CASE REPORTS

Hasan Onur Şimşek, Umut Demetoğlu, Özlem Kocatürk, Burcu Gürsoytrak

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Adnan Menderes University, Aydın, Turkey

PURPOSE: In this case report purposes to present and discuss different conservative and surgical techniques to treat patients with a habitual luxation of temporomandibular joint, and to report two cases of surgical treatment.

CASE REPORTS: We present two case reports of habitual luxation of the TMJ treated by eminectomy performed under general anaesthesia. The age of patients is 66 and 49 years. Bilateral eminectomy of the TMJ was performed for two patients for recurrent luxation.

DISCUSSION: Eminectomy which is one of the popular and most effective treatments for habitual temporomandibular joint luxation was first described by Myrhaug in 1951. Most of the reports present large series of patients with more than one year of follow-up and no recurrence of complications. Is less invasive and take a short operation time; need no bone transplantation or placing any kind of foreign body into the joint.

CONCLUSION: The treatment of habitual luxation of temporomandibular joint by eminectomy was shown to be effective in relationship to the postoperative maximal mouth opening, recurrence and articular function might be a good option in elderly patients.

PP-143
MODIFIED MAXILLARY SEGMENTAL OSTEOTOMY IN ANTERIOR OPEN-BITE TREATMENT – A CASE REPORT

Hakan Hıfzı Tüz, Emre Tosun, Taha Özer, Kardelen Tanır

Department of Oral and Maxillofacial Surgery, Ankara, TURKEY

Patients requiring correction of large anterior open bites have historically been among the most challenging treatments for orthodontists and surgeons. Skeletal open-bite is characterized by typical changes in soft tissue and bone with severe vertical disproportion. The lips are insufficient and the tongue protrudes while the molar teeth are in contact. The anterior open-bite has been classified by dental and skeletal open-bite. Treatment of anterior open bite is still controversial by orthodontists and surgeons compared to other dentofacial deformities. Several approaches for its treatment have been made in the past; some have been tried, and failures have been reported. Various treatment modalities have been suggested for the treatment of patients with anterior open bite. Some of these are functional appliance, multiple loop edgewise archwire, extraction therapy, molar intrusion and surgery. Unfortunately, many of these techniques are of limited use in non-adult patients. In such patients, it is difficult to obtain physiological tooth movement by orthodontic treatment alone. In addition, only orthodontic treatment requires long-term treatment and may lead to root resorption and periodontal problems. In this presentation, a surgical treatment of a 24-years-old patient's anterior open bite is described.

PP-144
APPLICATION OF I-PRF + ALLOGRAFT COMBINATION TO PROVIDE AESTHETIC CONTOURS BEFORE DENTAL IMPLANT PLACEMENT IN ANTERIOR MAXILLA: 3 CASE REPORT

Keremcan Kuru, Nuri Ünal, Toghrul Aliyev, Hüseyin Akçay, Murat Ulu

Department of Oral and Maxillofacial Surgery,
Izmir Katip Çelebi University Faculty of Dentistry, Izmir, Turkey

Use of I-PRF for hard tissue and soft tissue acquisition prior toimplant application sothat aesthetic appearance can be achieved atthe anterior region of single tooth defect. There was insufficient alveolar bone volume inCBCT examinations of 2patients who had a single vertical fracture and a patient who had a missing tooth.3tubes of blood were removed from the patients and 2PRF membranes and1tube of i-PRF fluid were obtained.I-PRF fluid was mixed with the graft toprovide putty confection.2patients underwent tooth extraction under local anesthesia,then the grafts were placed in the pulling sockets before the flap was removed,and the grafts were covered with PRFmembranes and fixed with cross matress(8)sutures.In the other patient, vertical and horizontal defects were repaired with a putty graft, PRF membranes were covered, and the flap was flexed and primer sutured.On the 3.,7.and 12.day controls of patients mucosal healing was smooth. CBCT images of the post-op 1stday and 2ndmonth were compared and evaluated for healing.Implants were placed at the end of 2months and prosthetic loads were performed at the end of the 3month osteointegration period.Clinical photographs showed soft tissue contours consistent with neighboring teeth.Bone regeneration, inlay or onley grafting techniques are applied in the acquisition of hard tissue in cases where a bone tissue defect is present in the aesthetic region.Particulate grafts are treated with i-PRF to facilitate putty consistency and gain 3Dbone in the defect area due to high concentrations of platelets,growth factors and interleukin content,accelerating graft organization.Thus,this method provides acceptable successful results on soft tissue's microarchitecture at anterior region.

PP-145
PERIPHERAL GIANT CELL GRANULOMA RELATED TO HYPERTHYROIDISM: A CASE REPORT

Özgür Gözlüklü, Bayram Fatih Efeoğlu, Nergiz Yılmaz, Nuri Ünal, Keremcan Kuru

Department of Oral and Maxillofacial Surgery, Izmir Katip Çelebi University, Izmir

Giant cell granulomas were first described by Jaffe in 1953 that generally seen in mandible and maxilla and also they are bening, non-neoplastic lesions. However these lesions are usually located centrally but rarely they are localized peripherally in the gingiva and alveolar crest. In this poster we present that a lesion and treatment, diagnosed with peripheral giant cell granuloma after clinical and histopathological investigation. 33 years old male patient referred to Izmir Katip Celebi University Department of Oral and Maxillofacial Surgery; complaint about painless swelling on vestibular premolar region in mandible. In patient history; graves disease has been diagnosed 5 years ago. In intraoral examination we revealed that an exophytic mass which has got a regular growth pattern on mandibular premolar region. After that lesion excised totally and number 43 and 44 was extracted which were related to lesion. Biopsy material was send to pathology lab. Histopathological report was peripheral giant cell granuloma(PGCG). There is no special etiology in PGCG but especially periodontal pockets, traumatic tooth extraction, periodontal surgery, malodorous teeth, erroneous prostheses and restorations, dental plaque, food accumulation, sex hormones; especially estrogen hormone activity; and hyperthyroidism are caused factors in PGCG. Treatment of PGCG is surgical removal and eliminate all etiologic factors. Patient must be followed for risk of recurrence.

PP-146
USE OF RING-BONE TECHNIQUE FOR ALVEOLAR DEFECT REPAIR

Keremcan Kuru, Bayram Fatih Efeoğlu, Nuri Ünal, Seyfi Kelebek, Murat Ulu

Department of Oral and Maxillofacial Surgery,
Izmir Katip Çelebi University Faculty of Dentistry, Izmir, Turkey

AIM: Use of autogenous ring block graft taken from the symphysis for bone acquisition in the volume where implant can be placed in areas with alveolar defect.

MATERIAL-METHOD: With implant fracture, the patient referred to the clinic was removed the current implant and was expected to have a soft tissue healing for 1 month Subsequently, the receiver bed was created under local anesthesia and the appropriate size autogenous ring block implant taken from the symphysis was placed and fixed. After five months of recovery period, prosthetic loading was performed without problems

RESULT: At the end of the 5-month recovery period there was a significant increase in alveolar bone volume in the region. When the flap was elevated, the graft organization and the osseointegration of the implant were observed for placing the healing cap. Changes in graft volume were assessed by comparing CBCT images taken preoperatively and at the end of 5 months.

DISCUSSION: The Methods of intraoral and extraoral autogenous block grafts, directed bone regeneration with allogenic or synthetic grafts, and distraction osteogenesis have been reported for large alveolar defects in horizontal and vertical bone regeneration. The autogenous ring block graft taken from the symphysis with the implant is a highly successful procedure because of being fast of healing period and low cost.

PP-147
APPLICATION OF CONNECTIVE TISSUE GRAFT TO PERIIMPLANT SOFT TISSUE OBTAINING: CASE REPORT

Keremcan Kuru, Nuri Ünal, Toghrul Aliyev, Hazal Cankurt Aras, Hüseyin Akçay, Nergiz Yılmaz

Department of Oral and Maxillofacial Surgery,
Izmir Katip Çelebi University Faculty of Dentistry, Izmir, Turkey

PURPOSE: It was the aim of this case report to obtain soft tissue by applying a graft to the palatal region in order to increase aesthetic and implant tolerance in the presence of insufficient keratinized tissue in the implant cover.

SUBJECTS AND METHODS: After implantation, resection of buccal bones and gingival recession resulted in 36 regions were observed with gray implant reflection from soft tissue. Subepithelial connective tissue was obtained in the size of 12mm-4mm from the upper right palatal region of the patient. The receiving bed was prepared with the mesial, distal and coronal tunnels method in the area to be opened and the connective tissue were placed out of coronal and sutured.

RESULT: On the 3rd, 7th and 12th day of follow-up, the soft tissue contour of the patient showed conformity with the prosthetic restoration, the gray reflection disappreared and the soft tissue volume increased.

DISCUSSION: There are risks of peri implant mucositis and periimplantitis due to food retention when there is a loss of soft tissue around the implant. Application of subepithelial connective tissue graft with tunnel approach is a less invasive method, aesthetic and high success rate of functional continuit

PP-148
INCISIVE CANAL CYST: A CASE REPORT

Fuat Altuncu[1], Emel Bulut[1], Canan Tezel[2], Kaan Gündüz[2], Seda Gün[3]

[1]Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University, Samsun, Turkey
[2]Department of Oral and Maxillofacial Radiology, Ondokuz Mayıs University, Samsun, Turkey
[3]Department of Pathology, Faculty of Medicine, Ondokuz Mayıs University, Samsun, Turkey

PURPOSE: This paper reports a case with respect to etiology, clinical presentation, radiographic and pathological findings and treatment of incisive canal cyst.

METHOD: A 40 year-old man referred to our department for routine oral examination. Radiological and clinical examination was performed. Radiographic examination of occlusal view showed well circumscribed oval shaped radiolucency 10 mm diameter located in midline of the anterior maxilla between roots of central incisors. Patient did not report any pain and have any complaint. The cyst was enucleated under local anaesthesia. Specimen was sent to histological examination.

RESULTS: On the basis of histopathological and radiographic evidence definite diagnosis of incisive canal cyst was made.

CONCLUSION: The incisive canal cyst is the most common non-odontogenic developmental cysts. It also termed as nasopalatine duct cyst, arises from embryologic remnants of nasopalatine duct. Most of these cysts develop in the midline of anterior maxilla near the incisive foramen. Occasionally, it may be difficult to distinguish the incisive canal cyst from a large incisive canal. According to surgical guidelines, enlargements larger than 5 mm on the radiography are considered as cyst.

PP-149
MANAGEMENT OF ALVEOL FRACTURE AND LATERAL LUXATION

Keremcan Kuru, Toghrul Aliyev, Bayram Fatih Efeoğlu, Nuri Ünal, Fatih Çetin, Nergiz Yılmaz

Department of Oral and Maxillofacial Surgery,
Izmir Katip Çelebi University Faculty of Dentistry, Izmir, Turkey

PURPOSE: Treatment of alveol fracture and lateral luxation after trauma with splitting deplaced teeth and alveolar segment

MATERIAL-METHOD: Lateral luxation of mandibular anterior teeth and fracture of alveolar segment is observed on the patient which applied the clinic with history of trauma. Under local anesthesia, teeth and alveolar segment reposed and splinted the canine to canine. Splint is removed at the end of 4 weeks. Clinical controls at 3.,7. and 21.days, and vitality test on 21.day is applied. Comparison of initial and post-op 2.month radiographs is done.

RESULT: Mobility of teeth wasn't seen on 3.,7.and 21.day controls and took positive result on vitality test on 21.day and 2.month examinations. Any lesion wasn't seen on comparison of initial and 2.month radiographs.

DISCUSSION: On case of alveolar fracture and lateral luxation consist of trauma; after reposition of the displaced segment and teeth, splint application including adjacent teeth to provide immobilization during healing period give successful results on survive of teeth

PP-150
USE OF TENT-POLE METHOD TO INCREASE IN INADEQUATE ALVEOLAR BONE VOLUME 4 CASE REPORT

Keremcan Kuru, Toghrul Aliyev, Nuri Ünal, Hüseyin Akçay, Murat Ulu

Department of Oral and Maxillofacial Surgery,
Izmir Katip Çelebi University Faculty of Dentistry, Izmir, Turkey

PURPOSE: to provide bone regeneration, use of titanium mini screws in inadequate volume of alveolar regions planned to place implant

MATERIAL-METHOD: 3 of 4 patients had severly resorbed alveolar crest, on the same session with implant placement, titanium mini screws placed in angle as 4-5mm of them is exposed. İ-PRF and allograft mixture was applied to space between periost and bone that obtained by tenting effects of mini screws, than periost released for tension free primary closure. On 1 patient implant was placed after graft healing was done at end of 4.months. all prosthetic loads were done at end of 3 months. Changes of graft material was evaluated with comparison of pre-operative and post-operative 4.month CBCT views.

RESUTS: On the 3.,7.and 12.day controls of patients mucosal healing was smooth. Changes in graft volume were assessed by comparing CBCT images taken before and 4 months after the operation. In all patients prosthetic loads were made smoothly after 3-month osseointegration period.

DISCUSSION: Autogenous intraoral or extraoral block grafts, bone regeneration with allogenic or synthetic grafts, and distraction osteogenesis have been reported for 3D bone recovery in severaly resorbed alveolar krets. The use of putty-grafts obtained by mixing with i-PRF grafts combined with tenting effect of titanium-mini screws is a current method that can be applied safely with the comfort, low cost, less-healing period for the patient.

PP-151
USE OF PALATAL FREE GINGIVAL GRAFT FOR KERATINIZED TISSUE ACQUISITION AROUND DENTAL IMPLANT

Keremcan Kuru, Bayram Fatih Efeoğlu, Özgür Gözlüklü, Tuğçe Biçer Aytuğar, Nergiz Yılmaz

Department of Oral and Maxillofacial Surgery,
Izmir Katip Çelebi University Faculty of Dentistry, Izmir, Turkey

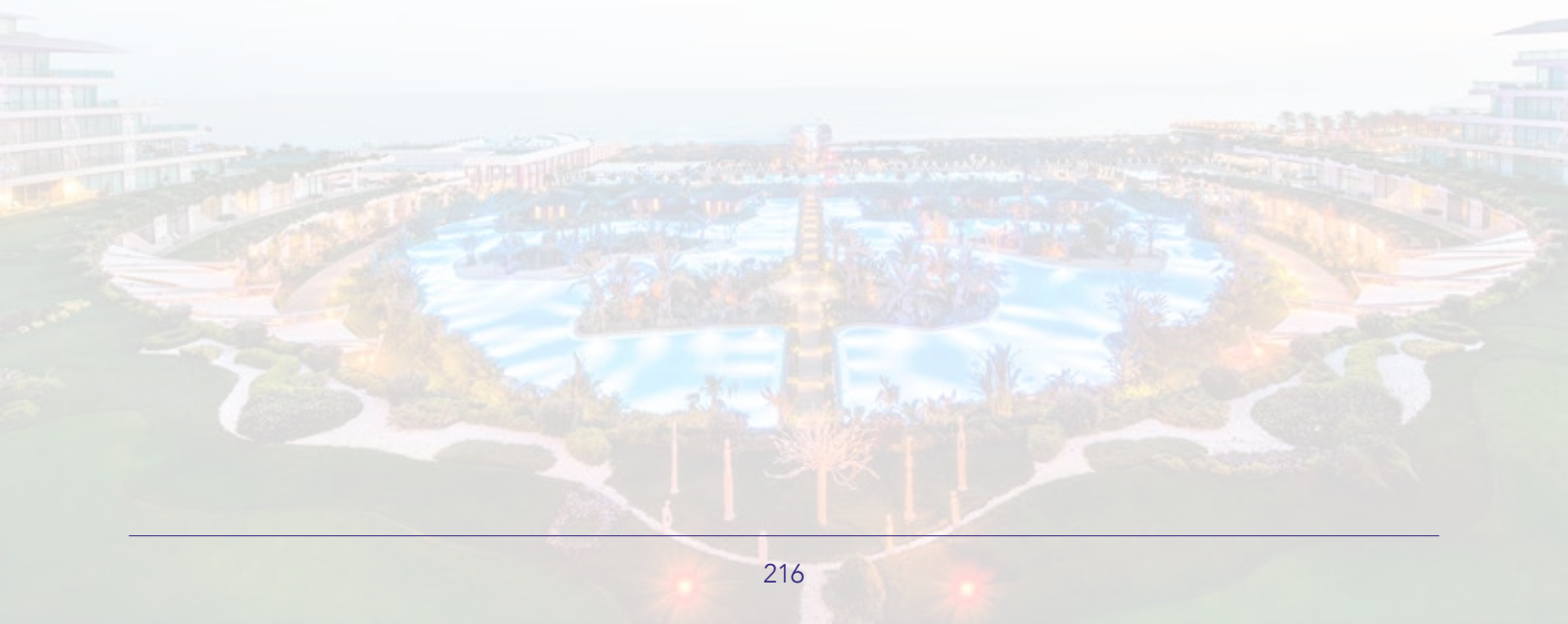
PURPOSE: To increase the İnadequate keratinized soft tissue around the dental implant by applying free connective tissue graft from hard palate.

MATERIAL-METHOD: One year after dental implant placement, healing cap is placed but result of a clinical examination; inadequate keratinized soft tissue was observed in the 34 and 36 tooth area. To increase the keratinized tissue, under the local anesthesia 4x15 mm in diameter full thickness free gingival graft was taken from hard palate. İn the buccal side of implant, partial thickness receiver area was prepared, graft was placed and sutured with resorbable sutur to connective tissue. İmmmobilization of graft was secured with nonresorbable monofilamemt sutur. SX acrylic plate which was prepared before the surgery was applied to recipient area.

RESULTS: in the buccal side of implant, there was evident increase in keratinized soft tissue on 3rd, 7th and 21st postoperative day control.

DISCUSSION: The risk of periimplantitis and periimplant mucositis occurrence is related to inadequate keratinized soft tissue which is resulting the food impaction.to increase the keratinized soft tissue, choosing autogenous full thickness free gingival graft is successful, low cost and aesthetic result obtaining method.

SPONSORS




IMPLANCE


NucleOSS™


AC DENTAL
Trias-ixx2
Implant Systems


Dentegris
DENTAL IMPLANT SYSTEM


DYNA®


EBi
IMPLANT


RITTER™
IMPLANTS


IMPLA™
DENTAL


ICX-templant®
The FAIR Premium Implant-System
Made in
Germany & Swiss


KaraDental


ankaferd
BLOODSTOPPER®


HumanTech
Medical Devices
HT


NTA® implant


SURCAM
MEDICAL DEVICES AND DEVELOPMENTS LTD


Aktident


KONGRE
KİTABEVİ

agbid

ağız ve çene-yüz cerrahisi birliği derneği