



International Association of
Oral and Maxillofacial Surgeons



Oral and Maxillofacial
Surgery Society of Turkey

IAOMS - AÇBİD JOINT CONGRESS

IN CONJUNCTION WITH ACBİD 12th CONGRESS

May 9-13, 2018 Ela Quality Resort
Belek ANTALYA

*"AÇBİD Celebrating
IAOMS Affiliation"*

ABSTRACTS



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Scientific Programme

Wednesday, May 9th, 2018

Registration Courses Poster Presentation Exhibition Symposias Oral Abstract Masterclass Social Events, Breaks

08:00-18:00	Registration	Main Hall
11:00-18:00	"FACIAL ASYMMETRY" Course by S.O.R.G. Academy	Main Hall
11:00-11:20	Background	
11:20-11:40	Introduction	Kişnişci
11:40-12:00	Imaging of Facial Asymmetry	Bergé
12:00-12:20	Facial Growth, Etiology of Asymmetry	Van Teeseling
12:20-12:40	Interceptive Orthodontic Management	Morris
12:40-13:00	Hypoplasia/Undergrowth	
13:00-13:20	Craniofacial Asymmetries	Richardson
13:20-13:30	Hemifacial Microsomia	Richardson
13:30-14:50	Ankylosis and Reconstruction	Bergé
13:30-14:50	Discussion	
13:30-14:50	Lunch	
14:50-15:10	Hyperplasia/Overgrowth	
15:10-15:30	Diagnosis of Condylar Hyperplasia	Becking
15:30-15:50	Orthodontics, Diagnosis, Pre-surgical Work-up	Van Teeseling
15:50-16:20	Treatment of Condylar Hyperplasia	Becking
15:50-16:20	Coffee Break	
16:20-16:50	Planning/Surgery	
16:50-17:10	Conventional Planning, Orthognathic Procedures	Hoppenreijis
17:10-17:30	Adjunctive techniques	Kişnişci
17:30-17:50	Virtual workflow	Swennen
17:50-18:00	Interactive virtual planning	Swennen
18:30-19:30	Discussion/Final Remarks/Certificates	
18:30-19:30	Opening and Award Ceremony	

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Registration	Courses	Poster Presentation	Exhibition	Symposias	Oral Abstract	Masterclass	Social Events, Breaks	
								Thursday, May 10th, 2018
07:30-18:00	Poster Presentations							
07:30-18:00	Exhibition							
07:30-08:30	Oral Abstract Session 1						HALL A	
Chairpersons: <i>Altan Varol, Kubilay Bozkurt Işık</i>								
S001	Comparison of Osseointegration Between Five Different Titanium Implant Surfaces <i>Mehmet Emre Yurttutan, Mine Alkaya</i>							
S002	Increasing the available bone height vs reducing implant length <i>Pedram Pakzad</i>							
S003	The evaluation of osseointegration periods of dental implants in which surface modification with atmospheric cold plasma application and RGD peptide conjugation were made <i>Seyfi Kelebek, Murat Ulu, Ozan Karaman, Utku Kürşat Ercan, Emrah Soylu, Mehmet İbrahim Tuğlu</i>							
S005	Cone Beam Computerized Tomography Analysis of the Lingual Concavity in the First Mandibular Molar Region for Dental Implant Patients: A Morphological Study <i>Guldane Magat</i>							
S006	The Validity and Reliability of the Turkish Version of the Survey of Educational Quality of Dental Students of British Association of Oral and Maxillofacial Surgeon Education Committee <i>Fatih Cabbar, Çağrı Burdurlu, Begüm Bank, Ceyda Özçakır Tomruk</i>							
07:30-08:30	Oral Abstract Session 2						HALL B	
Chairpersons: <i>Sertan Ergun, Ceyda Özçakır Tomruk</i>								
S007	A New Implant Design: Bone trust® Sinus Implant <i>Tolga Kencer, Nur Altıparmak, Cem Çetinşahin</i>							
S008	Evaluation of Stres Distribution on Severely Atrophic Mandible Models Reconstructed with Iliac Bone Graft: Finite Element Analysis (FEA) <i>Canseda Avağ, Murat Akkocaoğlu</i>							
S009	Comperative Evaluation of the Immediate Implant Placement into Extraction Sites with or without Chronic Periapical Lesions <i>Palin Çiftçioğlu, Nur Altıparmak, Seçil Çubuk, Selim Erkut</i>							
S010	Effect of Bone Heating Related Irrigation and Drill Speed on Peri-implant Bone Resorption <i>Levent Ciğerim, Yusuf Rodi Mızrak</i>							
S011	Comparison of Titanium and Titanium-Zirconium Implant Stability Using the Resonance Frequency Analysis Method <i>Esra Beyler, Burak Bayram, Ufuk Ateş</i>							
S012	Comparison of the Effects of Er:YAG and Diode Lasers on Titanium and Roxolid Discs <i>Anil Öztürk, Emre Tosun, Bahadır Kan, Egemen Avcu, Fatih Erdem Baştan</i>							
07:30-08:30	Oral Abstract Session 3						HALL C	
Chairpersons: <i>Alper Alkan, Nihat Akbulut</i>								
S013	The Evaluation of the Effects of Active Follow-up Protocol on the Quality of Life in the Long Term in Individuals with Mild Pericoronitis <i>Özün Karaahmetoğlu, Emre Yurttutan, Nilsun Bağış, Cahit Üçok</i>							
S014	Angular Position of Lower Third Molar in Different Sagittal Skeletal Patterns and Age Groups <i>Emire Aybüke Erdur, Zeliha Müge Baka, Dilek Menziletoğlu, Arif Yiğit Güler</i>							
S015	Treatment of Odontogenic Cysts with Marsupialization <i>Ahmet Altan</i>							
S016	Successful Treatment of MRONJ in Mandible with Platelet-Rich-Fibrin: A Report of Two Cases <i>Aras Erdil, Emrah Soylu, Ahmet Altan, Nihat Akbulut, Mehmet Kemal Tümer</i>							
S017	Histopathologic Misdiagnosis of a Maxillary Lesion: The Role of Surgeon <i>Çağrı Burdurlu, Fatih Cabbar, Nevzat Sezer Işıksaçan, Leyla Cinel</i>							
S018	Lingual Nerve Repair: Contemporary Surgical Approaches and Case Presentations <i>Firat Selvi</i>							

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Registration Courses Poster Presentation Exhibition Symposias Oral Abstract Masterclass Social Events, Breaks

07:30-08:30	Oral Abstract Session 4	HALL D
	Chairpersons: <i>Yavuz Fındık, Onur Gönül</i>	
S019	Evaluation of Analgesic Effects of Dexketoprofen Trometamol + Thiocolchicoside Methods at Two Different Dosages <i>Serap Keskin Tunç</i>	
S020	Open Membrane Technique in Alveolar Bone Augmentation <i>Nur Altıparmak</i>	
S021	Evaluation of the Effects of Tooth Extraction Performed by Dental Students on Oral Health-Related Quality of Life <i>Reyhan Sağlam, Serap Gulsever, Ipek Necla Guldiken, Zeynep Gulen Cukurova Yılmaz</i>	
S022	Botryoid Odontogenic Cyst: a Case Report of Third Recurrence <i>Nazlı Altın, Nihan Aksakallı, Süleyman Emre Meşeli, Esra Koç</i>	
S023	Calcifying Odontogenic Cyst Associated with Complex Odontome of Maxilla Anterior (Gorlin Cyst) <i>Adalet Celebi, Ersin Keskin, Belgin Gülsün</i>	
S024	Histological Evaluation of Nigella Sativa Containing Collagen Membrane on Bone Healing <i>Ayşe Yılmaz, Ceyda Özçakır Tomruk, Fatma Özen, Elif Güzel Meydanlı, İlkay Özdemir</i>	
S088	Comparison of The Efficacy of Low Level Laser Therapy and Photodynamic Therapy on Oral Mucositis in Rats <i>Suzan Bayer Alınca, Ebru Sağlam, Nur Özten Kandaş, Oğuzhan Okçu, Nergiz Yılmaz, Beyza Servet Gönücü, Mehmet Ali Doğan</i>	
	Reconstruction 1	Main Hall
	Chairpersons: <i>Nabil Samman, Piet Haers, Reha Kişnişci</i>	
08:45-09:15	Reconstruction After Midfacial Resection <i>Julio Acero</i>	
09:15-09:45	Orthognathic Surgery Controversies: Where are they? <i>Alexis Olsson</i>	
09:45-10:15	Autologous Fat in Maxillofacial Surgery <i>Velupillai Ilankovan</i>	
10:15-10:45	Coffee Break	
	Reconstruction 2	Main Hall
	Chairpersons: <i>Alexis Olsson, Vitomir Konstantinovic, Tayfun Günbay</i>	
10:45-11:15	Transparotid Surgery and Facial Nerve Surgical Anatomy <i>Vladimir Popovski</i>	
11:15-11:45	Management of Surgically Compromised Condition for Dental Implant <i>Shou-Yen Kao</i>	
11:45-12:15	Current Advances on Platelet Rich Fibrin <i>Piet Haers</i>	
12:15-13:30	Lunch	
12:30-13:30	Master Class - Larry Wolford	Main Hall
	Common TMJ Conditions that Affect Orthognathic Surgery Treatment Outcomes	

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	Regenerative Medicine / Technology / Aesthetic Surgery 1	Main Hall
	Chairpersons: <i>Velupillai Ilankovan, Sandy van Teeseling, Orhan Güven</i>	
13:30-14:00	Is Beauty Really in the "PHI" of the Beholder <i>Stephanie Drew</i>	
14:00-14:30	Tissue Engineering in CMF <i>Riitta Seppänen-Kajansinkko</i>	
14:30-15:00	Mixed Reality in Maxillofacial Surgery <i>Chingiz Rahimov</i>	
15:00-15:30	Modern e-Health Applications and New 3D Tools in Cleft, Craniofacial-and Orthognatic Surgery <i>Stefaan Berge</i>	
15:30-16:00	Coffee Break	
	Regenerative Medicine / Technology / Aesthetic Surgery 2	Main Hall
	Chairpersons: <i>Julio Acero, Gwen Swennen, Hakkı Tanyeri</i>	
16:00-16:30	Facial Esthetic <i>Mohammad Bayat</i>	
16:30-17:00	Augmentation Rhinoplasty Using Costal Cartilage Graft - The Liverpool Experience <i>David Richardson</i>	
17:00-17:20	Mesenchymal Stem Cell Applications in OMFS: From bench to bedside <i>Zeynep Burçin Gönen</i>	

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07:30-18:30	Poster Presentations	
07:30-18:30	Exhibition	
07:30-08:30	Oral Abstract Session 5	HALL A
	Chairpersons: <i>Rezzan Güner, Kıvanç Bektaş Kayhan</i>	
S025	Anesthetic Approach to Patient With Kindler Syndrome Who Underwent Tooth Extraction <i>Ayşe Hande Arpacı, Ozan Kaan Venedik</i>	
S026	Bronchospasm and Cardiac Arrest in an Infant Cleft Patient <i>Çağıl Vural</i>	
S027	Comparison of the Effects of Dexmedetomidine and Midazolam in Conscious Sedation During Dental Implant Surgery <i>İpek Necla Güldiken, Gökhan Gürler, Çağrı Delilbaşı</i>	
S028	A Comparative Cephalometric Study for Isolated Cleft Palate Patients Operated in Adulthood and Noncleft Controls <i>Nevra Seyhan</i>	
S029	Introduction of New 3D Cephalometric Landmarks in Diagnosis of Craniofacial Abnormalities <i>Chingiz Rahimov, İsmayil Farzaliyev, Gunel Hajiyeva</i>	
S030	Acutely Infected Teeth: To Extract or Not to Extract? <i>Gökhan Gürses, Bozkurt Kubilay Işık, Dilek Menziletoğlu</i>	
07:30-08:30	Oral Abstract Session 6	HALL B
	Chairpersons: <i>Firat Selvi, Fethi Atıl</i>	
S031	Role of Arthroscopy and Arthroplasty in the Management of TMJ Derangement: Our Protocol and Experience in Manitoba, Canada <i>Reda Fouad Elgazzar</i>	
S033	3D Modelling and Surgical Guide Preparation for Condylar Head Tumor Resection <i>Poyzan Bozkurt, Reha Şükrü Kişnişçi</i>	
S034	The Effect of Exercise on Range of Movement and Pain After Temporomandibular Joint Arthrocentesis <i>Burcu Baş, Dilara Kazan, Nühket Kütük, Vugar Gurbanov</i>	
S035	Minimally Invasive management of TMJ hypermobility: A Preliminary Study <i>Aylin Çalis, Candan Efeoğlu</i>	
S036	Effectiveness of Cannula Diameter for Temporomandibular Joint Arthrocentesis <i>Mert Bülte, Mehmet Fatih Şentürk, Gülperi Koçer</i>	
07:30-08:30	Oral Abstract Session 7	HALL C
	Chairpersons: <i>Enis Redjep, Sıdıka Sinem Akdeniz</i>	
S037	Comparison of Graft Materials Utilizing Vertical and Lateral Ridge Augmentation: A Retrospective Study <i>Gözde Işık, Tayfun Günbay, Mehmet Nurullah Orman</i>	
S038	Microsurgical Sinus Floor Elevation <i>Abdullah Çapcı, Esra Beyler, Kenan Araz</i>	
S039	Evaluation of The Potential of Using Local Hyaluronic Acid on Dentin Grafted Critical-Sized Cortical Bone Defects in Osteoporotic Rats <i>Uğur Mercan, Merve Çakır, Deniz Gökçe Meral</i>	
S040	Surgical Management of Central Giant Cell Tumor of the Mandibular Symphysis <i>Tayfun Cıvak, Altan Varol</i>	
S042	Biomechanical Evaluation and Comparison of a Prosthetic Structure Supported by Tooth and A Resilient Dental Implant Design <i>Salih Eren Meral, Hakan Hıfzı Tüz</i>	
S059	Examination of External Root Resorption Associated with Impacted Third Molars with Cone Beam Computed Tomography <i>Melek Taşşöker</i>	

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								Friday, May 11th, 2018
07:30-08:30	Oral Abstract Session 8						HALL D	
Chairpersons: <i>Ayşegül Apaydın, Gökçe Meral</i>								
S043	Evaluation of Stress by Finite Element Analysis of the Pterygoid Plates and Cranial Base at the Time of Down-fracture in Models with or without Pterygo-maxillary Disjunction <i>Alparslan Esen, Doğan Dolanmaz</i>							
S044	Negative Pressure Pulmonary Edema After Orthognathic Surgery <i>Secil Cubuk, Aycan Kundakcı, Burak Bayram</i>							
S045	Efficacy of Ultrasonic Bone Scalpel in Le Fort I Osteotomy <i>Ahmet Emin Demirbas, Suheyb Bilge, Nukhet Kutuk, Selin Celebi, Alper Alkan</i>							
S046	Complications of Genioplasty Procedures in Orthognathic Surgery <i>Gamze Senol, Tansu Uzel, Sina Uçkan</i>							
S047	Evaluation of the Changes in Gingival Crevicular Fluid After Surgical Assisted Rapid Palatal Expansion <i>Onur Berkün, Yavuz Fındık, Orhan Akpınar, Timuçin Baykul</i>							
Temporomandibular Joint								
Main Hall								
Chairpersons: <i>Eddy Becking, Andrej Kansky, Ayşegül Apaydın</i>								
08:45-09:15	Effects of Orthognathic Surgery on Temporomandibular Joint <i>Nukhet Kütük</i>							
09:15-09:45	Evaluation of Temporomandibular Disorders in Patients Affected by Primary Fibromyalgia <i>Stefano Mandrioli</i>							
09:45-10:15	TMJ Reconstruction – Options and Considerations <i>Benjamin Davis</i>							
10:15-10:35	Minimally Invasive TMJ Surgery: a Mere Alternative or a Current Standard of Care? <i>Anastassios I. Mylonas</i>							
10:35-11:05	Coffee Break							
Education / Current Trends								
Main Hall								
Chairpersons: <i>Manlio Galie, Sertan Ergun, Umut Saraçoğlu</i>								
11:05-11:35	Diagnosis and Management of Head & Neck Cancer Including "Rare Malignancies" <i>Nicholas Kalavrezos</i>							
11:35-12:05	Face Transplant, The Long-Term Outcome <i>Jean-Paul Meningaud</i>							
12:05-12:25	Pathways to Publication <i>Nabil Samman</i>							
12:25-13:30	Lunch							

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Registration Courses Poster Presentation Exhibition Symposias Oral Abstract Masterclass Social Events, Breaks

12:25-13:05	Corporate Session - Ceyda Özçakır Tomruk	Main Hall
	Medications of Affecting Bone Healing and Osseointegration Orthognathics	
	Orthognathics	Main Hall
	Chairpersons: <i>Benjamin Davis, Stephanie Drew, Figen Çizmecci Şenel</i>	
13:30-14:00	Orthognathic Surgery: Update on Surgical Techniques, Occlusal Plane Alteration, Virtual Surgical Planning <i>Larry Wolford</i>	
14:00-14:30	Orthodontics Crossing The Borders..... <i>Sandy Van Teeseling</i>	
14:30-15:00	Upper Airway Changes Following Skeletal Repositioning of the Jaws <i>Hakan Tüz</i>	
15:00-15:30	How can Integration of 3D Virtual Planning of Orthognathic Surgery in the daily Clinical Routine Enhance Facial Aesthetics in Orthognathic Surgery <i>Gwen Swennen</i>	
15:30-16:00	Coffee Break	
	Orthognathics, Oral Surgery	Main Hall
	Chairpersons: <i>Jean-Paul Meningaud, Selçuk Basa, Bora Özden</i>	
16:00-16:30	Dental Infection <i>Andrej Kinsky</i>	
16:30-16:50	Changing the Sequence in Bimaxillary Orthognathic Surgery <i>Fatih Mehmet Coşkunes</i>	
16:50-17:20	Bone Ring Technique for Single Stage Implant Placement in Vertically Deficient Alveolar Ridge <i>Tayfun Günbay</i>	
17:30-18:30	AÇBİD Resident Union Meeting Award Winning Residency Examination	Main Hall

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Saturday, May 12th, 2018

07:30-18:30	Poster Presentations	
07:30-18:30	Exhibition	
07:30-08:30	Oral Abstract Session 9	HALL A
	Chairpersons: <i>Gülperi Koçer, Nuray Yılmaz Altıntaş</i>	
S048	Effect of Orthognathic Surgery on Nasal Tip Aesthetic <i>Humam Alghamian, Abdullah Özel, Tuba Develi, Sina Uçkan</i>	
S050	The Effect of Poster and Oral Presentation Training on the Management of Traumatic Dental Injury in Pediatric Dental Patients <i>Nazan Koçak, Ebru Delikan</i>	
S051	The Evaluation of Maxillofacial Fracture Cases: A Retrospective Study <i>Hatice Hoşgör, Fatih Mehmet Coşkunes, Bahadır Kan</i>	
S052	The Evaluation of Teeth in the Line of the Mandibular Fractures <i>Hatice Hoşgör, Fatih Mehmet Coşkunes, Deniz Akın</i>	
S053	Preventive Effect of Pentoxifyllin and Tocopherol (PENTO) against Medication-Related Osteonecrosis of the Jaw: An Animal Study <i>Gül Merve Yalçın Ülker, Alev Cumbul, Gonca Duygu Çapar, Ünal Uslu, Özgür Erdoğan</i>	
07:30-08:30	Oral Abstract Session 10	HALL B
	Chairpersons: <i>Burak Bayram, Yener Oğuz</i>	
S054	The Efficacy of PRF Following Sequestrectomy in Treatment of MRONJ <i>Hüseyin Can Tükel, Mehmet Emre Benlidayi</i>	
S055	Clinical Observations on Odontogenic Keratocytic Lesions of the Jaws: Case Series <i>Kamıs Gaballah</i>	
S056	Evaluation of Oral Cancer Awareness Among General Dentists <i>Ayşe Özcan Küçük, Mahmut Koparal</i>	
S057	The treatment of Cystic Lesions in the Jaws by Decompression: A Retrospective Study <i>Uğur Gülşen, Barış Demirtaş</i>	
S058	Medication Related Osteonecrosis of the Jaws: A Case Report <i>Ceyda Özçakır Tomruk, Fatih Cabbar, Muammer Çağrı Burdurlu, Ferda Özkan</i>	
07:30-08:30	Oral Abstract Session 11 (Competition Session)	HALL C
	Chairpersons: <i>Umut Tekin, Figen Çizmeci Şenel</i>	
CS01	Evaluation of the Effectiveness of Intraarticular Platelet Rich Plasma in the Treatment of Temporomandibular Joint Internal Derangement: A Randomized Controlled Study <i>Ayşe Karaca Bulut, Hanife Ataoğlu</i>	
CS02	Evaluation of the Effect of Orthognathic Surgery on Oral Health and Quality of Life in Ankara/Turkey <i>Ezgi Ergezen Özasir, Eren Meral, Aylin Ekmekçioğlu, Hakan H. Tüz</i>	
CS03	The Necessity of Immunohistochemical Analysis in Diagnosis of Oral and Maxillofacial Pathologies <i>Pelin Aydın, Sıdıka Sinem Akdeniz, Eda Yılmaz Akçay, Kenan Araz</i>	
CS04	Treatment of Mandibular Body Fractures with Ultrasound Aided Fixation: An Experimental Study In Immature Rabbits <i>Ismail Eser Bolat, Umut Tekin, Mustafa Ercument Onder, Ismail Doruk Kocuyigit, Fethi Atıl, Ozkan Ozgul</i>	
CS05	Three-Dimensional Soft Tissue Effects of Mandibular Midline Distraction and Surgically Assisted Rapid Maxillary Expansion: An Automatic Stereophotogrammetry Landmarking Analysis <i>Atilla Gül, Markus A. De Jong, Jan P. De Gijt, Eppo B. Wolvius, Manfred Kayser, Stefan Böhringer, Maarten J. Koudstaal</i>	
CS06	Effect of Kinesio Taping on Temporomandibular Joint Disorders <i>Elif Esra Özmen, Sönmez Bayram Ünüvar, Ercan Durmuş, Abdullah Kalaycı</i>	

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Saturday, May 12th, 2018

Registration Courses Poster Presentation Exhibition Symposias Oral Abstract Masterclass Social Events Breaks

07:30-08:30	Oral Abstract Session 12	HALL D
	Chairpersons: <i>Burcu Baş, Fatih Mehmet Coşkunses</i>	
S060	A Novel Technique for the Preparation of Sticky Bone: Solid Hyaluronic Acid Scaffold Supported Sticky Bone <i>Ibrahim Murat Afat, Emine Tuna Akdoğan, Onur Gönül</i>	
S061	Prevalence and Characteristics of Supernumerary Teeth in a Nonsyndromic Pediatric Population of 7118 Patients <i>Ebru Hazar Bodrumlu, Merve Atas</i>	
S062	Mandibular Changes in New Diagnosed Acromegaly Patients <i>Fatma Doğruel, Zeynep Burçin Gönen, Firas Mohsen, Selma Öztürk, Murat Canger, Fahri Bayram</i>	
S063	Abilities of First Aid and Awareness of Legal Rights and Responsibilities: A Survey of Oral and Maxillofacial Surgeons and Trainees in Turkey <i>Şeydanur Urhan, Hakan H. Tüz</i>	
S064	Anatomical Relation Between The Mandibular Canal And Corresponding Mandibular Third Molar: A Retrospective CBCT Study <i>Nihat Akbulut, Seval Bayrak, Emine Şebnem Kurşun Çakmak, Tolgahan Kara</i>	
S065	Assessment of Maxillary Sinus Septa Using Cone Beam Computed Tomography: A Retrospective Clinical Study <i>Ali Kılınc, Dilek Menziletoğlu, Bozkurt Kubilay Işık</i>	
	Trauma / Cleft / Craniofacial Reconstruction 1	Main Hall
	Chairpersons: <i>Nicholas Kalavrezos, Iain Ormiston, Larry Wolford</i>	
08:45-09:15	The Role of Surgery in Patients With Head and Neck Cancer <i>Max Heiland</i>	
09:15-09:45	Challenging Cases In Cranio-Maxillofacial Reconstructive Surgery <i>Mohammad Sartawi</i>	
09:45-10:15	Orthognathic Surgery in Craniofacial Malformations <i>Manlio Galie</i>	
10:15-10:45	Coffee Break	
	Trauma / Cleft / Craniofacial Reconstruction 2	Main Hall
	Chairpersons: <i>Anastassios I. Mylonas, Vladimir Popovski, Hakan Tüz</i>	
10:45-11:15	Orbital Reconstructions, Relevance Modern Techniques <i>Eddy Becking</i>	
11:15-11:45	Paediatric Maxillofacial Tumours <i>Syed Mahmood Haider</i>	
11:45-12:15	Management of Posttraumatic Midfacial Deformities <i>Selçuk Basa</i>	
12:15-12:45	Treatment of Pediatric Condylar Fractures and Management of Their Complications <i>Orhan Güven</i>	
12:45-13:45	Lunch	

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Registration	Courses	Poster Presentation	Exhibition	Symposiums	Oral Abstract	Masterclass	Social Events, Breaks	
								Saturday, May 12th, 2018
12:45-13:45								Master Class - Nicholas Kalavrezos Main Hall
								Current Reconstructive Techniques and (Potential) Future Developments in Head and Neck Surgical Oncology
								Preprosthetic / Dental Implant Main Hall
								Chairpersons: <i>Chingiz Rahimov, Stefano Mandrioli, Altan Varol</i>
13:45-14:15								Immediate Single-Tooth Replacement With Strategic Dental Implants <i>Vitomir Konstantinovic</i>
14:15-14:35								Alveolar Origami <i>Fethi Atıl</i>
14:35-15:05								Coffee Break
								Airway / Sleep Apnea Main Hall
								Chairpersons: <i>Riitta Seppänen-Kajjansinkko, Timuçin Baykul, Doğan Dolanmaz</i>
15:05-15:25								Hypnosis in Dentistry: Why Not? <i>Bozkurt Kubilay Işık</i>
15:25-15:55								Controversies in the Maxillofacial management of Obstructive Sleep Apnea OSA <i>Iain Ormiston</i>
15:55-16:15								The Change of difficult Airway Predictors After Orthognathic Surgery <i>Sıdıka Sinem Akdeniz</i>
16:30-17:30								Oral Abstract Session 13 HALL A
								Chairpersons: <i>Hanife Ataoğlu, Emel Bulut</i>
S066								The Effect of Bisphosphonates on Mandibular Radiomorphometric Indices and Bone Density in Post-Menopausal Osteoporosis Patients <i>Sinan Ateş, Ersin Uysal, Belgin Gülsün</i>
S067								Clinical Applications of Buccal Fat Pad in Oral & Maxillofacial Surgery <i>Sümer Münevveroğlu, Abdullah Özel, Gamze Şenol, Sina Uçkan</i>
S068								Buccal Fat Pad Excision: An Effective Option for Aesthetic Improvement of the Midface <i>Şevket Şahin</i>
S069								Evaluation of Blue Code Interventions Outcomes in University Dental Hospital of Isparta <i>Hatice Akpınar, Orhan Akpınar, Yavuz Fındık, Murat Kaya, Timuçin Baykul</i>
S070								Establishment of the Surgical Difficulty Scale Obtained Information from Systemic, Clinical and Radiological Evaluations of the Impacted Lower Third <i>Hatice Deniz, Mustafa Ercüment Önder, Umut Tekin, Fethi Atıl, İsmail Doruk Koçyiğit, Özkan Özgül</i>
S071								Evaluation and Comparison of the Effects of Artesunate, Dexamethasone, and Tacrolimus in Rat Sciatic Nerve Regeneration <i>Tuğçenur Uzun, Orçun Toptaş, Aslıhan Şaylan, Hande Yılmaz, Şule Aydın Türkoğlu</i>

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16:30-17:30	Oral Abstract Session 14	HALL B
	Chairpersons: <i>Nukhet Kütük, Zeynep Burçin Gönen</i>	
S072	Pleomorphic Adenoma: Two Case Reports <i>Ersin Keskin, Nedim Güneş, Utku Neziş Yılmaz, Adalet Çelebi, Belgin Gülsün</i>	
S073	Central Giant Cell Granuloma: A Case Report <i>Utku Neziş Yılmaz, Adalet Çelebi, Bekir İlyasov, Belgin Gülsün</i>	
S074	Brown Tumor Associated with Parathyroid Carcinoma: A Rare Case report <i>Nelli Yıldırım, Öznur Özalp, Amil Hüseyinov, Cumhuri Arıcı, Mehmet Ali Altay, Alper Sindel</i>	
S075	Removal of a Huge Brown Tumor of Maxilla with Degloving Approach in Chronic Renal Disease Patient; Case Report <i>Pelin Aydın, Kağan Deniz</i>	
S076	Management of Odontogenic Keratocysts in Gorlin-Goltz Syndrome - An Update Review of Treatment Options <i>Burak Kocabalkan, Hüseyin Alican Tezerişener, Nelli Yıldırım, Göksel Şimşek Kaya, Alper Sindel, Mehmet Ali Altay</i>	
S077	Osteosarkomas of Maxillofacial Region <i>Ömer Erdur, Semih Karıcı, Bahar Çolpan, Mete Kaan Bozkurt, Çağdaş Elsürer, Güler Yavaş, Çağdaş Yavaş, Özlem Ata, Hanife Ataoğlu</i>	
16:30-17:30	Oral Abstract Session 15	HALL C
	Chairpersons: <i>Ülkem Cilasun, Ercüment Önder</i>	
S078	Malpractice in Dentistry: Patients with Angulus Mandible and Tuberosus Maxillary Fracture Due to Tooth Extraction: Two case report <i>Utku Neziş Yılmaz, Bekir İlyasov, Adalet Çelebi, Belgin Gülsün</i>	
S079	The Evaluation of The Effect on Fixation Stability of Different Type Plate And Screw Systems in Mandibular Fractures Using Three-Dimensional Finite Elements Analysis <i>Osman Habek, Beyza Kaya, Emre Ari</i>	
S080	Open Versus Closed Reduction of Dicapitular Fractures of the Mandible <i>Serhat Can, Gühan Dergin, Altan Varol</i>	
S081	Osteogenesis Imperfecta: A Case Report <i>Ozan Kaan Venedik, Serpil Altundoğan</i>	
S082	Osteochondroma of The Mandibular Condyle <i>Serhat Can, Hasan Garip, Altan Varol</i>	
16:30-17:30	Oral Abstract Session 16	HALL D
	Chairpersons: <i>Hasan Garip, Cem Üngör</i>	
S083	The Assessment of the Length and Angle of the Coronoid Process and Condyle: CBCT-based Quantitative Analysis <i>Nesrin Saruhan, Görkem Tekin</i>	
S084	Aesthetic Evaluation of the Facial Morphology in Adults with Transversal Maxillary Deficiency <i>Arzu Günaydın, Neslihan Ebru Şenışık, Gökhan Aydın</i>	
S085	An Analysis of Clinico-Radiological Correlation of Medication- Related Osteonecrosis of Jaws <i>Kıvanç Bektaş Kayhan, Hülya Çakır Karabaş, İlknur Özcan</i>	
S086	Evaluation of the Effect of Growth Factors on Bone Healing <i>Elif Aslı Gülşen, Mustafa Cenk Durmuşlar, Akif Türer, Uğur Gülşen, Mehmet Emin Önger</i>	
S087	Final Results for the Quality of Life in Patients after Cleft Palate Surgery <i>Sabrin Ali Azim, Yunis Amiraslan Yusubov, Parisa Foroughiasl</i>	
17:00	AÇBİD Board Meeting	
20:00	Gala Dinner and Awards Presentations	
08:30-12:00	Check-Out	

Sunday, May 13th, 2018

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ORAL PRESENTATIONS

S-001

Comparison of Osseointegration Between Five Different Titanium Implant Surfaces

Mehmet Emre Yurttutan, Mine Alkaya

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

Objective: The surface properties of an implant plays the most important role in osseointegration. Titanium dental implants are produced applying different methods such as grit blasting, acid etching, coating and combination of these techniques yielding materials with roughened surfaces. Those techniques are used to optimize the surface characteristics and to enhance biocompatibility and bioactivity with bone tissue. The aim of this study is to compare the biocompatibility of 5 different implant surfaces in an experimental animal model. These surfaces are machined, sandblasted, sandblasted-acid etched, sandblasted-acid etched-hyaluronic acid coated, sandblasted-acid etched-hydroxyapatite coated surfaces.

Materials-Methods: For the study, eight sheep were used. Five implants with different surface characteristics were inserted into the bilateral tibia of each sheep under general anesthesia. The sheep were randomly divided into two groups, each with 4 sheep, to undergo either a 1-month or a 3-month assessment. At the end of the designated evaluation period, Resonance Frequency Analysis and Removal Torque Tests were performed.

Results: At the end of the 1-month period, the most successful surface was sandblasted-acid etched-hyaluronic acid coated surface. According to the 3-month results, it was seen that there was a significant increase in sand blasted surfaces.

Conclusion: Different types of implant surfaces have different effects at early and late term. It is predicted that successful results can be obtained in the long term by making surface modification application technique for acid etching, coating with hyaluronic acid and hydroxyapatite and various revisions related to the materials used.

Keywords: Dental implant, Osseointegration, Titanium surfaces

S-002

Increasing the available bone height vs reducing implant length

Pedram Pakzad

Faculty of Dentistry, Islamic Azad University Isfahan Branch, Isfahan, Iran

Objective: Vertical lack of bone has been always a challenge in implant dentistry. Thus, different approaches have been proposed to manage this predicament. Considering patient-related factors, best suited treatment option might be chosen for each case. This article is an attempt to determine the treatment option of choice in different cases.

Materials-Methods: Meta-analysis and systematic review papers on short implants and advanced surgical techniques for increasing the available bone height have been reviewed on PubMed. Following that, the most relevant ones were selected for full-text analysis.

Results: The success of short implants is approved by the papers. So that, studies suggest short implants as the preferred treatment option because of their lower costs, shorter treatment times, lower rates of complications, and less morbidities. However, in definite cases short implants might not be considered as a treatment option; for instance, when available bone height is less than enough for placing a short implant, and when the bone deficiency is in the esthetic zone. In such cases, nerve repositioning and vertical bone augmentation by different techniques are the solutions.

Conclusion: Short implants and advanced surgical techniques may be used successfully to treat patients with vertical lack of bone. While, given the advantages of short implants, when both are possible, priority should be given to short implants.

Keywords: short implants, dental implants, implant dentistry, vertical lack of bone

S-003

The evaluation of osseointegration periods of dental implants in which surface modification with atmospheric cold plasma application and RGD peptide conjugation were made

Seyfi Kelebek¹, Murat Ulu¹, Ozan Karaman², Utku Kürşat Ercan², Emrah Soylu³, Mehmet İbrahim Tuğlu⁴

¹*izmir katip çelebi üniversitesi diş hekimliği fakültesi ağız diş ve çene cerrahisi anabilim dalı*

²*izmir katip çelebi üniversitesi mühendislik fakültesi biyomedikal mühendisliği bölümü*

³*erciyes üniversitesi diş hekimliği fakültesi ağız diş ve çene cerrahisi anabilim dalı*

⁴*celal bayar üniversitesi tıp fakültesi histoloji anabilim dalı*

Objective: In this study, modification of the surface energy and physicochemical structure of same SLA surfaced dental implants by ACP, RGD peptid conjugation and the combination of these two technique, histological and biomechanical evaluation of osseointegration of these implants at 2, 4 and 8 weeks were aimed.

Materials-Methods: The study consisted of three experimental groups to modify the implant surfaces with three different modification techniques and a control group without any surface modification. All implants were inserted into the three sheep's bones at the same time. One sheep was sacrificed after 2 weeks, one sheep was sacrificed after 4 weeks and one sheep was sacrificed after 8 weeks. 24 implants were placed so that the 6 implant with a sheep per group. Osseointegration of dental implants were evaluated after Resonance Frequency Analysis (RFA), Removal Torque Test, histological and histomorphometric examination.

Results: RGD peptide alone showed significant high RFA results at second and fourth week. Also, RGD peptide alone showed higher bone implant contact only at fourth week among the others. Histological results showed that RGD peptide group had higher bone tissue than fibrous tissue around implants at the second and fourth week than the other three groups. RGD peptide goup had higher VEGF and osteocalcin value at three osseointegration periods. **Conclusion:** Dental implants which were modified with RGD peptide alone displayed better osseointegration particularly at 2 and 4 weeks. Dental implants which were modified with ASP and RGD peptid did not show the expected combined effect.

Keywords: Atmospheric cold plasma, RGD peptide, dental implant, surface modification, osseointegration

S-005

Cone Beam Computerized Tomography Analysis of the Lingual Concavity in the First Mandibular Molar Region for Dental Implant Patients: A Morphological Study

Guldane Magat

Necmettin Erbakan University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Konya

Objective: Lingual concavities are common in the edentulous mandible and pose the risk of perforating the lingual cortical bone during insertion of dental implants. The aim of our study was to determine the prevalence and the degree of lingual concavities in the first molar region of the mandible.

Materials-Methods: 163 qualified cross-sectional images in the mandibular first molar edentulous region taken from CBCT were evaluated. The mandibular morphology was classified into a U-configuration (undercut), P-configuration (parallel), and C-configuration (convex) depending on the shape of the alveolar ridge. The lingual concavity features, including depth, angle, the vertical location, and further parameters were measured to describe the mandibular morphology.

Results: Lingual undercuts had a prevalence of 32.5% in the first molar region. The concavity angle was $63.34 \pm 8.26^\circ$ and the linear concavity depth (LC) 3.03 ± 0.99 mm. The vertical distance of point P from the alveolar crest (Vc) and from the inferior mandibular border (Vb) was 9.39 ± 3.39 and 16.25 ± 2.44 . Males had longer the vertical height from alveolar crest to 2 mm coronal to the inferior alveolar nerve (Vcb) and wider LC than females ($p < 0.05$). A negative correlation was found between age and the vertical distance of point P from the alveolar crest (Vc) and also between age and linear concavity depth (LC) ($p < 0.05$).

Conclusion: The anatomical location and grade of the lingual concavity presented in this article provide important information in the planning of implant treatment in the mandibular first molar edentulous region.

Keywords: cone beam computed tomography, dental implant, edentulous mandible, lingual concavity, morphology

S-006

The validity and reliability of the Turkish version of the Survey of Educational Quality of Dental Students of British Association of Oral and Maxillofacial Surgeon Education Committee

Fatih Cabbar, Çağrı Burdurlu, Begüm Bank, Ceyda Özçakır Tomruk
Oral and Maxillofacial Surgery, Faculty of Dentistry, Yeditepe University, Istanbul

Objective: The aim of this study was to evaluate the reliability and validity the Turkish version of British Academic Oral Maxillofacial Surgeons (ABAOMS) Education Committee Questionnaire form, and to evaluate the students' opinion about the undergraduate oral and maxillofacial surgery training.

Materials-Methods: The sample comprised of forty 4th grade and forty seven 5th grade students (mean age $23,30 \pm 1,50$, 62 female and 25 male). The translated questionnaire was applied on two groups with a washout period of 1 month. Reliability was assessed by an internal consistency analysis and a test-retest approach. A preliminary validation process was conducted by a qualitative approach/interview.

Results: Internal consistency showed 0.896 or 1.0 for the first and second assessments, respectively. Individual answers reflected a broad range of agreement. Female students were significantly more confident than male students. Although fifth-grade students were more confident in few questions, generally there wasn't any difference observed between grades.

ConclusionThe Turkish version of the questionnaire is adequate and valid for assessments. Women students were more confident.

Keywords: Oral surgery teaching, dental students opinion, instrument reliability, and validation

S-007

A New Implant Design: Bone trust® Sinus Implant

Tolga Kencer¹, Nur Altıparmak¹, Cem Çetinşahin²

¹Başkent Üniversitesi Ağız Diş ve Çene Cerrahisi Anabilim Dalı

²Başkent Üniversitesi Protetik Diş Tedavisi Anabilim Dalı

Objective: The BoneTrust® Sinus implant (BTSI) which was developed in cooperation with Dr. Kay Pehrsson at Haranni Clinic, Herne, in Germany, was introduced by Medical Instinct® (Medical Instinct Production GmbH, Bovenden, Germany) in 2011(Figure1). According to the informations provided by the manufacturer, the BoneTrust® Sinus implant enables higher primary stability by its special design with reduced thread section. The aim of this study was to analyze the primary stability of BoneTrust® Sinus implant (BTSI) which suggested to enable higher primary stability.

Materials-Methods: 9 BoneTrust® Sinus implants of the Medical Instinct® System (Medical Instinct Production GmbH, Bovenden, Germany) inserted in augmented maxillary sinus region @Baskent University Departement of Oral and Maxillofacial Surgery. Patients who had residual bone height less than 2 mm were excluded. Other exclusion criterias were sinus pathologies, systemic diseases, smoking habits, alcohol consumption and poor oral hygiene.

Results: Every implant included in the study was measured with RFA (resonant frequency analysis) Totally three measurements were completed for each implant by ostell device. ISQ values varied between 62-88.

Conclusion: Sinus implants may be an alternative option in sinus lifting procedures by its special design.

Keywords: sinus implant, sinus lifting, lateral window technique

Figure 1



S-008

Evaluation of stres distribution on severely atrophic mandible models reconstructed with iliac bone graft: Finite Element Analysis(FEA)

Canseda Avağ, Murat Akkocaoğlu

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

Objective: Dental implant therapy have become alternative to replace missing teeth. Biomechanical factors have an important influence on long and short term success of dental implant. Increased crown-height space compromise prosthetic rehabilitation of severely atrophic alveolar ridges. Different treatment approaches are available to overcome this problem. The aim of this study is to analyze and compare stress intensity, distribution and localization on implants and abutments, also peri-implant cortical and cancellous bone when loaded in vertical and oblique directions on severely atrophic mandible models treated with alternative treatment protocols (augmentation procedures or short implants).

Materials-Methods: Three different bone models were generated: Standard mandible, severely atrophic mandible with bone augmentation procedure and severely atrophic mandible model. Standard and short cylindrical endosseous implants were virtually placed to mandibular 1st molar region. 150 N vertical and 50 N oblique forces were applied. Stress values and distributions on the implants and the abutments, also peri-implant cortical and cancellous bone were analysed using FEA method.

Results: According to the results of the study, stress values were obtained for the reconstructed mandible model and the atrophic mandible model were similar.

Conclusion: In severely atrophic mandible; standard length implant placement with a vertical augmentation technique or short length implant placement without any augmentation technique seems to give similar results in terms of stress values on implant components and bone. The short dental implants can be considered as an alternative treatment option to reconstructive surgery.

Keywords: iliac, reconstruction, short implant

S-009

Comperative Evaluation of The Immediate Implant Placement into Extraction Sites with or without Chronic Periapical Lesions

Palin Çiftçioğlu¹, Nur Altıparmak¹, Seçil Çubuk¹, Selim Erkut²
¹Ağız, Diş ve Çene Cerrahisi AD. Başkent Üniversitesi, Ankara, Türkiye
²Protetik Diş Tedavisi AD. Başkent Üniversitesi, Ankara, Türkiye

Objective: Immediate placement of dental implants in fresh extraction sockets is a predictable and successful procedure when appropriate protocols are followed. Although placement of the implant in the infected areas is considered as a relative contraindication, datas from animal researchs, human case reports and case series and prospective studies showed increased success rates for immediate implants placement into infected sites. The aim of this report is to examine the possibility of inserting immediate implants into the fresh extraction sockets in the infected site with presence of a periapical lesions.

Materials-Methods: A total of 36 implants were included in this study. In the first group 18 implants were inserted immediately after extraction of the teeth with periapical lesions. In the second group 18 implants were placed after the extraction of teeth without any periapical pathology. Success and survival rates of implants were compared at the end of 1 year.

Results: As a result, there was no significant difference between success and survival rates of the implants placed immediately after the extraction of the teeth with periapical pathology and the implants in the other group.

Conclusion: According to the results of this research inserting implants into the extraction sockets immediately after extraction of teeth with presence of a periapical lesions is shown to be a successful and predictable procedure.

Keywords: immediate implants, periapical lesions, implant success

S-010

Effect of Bone Heating Related Irrigation and Drill Speed on Peri-implant Bone Resorption

Levent Cığırım, Yusuf Rodi Mızrak

*Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of Van Yuzuncu
Yil, Van, Turkey*

Objective: This literature review is aimed to examine the effects of bone overheating on peri-implant bone resorption.

Materials-Methods: Pubmed and google databases were searched for articles published between 1980 up to date and included articles which subjects were irrigation, bone heating and drill speed on peri-implant bone resorption. The studies were divided into two titles, in vivo and in vitro. Thermal changes were examined under two headings; thermocouple and thermal chambers. Results of the studies were evaluated the according to parameters of irrigation and drill speed.

Results: It has been found a huge resorption of cortical bone with no irrigation. Internal and combined irrigation are superior to external irrigation particularly for deep cavities. There is no difference between speeds of 800/1200 rpm were used in the group of implants placed with irrigation and 50 rpm in the implants placed without irrigation.

Conclusion: While the effects on the heating of the bone, the irrigation and the drill speed were investigated, no evaluation was made in the marginal bone area; further studies should focus on this subject.

Keywords: irrigation, implant, peri-implant bone resorption, bone heating, drill speed

S-011

Comparison of Titanium and Titanium-Zirconium Implant Stability Using the Resonance Frequency Analysis Method

Esra Beyler¹, Burak Bayram¹, Ufuk Ateş²

¹Baskent University, Department of Oral and Maxillofacial Surgery, Ankara

²Private Practice, Ankara

Objective: Titanium (Ti) continues to be the first choice for dental implants in the treatment of partially or fully edentulous patients. More recently, Titanium Zirconium (TiZr) alloy has been introduced in the field of implant dentistry for more challenging clinical situations as it provides greater mechanical properties than commercially pure Ti Grade 4. Implant stability is one of the main criteria of clinical implant success. Resonance Frequency Analysis (RFA) is a non-invasive, in vivo diagnostic method that measures implant stability. The aim of this study is to evaluate Ti and TiZr alloy implant stability using the RFA method at multiple time periods.

Materials-Methods: Forty-five patients, ninety-four implants with 47 implants from Ti implant group and 47 implants from TiZr implant group were included in this study. Implant Stability Quotient (ISQ) values were measured following placement of tissue-level pure Ti implants and tissue-level TiZr implants using the Osstell® ISQ device. Implant stability value was further measured on the 7th, 21st and 60th days postoperatively.

Results: Postoperatively, on the Day 0, 7th, and 21st days the ISQ values were not significantly different between TiZr and pure Ti implants. On the 60th day postoperatively, ISQ measurements were higher in TiZr implants and the difference was statistically significant ($p < 0.05$).

Conclusion: The results of this study conclude that TiZr implants are superior to pure Ti implants in terms of stability at the 60th day postoperatively. The use of TiZr alloy as the dominant choice of implant material may increase clinical implant success.

Keywords: titanium-zirconium alloy, resonance frequency analysis, implant stability, dental implants

S-012

Comparison of the Effects of Er:YAG and Diode Lasers on Titanium and Roxolid Discs

Anıl Öztürk¹, Emre Tosun², Bahadır Kan³, Egemen Avcu⁴, Fatih Erdem Baştan⁵

¹Department of Oral Surgery, Mamak Ağız ve Diş Sağlığı Merkezi, Ankara

²Department of Oral and Maksillofacial Surgery, Hacettepe Üniversitesi, Ankara

³Department of Oral and Maksillofacial Surgery, Kocaeli Üniversitesi, İzmit

⁴Department of Mechanical Engineering, Kocaeli Üniversitesi, İzmit

⁵Department of Metallurgical and Materials Engineering, Sakarya Üniversitesi, Sakarya

Objective: Periimplantitis is a clinical situation seen around implants and characterised by soft tissue inflammation together with adjacent bone loss. Conventional algorithm for periimplantitis is mechanical treatment. Yet, Recent studies are showing that using laser procedure without mechanical treatment or as a supportive treatment may give successful results. It is verified that, laser procedures have antimicrobial effect and help removing small residues that cannot be reached by mechanical debridement. There are various results showing what kind of alterations this procedures may cause on implant surface.

Materials-Methods: Three study groups were obtained by using diode laser in CW mode with R-24B handpiece(808nm), Er:YAG laser(2940nm) in SP mode and Er:YAG laser in VSP mode. These groups were divided into two subgroups to compare roxolide and titanium materials. 13 titanium discs with 5 mm diameter and 13 roxolid discs with 5 mm diameter are used. 12 of these 13 titanium and roxolid discs are shot with determined laser doses into 2 subgroups. Other 1 of these 13 titanium and roxolid discs are planned as control groups without applying any laser dose on their surfaces. After the laser application titanium and roxolid discs were examined with SEM and profilometer for surface morphology, surface topography and 3-dimensional surface analysis and graphics.

Results: More surface damage was observed in Er:YAG laser VSP mode group than SP mode group. Roxolid materials were effected more than titanium materials in all groups after laser applications. Diode laser was found to be safer for the treatment of periimplantitis.

Keywords: Periimplantitis, Laser, Roxolid, Titanium

S-013

The Evaluation of the Effects of Active Follow-up Protocol on the Quality of Life in the Long Term in Individuals with Mild Pericoronitis

Özün Karaahmetoğlu¹, Emre Yurttutan¹, Nilsun Bağış², Cahit Üçok¹

¹Oral and Maxillofacial Surgery, Ankara University, Ankara

²Periodontology, Ankara University, Ankara

Objective: The aim of the current study is to identify the long-term life quality of patients through the OHIP-14 TR scale without removing the mandibular third molar teeth with pericoronitis and increasing the length of stay in the mouth at a maximum rate and following the patient up after the necessary treatment and information procedures are completed.

Materials-Methods: As a result of the clinical and radiographic examination, 55 voluntary patients whose average age was 24 and who have semi or fully erupted vertical mandibular third molar teeth with the diagnosis of mild pericoronitis were included in the study. After the patients in the study filled out a form including demographic data and dental symptoms and completed the OHIP-14 TR scale which lasts about 5 minutes, their curettage and operculectomy treatments were done under local anesthesia. The patients were invited for reexamination on the seventh day after the treatment. Also, an active patient follow-up about life quality was performed on the phone at 1, 3 and 6 months after the treatment using the self-assessment question form and the OHIP-14 TR scale.

Results: The results of the study indicate that the total OHIP-14 score at the end of the third month was significantly lower for the patients who do not smoke compared to those who smoke.

Conclusion: Our study also revealed that the total score of OHIP-14 first month, OHIP-14 third month and OHIP-14 sixth month is significantly lower than the OHIP-14 initial total score.

Keywords: pericoronitis, OHIP-14, Quality of life

S-014

Angular Position of Lower Third Molar in Different Sagittal Skeletal Patterns and Age Groups

Emire Aybüke Erdur¹, Zeliha Müge Baka², Dilek Menziletoğlu³, Arif Yiğit Güler³

¹Department of Orthodontics, Faculty of Dentistry, Necmettin Erbakan University, Konya

²Department of Orthodontics, Faculty of Dentistry, Selçuk University, Konya

³Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Necmettin Erbakan University, Konya

Objective: The aim of this study was to investigate angular position of lower third molar (LTM) among patients with different sagittal skeletal relations and different age groups.

Materials-Methods: A retrospective cohort study was performed involving 478 LTMs with complete root formation among orthodontic patients. LTMs were recorded on diagnostic panoramic radiographs (PR) and lateral cephalograms (LC). The radiographs were classified according to sagittal intermaxillary angle (ANB), patient age, and angular position of LTM. The PR was used to analyze retromolar space, mesiodistal crown width, third and second molar angulation and third molar inclination. The LC was used to determine ANB, angles of relative sagittal positions of the maxilla and mandible (SNA, SNB), mandibular plane angle (SN/GoGn), and mandibular lengths. Kruskal-Wallis and Bonferroni's multiple comparison and the Pearson chi-square tests were used to determine the potential differences.

Results: All the parameters investigated showed statistically significant differences in different sagittal skeletal groups ($P < 0.05$). There is a statistically significant difference in all variables except SNA and SN-GoGn angle in different LTM angular position groups ($P < 0.01$). The mesiodistal crown width was greater in the preadults than in the adults for skeletal Class I and Class III groups ($P < 0.05$). The LTM vertical and distoangular positions were significantly higher and the LTM mesioangular position was significantly lower in the Class III compared with Class I and II groups ($P = 0.001$).

Conclusion: The most favorable values of linear and angular predictors of LTM angular position were measured in Class III patients.

Keywords: sagittal skeletal relationship, molar angulation, orthodontic patients

S-015

Treatment of Odontogenic Cysts With Marsupialization

Ahmet Altan

*Gaziosmanpasa University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery,
Tokat*

Cyst is defined as a pathological cavity that is usually lined by epithelium. The most common odontogenic cysts of the jaws are the radicular and dentigerous cysts. The usual surgical treatments for odontogenic cysts include enucleation of small lesions, marsupialization for decompression of larger cysts or a combination of these techniques. The treatment of cystic lesions depends on the size and localization of the lesion, the proximity to the anatomical structure such as maxillary sinus, mandibular canal, nasal cavity. Marsupialization is preferable in the treatment of odontogenic cysts in large volumes as an alternative method. The purpose of this report is to present our clinical experiences in treatment of odontogenic cysts with marsupialization. As a result, marsupialization is an effective treatment method in the treatment of cysts in large sizes with a low complication rate. Marsupialization lasts longer than other surgical techniques. The patients do not accept long-term treatment. The patient cooperation are required for the clinical success.

Keywords: odontogenic cyst, marsupialization, radicular cyst, oral surgery, dentigerous cyst

S-016

Successful Treatment of MRONJ in Mandible with Platelet-Rich-Fibrin: A Report of Two Cases

Aras Erdil¹, Emrah Soylu², Ahmet Altan¹, Nihat Akbulut¹, Mehmet Kemal Tümer¹

¹Gaziosmanpasa University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

²Erciyes University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: MRONJ is an osteonecrosis which is seen on jaws after medication with bisphosphonates, antiresorptive or antiangiogenic therapies. The aim of this report is to present two cases, in which, patients, who had stage 1 MRONJ lesions on left molar and anterior regions of the mandible, were successfully treated by local excision and PRF application.

Case: A 76 years old male patient, who was edentulous and using removable complete dentures, referred to our clinic complaining of a non-healing, painful wound on left mandibular molar region more than 3 weeks. According to patient medical history; the patient had been diagnosed prostate cancer 10 years ago and medicated with intravenous alendronate during chemotherapy. After clinical and radiological examination, the lesion was diagnosed as a stage 1 MRONJ lesion. Under local anesthesia, the lesion was excised, PRF clots applied to the surgical site. After 2 weeks the wound site healed without any complications. The other case, 51 years old male patient also referred to our clinic with a non-healing wound in the anterior region of mandible. According to his medical history he had lung cancer and medicated with intravenous zoledronate during chemotherapy. The same treatment protocol was applied to the patient and the lesion healed without any complication.

Conclusion: Since the first case reports about MRONJ, the case numbers are steadily growing in the literature. Treatment of MRONJ with PRF was found to be an effective therapy after local excision. PRF should be considered an alternative treatment modality for management.

Keywords: MRONJ, PRF, Bisphosphonate, Osteonecrosis

S-017

Histopathologic misdiagnosis of a maxillary lesion: The role of surgeon

Çağrı Burdurlu¹, Fatih Cabbar¹, Nevzat Sezer Işıksaçan¹, Leyla Cinel²

¹Oral and Maxillofacial Surgery, Faculty of Dentistry, Yeditepe University, Istanbul

²Pathology Department, Faculty of Medicine, Marmara University, Istanbul

Objective: Adenoid Cystic Carcinoma (ACC) is a rare tumour accounting for only 1% of all malignant tumors of head and neck region. Nevertheless, it is the most common malignant tumour of the minor salivary glands. Ameloblastoma is an odontogenic benign neoplasm of epithelial origin and characterized by local aggressive growth which is predominant in the posterior mandible. Ameloblastoma commonly seen in adults between 30 and 40 years of age. ACC is most often clinically deceptive by its small size and slow growth, which actually overlies its extensive subclinical invasion and marked ability for early metastasis making the prognosis questionable.

Case: In the present case, ACC of the hard palate extending maxillary sinus was histopathologically misdiagnosed as an ameloblastoma. While we did not assume an ameloblastoma according to clinical manifestations, we intend to use the same formalin fixed paraffin embedded tissue blocks for a new histologic examination.

Conclusion: We discuss the reason for such a misdiagnosis and the effect of diagnosis on the treatment approach.

Keywords: adenoid cystic carcinoma, ameloblastoma, misdiagnosis

S-018

Lingual Nerve Repair: Contemporary Surgical Approaches and Case Presentations

Firat Selvi

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

Objective: Lingual nerve damage could arise from pathology (e.g. schwannoma), trauma, or most commonly from iatrogenic causes (e.g. wisdom tooth extractions). Even though it is rarely encountered, it could be a very frustrating complication following an elective operation. Diagnosing the problem is easy as the patient commonly returns post-operatively with unilateral lingual complaints such as anesthesia or paresthesia etc., but managing it could actually be more challenging due to the complex anatomy at the site of the injury, the need for general anesthesia, the lack of experience of the surgeon because of the limited number of cases available, and also due to the possible need for a nerve graft. Time is of great essence for the treatment's success.

Case: Cases will be presented demonstrating the contemporary surgical approaches detailing the primary nerve repair operation.

Conclusion: Lingual nerve injuries are uncommon but need careful monitoring. Some cases might luckily be resolved spontaneously or only with the help of medical treatment using B complex vitamins and corticosteroids but others might need surgical intervention. Objective neurosensory testing prior to giving the decision for an operation is mandatory. Harvesting a sural nerve graft or more contemporarily, using a cadaveric nerve graft, might also be necessary when the healthy proximal and distal ends of the lingual nerve cannot be primarily anastomosed without tension. Working under magnification, using a microscope or loupes, is essential for this meticulous operation. Outcomes are evaluated at 3 to 6 months, and up to 12 months if necessary.

Keywords: lingual nerve, nerve graft, neurolysis, neuroma, neurorrhaphy

S-019

Evaluation of Analgesic Effects of Dexketoprofen Trometamol + Thiocolchicoside Methods at Two Different Dosages

Serap Keskin Tunç

Oral and Maxillofacial Surgery Department, Van Yuzuncu Yil University, Van, Turkey

Objective: Postoperative pain is one of the most common complications. The aim of this study is to evaluate the analgesic efficacies of two different dosages of dexketoprofen trometamol + thiocholchicoside combination in the impacted third molar tooth operation.

Method: This randomized, double-blind study included 75 patients who did not have any disease. Patients were assigned to 3 groups. Group 1 received 25 mg dexketoprofen trometamol + 4 mg thiocholchicoside, Group 2 received 25 mg dexketoprofen trometamol + 8 mg thiocholchicoside, and Group 3 received 25 mg dexketoprofen trometamol. In each group, the analgesic medication were administered twice a day, starting 1 hour before the operation. The level of pain was assessed with VAS.

Results: Patient age varied from 18 to 36 years. Of all patients, 59.2% (n=42) were female and 40.8% (n=29) were male. Drug side effects were observed in 28.17% (n=20) of the patients. Mean 24th hour VAS score was lower in dexketoprofen trometamol + 8 mg thiocholchicoside group compared to dexketoprofen trometamol group (p<0.05). There was no statistically significant difference between the three groups regarding drug side effects (p>0.05).

Conclusion: Dexketoprofen trometamol + 8 mg thiocholchicoside combination has higher analgesic efficacy compared to dexketoprofen trometamol. More studies are needed to interpret the analgesic and anti-inflammatory effects of thiocholchicoside + dexketoprofen trometamol combination.

Keywords: Dexketoprofen Trometamol, Thiocolchicoside, Third Molar Surgery, Analgesic

S-020 Open Membrane Technique in Alveolar Bone Augmentation

Nur Altıparmak

Baskent Üniversitesi Ağız Diş ve Çene Cerrahisi

Objective: Funakoshi introduced «Open Barrier Membran Technique» as minimally invasive GBR technique using non-expanded, high-density PTFE (d-PTFE) membrane, in 2005. The most important advantage of d-PTFE membranes is impenetrable for bacteria because of its surface characteristics. Because of this smooth surface, this membrane can be left intentionally exposed and primary closure is not required. The aim of this study is to evaluate the success rate of augmentation procedures performed by open membrane technique using d-PTFE membranes.

Materials-Methods: This cilinical study included 14 patients with alveolar crest atrophy who were treated at Baskent University Departments of Oral and Maxillofacial Surgery. The patients underwent bone augmentation procudere performed by open membrane technique without primary soft tissue closure. Pre-opreative and post-operative CT measurements were made. Vertical and horizontal bone volume were compared.

Results: There was no infection in augmented sites, although the membranes were exposed partially. Augmented bone covered by smooth surface soft tissue after d-PTFE membrane removed. Augmented sites showed bone gain with no significant difference between the augmentation type.

Conclusion: According to the results of this study, open membran technique may be considered as a new alternative protocol for alveolar crest augmentation. Open memebrane technique may be a solution for membran exposure complications of alveolar bone augmentation procedures.

Keywords: bone augmentation, bone-graft, soft tissue closure, open membrane

S-021

Evaluation of the effects of tooth extraction performed by dental students on oral health-related quality of life

Reyhan Saglam, Serap Gulsever, Ipek Necla Guldiken,
Zeynep Gulen Cukurova Yilmaz

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

Objective: This study was designed to evaluate the changes in oral health-related quality of life (QoL) in early postoperative period following non-surgical dental extraction related to the number of teeth extracted, experience of students and the systemic condition of patients.

Materials-Methods: A prospective study carried out at the Oral and Maxillofacial Surgery Department of Istanbul Medipol University School of Dentistry. Patients who required non-surgical removal of one or multiple teeth under local anaesthesia were included in this study. All extraction procedures were achieved by fourth or fifth-grade students under the supervision of senior doctors. A modified form of "Oral Health Impact Profile-14 [OHIP-14]" and "EuroQol 5 Division 3 Level (EQ-5D-3L)" questionnaire was filled by each patient just before the surgery and on the postoperative 7th day. Also, each patient was given "Wong-Baker FACES® Pain Rating Scale" to mark the scores which fit their pain intensity best during the postoperative first week.

Results: The study population consisted of 100 subjects. "Modified OHIP-14 and EQ-5D-3L" scores increased on the postoperative period compared to pre-operative period. After extraction, dry socket incidence was higher in the patients treated by fourth-grade students. Pain scores were higher in the postoperative 1st day than the scores in the 3rd, 5th, 7th days.

Conclusion: Most of the subjects experienced deterioration in QoL. Patients should be informed of a possible decline in their QoL following tooth extraction.

Keywords: tooth extraction, quality of life, pain rating scale

S-022

Botryoid Odontogenic Cyst: A Case Report of Third Recurrence

Nazlı Altın¹, Nihan Aksakallı², Süleyman Emre Meşeli³, Esra Koç⁴

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Istanbul Aydın University

²Department of Tumor Pathology, Institute of Oncology, Istanbul Aydın University

³Department of Periodontology, Faculty of Dentistry, Istanbul Aydın University

⁴Department of Prosthodontics, Faculty of Dentistry, Istanbul Aydın University

Objective: Botryoid odontogenic cyst (BOC) is a multilocular intraosseous cystic lesion resembling bunch of grapes and considered to be a morphologic variant of lateral periodontal cyst with rapid expansion and higher risk of recurrence. BOC most commonly present in the anterior mandible. Clinically it can be asymptomatic or symptomatic with complain of swelling, paresthesia, and pain. Radiographically, most are characterized by multilocular radiolucencies however unilocular cases have been reported. The recurrence rate of BOC may range between 15 and 33 %. The aim of this case report is to present third recurrence of BOC localized on the anterior region of the mandible.

Case: A 47 year-old female patient referred to our clinic, Department of Oral and Maxillofacial Surgery, University of Istanbul Aydın, with complaint of radiolucent lesion localized in anterior mandible. Her history revealed that she had undergone treatment for BOC localized in anterior mandible in 2002. After 4 years later the patient had operated again because of recurred symptoms. Cone-beam computed tomography revealed multi and unilocular radiolucent lesions in the anterior region of mandible with the buccal and lingual cortical plates perforation. Incisional biopsy was performed for the differential diagnosis. Histopathological examination revealed nonkeratinized stratified squamous epithelium was resembling BOC. Under general anaesthesia surgical removal with resection of surrounding bone was performed and titanium mesh was applied for reconstruction of bony defects.

Conclusion: A non-conservative surgical removal and long-term follow-up is necessary for a patient with diagnosis of BOC because of high recurrence rate of the lesion.

Keywords: Botryoid Odontogenic Cyst, recurrence, case

S-023

Calcifying Odontogenic Cyst Associated with Complex Odontome of Maxilla Anterior (Gorlin Cyst)

Adalet Çelebi, Ersin Keskin, Belgin Gülsün
Dicle University Faculty of Dentistry

Introduction: The term calcifying odontogenic cyst was first introduced by Gorlin in 1962. The lesion is unusual in that it has some features of a cyst but also has many characteristics of a solid neoplasm

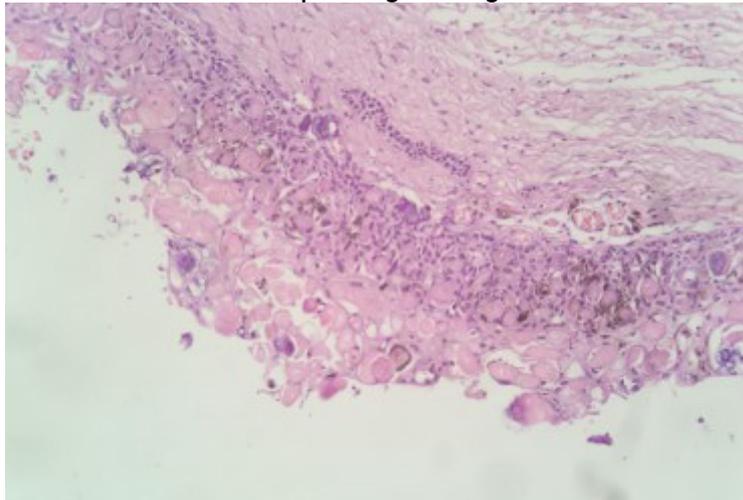
Odontomas are the most common odontogenic hamartomas worldwide. Depending on the level of organisation of the tissues inside, these can be differentiated into compound type or complex type. they rarely lead to the pathological development of calcifying odontogenic cyst.

A Case: This case report present complex odontoma producing intraosseous calcifying odontogenic cyst in a 26 years old female patient in the left maxillary anterior. The deciduous left canin was still present and the permanent canin was missing. The detailed intraoral examination revealed no mobility or tenderness to palpation with any tooth. There was also no sign of caries, pulp pathosis or periodontitis. The lesion involved an unerupted permanent left maxillary canin, which was displaced to the infraorbital ridge of left side and the radiograph revealed a calcified mass in the periapical region as complex odontoma. The lesion was removed surgically. The patient was followed up.

Conclusion: In this patient, cyst and complex odontoma were enucleated and the patient was followed up. The check at the end of 4 months did not show any repair.

Keywords: Odontome, Cyst, Odontojenic

histopathological image



The basal layer is paved with ameloblast-like cells, multilayered flat epithelium with imaginary (ghost) type keratinization and calcification. Together, there may be hard tissue production or odontoma-like areas in the dentinoid structure.

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panoramic view



panoramic image of left maxilla anterior reveals the boundaries of the cyst with impacted

S-024

Histological evaluation of Nigella Sativa containing collagen membrane on bone healing

Ayşe Yılmaz¹, Ceyda Özçakır Tomruk², Fatma Özen³, Elif Güzel Meydanlı⁴,
İlkay Özdemir⁵

¹Gelişim Üniversitesi Sağlık Hizmetleri Meslek Yüksekokulu, Ağız ve Diş Sağlığı Ana Bilim Dalı, İstanbul

²Yeditepe Üniversitesi Diş Hekimliği Fakültesi, Ağız Diş ve Çene Cerrahisi Ana Bilim Dalı, İstanbul

³Yeditepe Üniversitesi Fen Bilimleri Enstitüsü, Biyoteknoloji Ana Bilim Dalı, İstanbul

⁴İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi, Histoloji ve Embriyoloji Ana Bilim Dalı, İstanbul

⁵İstanbul Üniversitesi Tıp Fakültesi, Histoloji ve Embriyoloji Ana Bilim Dalı, İstanbul

Objective: The effect of Nigella Sativa containing collagen membrane on bone healing in experimental critical size bone defects contaminated with Porphyromonas Gingivalis, both histologically and histomorphometrically.

Materials-Methods: 42 female Sprague Dawley rats, weighing 250±20 g were used. Rats were randomly divided into six groups. 3x3mm defects were created on tibia of each rat. In control group, only critical size defect was created, in Group 2 critical size defect was created and contaminated with Porphyromonas Gingivalis, in Group 3 critical size defect was created and covered with collagen membrane, in Group 4 critical size defect was created, contaminated with Porphyromonas Gingivalis and covered with collagen membrane, in group 5 critical size defect was created and covered with collagen membrane containing Nigella Sativa and in Group 6 critical size defect was created, contaminated with Porphyromonas Gingivalis and covered with Nigella Sativa. Rats were sacrificed at 28 days and evaluated both histologically and histomorphometrically. Quantitative measurement for new bone formation and osteoblast lining; semi- quantitative measurement of capillary intensities and tissue response were statistically analyzed.

Results: The new bone formation was significantly higher in the Nigella sativa administered groups compared to other groups. The number of osteoblasts were significantly found to increase in Nigella Sativa administered groups and showed an increase in capillaries and tissue response compared to other groups.

Conclusion: Local administration of Nigella sativa containing collagen membrane positively affects bone healing due to its antibacterial effects on Porphyromonas Gingivalis contaminated critical size bone defects.

Keywords: Critical size bone defect, Nigella Sativa, Porphyromonas Gingivalis, rat tibia

S-025

Anesthetic Approach to Patient With Kindler Syndrome Who Underwent Tooth Extraction

Ayşe Hande Arpacı, Ozan Kaan Venedik

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

Objective: Kindler's syndrome is a rare genodermatosis with autosomal recessive inheritance characterized by traumatic acral blistering, progressive poikiloderma, skin atrophy and photosensitivity in infancy and early childhood. In this presentation, we aimed to present our anesthetic approach to patients who could not undergo local anesthesia due to lack of cooperation, anxiety and fear.

Case: A 9-year-old girl weighing 15kg admitted for tooth extraction (16-26-75-85). There was no history of previous anesthesia and surgery, and there was restricted movement of joints with recently formed and healing blisters on the face and extremities. The case was assessed as mallampati 3 and Monitored Anesthesia Care with sedoanalgesia were planned. Peripheral venous catheterization with 24-gauge needle was performed in the patient's room without premedication following 6-hour-fasting. Electrocardiography, SPO2 and blood pressure were monitored and intravenous 0.5mg/kg midazolam and 1mg/kg ketamine with 2mL/min of oxygen by nasal cannula were administered. The procedure was performed by infiltration anesthesia when Ramsey Sedation Scale (RSS): 4 (sleeping, moderate response to loud stimulus or glabellar stimulus) was achieved. Five minutes after the procedure, vital findings were stable and the patient was transferred to the wards as RSS:2 (cooperated, oriented and calm).

Conclusion: The purpose of MAC includes providing patient comfort, relieving anxiety, controlling pain, maintaining hemodynamic stability, and preventing patient from moving during procedure. Facing difficult intubation criteria, we wanted to emphasize that our monitored anesthesia care provided enough mouth openness for the operation, titrated short-acting anesthetic agents, reduced mortality by minimizing complications, increased patient and surgeon satisfaction due to rapid recovery and early discharge.

Keywords: Kindler's syndrome, Monitored Anesthesia Care (MAC), dental anxiety

S-026

Bronchospasm and Cardiac Arrest in an Infant Cleft Patient

Çağıl Vural

Department of Oral and Maxillofacial Surgery, Division of Anesthesiology, Faculty of Dentistry, Ankara University, Ankara

Objective: Aim of the presentation is to present a case of bronchospasm and cardiac arrest during cleft surgery in a 9-months-old female patient. Etiology of these severe complications, management options and physiological and anatomical differences in children are discussed.

Case: A 9-months-old female patient underwent cleft surgery in our clinic. Patient was refugee and medical history was unremarkable. Anatomical and physical examination revealed no additional findings and no upper airway infection was present. After a hassle-free anesthesia induction with sevoflurane, orotracheal intubation was made. Mask ventilation was comfortable. Surgery was completed without complication. During emergence, O₂ saturation started to decrease after extubation and simultaneous bradycardia occurred. After Atropine administration CPR was started and continued successfully for 13 minutes. Patient was then transferred to ICU.

Conclusion: Bronchospasm occurs most commonly during induction and maintenance of anesthesia and less often in emergence and recovery. Bronchospasm during induction and maintenance is commonly caused by airway irritation often related to intubation, or an anaphylactic reaction. During emergence and extubation, is most commonly related to inadequate depth of anesthesia. In our case we are of the opinion that complications were caused because extubation was made at inadequate depth of anesthesia. Devices such as Bispectral index monitoring were lacking and monitorization was only made by tracking of breathing and reflexes, which lead to false assessment. Anesthesia depth during extubation is an important variable. Especially in pediatric patients where complication risks are higher, all resources should be present.

Keywords: Cleft patient, Cardiac arrest, Bronchospasm, Anesthesia, Complication

S-027

Comparison of the Effects of Dexmedetomidine and Midazolam in Conscious Sedation During Dental Implant Surgery

Ipek Necla Güldiken¹, Gökhan Gürler², Çağrı Delilbaşı³

¹*Ipek Necla Güldiken*

²*Gökhan Gürler*

³*Çağrı Delilbaşı*

Objective: The aim of this study was to compare the effects of dexmedetomidine and midazolam in conscious sedation during dental implant surgery.

Materials-Methods: This prospective study included 43 patients having dental implant surgery indication were included. Patients who were anxious/suffered from gag reflex were evaluated. Patients were randomized into two groups; Group A was firstly given 0.03 mg/kg bolus midazolam; Group B was given 1 µg/kg bolus dexmedetomidine. Then Group A was given 0.02 mg/kg/h infusion midazolam; Group B was given 0.5 µg/kg/h infusion dexmedetomidine till the end of the procedure. Vital signs were recorded. Patients were assessed for postoperative pain, adverse effects, and satisfaction.

Results: Differences were found in the heart rate records at 30rd and 45th minutes between the groups. Mean blood pressure readings were also differed till the 75th minute after bolus doses were given. No difference was found in amnesia and Ramsay scores between the groups. In the postoperative pain assessments, NRS scores of patients in Group B were less than that of those in at Group A at postoperative 1st hour. The total rescue analgesic taking in Group B was found less than that of Group A. The higher satisfaction scores were found in Group B than Group A. Desaturation was also seen more frequently in Group A than Group B during the procedure.

Conclusion: Dexmedetomidine was found clinically superior in comparison with midazolam as a sedative agent. It has a better analgesic effect following dental implant surgery compared to midazolam.

Keywords: Conscious sedation, dexmedetomidine, midazolam, dental implant, postoperative pain

S-028

A Comparative Cephalometric Study for Isolated Cleft Palate Patients Operated in Adulthood and Noncleft Controls

Nevra Seyhan

Gulhane Training and Research Hospital Plastic Surgery Department

Aim: The objective of this study was to investigate the effects of cleft palate on facial growth in isolated cleft palate patients operated in adulthood

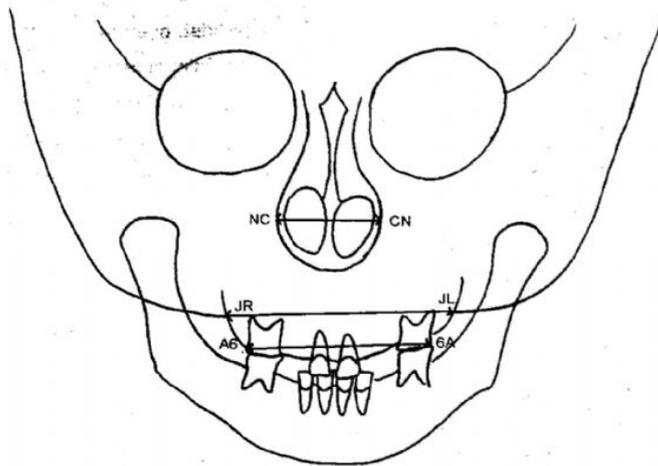
Methods: Craniofacial morphology of fourteen isolated cleft palate patients (average age 20) were evaluated by lateral and frontal cephalometric radiographs. The findings were compared with 15 non-cleft control (average age 22). Maxillary width (the distance between the intersection points of the arcus zygomaticus and maxilla), intermolar width, Aperture piriformis width were parameters evaluated in frontal cephalograms (Figure 1). SNA (angle from S to N to A point), ANS-PTV (The distance of Spina nasalis anterior to PTV plane), maxillary height angle (The angle between Nasion-CF-A points), maxillary depth angle (NA-FH): angle formed between NA and FH planes, palatal inclination angle (the angle between ANS-PNS, ANS-PTV planes), (McN): The distance of A point to Nasion-FH line were parameters evaluated in lateral cephalograms (Figure 2). Data was analysed using SPSS 21.0. Mann Whitney U test was used for comparing two groups. Statistical level of significance was 0.05.

Results: Frontal cephalometric parameters tended to be wider in cleft group indicating maxillary growth in transvers plane is not adversely affected. Palatal inclination angle and ANS PTV distance didn't differ between the two groups. Maxillary depth angle and SNA was significantly smaller in cleft patients. McN mean value was -1.92 indicating maxilla was more in posterior position in cleft patients. (Table 1)

CONCLUSIONS: Cephalometric results revealed there is a tendency of maxillary retrognathism in cleft patients. This may be attributed to the interinsic effects of the defect

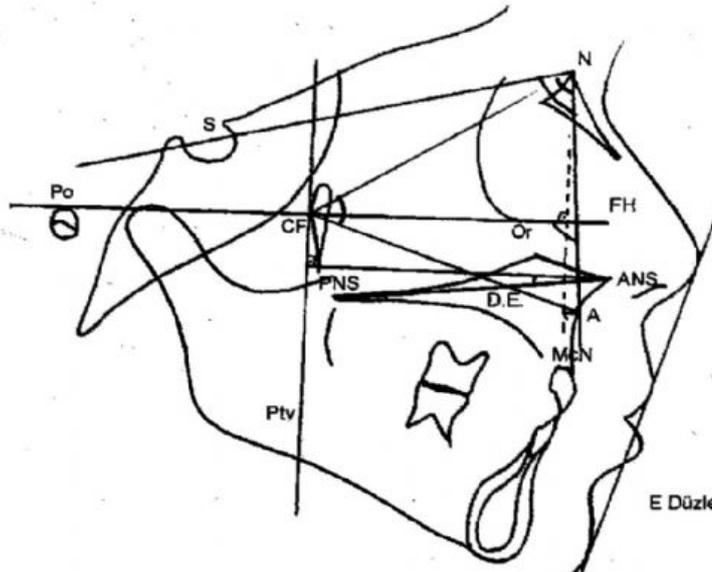
Keywords: Isolated cleft palate, craniofacial morphology, cephalometric analysis

Figure 1



frontal cephalogram

Figure 2



Landmarks for lateral cephalograms

Table 1

	Mean	Median	Standard Deviation	Min	Max	P value*
Maxillary height angle						
Patient	61.76	62.16	3.19	55.72	66.31	0.292
Control	60.02	60.65	3.68	53.50	65.06	
Maxillary depth angle						
Patient	85.25	83.77	3.87	80.25	90.97	0.026
Control	90.38	90.10	4.34	82.92	96.80	
SNA angle						
Patient	81.36	82.69	2.49	77.80	84.83	0.010
Control	78.02	77.50	2.71	74.80	81.50	
Palatal inclination angle						
Patient	-1.64	-0.10	4.59	-12.72	3.69	0.215
Control	-3.28	-2.95	3.65	-8.70	3.60	
ANS-PTV distance						
Patient	52.99	53.57	2.39	48.65	57.00	0.352
Control	54.25	54.75	6.14	44.40	60.60	
McNamara value (McN)						
Patient	-1.92	-2.18	3.49	-8.22	2.41	0.041
Control	1.81	1.73	4.00	-2.90	7.28	
NC-CN						
Patient	34.91	34.97	2.29	31.65	39.74	0.005
Control	31.89	32.16	2.16	28.97	35.48	
Maxillary width						
Patient	67.38	67.13	3.60	62.68	75.08	0.001
Control	62.29	61.98	2.17	58.91	66.64	
Intermolar width						
Patient	65.48	64.71	2.59	62.43	69.93	0.001
Control	58.81	59.03	4.00	53.88	65.48	

* Mann-Whitney U test

Cephalometric Measurements of cleft patients and control group

S-029

Introduction of new 3D cephalometric landmarks in diagnosis of craniofacial abnormalities

Chingiz Rahimov, Ismayil Farzaliyev, Gunel Hajiyeva
Azerbaijan Medical University

Introduction: Developmental and congenital dentofacial abnormalities are the most trending topic of reconstructive craniofacial surgery. Efficiency of performing reconstructive procedures is depending on clear preoperative diagnosis and preparations. 2D cephalometry and analysis is not more gold standard for preoperative diagnosis and planning. Commonly done 3D planning and diagnosis becomes more popular in the field of craniofacial surgery. However, the methods of analysis are the same and replicating approaches using in 2D cephalometry. The aim of current study is to introduce new anatomical landmarks in preoperative planning of surgical reconstruction to the patients with craniofacial abnormalities. **Materials-Methods:** Within current study, the population of 30 healthy patients who received CT scan for different reasons and CT scan data of 30 patients with different craniofacial abnormalities were analyzed by the means of Materialise Mimics Research (Belgium) software. The standard cephalometry methods were augmented by suggested landmarks. The accumulated virtual data was well-documented and compare within two groups. **Results:** Comparing showed significant difference between two gropes. The application of new cephalometric landmarks significantly changes approaches and outcomes of preoperative planning. **Conclusions:** Augmentation of standard methods of 3D cephalometry by suggested landmarks could become new references for craniofacial reconstructive procedures in the treatment of different craniofacial deformities.

Keywords: 3D cephalometry, craniofacial abnormalities, anatomical landmarks

S-030

Acutely Infected Teeth: To Extract or Not to Extract?

Gökhan Gürses, Bozkurt Kubilay Işık, Dilek Menziletoğlu

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Necmettin Erbakan University, Konya

Objective: Not only laymen but also dentists generally believe that extraction of acutely infected teeth should be avoided until the infection subdues by using systemic antibiotics. In this study, we compared perioperative complications in routine extraction of acutely infected teeth with asymptomatic teeth extractions.

Materials-Methods: This prospective study was performed on 82 patients. Severe pain on percussion of the relevant tooth was considered as basic criteria when deciding on acute infection phase. Acutely infected teeth were labeled as the study group (n=35) and asymptomatic ones as the control group (n=47). The extractions were done in the usual way. Amount of anesthetic solution used and extraction times were recorded. Postoperative severe pain, exposed bone with no granulation tissue as a healing sign in extraction socket was accepted as alveolar osteitis (AO). The level of statistical significance was accepted as 0.05.

Results: Symptoms that could indicate systemic response, such as fever, fatigue, shivering were not reported by any patient after extractions. There was no statistically significant difference between groups in terms of AO, amount of anesthetic solution used and duration of extraction.

Conclusion: The presence of an acute infection which characterized by severe percussion pain is not a contraindication for tooth extraction. The tooth should be extracted as soon as possible and the procedure should not be postponed by giving antibiotics.

Keywords: infected tooth, acute infection, odontogenic infection, antibiotic use

S-031

Role of arthroscopy and arthroplasty in the management of TMJ derangement: our protocol and experience in Manitoba, Canada

Reda Fouad Elgazzar

University of Manitoba, College of Dentistry & Health Sciences Center, Oral and Maxillofacial Surgery, Winnipeg, Canada

Objective: Temporomandibular joint derangement (TMD) is a multifactorial disease principally caused by joint overload, leading to an inflammatory/degenerative arthropathy. It is treated by different specialties with various non-surgical and surgical modalities. The objective of this presentation is to discuss role of arthroscopy and arthroplasty, discectomy and eminectomy, in the management of refractory TMD.

Materials-Methods: A retrospective chart review was conducted on TMD patients who were diagnosed clinically, with MRI and treated with arthroscopy then with arthroplasty, discectomy & eminectomy at Health Sciences Centre (HSC) and Seven Oaks General Hospital from 2010 – 2016. An information capture sheet was generated and data was collected for each patient. Information related to patient history, pre- and postoperative signs and symptoms, MRI results, operative findings and postoperative follow up and complications were documented and statistically analyzed.

Results and Conclusion: Non-surgical modalities and arthroscopy lysis and lavage were employed for management of most of our TMD patients in their earlier stages of the disease. Most of patients with refractory TMD were successfully treated with more invasive open joint surgery including arthroplasty, discectomy & eminectomy. Few patients did not respond well to both modalities. Discussion of our protocol and surgical outcomes will be presented.

Keywords: TMJ Arthroscopy and Arthroplasty, TMD, Discectomy, Eminectomy, Manitoba-Canada

S-033

3D Modelling And Surgical Guide Preparation For Condylar Head Tumor Resection

Poyzan Bozkurt, Reha Şükrü Kişnişci

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

Objective: The study aims to present surgical resection of a condylar head tumor with aid of 3D modelling and surgical guide and discuss the positive outcomes.

Case: A 29 year old female patient admitted with pain in the right temporomandibular region. During clinical examination, facial asymmetry and limited mouth opening was observed. Orthopantomograph revealed unusual growth of the right condyle and sequent magnetic resonance imaging and cone-beam computerized tomography imaging was carried out. Additional scintigraphy evaluation revealed continuing growth in the right condylar region. A 3D model was produced from the CBCT images and surgical guide was prepared. Condylectomy was done under general anesthesia with aid of the surgical guide.

Conclusion: 3D modelling helps the surgeon to fully understand the anatomy of the surgical region. Despite the fact that they maybe costly, surgical guides help determine more accurate intraoperative surgical borders while shortening operation time. The use of 3D modeling, virtual planning and surgical guides are encouraged.

Keywords: Mandibular condyle, Tumor, 3D Model, Surgical guide

Figure1



3D view of the condylar head tumor.

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Figure2



View of the prepared 3D model.

S-034

The Effect of Exercise on Range of Movement and Pain After Temporomandibular Joint Arthrocentesis

Burcu Baş¹, Dilara Kazan¹, Nükhet Kütük², Vugar Gurbanov¹

¹Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University Faculty of
Dentistry, Samsun, Turkey

²Department of Oral and Maxillofacial Surgery, Bezmialem Vakıf University Faculty of
Dentistry, Samsun, Turkey

Objective: Arthrocentesis is an effective treatment for Temporomandibular Disorders, especially in patients who suffer from pain and limited mouth opening. Surgeons generally suggest physical exercises after arthrocentesis and arthroscopy procedures however there has been no study in the literature evaluating its effects on clinical outcomes. The aim of this study was to investigate whether physical exercises given after arthrocentesis result in early improvements in the clinical symptoms in patients with temporomandibular joint disc displacement without reduction (TMJ DDw/oR).

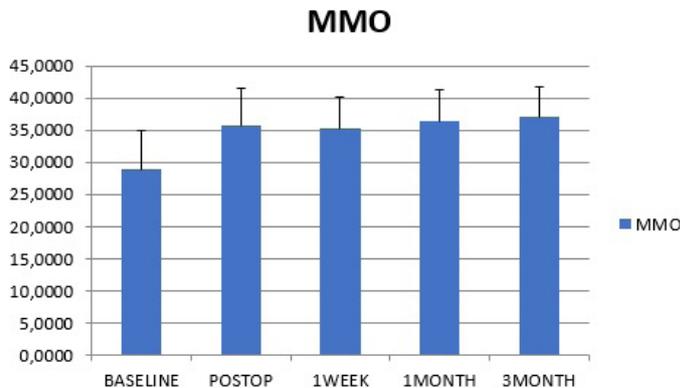
Materials-Methods: 27 patients with TMJ DDw/oR who needed arthrocentesis after failed conservative treatment were enrolled in the study. Group 1 consists of 14 patients who were not started on a physiotherapy program following the arthrocentesis procedure. Group 2 consists of 13 patients who were started on a self-administered physiotherapy program for a period of 6 weeks immediately following the arthrocentesis procedure. Patients were followed-up for 3 months. The range of maximal mouth opening(MMO) and joint pain as measured by the visual analogue scale(VAS) were examined to determine the clinical efficiency before and after treatment.

Results: In both groups mouth opening increased and pain scores decreased at 1week, 1 and 3 month follow-ups ($P<0.05$). No significant relationship was found between the two group according to MMO for all time points and VAS scores at 1 week. A significant relationship was found between the two groups according to VAS scores at 1th and 3rd months.

Conclusion: Physical exercises given after arthrocentesis have no effect on the range of mouth opening but reduce pain.

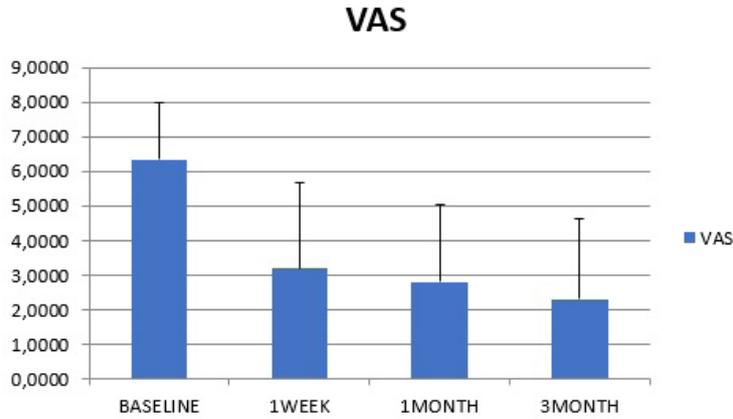
Keywords: TMJ Disorders, Arthrocentesis, Physiotherapy

Figure 1



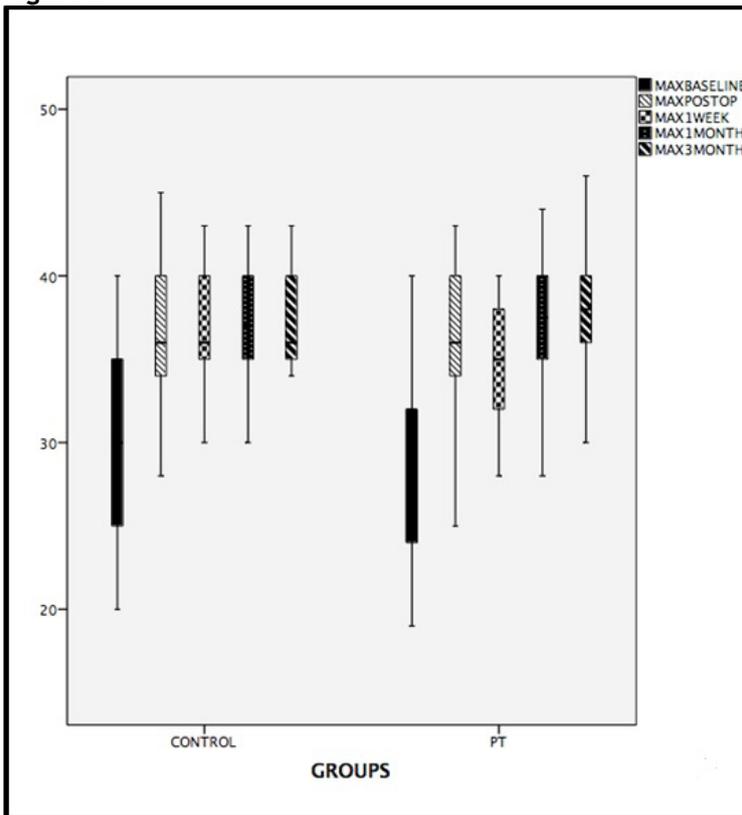
The graphic showing mean maximum mouth opening values of all patients in both groups.

Figure 2



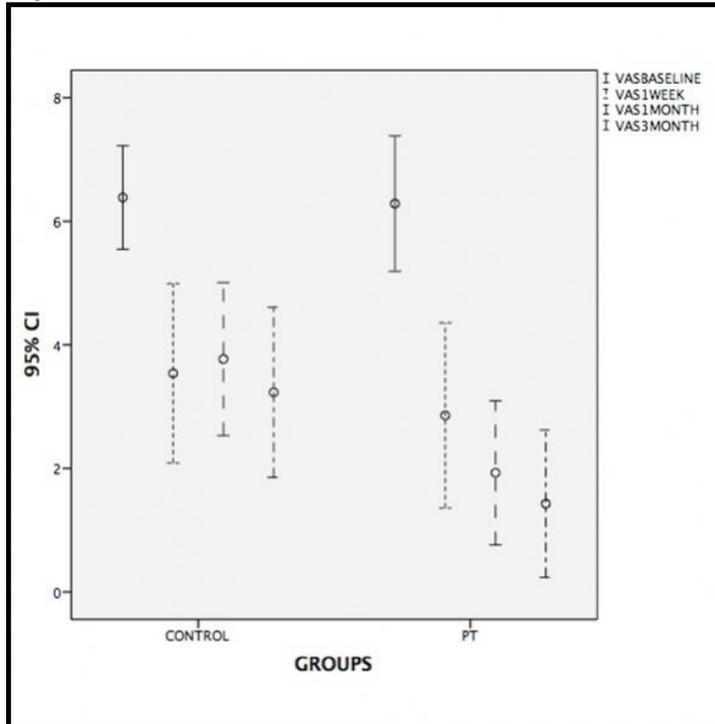
The graphic showing mean visual analog scala values of all patients in both groups.

Figure 3



The diagram showing maximum mouth opening values at baseline, 1thweek and 1st and 3rd months.

Figure 4



The diagram showing visual analog scale values at baseline, 1thweek and 1st and 3rd months.

Table 1

Patient Instructions for TMJ Exercise Program

1. Relax and lower your shoulders.
2. Let your lower jaw relax and maket the M sound. Make sure that the teeht do not contact. Relax your tongue.
3. Make small, relaxed, up-and-down and side-to-side movements without tooth contact to warm up the muscles.
4. Open and close your mouth as much as you can without pain or discomfort. Move your lower jaw as far forward as possible and then back again. Make similar movements toward each side and then relax.
5. Maket he same movements as in exercise 4 but against resistance with your hand. Press with your fist below the chin during mouth opening. Push your thumb against the point of your chin during forward movement and against the right and left sides of your chin during lateral movements. Keep your lower jaw at the extreme point of each movement for a few seconds.
6. Open your mouth as wide as possible and then try to close while you resist this movement by pushing downward against your lower front teeth with your fingers. Hold the jaw in this position for a few seconds.
7. Open your mouth as wide as you can. Then strech further by pushing with your fingers against the upper and lower front teeth.
8. While looking in the mirror, try to move your lower jaw straight up and down. Avoid deviations as well as movements that produce clicking or locking of the jaw.
9. End the exercise program by resting on your back for 5 to 10 minutes.

Self-administered exercise program that was given to patients.

S-035

Minimally Invasive Management of TMJ Hypermobility: A Preliminary Study

Aylin Calis, Candan Efeoğlu

Oral Surgery Department, Dentistry School, Ege University, İzmir, Turkey

Objective: Hypermobility disorders of the temporomandibular joint (TMJ) can be treated by conservative and surgical techniques. Conservative approaches should be considered as first line treatment for such disorders. Although eminectomy or Dautrey procedure (Le Clerc) can be used for surgical treatment, complication risk is high and require general anesthesia. Therefore, we aimed to determine safer yet effective, minimally invasive methods that can be preferred in patients refractory to conservative approaches. Arthroscopic application of aethoxysklerol in retrodiskal tissues, ultrasound-guided dysport application in lateral pterygoid muscle and intra-articular injection of venous blood were the minimally invasive techniques we attempted to evaluate in this preliminary study.

Materials-Methods: Three patients were treated with Dysport injection, 1 patient was given intraarticular injection of autologous venous blood and 1 patient was administrated aethoxysklerol in retrodiskal tissues of the effected side.

Results: All patients were successfully treated. At 3 weeks, 6 months and 1 year follow up no complications was observed and the complaints were resolved.

Conclusion: Conservative treatment involving advices to the patient and elastic /rigid intermaxillary fixation for 3-4 weeks could be inadequate in some, hypermobility patients. In these cases one of the above mentioned minimally invasive techniques can be considered prior to surgical options. We are planning to perform a prospective randomised single blind study comparing at least two of these techniques.

Keywords: TMj, hypermobility, conservative treatment

S-036

Effectiveness of Cannula Diameter for Temporomandibular Joint Arthrocentesis

Mert Bülte¹, Mehmet Fatih Şentürk², Gülperi Koçer²

¹Mustafa Kemal University

²Süleyman Demirel University

Objective: Temporomandibular Joint (TMJ) arthrocentesis represents a form of minimally invasive non-surgical treatment for patients suffering from internal derangement of the TMJ. It consists of lavage and lysis of the joint with the possibility of injecting therapeutic substances. Improvement of symptoms is due to the removal of chemical inflammatory mediators and changes in intra-articular pressure. Numerous clinical studies regarding this technique have been published. However there is no certain consensus regarding optimal cannula diameter. The goal of this paper is to determine most appropriate cannula size for TMJ arthrocentesis.

Materials-Methods: This prospective study was conducted in Süleyman Demirel University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery. Patients referred with internal derangement of the TMJ along with limited mouth opening and pain in the preauricular area who are willing to participate our study and who do not respond to any means of conservative treatment were included. 20 patients were randomly assigned into 2 groups. Procedures were done with either 18 G (pink) or 21 G (green) cannulas. To evaluate mandibular movements maximum interincisal mouth opening, lateral excursions and protrusive movement were measured with caliper. Intensity of pain was evaluated on <Visual Analog Scale>. Measurements were recorded before and after procedure and 1 day and 3 months post-operatively.

Results: Both groups improved but improvement was better in large cannula group at third month. More complications were recorded in large diameter cannula group.

Conclusion: Further studies with larger sample size and using different cannulas are needed to verify these results.

Keywords: Arthrocentesis, Cannula, Temporomandibular Joint, TMJ

S-037

Comparison of graft materials utilizing vertical and lateral ridge augmentation: A retrospective study

Gözde Işık¹, Tayfun Günbay¹, Mehmet Nurullah Orman²

¹Department of Oral and Maxillofacial Surgery, School of Dentistry, Ege University, İzmir, Turkey

²Department of Biostatistics and Medical Informatics, School of Medicine, Ege University, İzmir, Turkey

Objective: Insufficient bone scaffold of alveolar crest lead to esthetical and functional compromised to dental implant surgery. Thus, numerous techniques and materials were defined to favorable treatment and prosthetic rehabilitation. In this study, we represented utilizing graft materials in maxillary and mandibular augmentation and also, differences between graft materials healing and complication rates was evaluated.

Materials-Methods: Patients who required vertical and/or lateral ridge augmentation to dental implant surgery, referred to Ege University, School of Dentistry, Department of Oral and Maxillofacial Surgery from January 2015 to 2018, was researched. All patients were evaluated that contained the following criteria; age, gender, augmentation region and type, membrane types, timing of dental implant surgery and complications incidence. Collected data were classified in three groups; augmentation on the maxilla as group A, augmentation on the mandible as group B and combination of these groups as group C. Subgroup analysis was determined the graft materials and complication ratio. Statistical analysis was performed on SPSS 22.0 program with using one-way ANOVA, Kruskal-Wallis, chi-square tests. Statistical significance level was received as $p < 0,05$.

Results: Augmentation surgeries were performed to 129 patients and all patients were treated with dental implants. There was statistically differences between groups in terms of utilizing grafts and membrane materials, augmentation techniques and soft tissue dehiscence as a complication and these have been shown in tables.

Conclusion: Although, treatment outcomes have differences in terms of augmentation type and location, it is important to prevent of the complications for proper tissue healing especially mandible.

Keywords: dental implants, bone augmentation, complications

Comparison of graft materials in groups

Groups	Autogenous Block Graft %	Bone-ring %	Allograft %	Xenograft %	Composite graft %	i-PRF+allograft %
Group A	%2,5	%12,5	%72,8	%8,6	%2,5	%16
Group B	%42,5	-	%55	-	-	%40
Group C	%12,5	-	%62,5	-	-	%37,5
p value <0,05	0,02	0,40	0,142	0,112	0,548	0,011

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Evaluation of utilizing membrane according to sources in groups

Groups	Collagane Membrane %	L-PRF+CGF Membrane %
Group A	%44,4	%38,8
Group B	%2,5	%67,5
Group C	%37,5	%50
p value <0,05	0,000	0,012

The classification of augmentation techniques in groups

Groups	Lateral Ridge Augmentation (LRA) %	Vertical Ridge Augmentation (VRA) %	LRA+VRA %
Group A	%66,7	%67,9	%10
Group B	%92,5	%25,9	%85
Group C	%100	%62,5	%12,5
p value <0,05	0,002	0,257	0,000

The complications rate of groups

Groups	Soft Tissue Dehiscence %	Infection %	Implant loss %	Paresthesia %	Graft loss
Group A	%3,7	%3,7	%1,2	-	%1,2
Group B	%20	%10	%5	%5	%7,5
Group C	%12,5	%12,5	-	-	%12,5
p value <0,05	0,014	0,30	0,397	0,104	0,104

S-038

Microsurgical Sinus Floor Elevation

Abdullah Çapcı, Esra Beyler, Kenan Araz

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

Objective: One of the most commonly applied augmentation methods in cases with alveolar crest deficiency in the maxilla posterior region is sinus floor elevation. Although sinus floor elevation has very successful results, it technically involves various difficulties and complications.

Case: The majority of dental authors have considered the accidental perforation of sinus membrane as the most serious complication during the classic external sinus floor elevation procedure. The extent of sinus membrane perforation may force surgeon to abandon the operation, or the patient may suffer from postoperative complications such as sinusitis or implant loss. These complications lead surgeons to develop alternative techniques. With the ultimate visualization and better precision that dental microscopes provides to the surgeon, these complications can be reduced by utilizing microsurgical techniques.

Conclusion: This technical note was describe the minimally invasive sinus floor elevation guided by dental microscope.

Keywords: sinus floor elevation, microscope, microsurgery

S-039

Evaluation of The Potential of Using Local Hyaluronic Acid on Dentin Grafted Critical-Sized Cortical Bone Defects in Osteoporotic Rats

Uğur Mercan, Merve Çakır, Deniz Gökçe Meral

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

Objective: The aim of this study was to evaluate the potential of using local hyaluronic acid on dentin grafted critical-sized cortical osteoporotic bone defects.

Materials-Methods: Twenty four adult female Wistar rats (250-300 g) underwent bilateral ovariectomy. Six weeks later, when the animals were osteoporotic, the rats were divided into three groups: Group D (dentin grafted), Group D-H (dentin grafted with hyaluronic acid) and Group C (control). A 5-mm diameter critical-size defect was created in the calvarium of each animal. In Group D; the defect was filled by dentin graft, in group D-H; the defect was filled by dentin graft and hyaluronic acid, in group C; the control group was left empty. All animals were euthanized at 28 days after operation. New bone formation at each defect site was evaluated both histologically and immunohistochemically.

Results: Histopathological and immunohistochemical evaluations were done according to the hematoxylin and eosin, BMP2, TGF β , and osteopontin levels. Histologically, group D and group D-H exhibited significantly more new bone formation than group C. Immunohistochemically; The TGF β and osteopontin levels were significantly higher in Group D-H. The BMP2 levels did not differ significantly between the groups D and group D-H.

Conclusion: Dentin graft combined with hyaluronic acid enhances bone regeneration in critical-size calvarial defects in osteoporotic rats.

Keywords: bone defect, bone formation, dentin graft, hyaluronic acid, osteoporosis

S-040

Surgical Management of Central Giant Cell Tumor of the Mandibular Symphysis

Tayfun Cıvık¹, Altan Varol²

¹Department of Oral and Maxillofacial Surgery, School of Dentistry, İstanbul Yeni Yüzyıl
University, İstanbul, Turkey

²Department of Oral and Maxillofacial Surgery, School of Dentistry, Marmara University,
İstanbul, Turkey

Objective: Central giant cell tumor that is an osteolytic lesion of the jaw bone is now accepted a true neoplasm, as aggressive lesions have been reported. The tumor affects the mandible more than maxilla with female predilection. Clinical presentation may vary from small, slowly growing indolent lesions that are incidental findings on radiographs, to large, rapidly growing and destructive lesions with a high tendency to recur after surgical treatment. The objective of this presentation is report a pediatric central giant cell tumor of anterior mandible, surgical treatment of the lesion and reconstruction.

Case: A 16-year-old female patient with a huge osteolytic lesion in the mandibular symphysis noticed in routine radiological examination referred to the oral and maxillofacial department clinic. Biopsy confirmed it to be a central giant cell granuloma. The initial treatment plan was intralesional steroid injections to avoid resection of the mandible. The treatment didn't show acceptable progress and the family didn't want to go on injection therapy. After that an aggressive surgical curettage was performed and reconstruction plate was applied to prevent fracture risk. The patient was followed for recurrence after the first surgery and then the defect was reconstructed with anterior iliac graft. At the last operation alveolar distraction was applied to complete the reconstruction. Prosthetic rehabilitation provided with dental implants.

Conclusion: Central giant cell tumors display quite different clinical, radiological and histological characteristics, and due to varying recurrence rates; there is no consensus regarding the clinical management of the giant cell tumor.

Keywords: central giant cell tumor, steroid injection, reconstruction

S-042

Biomechanical Evaluation and Comparison of a Prosthetic Structure Supported by Tooth and A Resilient Dental Implant Design

Salih Eren Meral, Hakan Hıfzı Tüz

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

Objective: The aim of this study is to evaluate and compare the biomechanical properties of a resilient dental implant design used in implant-natural tooth supported fixed prosthesis.

Materials-Methods: Three 3-D Finite element models composed of tooth-tooth, tooth-dental implant, tooth-resilient implant with 3-unit fixed prosthesis were modelled and loaded with axial and oblique functional forces. Maximum principal stress, minimum principal stress and displacement levels of each model were obtained and evaluated.

Results: Stress levels with resilient implant-tooth model revealed relatively close to the tooth-tooth borne prosthetic model. The tooth-dental implant borne prosthesis revealed a higher maximum and minimum principal stresses. Stresses and displacement levels were higher under oblique loading in all models.

Conclusion: The biomechanical differences of dental implants with natural tooth is well tolerated with the resilient dental implant design and joining resilient dental implant with natural tooth can be considered as a safe prosthetic option in biomechanical aspect.

Keywords: dental implant, resilient dental implant, fixed dental prosthesis, biomechanics

S-043

Evaluation of stress by finite element analysis of the pterygoid plates and cranial base at the time of down-fracture in models with or without pterygo-maxillary disjunction

Alparslan Esen¹, Doğan Dolanmaz²

¹Necmettin Erbakan University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Konya

²Selçuk University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: Le fort I osteotomy is one of the most common methods used in correcting maxillofacial deformities. Despite being a reliable method, serious neurological and haemorrhagic complications can occur in some cases. Therefore, we aimed to evaluate the stress both on the pterygoid plates and the skull base at the time of down-fracture in models in order to get an idea about the mechanism of the occurrence of these complications.

Materials-Methods: Two different surgical approaches were applied to the obtained models. In the first model (Model 1), the surgical procedure for Le Fort I consisted of maxillary bilateral osteotomy from the piriform rim to the pterygoid plate, lateral nasal and septal osteotomy without pterygo-maxillary separation. In the second model (Model 2), same standard Le Fort I osteotomy was applied but pterygo-maxillary separation was performed. Then both models were subjected to a force of 150 N over the anterior spina nasal to simulate down-fracture. The maximum principle stress (PS max), minimum principle stress (PS min) and von Mises stress (vMS) that occurred on the pterygoid plates and the cranial base were measured when the force was applied to both models.

Results: In Model 2, the reduction in all stresses were observed on the pterygoid plates. At the skull base, it was observed that PS min and vMS decreased as the PS max remained constant.

Conclusion: The results suggest that the stresses on the pterygoid plates and cranial base can be reduced during down-fracture if the pterygo-maxillary separation is done.

Keywords: Cranial base; Finite Elements Method, Le Fort I osteotomy, Pterygoid plates

S-044

Negative Pressure Pulmonary Edema After Orthognatic Surgery

Secil Cubuk¹, Ayca Kundakcı², Burak Bayram¹

¹Department of Oral and Maxillofacial Surgery, Baskent University, Ankara, Turkey

²Department of Anesthesiology, Baskent University, Ankara, Turkey

Objective: Negative-pressure pulmonary edema (NPPE) arises mostly in healthy and young patients with spontaneous respiratory effort who have upper airway obstruction after extubation. Negative intrathoracic pressures lead to severe hypoxemia and pulmonary edema. We present a case of NPPE which developed after orthognatic surgery.

Case: A 27-year-old male patient underwent orthognatic surgery, having no special medical history or abnormality. The patient began to show irregular, shallow breathing immediately after extubation, with symptoms of breathing difficulty and upper airway obstruction. The peripheral oxygen saturation (SpO₂) was reduced dramatically within a few minutes. Positive pressure ventilation was performed however the spontaneous respiration was insufficient and the symptoms became serious. The patient was transferred to the intensive care unit after endotracheal intubation. On the chest X-ray the pulmonary edema was observed and the supportive treatments for NPPE were applied. Ventilation was maintained with Continuous Positive Airway Pressure (CPAP) following hypoxia was resolved. Diuretics and appropriate fluid therapy were given for about 48 hours. It was shown that pulmonary edema improved on the chest x-ray and the CPAP mask was removed. The patient was transferred to the general ward about 48 hours following the operation.

Conclusion: This serious phenomenon develops rarely following maxillofacial surgery however, if not being treated properly, it can cause fatal outcomes. Careful observation of the patient following extubation, accurate knowledge and quick intervention are required to treat this disease and prevent from development of life-threatening conditions.

Keywords: orthognatic surgery, negative pressure pulmonary edema, complications

S-045

Efficacy of Ultrasonic Bone Scalpel in Le Fort I Osteotomy

Ahmet Emin Demirbas¹, Suheyb Bilge¹, Nukhet Kutuk², Selin Celebi¹, Alper Alkan²

¹Department of Oral and Maxillofacial Surgery, Erciyes University, Kayseri, Turkey

²Department of Oral and Maxillofacial Surgery, Bezmialem University, Istanbul, Turkey

Objective: The main objective of this study is to analyze and report on our operative experiences and outcomes using the ultrasonic bone scalpel versus piezoelectric surgery and traditional technique in Le Fort I Osteotomy. The surgical outcomes of Le Fort I osteotomy using ultrasonic bone scalpel and other techniques were analysed in terms of operative technique, intraoperative blood loss and time requirement.

Materials-Methods: A series of 34 patients were included for the study. Osteotomies for Le Fort I were performed with the ultrasonic bone scalpel (BoneScalpel™ by Misonix Inc.), piezoelectric surgery and traditional osteotomy by the same surgeon. Comparison of operative outcomes (operative time, intraoperative blood loss, operative technique etc.) after Le Fort I osteotomy was made. Data were analyzed using One Way ANOVA and Kruskal Wallis test.

Results: The authors found differences between ultrasonic bone scalpel and the other techniques which is a decrease of the osteotomy time requirement with bone scalpel ($P < 0,001$). Also, there is a significant difference in the procedure time between the bone scalpel and the conventional osteotomies ($P < 0,05$). There was a lower incidence of the intraoperative blood loss in bone scalpel osteotomy group.

Conclusion: The authors believe that using of the ultrasonic bone scalpel in Le Fort I allows surgeons to achieve better results compared to the other techniques, especially in terms of intraoperative blood loss and operative time reduction. This technique represents a less aggressive and safer method to perform invasive surgical procedures.

Keywords: BoneScalpel, Orthognathic surgery, Maxillary osteotomies, Ultrasonic osteotome

S-046

Complications of Genioplasty Procedures in Orthognathic Surgery

Gamze Senol, Tansu Uzel, Sina Uçkan

Oral&Maxillofacial Surgery, Istanbul Medipol University, Istanbul, Turkey

Objective: Genioplasty procedures could be used to produce significant stable changes in the morphology of the anterior part of the lower face and have the advantage of not interfering with the dental occlusion. Using these methods chin may be advanced or retruded in an antero-posterior direction or the length of the lower third face height increased or decreased in the vertical plane.

Purpose: Our purpose is to evaluate the difficulties and complications of genioplasties and compare these data with the literature.

Materials-Methods: Among 145 patients who had undergone orthognathic surgery between March 2014 to December 2017, 24 patients who had isolated genioplasty, was included in this study. All patients were evaluated about difficulties, complications during surgery and postoperatively.

Results: The longest period of follow-up being 4 years. One patient had postoperative mild infection which resolved following irrigation and antibiotic therapy. Postoperative paraesthesia at lower lip occurred in some patients but subjective recovery was mostly complete within 12 weeks. Only two patients had long-term paraesthesia. Three patients required revision due to inadequate advancement or asymmetry.

Conclusion: Although genioplasty procedures have some complications, they are manageable and reliable techniques in orthognathic surgery. However, trying to correct an asymmetry by isolated genioplasty in orthodontically treated patients is risky and reoperation may be necessary.

Keywords: Genioplasty, complications, orthognathic surgery

S-047

Evaluation of the Changes in Gingival Crevicular Fluid After Surgical Assisted Rapid Palatal Expansion

Onur Berkün, Yavuz Findık, Orhan Akpınar, Timuçin Baykul

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

Objective: Gingival crevicular fluid (GCF), has been at hot spot with its characteristic properties in dentistry. Generally, GCF is made from blood ultrafiltrate but effected by its location, residence and bacterial products are also in aid of its presence. Surgically assisted rapid maxillary expansion is a variation of controlled tissue expansion with distraction osteogenesis. Basically used to the patients whose transversal failure is more than 5mm. The aim of this study is to examine bone destruction factors (OPG, RANK, RANKL) related to bone formation / destruction in fluid content by assessing gingival crevicular fluid before and after surgery in a patient with maxillary transverse discrepancy.

Materials-Methods: In this study, pre-operation and post-operation gingival crevicular fluid will be compared with evaluation of bone destruction factors. There will be 16 patients in this study. Gingival crevicular fluid will be taken from four non-adjacent regions of maxiller four teeth with paper strips for 30 seconds. These procedures will be repeated after appliance reaches its maximum gap 1 month after post-operation and 3 months after post-operation. In this study, pre-operation and post-operation gingival crevicular fluid will be compared with evaluation of bone destruction factors.

Results: No statistically significant difference was found in the results obtained in the statistical study.

Conclusion: No changes were observed in GCF samples collected from patients after surgery-assisted rapid palatal expansion operations. Further studies with larger samples are needed in order to developed researches.

Keywords: Gingival crevicular fluid, OPG, Rank, Rankl, Surgically assisted rapid palatal expansion

S-048

Effect of Orthognathic Surgery on Nasal Tip Aesthetic

Humam Alghamian, Abdullah Özel, Tuba Develi, Sina Uçkan
*Department of Oral and Maxillofacial Surgery, School of Dentistry, Istanbul Medipol
University, Istanbul*

Aim: In the present study, we aimed to assess the Effect of orthognathic surgery on nasal tip esthetics evaluated by orthodontists, maxillofacial surgeon, plastic surgeon, ENT surgeon and laypersons.

Methods: Profile photographs of patients who is undergoing orthognathic surgery was taken before and 6 months after orthognathic surgery. Midface portion of silhouette profile picture were arranged in a photo album randomly for each patient. Each examiner (orthodontist, maxillofacial surgeon, plastic surgeon, ENT surgeon and laypersons) choose the most favorable nasal tip position.

Results And Conclusion: Orthognathic surgery not just improve upper and lower jaw soft tissue, but it is also improve nasal tip position. So altering the profile to more attractive one.

Keywords: orthognathic surgery, nasal tip, profile aesthetic

S-050

The Effect of Poster and Oral Presentation Training on the Management of Traumatic Dental Injury in Pediatric Dental Patients

Nazan Koçak¹, Ebru Delikan²

¹Oral and Maxillofacial Radiology, Mersin University, Mersin, Turkey

²Pediatric Dentistry, Mersin University, Mersin, Turkey

Objective: Immediate and accurate management of traumatic dental injury (TDI) in children is very important and affects the prognosis of teeth. Different educational resources are available such as oral presentations, posters, mobile applications, TV/radio programmes etc. The aim of this study was to compare the effectiveness of poster and oral presentation educational models to increase knowledge and awareness of children about TDI.

Materials-Methods: A total of 180 pediatric dental patients (age range 6–15 years) were applied a self-administered structured questionnaire. Oral presentation training was included ninety patients and 90 patients participated in poster training. Training groups were randomly selected. The same questionnaire was applied in training groups as pre-test and post-test (before and after the training). Frequency analysis was used to calculate the distribution of answers that participants gave to the questionnaires. Independent-samples t test and paired-samples t test were used to compare pre-test and post-test means of the groups. The data were analyzed using SPSS 25.0.

Results: It was found that pre-test and post-test mean scores showed a significant difference in training groups ($p < 0,05$). Before and after the training, the level of TDI knowledge in the oral presentation training group was found higher than poster training group ($p < 0,05$). Also, the mean scores difference between pre-test and post-test was not significantly difference among training groups ($p > 0,05$). The increase in the TDI knowledge level of the groups is close to each other.

Conclusion: Both poster and oral presentation trainings are effective in delivering TDI information.

Keywords: dental trauma, education, questionnaire, knowledge

S-051

The Evaluation of Maxillofacial Fracture Cases: A Retrospective Study

Hatice Hoşgör, Fatih Mehmet Coşkunes, Bahadır Kan

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

Objective: The purpose of this study is to characterize the fractures in relation to age, gender, mechanism of injury, and anatomic location of fractures.

Materials-Methods: Seventy-two patients, admitted to the Department of Oral and Maxillofacial Surgery of Kocaeli University Faculty of Dentistry between July 2013 and March 2018 with the diagnosis of maxilla or mandible fracture and who have been treated, were included in our study. Data were collected regarding age, sex, etiology, time distribution, site of the fracture and evaluated.

Results: A total of 72 patients with 98 fractures were included in this study. The results were achieved from 52 (72.2%) males and 20 (27.8%) females, whose ages ranged from 7 to 65 years and the mean age was 32.11 ± 13.37 . Traffic accidents (33.33%) were the major cause of etiology of the trauma and followed by violence (25%) and falls (19.4%). The most common fractured anatomic sites were angulus (31.63%) and symphyseal regions (16.32%).

Conclusion: Maxillofacial fractures result from various types of facial trauma. Traffic accident and violence are the most common etiological factors for these fractures. A deeper understanding of the physiological changes associated with aging, and preventive action to reduce falls, traffic accidents, and aggression in this population could be beneficial with regard to quality of life for persons.

Keywords: maxillofacial fracture, maxillofacial trauma, etiology

S-052

The Evaluation of Teeth in the Line of the Mandibular Fractures

Hatice Hoşgör, Fatih Mehmet Coşkunses, Deniz Akın

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

Purpose: The aim of this study was to determine the effect of mandibular fractures to impacted third molars and the other teeth separately.

Material And Method: The study involved 20 patient -20 months average follow-up time - with 9 impacted third molars and 34 teeth in the fracture line. The degree of the fracture and the classification of the fracture (associated with periodontium and apical foramen) were determined and scored on panoramic radiographs. Except for the impacted third molars, teeth were examined with electric pulp tester.

Results: Except for the impacted third molars 14% of the teeth were extracted immediately after the trauma, 2% of them were extracted 3 months after the trauma because of the infection and 15% couldn't maintain the pulpal vitality. Four of the nine impacted third molars were extracted at the operation due to, the complication of the open reduction of the fracture line and 1 of them extracted 3 months after the operation because of the infection.

Conclusion: Teeth in the fracture line should be carefully followed up. If the clinical or radiographic issue is determined, interventions should be practiced.

Keywords: mandibular fracture, prognosis, teeth in the fracture line, vitality

S-053

Preventive Effect of Pentoxifyllin and Tocopherol (PENTO) against Medication-Related Osteonecrosis of the Jaw: An Animal Study

Gül Merve Yalçın Ülker¹, Alev Cumbul², Gonca Duygu Çapar⁴, Ünal Uslu³, Özgür Erdoğan¹

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Okan University, Istanbul

²Department of Histology and Embryology, Faculty of Medicine, Yeditepe University, Istanbul

³Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Trakya University,
Istanbul

⁴Department of Histology and Embryology, Faculty of Medicine, Medeniyet University,
Istanbul

Objectives: The aim of this experimental study is to investigate the prophylactic effect of Pentoxifylline(PEN) and Tocopherol(TO) on Medication-Related Osteonecrosis of the jaw(MRONJ).

Materials-Methods: Female Sprague-Dawley rats received zoledronic acid (ZA) for 8 weeks to create osteonecrosis model. The left mandibular second molar teeth were extracted and the recovery period lasted 8 weeks before sacrifice. PEN was intraperitoneally administered and TO was orally given before and after extraction to different groups. The specimens were histopathologically and histomorphometrically evaluated.

Results: Histopathological results showed remarkable differences. Between control and ZA groups, there were statistically significant difference for inflammation, vascularization, bleeding and regeneration($p<0.05$). Between ZA and ZA/P1(PENTO administered after extraction) groups, there were no statistically significant difference for inflammation, vascularization, bleeding and regeneration($p>0.05$),but there were statistically significant differences between ZA and ZA/P2 groups(PENTO administered before and after extraction)($p<0.05$). Group ZA revealed lower total bone volume value and bone ratio than other groups. Between ZA and ZA/P1 groups, there were statistically significant difference for total bone volume ($p<0.05$),but no significant difference for bone ratio($p>0,05$). Between ZA and ZA/P2 groups, there were statistically significant differences for both total bone volume and bone ratio($p<0,05$).

Conclusion: In this experimental model for MRONJ, it might be concluded that although combination of PENTO,given after tooth extraction, improves new bone formation that positively affects bone healing, but it is not prophylactic. However, PENTO,given before tooth extraction is prophylactic. In conclusion, PENTO might affect healing in a positive way via inducing bone formation, optimizing inflammatory response and reducing toxicity.

Keywords: Tocopherol, Jaw, MRONJ, Osteonecrosis, Pentoxifyllin

S-054

The efficacy of PRF following sequestrectomy in treatment of MRONJ

Hüseyin Can Tükel, Mehmet Emre Benlidayi

Oral and Maxillofacial Surgery, Faculty of Dentistry, Çukurova University, Adana, Türkiye

Objective: Medication related osteonecrosis of the jaws (MRONJ) is a well-recognized condition which is difficult to manage. Many treatment modalities were suggested in the literature, ranging from conservative management to major reconstructive surgery. The aim of this study was to compare the efficacy of platelet rich fibrin (PRF) application following sequestrectomy in established MRONJ.

Case: From May 2016 to November 2017, 14 patients (mean age: 64±9) who were treated for MRONJ were included in this study. Eight patients were treated with PRF following sequestrectomy whereas 6 patients were treated with sequestrectomy only (Control group). The two treatment groups were compared in terms of MRONJ stage and pain scores (VAS). These were recorded before treatment and during follow-up after treatment (7 days, 14 days, 1 month and 3 months). The between-group and within-group differences in the data were analyzed statistically. The baseline characteristics were similar between two groups ($P > 0.05$). Although both treatments reduced the MRONJ stage significantly, no statistically significant difference was found between the two groups in terms of MRONJ stage at any time point (table 1). The PRF group had significantly lower pain scores compared to control group at 7 and 14 days (table 2).

Conclusion: Both treatments were successful in reducing the severity of MRONJ and VAS scores. In terms of MRONJ severity, PRF application did not show better results compared to controls however, it showed better results in terms of pain control in the first two weeks. Randomized controlled trials comparing different treatments are needed.

Keywords: mronj, bronj, prf, osteonecrosis, bisphosphonates

S-055

Clinical observations on Odontogenic Keratocytic Lesions of the jaws: Case series

Kamis Gaballah

*Department of Surgical Sciences, Oral and Maxillofacial Surgery Division, College of
Dentistry, Ajman University, United Arab Emirates*

Odontogenic Keratocytic tumours are uncommon lesions encountered in both jaws at wide age groups. The lesion is characterized by relatively high recurrence rate and its pathological features is a source of continuous controversy and debate. In this presentation, the speaker will present variety of pediatric and adult cases treated with different treatment approach and will review the recent trend in diagnosis and management of such lesions.

Keywords: Odontogenic Keratocystic tumours, jaw pathology, Marsupialization

S-056

Evaluation of Oral Cancer Awareness among General Dentists

Ayşe Özcan Küçük¹, Mahmut Koparal²

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Mersin University, Mersin

²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Adiyaman University, Adiyaman

Objective: Oral cancer presents with high mortality rates, and survival rate is remarkably superior when diagnosed early. Dentists have an important responsibility in the control of oral cancer and the early detection. The aim of the present study was to assess knowledge and attitudes of general dentists about oral cancer.

Materials-Methods: The general dentists were given a questionnaire includes some questions for measurement of awareness and attitude regarding oral cancer. The data were analyzed by IBM SPSS Statistics 22.

Results: A total of 130 out of 150 dentists answered the questionnaires. Squamous cell carcinoma was described as the most common form of oral cancer by 65 (50%) of the dentists. Only 30% were able to identify the most common precancerous lesion. 40% selected the tongue as the most common site of oral cancer and only 15% indicated the most common site of remote metastasis. Most respondents (63%) believed that diagnosis of oral malignant lesions is in the field of an ear, nose and throat specialist, while only 13% of the respondents considered that it is in the field of a dentist. 70% of the respondents disagreed that training in the field of diagnosis of oral cancer in undergraduate period is sufficient. 99.3% agreed that there is a need for additional training/information regarding oral cancer.

Conclusion: The results of this study have shown that the overall level of knowledge of the dentists is low. Retraining courses will help to improve their knowledge about oral cancer.

Keywords: Attitude, awareness, dentists, knowledge, oral cancer

S-057

The treatment of cystic lesions in the jaws by decompression: A retrospective study

Uğur Gülşen, Barış Demirtaş

*Bülent Ecevit Üniversitesi Diş Hekimliği Fakültesi, Ağız, Diş ve Çene Cerrahisi Ana Bilim Dalı,
Zonguldak*

Objective: The decompression of odontogenic cystic lesions has been widely used as a more conservative treatment, which requires a much smaller window, by creating an opening into the cystic cavity and by suturing a device (ie, tube, stent) to its periphery, compared with marsupialization. This procedure can release the intramural pressure, favor the formation of new bone tissue, and develop fewer complications than enucleation, curettage, and resection, but there is the necessity for more frequent follow-up.

Materials-Methods: The subjects were selected from patients who visited Bulent Ecevit University Faculty of Dentistry Oral Maxillofacial Surgery Department from 2014 to 2018. 30 large cystic lesion was treated with surgical enucleation after decompression. We treated 15 dentigerous cyct, 5 radicular cyct, 7 odontogenic keratocyct, 2 unicystic ameloblastoma, 1 calcifying epithelial odontogenic tumour. All surgical procedures were performed under local anesthesia. Rubber part of infusion set was used for dranje of the cystic lesion. The decompression period continued until the cystic shrinkage was stopped and surgical enucleation was performed after decompression.

Results: All the cystic lesions were healed uneventfully. Atypical root formation was observed in one patient who has a dentigerous cyct related with impacted premolar tooth

Conclusion: In conclusion Decompression of the cycts provides; maintenance of pulp vitality, preservation of the inferior alveolar nerve or maxillary sinus, prevention of fracture of the jaw, and low risk of recurrence.

Keywords: cyst, decompression, partsch 1, retrospective

S-058

Medication related osteonecrosis of the jaws: A case report

Ceyda Özçakir Tomruk¹, Fatih Cabbar¹, Muammer Çağrı Burdurlu¹, Ferda Özkan²

¹Department of Oral and Maxillofacial Surgery, Yeditepe University, Istanbul Turkey

²Department of Pathology, Yeditepe University, Istanbul Turkey

Objective: Medication-induced Osteonecrosis of the Jaw (MRONJ) has been reported not only after use of antiresorptive agents (bisphosphonates and denosumab), but also in cancer patients receiving antiangiogenic agents, alone or combined with antiresorptive drugs.

Case: We report a case of MRONJ observed in colorectal cancer patients after vectibix therapy only. MRONJ was diagnosed in the lingual part of the right second mandibular molar tooth without any trauma or extraction.

Conclusion: A careful drug history has to be registered by dental specialists in cancer patients before oral surgery and adequate imaging might be obtained to avoid a delayed diagnosis.

Keywords: Medical related osteonecrosis of the jaws (MRONJ), vectibix, antiresorptive agents

S-059

Examination of External Root Resorption Associated with Impacted Third Molars with Cone Beam Computed Tomography

Melek Taşsöker

Department of Oral and Maxillofacial Radiology, Necmettin Erbakan University, Konya

Objective: The purpose of this study was to assess the external root resorption (ERR) of the second molars associated with impacted third molars with cone beam computed tomography (CBCT).

Materials-Methods: A total of 200 patients (118 females and 82 males) with 457 impacted third molars were retrospectively included the study. The patients were divided into three age groups (18-24, 25-34, and 35-50 years). The presence of ERR on the adjacent second molar was investigated on sagittal and axial CBCT slices. The position of the third molar was determined using Winter's classification (vertical, horizontal, mesioangular, and distoangular). Statistical analysis was performed using the descriptive statistics and Pearson chi-square test. The significance level was set at $p < 0.05$.

Results: The overall ERR rate was 19.6%. ERR was more prevalent in mandibular second molars than maxillary second molars. The mean age of the sample was 27.26 ± 8.6 years. The presence of ERR significantly associated with age group of the patients ($p < 0.05$). It was found that the severity of resorption increased with aging. There was statistically significant relationship between the impaction position of third molars and presence of ERR ($p < 0.05$). The mesioangular and horizontal positions were found to be more prone to ERR.

Conclusion: ERR can be reliably identified via CBCT scan. It may be suggested that the third molar teeth that are impacted especially in the mesioangular and horizontal position may be removed prophylactically before coming old ages.

Keywords: cone-beam CT, external root resorption, second molar, third molar

S-060

A novel technique for the preparation of sticky bone: Solid hyaluronic acid scaffold supported sticky bone

Ibrahim Murat Afat, Emine Tuna Akdoğan, Onur Gönül

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

Objective: Aim of this presentations is to describe a new and improved technique for sticky bone preparation with solid hyaluronic acid matrix.

Materials-Methods: Solid hyaluronic acid matrix (HA), autologous fibrin glue (AFG) and platelet-rich fibrin (PRF) mixed with particulate bone powder in order to produce sticky bone. This novel mixture accelerate the polymerization of sticky bone and improves stability of the graft.

Results: Obtained sticky bone has many advantages; 1) It is moldable, so well adapted over various shape of bony defect. 2) Micro and macro movement of grafted bone is prevented. So the volume of augmentation is maintained during healing period, therefore the need of block bone and titanium mesh is minimized 3) Hyaloss matrix entraps and slowly rerelease the growth factors released from platelets and leucocytes. 4) Slowly released HA improves soft and hard tissue healing 5) More tightly organized fibrine network minimizes soft tissue ingrowth into the sticky bone graft. 6) HA has anti-inflammatory effects which minimize post-operative pain and edema.

Conclusion: Addition of solid hyaluronic acid matrix to the standard sticky bone procedure improves quality of the obtained graft and offers many physical and biological advantages.

Keywords: Sticky bone, Hyaluronic acid, Autologous fibrin glue, Platelet-rich fibrin

S-061

Prevalence and characteristics of supernumerary teeth in a nonsyndromic pediatric population of 7118 patients

Ebru Hazar Bodrumlu, Merve Atas

Bülent Ecevit University, Faculty of Dentistry, Department of Pediatric Dentistry, Zonguldak

Objective: The term supernumerary teeth is used to describe extra teeth in all dentitions and considered to be one of the most significant dental anomalies affecting children. They may erupt normally or may be impacted, and they may cause some complications such as failure of eruption, displacement, development of odontogenic cyst. The aim of the study was to investigate the prevalence and characteristics of supernumerary teeth with by evaluating a large group of nonsyndromic children.

Materials-Methods: The study population comprised 7118 non-syndromic patients aged 3-12 years who applied for routine check-ups at the Bulent Ecevit University Department of Pediatric Dentistry between January 2015 and January 2018. Both clinical and radiographic examinations were performed. For each patient with supernumerary teeth the demographic variables (age and sex), number, location, morphology, position, status of eruption, formation and dentition were recorded. Data were statistically analyzed by using Chi-Square Tests.

Results: Supernumerary teeth were detected in 182 subjects (2.6%), of which 109 were males and 73 were females with a 1.5:1 male female ratio ($p=0.007$). Most supernumerary teeth (48.9%) were located in the anterior maxillary arch. Conical morphology (66.5%), being in vertical position (80.2%), and being erupted (31.9%) were commonly seen. Patients in mixed dentition stage reported with maximum number of supernumerary teeth.

Conclusion: The prevalence of supernumerary teeth was found to be 2.6% and the most cases presented single supernumerary tooth. Knowledge of prevalence and characteristics of supernumerary teeth may help the dentist in early diagnosis and early intervention.

Keywords: Hyperdontia, Prevalence, Supernumerary teeth

S-062

Mandibular Changes in New Diagnosed Acromegaly Patients

Fatma Doğruel¹, Zeynep Burçin Gönen², Firas Mohsen³, Selma Öztürk⁴,
Murat Canger⁵, Fahri Bayram⁶

¹Internal Medicine, Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Erciyes University, Kayseri, Turkey.

²Genome and Stem Cell Center, Erciyes University, Kayseri, Turkey.

³Department of Oral and Maxillofacial Surgery, Erciyes University, Faculty of Dentistry, Kayseri, Turkey.

⁴Bunyan Public Hospital, Kayseri, Turkey

⁵Department of Oral and Maxillofacial Radiology, Erciyes University, Faculty of Dentistry, Kayseri, Turkey.

⁶Department of Endocrinology and Metabolism, Medical Faculty, Erciyes University, Kayseri, Turkey

Objective: Acromegaly is a chronic disease caused by excessive production of growth hormone (GH) from pituitary gland. Its clinical characteristics are manifested through the effects of GH and insulin-like growth factor-1 (IGF-1), both of which cause tissue growth. The aim of this study was to compare the variables according to bony structure of mandible between the acromegaly patients and healthy individuals.

Materials-Methods: This study was consisted of two groups: group 1 (n=41) included patients with acromegaly which had been new-diagnosed by an endocrinologist and group 2 (n=41) was composed of healthy individuals who had cone beam computed tomography (CBCT) scan without any radiographic alterations as control. All tomography scans were obtained in supine position by using CBCT (NewTom 5G, Verona, Italy). Scanning time was 18 second, exposure time was 3.6 second, and the voxel size was 0.3 mm. NNT software was used to perform the cephalometric and volumetric measurements for the mandible.

Results: The IGF-1 level was 816±378 ng/ml (min: 368-max: 2384) in group 1. Nasion-Gnathion (NGN) and Gonion-Gnathion distances, volume of mandible and mandibular angle were increased significantly in acromegaly patients (p<0.05). NGN was 123.62±12.34 mm in group 1 and 110.23±7.85 mm in control group. Mandibular distance was 67.58±27.54mm in group 1 and 51.96±5.48 in control group.

Conclusion: The volume of mandible, distances and angulation of bony structures of mandible were increased in the presence of acromegaly. Widening and elongation of the mandible are prominent in acromegaly patients compare with healthy individuals.

Keywords: Cone beam computed tomography, mandible, acromegaly

S-063

Abilities of First Aid and Awareness of Legal Rights and Responsibilities: A Survey of Oral and Maxillofacial Surgeons and Trainees in Turkey

Seydanur Urhan, Hakan H. Tüz

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

Background: Oral and maxillofacial surgery is a specialty that combines medicine and dentistry. Due to the contents of the surgical procedures performed, there is more possibility of encountering medical emergency for oral and maxillofacial surgeons. This study focuses on the oral and maxillofacial surgeons and trainees' self-estimation of competence in treating medical emergencies.

Methods: A self-administered anonymous questionnaire including 18 questions was used for evaluating oral and maxillofacial surgeons and trainees' abilities of first aid and awareness of legal rights and responsibilities. Association of variables was determined by Chi-square and P-values were only considered significant if less than 0.05.

Results: Of the 133 questionnaires replied, 54.2% of the respondents considered themselves capable of providing basic life support. This rate was only 11.7% for advanced life support. 67.7% of participants mentioned that they did not know the law on mandatory first aid for oral and maxillofacial surgeons. According to the most of the participants (91.0%), instruction of legal rights and responsibilities during undergraduate education was inadequate.

Conclusion: It has been observed that, oral and maxillofacial surgeons participating our survey stated that the sufficiency of both first aid training and instruction of legal rights and responsibilities need to be improved.

Keywords: oral and maxillofacial surgery, emergency, legal rights and responsibilities

S-064

Anatomical Relation Between The Mandibular Canal And Corresponding Mandibular Third Molar: A Retrospective CBCT Study

Nihat Akbulut¹, Seval Bayrak², Emine Şebnem Kurşun Çakmak³, Tolgahan Kara¹
¹Gaziosmanpaşa University Dentistry Faculty, Department Of Oral And Maxillofacial Surgery,
Tokat

²Abant İzzet Baysal University, Dentistry Faculty, Department Of Dentomaxillofacial
Radiology, Bolu

³Turkey Public Hospitals Agency, Ministry of Health, Ankara

Objective: Surgery to the mandibular third molar (MTM) is common, and injuries to the inferior alveolar nerve and the lingual nerve are well-recognized complications of this procedure. The aim of this study is to categorize the anatomical three dimensional relationship between the MTM and the mandibular canal (MC) on cone-beam computed tomography (CBCT) images.

Materials-Methods: 103 patients (63 female, 40 male) with the mean age 35.16(13 to 64 years) who had CBCT scans between 2015 and 2017 were included to the study. 154 of total 180 evaluated MTM were unilateral, 26 were bilateral. MTM associated with fracture, cyst/tumor, acute/chronic inflammation and mesial movement due to deficiency of the adjacent mandibular second molar were excluded. Position of the MC relative to the roots of the MTM was classified into 4 category including apical, buccal, lingual and interradicular positions. Eachs were then reclassified into 4 subgroups consisting no contact, contact with a complete white line, contact with a defective white line and penetration of the MC.

Results: In 147 teeth, MC was on the apical side relative to the roots of MTM whereas the buccal side in 13 and the lingual side in 20. None of them located interradicular position. While 97 MTM had a close relation with the MC, 83 MTM had no direct contact. In apically positioned MC, the percentage of no contact was the highest.

Conclusion: It is vital for clinicians to know the 3D relationship between MTM and MC when planning surgical procedures to avoid potential nerve injury.

Keywords: Cone beam computed tomography, mandibular canal, mandibular third molar

S-065

Assessment of Maxillary Sinus Septa Using Cone Beam Computed Tomography: A retrospective clinical study

Ali Kılınc, Dilek Menziletođlu, Bozkurt Kubilay Işık

Oral and Maxillofacial Surgery, Faculty of Dentistry, Necmettin Erbakan University, Konya

Objective: The present study was undertaken to evaluate the prevalence, height and location of maxillary sinus septas in patients with a dentate and an edentulous maxilla using cone beam computed tomography (CBCT) imaging.

Materials-Methods: This descriptive study was conducted on a retrospective evaluation of CBCT images of 1322 maxillary sinus with 661 subjects from January 2016 to February 2018. The study consisted of 1322 maxillary sinuses: 1092 from patients with a dentate and 230 from patients with an edentulous maxilla.

Results: The mean age of the 661 patients (373 women, 288 men) was 42,1 years. A total of 468 (35,4%) septa was recorded in 1322 maxillary sinuses with a mean height was $7,95 \pm 4,03$ mm. Of 468 sinus septas, the majority was located in the posterior region of the maxillary sinus. Of these, 121 (25,8%) were in the anterior, 140 (29,9%) were in the middle and 207 (44,2%) were in the posterior region. Regarding the status of the dentition in the maxilla in relation to the distribution of sinus septa, septas were present in 386 (35,3%) dentate and in 81 (35,2%) edentulous regions.

Conclusion: Sinus septas are found equally often in patients with a dentate and an edentulous posterior maxilla. As sinus septa are reported to be an important reason for surgical complications during sinus floor elevation, detailed knowledge about location, morphology, and height of septa using CBCT is clinically important to reduce the rate of complications when maxillary sinus surgery.

Keywords: Cone Beam Computed Tomography, Maxillary sinus septa, Sinus Floor Elevation

S-066

The effect of bisphosphonates on mandibular radiomorphometric indices and bone density in postmenopausal osteoporosis patients

Sinan Ates¹, Ersin Uysal², Belgin Gülsün¹

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Dicle University, Diyarbakır

²Department of Computer Technologies, Diyarbakır Technical Sciences Vocational School, Dicle University, Diyarbakır

Objective: It was aimed to have an idea about the effects of bisphosphonates on the mandibular bone in terms of mandibular radiomorphometric indices and mandibular bone density of patients who received bisphosphonate treatment.

Materials-Methods: Sixty patients with postmenopausal osteoporosis were included in the study. 2 groups were formed with 30 patients in each group. Group 1 (patients using bisphosphonates): 30 patients. Group 2 (patients not using bisphosphonates): 30 patients. An assessment of mandibular cortical width (MCW) at the mental region and morphologic classification of mandibular inferior cortex (MIC grade) was performed on dental panoramic radiographs. Bone mineral density at the lumbar spine and left mandibula was measured by dual energy X-ray absorptiometry.

Results: There was no statistically significant difference between groups in mental index, mandibular cortical index and mandibular bone density. whereas the lumbar spine bone density was statistically significant (p: 0,043).

Conclusion: According to the results of our study, bisphosphonates produced an increase in lumbar bone density, but did not make a difference in mandibular parameters (MI, MCI, mandibular BMD). Our results suggest that dentists have sufficient clinical and radiographic information that enables them to play a significant role in early diagnosis of osteoporosis.

Keywords: biphosphonate, dexa, postmenoposal osteoporosis, radiomorphometric indeces

age statistics

Groups		N	Minimum	Maximum	Mean	Std. Deviation
Control	Age	30	50	70	61,90	6,266
	Menopause age	30	30	54	46,23	4,725
	Years since menopause	30	4	25	15,67	6,172
Bisphosphonates	Age	30	53	70	64,57	6,061
	Menopause age	30	29	57	46,80	4,802
	Years since menopause	30	5	27	17,77	5,793

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parameters

	p
MENTAL INDEX	0,357
MANDIBULAR KORTIKAL INDEX	0,844
MANDIBULA (T SCORE)	0,488
LUMBAR (T SCORE)	0,043

parameters

	Groups	N	Mean	Std. Deviation	Std. Error Mean
MENTAL INDEX	Control	30	3,3500	0,61581	0,11243
	bisphosphonates	30	3,5347	0,89834	0,16401
MANDIBULAR KORTIKAL INDEX	Control	30	2,43	0,728	0,133
	bisphosphonates	30	2,47	0,571	0,104
MANDIBULA (T SCORE)	Control	30	1,5593	0,40635	0,07419
	bisphosphonates	30	1,6368	0,45111	0,08236
LUMBAR (T SCORE)	Control	30	-3,1533	0,48971	0,08941
	bisphosphonates	30	-2,9167	0,38871	0,07097

S-067

Clinical applications of Buccal Fat Pad in Oral & Maxillofacial Surgery

Sümer Münevveroğlu, Abdullah Özel, Gamze Şenol, Sina Uçkan

*Istanbul Medipol University, School of Dentistry, Department of Oral & Maxillofacial Surgery,
Istanbul, Turkey*

Objective: Buccal fat pad has been used in Oral and Maxillofacial Surgery in the last decades. The main indication was resistant oroantral fistulas however indications extended from defect closure to reconstruction and cosmetic surgery. In this report new insights for using buccal fat pad is introduced.

Case: Five different clinical situations in maxillofacial area will be presented.

Conclusion: Use of buccal fat pad in various Oral and Maxillofacial Surgery applications is relatively safe, easy, noninvasive and stabile.

Keywords: Buccal fat pad, maxillofacial surgery, cosmetic surgery, oroantral fistula

S-068

Buccal Fat Pad Excision: An Effective Option for Aesthetic Improvement of the Midface

Sevket Şahin

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

Buccal fat pad is thought to be helpful the buccinator muscle's sucking function, especially in post-natal life. In the later stages of life, the excess volume of this adipose tissue, which is responsible for filling the voids, can cause intraoral problems due to cheek bite as well as aesthetic effect by creating a rounded and bulky appearance on the midfacial area. It also resists to resorption by intense capillary network even during long term hunger. For this reason, it does not have a volume proportional to body weight. Its estimated volume is 10 ml; it can be spread out with an average thickness of 6 mm to cover an area of 10 cm², but there is great variation in its extent, both between individuals and between the right and left sides in the same individual. In our study, double-sided buccal fat pad excision was planned for a 25 and 27-years-old female patients to resolve the problem of cheek bite, highlight cheekbones and improve cheek aesthetics by midfacial contouring. After evaluation of the MR results, the buccinator muscle was disrupted after 0.5-1 cm of mucosa incisions over 1 cm of the papillae parodia and 4 ml buccal fat pad was excised on both sides. Subsequently, the region was sutured and medical treatment (antibiotic, analgesic, mouthwash) was performed and postoperative care was described. As a result of 3 months postoperative follow-up, it was observed that the patient had a more triangular and thin facial contour.

Keywords: buccal fat pad, bichectomy, midfacial contouring, aesthetic

S-069

Evaluation of Blue Code Interventions Outcomes In University Dental Hospital of Isparta

Hatice Akpınar¹, Orhan Akpınar², Yavuz Findık³, Murat Kaya³, Timuçin Baykul³
¹Suleyman Demirel University, Faculty of Dentistry, Oral and Maxillofacial Surgery, Isparta
²Suleyman Demirel University, Institute of Health Sciences, Medical Microbiology
Department Isparta
³Süleyman Demirel University Faculty of Dentistry, Oral and Maxillofacial Surgery
Department, General Anesthesia Unit

Objective: The code blue, which is a professional resuscitation team organization, has an important role for the survival of patients with respiratory or/and cardiac arrest in the hospitals. Code blue is the sole coloured code used internationally for the same purpose in emergency cases. This study was respectively designed to evaluate the affectivity, safety, significance, benefits and outcomes of the code blue implementation in accordance with quality policy of our hospital.

Materials-Methods: Code blue implementation between January 2011 and April 2013 was retrospectively reviewed. Patient age and gender, location, date, and time of call, team unit and time of arrival, and activities performed were recorded. Additionally recorded were duration and results of cardiopulmonary resuscitation.

Results: Total of 34 patients (15 male and 19 female) were included into the study. The mean response time of code blue teams to the patient was 2.18 ± 1.92 minutes. The most frequent call times for code blue was between 10-11 pm and 14-16 pm. After code blue calls, none of the patients were dead, 3 % of them needed to advanced life support and 97 % were improved in general status.

Conclusion: This study showed that blue code practice is associated with significant improvement in the outcomes of hospitalized or outpatient patients. it is an accurate standard method in terms of hospital quality, medical ethics, legal responsibility and patients' safety

Keywords: blue code, emergency, dentistry

S-070

Establishment of the Surgical Difficulty Scale Obtained Information from Systemic, Clinical and Radiological Evaluations of the Impacted Lower Third

Hatice Deniz, Mustafa Ercüment Önder, Umut Tekin, Fethi Atıl,
Ismail Doruk Koçyiğit, Özkan Özgül

Department Of Maxillofacial Surgery, Kırıkkale University, Kırıkkale, Türkiye

The surgical extraction of the impacted third molar is one of the most common local surgical procedures performed in dentistry. In order to minimize the complications that may arise during the surgical procedures of the impacted teeth, it is necessary radiological examinations before operation, to take a complete anamnesis and to apply the clinical examination. The first study to classify impacted third molars were conducted by Macgregor in 1976. Other prominent classification models were made by researchers such as Winter's, Pell and Gregory's, Pederson's and Wharfe. Most of the impacted third molar classifications were limited to radiological variables. Parameters such as age, education, existing systemic diseases, medications used, impacted classification of the teeth and indications of extractions that may affect the operation are excluded from these classifications. There is no «surgical difficulty scale» in which all these parameters are evaluated together. The duration of the surgical process; the position of the tooth, the depth in the bone, the anatomical characteristics of the tooth, the presence of the systemic disease of the patient, and the ability to cooperate with the patient. Length of operation time; it may increase the complications that may occur and may cause complications to reach more serious dimensions. The surgical difficulty scale, which was prepared by us before surgery, was used to evaluate the impact of the degree of difficulty on the operation time and the complication formation.

Keywords: Third molar, surgical extraction, surgical difficulty

S-071

Evaluation and comparison of the effects of artesunate, dexamethasone, and tacrolimus in rat sciatic nerve regeneration

Tuğçenur Uzun¹, Orçun Toptaş¹, Aslıhan Şaylan², Hande Yılmaz², Şule Aydın Türkoğlu³

¹Abant İzzet Baysal Üniversitesi Diş Hekimliği Fakültesi Ağız, Diş ve Çene Cerrahisi Anabilim Dalı

²Abant İzzet Baysal Üniversitesi Tıp Fakültesi Histoloji ve Embriyoloji Anabilim Dalı

³Abant İzzet Baysal Üniversitesi Tıp Fakültesi Nöroloji Anabilim Dalı

Objective: Peripheral nerve injury is commonly encountered condition in clinical practice. The effects of dexamethasone and tacrolimus, which were proven to have positive effects experimentally on nerve regeneration previously, were compared in the present study. Artesunate is the most effective option for chloroquine-resistant malaria, there are also many studies demonstrating the anticancer, antiviral and anti-inflammatory effects of artesunate. The present study investigated the efficacy of artesunate in nerve regeneration and it was compared with the effects of tacrolimus and dexamethasone.

Materials-Methods: Thirty-six Wistar rats were used in the study. The right sciatic nerves of the rats were exposed using blunt dissection and then compression was applied to the nerve. In the sham group, the nerve was exposed but no compression was applied. Saline, vaseline, artesunate, tacrolimus, and dexamethasone impregnated gelatine sponges were administered to each of compression-treated groups.

Results: Walking track analysis and EMG measurement were performed in the rats at the end of the fourth week postoperatively. After the sacrifice of the subjects, the nerve tissues were examined histopathologically. According to the results of sciatic function index, EMG analysis and histopathological examination, statistically significant increase was observed in terms of nerve regeneration in the artesunate, tacrolimus and dexamethasone groups compared to the vaseline and saline groups.

Conclusion: The present study revealed a positive effect of artesunate on nerve regeneration. This effect of artesunate is probably due to its anti-inflammatory characteristic. Based on the results of our study, tacrolimus, dexamethasone, and artesunate showed similar effects in terms of nerve regeneration.

Keywords: nerve regeneration, artesunate, dexamethasone, tacrolimus

S-072

Pleomorphic Adenoma: Two Case Reports

Ersin Keskin, Nedim Güneş, Utku Nezih Yılmaz, Adalet Çelebi, Belgin Gülsün
Dicle University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: Pleomorphic adenomas are included in non-odontogenic soft tissue tumors. It's called benign tumors of salivary glands. The most common benign salivary gland tumor is the pleomorphic adenoma and it is seen in 75% of all salivary gland tumors. Tumors originating from the minor salivary glands are common in the palatal region. It is most common in the 5th and 6th decades and it is observed more frequently in the female population. In this case report, pleomorphic adenoma cases in palatal region in 2 different patients are presented.

Case 1: A 50-year-old male patient was referred to the Dicle University Faculty of Dentistry Maxillofacial Surgery Department for the painless swelling that had been present in the palate for about 2 years. There was no pathology in the radiological examination. Negative result was obtained when the lesion was aspirated. Pleomorphic adenoma with an initial diagnosis, mass were removed by dissection under local anesthesia.

Case 2: A 36-year-old female patient was referred to the Dicle University Faculty of Dentistry Maxillofacial Surgery Department for the painless swelling. She could not use total prosthesis because of the swelling. On the radiological examination, no destruction of bone was observed. Negative result was obtained when the lesion was aspirated. The patient followed up for 12 months and no recurrences were observed.

Conclusion: Pleomorphic adenoma may show recurrence or malign transformation even though it is a benign tumor. For this reason, the lesion should be removed surgically after diagnosis and the patients should be followed for a long time.

Keywords: Hard Palate, Pleomorphic Adenoma, Salivary Gland Neoplasms

Case 1.1



Intraoral image of the lesion

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case 1.2



Removal of the tumor under local anesthesia

case 1.3



Tumor removed by surgical operation

case 2.1



Intraoral image of the lesion

case 2.2



Removal of the tumor under local anesthesia

case 2.3



Tumor removed by surgical operation

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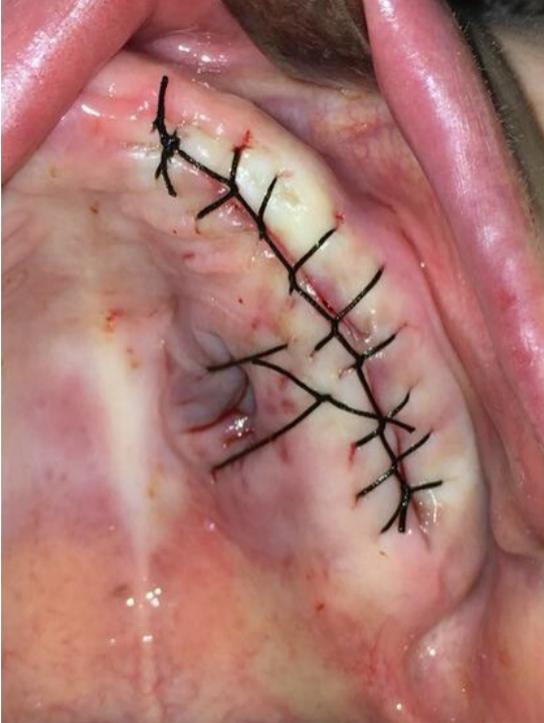
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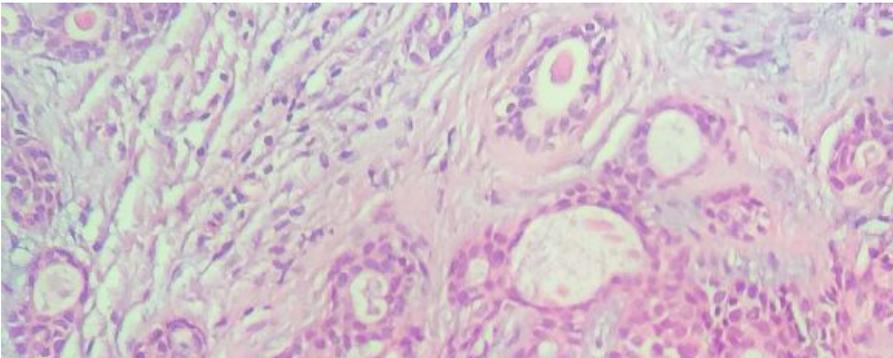
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case 2.4



Primer closure of area

case 2.5



Histological image of the tumor

S-073

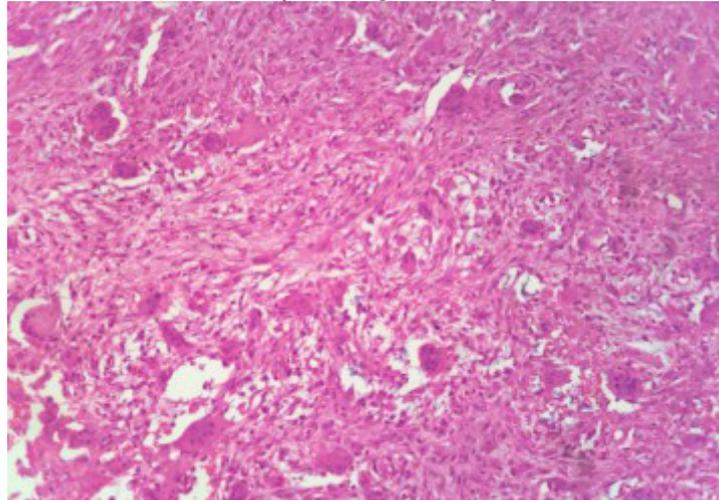
Central Giant Cell Granuloma: A Case Report

Utku Nezh Yılmaz, Adalet Çelebi, Bekir İlyasov, Belgin Gülsün
Dicle University Faculty of Dentistry

Central giant cell granuloma is a rare pathology and represent about less than 7% of all benign lesions of the jaws. Although most of central giant cell granulomas are benign, some of them can present aggressive character. The report presents a case of central giant cell granuloma, this is in the left maxilla. A forty two years old female patient was referred to our clinic with complaining of swelling and pain. Intraoral examinations revealed bone expansion, one of them was located in the left maxilla. The mass extending from the anterior region of the left maxillary to the lateral wall of the nose and filling a portion of the sinus is as large as the left maxillary tuberos region. in addition to the base of the orbita. Radiographic examinations showed multilocular radiolucent lesion in the related regions. The surgical removal of the lesion was performed under general anaesthesia. Histopathological examination of the surgical specimens obtained from the lesion revealed central giant cell granuloma.. Additionally, the patient should be evaluated periodically (clinically and radiographically).

Keywords: Giant cell granuloma, pathology, maxilla

histopathological image



fibrohistiocytic stromal cells and giant cells of the osteoclast type. The area of the lesion is edematous and hemorrhagic. Peripheral or central giant cell granulomas are differentiated according to radiological and clinical findings. The main lesion is considered to be central in bone.

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intraoral view



maxillary sinus space after curettage

pathology



pathological tissue after curettage

preop radiography



left maxilla area

S-074

Brown Tumor associated with Parathyroid Carcinoma: A rare case report

Nelli Yıldırım¹, Öznur Özalp¹, Amil Hüseyinov², Cumhuri Arıcı², Mehmet Ali Altay¹, Alper Sindel¹

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Akdeniz University, Antalya, Turkey

²Department of General Surgery, Faculty of Medicine, Akdeniz University, Antalya, Turkey

Objective: This case of Brown Tumor of Parathyroid Carcinoma aims to emphasize the importance of laboratory testing in giant-cell lesions in order to reach the most accurate diagnosis.

Case: A 55-year-old male patient with Brown Tumor of the left maxilla, further diagnosed with parathyroid carcinoma, was treated with an initial regimen of intralesional corticosteroid application and then surgical resection of the Brown Tumor, and excision of thyroid and parathyroid glands. This case of parathyroid carcinoma presenting with intraoral Brown Tumor is the 7th reported case encountered in the literature.

Conclusion: Several medical conditions may present with giant cell lesions intraorally which have similar histological properties. It is essential to confirm the true diagnosis through additional diagnostic methods. Parathyroid hormone, serum calcium and phosphate levels should be inspected to ascertain Brown Tumor of hyperparathyroidism (BTH). Surgeons should keep in mind that not all cases of BTH are due to benign parathyroid pathologies and several cases may present with malignancies such as parathyroid carcinomas, which have a prevalence of 0.5-4%. Limited number of maxillofacial brown tumor cases present as the first sign of parathyroid pathologies; therefore whenever giant-cell lesions are histologically confirmed, additional diagnostic methods are also required.

Keywords: Brown tumor, maxilla, parathyroid carcinoma, laboratory testing, parathyroid hormone

Initial presentation



Initial presentation of the lesion

S-075

Removal of a huge Brown Tumor of maxilla with degloving approach in chronic renal disease patient; Case Report

Pelin Aydın, Kağan Deniz

Department of Oral and Maxillofacial Surgery, Baskent University, Ankara

Case: Hyperparathyroidism is an endocrine system disease which is characterised with hypercalcemia and excessive production of parathyroid hormone. The aim of this case report is the treatment of huge Brown Tumor of maxilla and maxillary sinus in a patient with seconder hyperparathyrodism which are considered as focal infection point. In this case report, 15 years old male chronic renal disease patient with huge maxillary brown tumor was referred to the Department of Oral and Maxillofacial Surgery, University of Baskent, Istanbul. Extraoral examination revealed facial asymmetry with left facial enlargement. Intraoral examination showed alarge soft tissue mass 5cm x 6cm extending from anterior maxilla to soft palate with magrated teeth inside. The treatment plan is made after evaluation of Endocrine Diseases and Metabolism, ENT and General Surgery departments> consensus. The surgical removal was made with Degloving technique without any extraoral incision as if in Weber-Ferguson technique and primaraly closed with intraoral sliding flaps.

Keywords: brown tumor, hyperparathyroidism, degloving technique

S-076

Management of Odontogenic Keratocysts in Gorlin-Goltz Syndrome - An Update Review of Treatment Options

Burak Kocabalkan, Hüseyin Alican Tezerişener, Nelli Yıldırımıyan,
Göksel Şimşek Kaya, Alper Sindel, Mehmet Ali Altay

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

Objective: Gorlin-Goltz syndrome (GGS), also known as Nevoid Basal Cell Carcinoma Syndrome is an autosomal dominantly inherited disorder with an incidence of 1/50.000 - 1/150.000 in general population. The classic triad described by Gorlin and Goltz in 1960 is composed of Odontogenic keratocysts (OKCs) in jaws, multiple nevoid basal cell carcinomas and bifid ribs. OKCs are considered the first sign of GGS in 78% of cases.

Conservative treatment options for OKCs include decompression-marsupialization followed by enucleation, while more radical approaches include resection, peripheral ostectomy and chemical curettage. After surgical excision of OKCs, high recurrence rates ranging from 12% to 82% have been reported.

The aim of this report is to conduct an update review of treatment alternatives for OKCs encountered in GGS and to present two cases of GGS encountered in a mother and her daughter.

Case: Multiple OKCs previously diagnosed in the mother were treated by means of marginal resection and chemical curettage. More extensive OKCs later identified in the daughter and are currently being decompressed to help us achieve less radical margins in future resections.

Conclusion: OKCs are considered among the primary findings of patients with GGS. Therefore, maxillofacial surgeons play a major role in the timely diagnosis of GGS, which is essential to avoid morbidity and malignant changes. When encountered in isolated cases, clinicians are advised to evaluate and rule out inherited disorders to avoid delayed diagnosis in other family members.

Keywords: Gorlin-Goltz Syndrome, Odontogenic Keratocyst, Decompression, Enucleation, Chemical Curettage

Initial Orthopantomogram



Extensive Odontogenic Keratocysts in the mandible of the 19-year-old patient.

S-077

Osteosarkomas of Maxillofacial Region

Ömer Erdur¹, Semih Karacı², Bahar Çolpan¹, Mete Kaan Bozkurt¹, Çağdaş Elsürer¹,
Güler Yavaş⁴, Çağdaş Yavaş⁴, Özlem Ata³, Hanife Ataoğlu²

¹Selcuk University, Faculty of Medicine, Department of Otorhinolaryngology, Konya

²Selcuk University, Faculty of Dentistry, Department of Oral And Maxillofacial Surgery, Konya

³Selcuk University, Faculty of Medicine, Department of Medical Oncology, Konya

⁴Selcuk University, Faculty of Medicine, Department of Radiation Oncology, Konya

Objective: Osteosarcoma (OS) is an aggressive primary bone tumor composed of connective tissue cells directly producing osteoid and bone. Osteosarcomas of the jaws (OSJ) are rare lesions representing only a little part of all osteosarcomas. Depending upon the predominant type of extracellular matrix present, osteosarcomas are categorized histopathologically into osteoblastic, chondroblastic, fibroblastic subtypes. Few information is available about their treatment and prognosis because of the limited number of the studies. The aim of this study is to evaluate patients with osteosarcoma in the maxillofacial region surgically treated between 2011 and 2017.

Materials-Methods: Six patients with osteosarcoma in the maxillofacial region were treated at Selcuk University Medical Faculty Hospital and Faculty of Dentistry. Diagnosis was made by incisional biopsy from the lesions. Wide radical resection was performed for the treatment of OSJs with clearance margins of 1.5–2 cm. Surgery was combined with both chemotherapy and radiotherapy.

Results: Six patients (5 male, 1 female) were treated. The average age was 35.8±6.84. Mandibular involvement was observed in 5 of the patients and maxillary involvement was observed in one patient.

Conclusion: It was shown that radical surgery in patients with a craniofacial osteosarcoma gives long-term disease-free survival. Since head and neck region is not always accessible for wide resection, patients with tumor in these areas had significantly decreased survival. Therefore adjuvant chemo-radiotherapy was strongly suggested for osteosarcomas of the head and neck. The primary goal for patients with OSJ is the radical surgical excision with clear margins.

Keywords: mandible, maxilla, osteosarkoma

S-078

Malpractice in dentistry: Patients with angulus mandible and tuberous maxillary fracture due to tooth extraction: Two case report

Utku Nezh Yılmaz, Bekir İlyasov, Adalet Çelebi, Belgin Gülsün

Department of Oral And Maxillofacial Surgery, Faculty of Dentistry, University of Dicle, Diyarbakır, Turkey

Objective: Many complications may develop during tooth extraction. The most difficult and rare ones are jaw fractures. Fracture development is usually seen in lower and upper third molar teeth extraction and develop in angulus mandible and in the maxillary tuberosity region. The jawbone is usually rigid and has the ability to resist incoming forces. When excessive and uncontrollable force is exerted during tooth extraction fractures may appear in the jawbone.

Case: In this case report we presented two cases of the complications developed in the patients who were seen by the general practitioner at the different center were referred to our clinic. The first case is an upper right second molar extraction, which end up with tuberosity fracture, the second case is a low third molar extraction which end up with angulus fracture. The patient with tuberosity fracture was treated with intermaxyllari fixation, and the laseration areas were sutured. In the second case which has angulus mandibula fracture was fixed by applying miniplate and screw sistem.

Conclusion: This case report has shown that uncontrolled and excessive forces applied to teeth can lead to jaw fractures. We must pay attention to the forces applied in the tooth extraction.

Keywords: Malpactice, jaw fractures, mini plate osteosynthesis

intraoral view



A mini plate osteosynthesis at angulus mandible

S-079

The Evaluation of The Effect on Fixation Stability of Different Type Plate And Screw Systems in Mandibular Fractures Using Three-Dimensional Finite Elements Analysis

Osman Habek¹, Beyza Kaya¹, Emre Ari²

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Dicle University,
Diyarbakir, Turkey

²Department of Mechanical Engineering, Faculty of Engineering, Dicle University, Diyarbakir,
Turkey

Objective: The objective of this study was to compare the biomechanical stability of different types of plate and screw systems in mandibular with three-dimensional finite elements analysis.

Materials-Methods: In our study, 24 different fixation models using screws with lengths of 5 and 11 mm and 8 plate types with 4 and 6-hole lengths locked and unlocked at different thicknesses (1mm and 2mm) were examined by finite element analysis under bite and chewing forces. 48 study models and 144 analyzes were performed. In analysis, amount of displacement between fracture fragments and Von Misses stress values formed on the bone around the plate and screw were investigated.

Results: The compressive strain values in the bone structure around the screws were found within the physiological limits. The displacement between fracture fragments was less in locking systems than non-locking systems. Von Misses stress values were found in less than 1.0mm thick non-locking plate systems and the stress on the plate was found to be less than the value that would lead to permanent deformation or breakage of the plate in all systems. Locking system using 6-hole plates with 2.0mm thickness ensured optimal biomechanical stability. Among all systems, fixation systems using 4-hole in superior band and 6-hole in inferior band 1.0mm thick locking plates were found to be satisfactory.

Conclusion: We believe that by examinig the stress on the bones and the plate screw system this study will help to heal by reducing complications as loss of plate or screw and lead to new investigations.

Keywords: Finite Element Stress Analysis, Locking and Non-locking Plate, Mandibular Corpus Fracture

S-080

Open versus closed reduction of dicapitular fractures of the mandible

Serhat Can, Gühan Dergin, Altan Varol

Marmara University, Faculty of Dentistry, Dept. of Oral & Maxillofacial Surgery, İstanbul

Objective: To present management of intra-articular dicapitular fractures of mandibular condyle

Case: A serial of patients with dicapitular mandibular fractures will be presented. All patients had reduction of dislocated segments was done with titanium screws and cannulated screws through particular approach. None of the patients complained of limitation of hypo mobility, joint stiffness and noises.

Conclusion: Open reduction of mandibular dicapitular fractures should be considered as a first option in management option since early mandibular mobilization prevents formation of intracapsular adhesions and risk of ankylosis.

Keywords: dicapitular fracture, condyle, mandible, osteosynthesis

S-081

Osteogenesis Imperfecta: A Case Report

Ozan Kaan Venedik, Serpil Altundoğan
Ankara University

Objective: Osteogenesis imperfecta (OI) is a collective term for a heterogeneous group of connective tissue syndromes characterized by bone fragility and fractures. Most patients carry an autosomal dominant mutation on either the COL1A1 or COL1A2 genes. Bone, dentin, sclera and ligaments have abundant type I collagen, so these structures are most commonly affected. In this case there is no mutation in the associated COL1A1 or COL1A2 genes, and the patient is diagnosed OI based on clinical presentation and family history.

Case: A 29-year-old woman diagnosed with osteogenesis imperfecta presented to our clinic with the complaints of pain in both temporomandibular joints and radiolucent lesions common in the jaws. We have learned that she had similar complaints in her history and had received biopsy from the relevant regions 3 times. All of the biopsy results were bone and cement-like tissue.

At the request of the patient, under general anesthesia injection of PRP into both temporomandibular joint regions was performed and then hard stabilization plate was used. The complaints in the 6-month follow-up joint area were observed to decrease.

Conclusion: In the same session, Radiolucent sites on the radiograph delation in the mandible were curetted, tissue samples were taken and the relevant regions were covered with PRF membrane. Received samples were sent to the pathology laboratory. The result was fluoride cemento-osseous dysplasia. After 6 months of radiographic follow-up, regression in the lesions of mandible were observed.

Keywords: osteogenesis imperfecta, prf, prp, fluoride cemento-osseous dysplasia

S-082

Osteochondroma of The Mandibular Condyle

Serhat Can, Hasan Garip, Altan Varol

Marmara University, Faculty of Dentistry, Dept. of Oral and Maxillofacial Surgery

Objective: To present an interesting osteochondroma case that extended medially to the cranial base with formation of a pseudoarticulation.

Case: A 63 years old male patient presented with long standing mandibular hypomobility was operated for resection of left condylar osteochondroma. The medial extension of the bony mass to the middle cranial fossa formed pseudoarticulation at the cranial base. The resection was performed through preauricular approach. The condyle was kept intact. The resected specimen was macroscopically in a condylar form with a cartilage cap. The biopsy revealed diagnosis as a osteochondroma.

Conclusion: The osteochondromas of the mandibular condyle may be presented in various dimensions. The general treatment of these tumours is resection and reconstruction with free grafts, ramus osteotomies or total joint prosthesis.

Keywords: tmj, osteochondroma, resection

S-083

The Assessment of the Length and Angle of the Coronoid Process and Condyle: CBCT-based Quantitative Analysis

Nesrin Saruhan, Görkem Tekin

Eskişehir Osmangazi Üniversitesi Diş Hekimliği Fakültesi Ağız, Diş ve Çene Cerrahisi A.D.

The coronoid is the primary bone structure that blocks the posterior extension of the ulna by acting as a chock by the placement of the distal part of the large sigmoid bone. Impingement of the enlarged coronoid processes against the medial surfaces of the zygomatic arches and posterior surfaces of the body of the zygomatic bones results in mechanical restriction of the mouth opening. In this study, a helpful tool for easy assessment and estimation of the length and angle of the coronoid process and condyle was measured on the CBCT scans of 40 patients (20 adults, 20 adolescents).

Keywords: coronoid process, condyle, CBCT

S-084

Aesthetic evaluation of the facial morphology in adults with transversal maxillary deficiency

Arzu Günaydın, Neslihan Ebru Şenışık, Gökhan Aydın
Department of Orthodontics, Faculty of Dentistry, Suleyman Demirel University

Objective: The aim of this study was to evaluate the facial aesthetics in female adults with transverse maxillary deficiency.

Materials-Methods: The study sample comprised of 16 female with transverse maxillary deficiency, mean aged 19,59 years old, and 41 female without transversal maxillary deficiency, mean aged 21,22 years old. All participants had straight profile. 3dMDface System (3dMD,Atlanta,USA) was used for capturing the images, SmileDesignerPro (SmileDesignerPro ,Toronto,Canada) was used for 2D analyses. 17 linear measurements were performed and 20 facial ratio were evaluated. For statistical analysis of facial soft tissue, independent samples t test was used.

Results: According to this study results, statistically significant differences were observed in 6 linear measurements and 3 facial ratios. In transversal maxillary deficiency group, mouth width, eye widths, Sellion-Subnasale measurements were smaller than in the control group. In the transversal maxillary deficiency group Stomion-Gnathion (mandibular height) and Labiale superius-Gnathion heights, were found to be significantly higher than the control group ($p<0,05$). There was significant difference between the groups in the ratio of mouth width to exocanthion width, the ratio of Sellion-Subnasale height to lower facial height, the ratio of lower facial height to face width at bi-pupil line ($p<0,05$). There was no significant difference in nasal width and face width values between the groups ($p>0,05$).

Conclusion: In adult female patients with transverse maxillary deficiency, differences were found in facial morphology and facial proportions. When SARME is considering as a treatment alternative, these morphological differences can be taken into account in terms of facial aesthetics.

Keywords: aesthetic evaluation, facial morphology, transversal maxillary deficiency

S-085

An Analysis of Clinico-Radiological Correlation of Medication- Related Osteonecrosis of Jaws

Kıvanç Bektaş Kayhan¹, Hülya Çakır Karabaş², Ilknur Özcan²

¹*Istanbul University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery,
İstanbul, Turkey*

²*Istanbul University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology,
İstanbul, Turkey*

Objective: The objectives of the study was to assess how dependable clinical and radiological features are in diagnosis and follow up of Medication- Related Osteonecrosis of Jaws (MRONJ) and to identify conditions radiologic signs in Cone Beam Computed Tomography (CBCT) that may lead new necrosis in jaws.

Materials-Methods: Fifty consecutive patients of a surgeon between December 2015- March 2018 with the risk of MRONJ were evaluated. Clinical examinations included soft and hard tissue of oral cavity along with cervical lymph nodes and radiological features of bone sclerosis, bone sequestration, cortical surface irregularity, osteolytic changes, persistent extraction sockets and periosteal response were also screened by cone beam computed tomography (CBCT). The clinical presentation, radiological features were correlated with the diagnosis and follow up of MRONJ suspected cases.

Results: Total of 50 patients (39 female and 11 male) with mean age 62,28 were evaluated. 64% bone sclerosis, 64% cortical surface irregularity, 64% osteolytic changes and 36% bone sequestration were detected with correlation of high prevalence exposed bone and purulence exudation. 22% persistent extraction socket and 20% periosteal reaction were more prone to have silent clinic appearance.

Conclusion: CBCT has becoming popular in recent years for the imaging of MRONJ. Easy and inexpensive access to 3-dimensional images of bone structures of very high resolution and lower exposure to radiation when compared to computed tomography are the main advantages of CBCT and many signs of MRONJ could be screened and monitored for long time follow up.

Keywords: Medication Related Osteonecrosis of Jaws, Cone Beam Computed Tomography, Bony Changes

S-086

Evaluation of the effect of growth factors on bone healing

Elif Aslı Gülşen¹, Mustafa Cenk Durmuşlar¹, Akif Türer¹, Uğur Gülşen¹,
Mehmet Emin Önger²

¹Department of Oral and Maxillofacial Surgery Bülent Ecevit University Zonguldak Turkey

²Department of Histology and Embryology Ondokuz Mayıs University Samsun Turkey

Objective: The purpose of this study was to histologically analyze the influence of the PRF (Platelet Rich Fibrin), CGF(Concentrated Growth Factors) and A-PRF (Advanced Platelet Rich Fibrin) with or without autogenous bone on bone healing in surgically created critical-size defects (CSD) in the calvaria.

Materials-Methods: Eighty animals of 8 groups were used for surgical procedure. A semilunar incision was made in the scalp in the anterior region of the calvarium. A 5-mm diameter CSD was made with a trephine used in a low-speed hand piece under continuous sterile saline irrigation. One group left empty. Other groups were filled with autogenous bone, PRF, CGF, A-PRF, PRF with autogenous bone, A-PRF with autogenous bone and CGF with autogenous bone. The animals were sacrificed at 4 weeks. Bone formation was assessed by stereological analysis.

Results: The total percent of new bone was the lowest in group empty (1.03±0.1) and highest in group A-PRF with autogenous bone (1.74±0.1). The mean new bone volume was statistically significant difference in the A-PRF with autogenous bone group, followed by the autogenous bone group. (statistically significant difference at P<0.05). Besides there was not a statistically significant difference between the A-PRF+Ag group and PRF+Ag group in terms of the new bone volume(P <0.05).

Conclusion: The addition of A-PRF, PRF, and CGF had significantly increased bone formation at the 4th week. The effect of A-PRF, PRF, and CGF was similar and may be useful in the future to increase the success rate of bone grafting.

Keywords: Growth factor, PRF, A-PRF, CGF, regeneration

S-087

Final results for the quality of life in patients after cleft palate surgery

Sabrin Ali Azim¹, Yunis Amiraslan Yusubov², Parisa Foroughiasl²

¹Rak College of Dental Sciences, Rak Medical and Health Sciences University

²Azerbaijan Medical University

Objective: to find out and increase the quality of life in patients after cleft palate surgery.

Materials-Methods: The total number of the patients were 78. The patients were divided in three groups due to the diagnosis. 23 patients with cleft palate surgery were in first group, 46 patients with cleft palate surgery were in second group and 9 patients with soft palate cleft surgery were in third group. Within the treatment of the patients the methods of diagnosis such as clinical check up, video recording and photo taking were used.

Results: As Per our results it was found that 84,6±4,09 % patients are not satisfied with their level of life. 15,4±4,09 % of patients still try deny that they are not satisfied. 17,4±7,90 %, are from first group. 15,2±5,30 % are from second and 11,1±10,48 % are from third group.

Conclusion: it was shown that more than 46,1±5,64% patients hadn't any rehabilitation after surgery. Developed algorithm for the patients after cleft palate surgery simplifies the rehabilitation after surgery. The rehabilitation which is made on time increase the quality of life. The examination of speech showed that right surgical approach and treatment by the speech therapist on time gives a positive result in speech. It's possible to study and improve the quality of life related to the disease by using the special questionnaire, which was made by us.

Keywords: quality of life, cleft palate surgery, questionnaire

S-088

Comparison of The Efficacy of Low Level Laser Therapy and Photodynamic Therapy on Oral Mucositis in Rats

Suzan Bayer Alınca¹, Ebru Sağlam², Nur Özten Kandaş³, Oğuzhan Okçu⁴,
Nergiz Yılmaz⁵, Beyza Servet Göncü⁶, Mehmet Ali Doğan⁷

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Bezmialem Vakıf
University, İstanbul

²Department of Periodontology, Faculty of Dentistry, Health Sciences University, İstanbul,

³Department of Pharmaceutical Toxicology, Faculty of Pharmacy, Bezmialem Vakıf University,
İstanbul

⁴Department of Pathology, Recep Tayyip Erdogan University Education and Research
Hospital, Rize

⁵Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Izmir Katip Celebi
University, İzmir

⁶Experimental Research Center, Bezmialem Vakıf University, İstanbul

⁷Department of Pathology, İstanbul University, İstanbul

Objective: Oral mucositis (OM) induces severe pain and limits fundamental life behaviors such as eating, drinking and talking for patients receiving chemotherapy or radiotherapy. In addition, through opportunistic microorganisms, OM frequently leads to systemic infection which then leads to prolonged hospitalization. Severe lesions often adversely affect curative effects in cancer cases. Therefore, the control of OM is important for oral health quality of life and prognosis. Low level Laser Therapy (LLLT) may be useful to accelerate wound healing. Indocyanine green can improve LLLT affect. The aim of this study is evaluate to the efficacy of LLLT and photodynamic therapy on affect of oral mucositis in rats.

Materials-Methods: In this study, 24 Sprague Dawley rats were divided into 3 groups as control, laser and photodynamic therapy groups. All groups received 5-Fluorouracil intraperitoneally and trauma to the mouth pouch with a needle. After the formation of OM in the mouth, the control group had no treatment; the laser group was administered laser, and the photodynamic therapy had LLLT after indocyanine green application. Then all groups were sacrificed and histologic and basic fibroblast growth factor (bFGF), transforming growth factor (TGF- β) and platelet-derived growth factor (PDGF-BB) were evaluated in all groups.

Results: Photodynamic therapy group was determined to be statistically significantly more effective than laser application on bFGF and PDGF-BB groups. However, in respect of TGF- β , no statistically significant difference was observed between the groups.

Conclusion: Within the limitations of this study, indocyanine green can accelerate LLLT effect. However further studies on this subject are required.

Keywords: oral mucositis, photodynamic therapy, low level laser therapy

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CS-01

Evaluation of the effectiveness of intraarticular platelet rich plasma in the treatment of temporomandibular joint internal derangement: a randomized controlled study

Ayşe Karaca Bulut, Hanife Ataoğlu

Oral and Maxillofacial Surgery Department, Faculty of Dentistry, Selçuk University, Konya

Objective: Several treatment options can be applied in TMJ internal derangements. Arthrocentesis is the simplest, minimally invasive and effective treatment method. The aim of this study was to investigate whether platelet rich plasma (PRP) is more effective than arthrocentesis.

Materials-Methods: This study was included 25 patients (2 male, 23 female) aged between 18-47 years. The inclusion criteria of patients; MRI and clinically diagnosed with internal derangement, unresponsive to conservative treatments and existing unilateral pain, joint sound and limitation of jaw movements. Patients were divided into two groups; control group applied only arthrocentesis, study group applied intraarticular PRP injection a week after arthrocentesis. Data was collected in the form of pain (visual analog scale), maximum mouth opening and joint sound before and after treatment up to 3 months.

Results: The mean age of the patients in the arthrocentesis and prp group was 27±9.49 and 25±6,62 years, respectively. There was no statistically difference between pain, maximum mouth opening and joint sounds of the patients in the groups before the application ($p>0.05$). Both treatments were effective in reducing pain ($p<0.05$) but there was no difference between the groups ($p>0.05$). When the groups were compared at 12th week after application, maximum mouth opening was more effective in favor of the PRP group, whereas joint sound was more effective in favor of the arthrocentesis group.

Conclusion: It was determined that there is no clear superiority of any of the methods with regard to reduce symptoms of patients. New studies involving more patients with long follow-up are needed.

Keywords: Arthrocentesis, platelet rich plasma, temporomandibular joint

CS-02

Evaluation of the Effect of Orthognathic Surgery on Oral Health and Quality of Life in Ankara/Turkey

Ezgi Ergezen Özaşır, Eren Meral, Aylin Ekmekçioğlu, Hakan H. Tüz
Hacettepe University, Department of Oral and Maxillofacial Surgery

Objective: The aim of this study is to determine the changes in quality of life(QoL) after orthognathic surgery.

Materials-Methods: 20 patients were evaluated preoperatively (T0), post-operative 1 month (T1) and post-operative 3 months (T2) after operation. OHIP-14 and OQLQ were used as generic oral health related QoL and condition specific QoL measures.

Results: OHIP-14 and OQLQ scores decreased significantly between T0-T2. Physical pain, psychological disability, social disability, social handicap decreased significantly between this interval. Facial esthetic, function, awareness of facial deformity, social aspects of deformity scores significantly decreased. There was not a significant difference between age groups, hence female patients had significantly greater preoperative OHIP-14 scores.

Conclusion: Orthognathic surgery not only enhances the skeletal and facial relations, but also has significant positive effects on the patients' QoL, oral health and psychological status. Both OHIP-14 and OQLQ can be used to assess the Quality of Life.

Keywords: orthognathic surgery, quality of life, dentofacial deformity

CS-03

The Necessity of Immunohistochemical Analysis in Diagnosis of Oral and Maxillofacial Pathologies

Pelin Aydın¹, Sıdıka Sinem Akdeniz¹, Eda Yılmaz Akçay², Kenan Araz¹

¹Baskent University, Department of Oral and Maxillofacial Surgery, Ankara

²Baskent University, Department of Pathology, Ankara

Objective: The aim of this study was to determine the incidence and detailed clinical features of different types of odontogenic and nonodontogenic lesions in oral and maxillofacial region; and, to determine the necessity of immunohistochemical analysis in the histopathological evaluations.

Materials-Methods: The clinical records and histopathological reports of patients who were diagnosed with odontogenic cyst (OCs), nonodontogenic cyst (nOCs) and odontogenic-nonodontogenic tumors from 2011 to 2017 were investigated retrospectively. All case records were re-evaluated to classify the lesions according to the criteria of the World Health Organization (WHO) 2017. The prevalence of all diagnosed lesions and all used immunohistochemical analysis methods were recorded and were descriptively analyzed.

Results: A total of 579 pathologies were diagnosed during a 7-year period. (45%) of the patients were female. Radicular cysts were the most frequent (26%) lesion, followed by dentigerous cyst(13%) and odontogenic keratocyst (4%), respectively. 20 (3%) of the cases diagnosed with immunohistochemical analysis of expression. Immunohistochemical diagnosis was specially needed in odontogenic fibroma, granuloma, ameloblastoma and adenoid cystic carcinoma lesions. Cytokeratin AE1/AE3, S100, CD68 and Ki-67 were the most commonly preferred immunohistochemical antibodies. The final diagnosis was different from provisional diagnosis in (35%) pathologies that evaluated immunohistochemically.

ConclusionEven the immunohistochemical characteristics using a large panel of antibodies rarely used by oral pathologists, it helps to make correct differential diagnosis and bring light to clinical follow up.

Keywords: immunohistochemical, maxillofacial, pathology

CS-04

Treatment of Mandibular Body Fractures with Ultrasound Aided Fixation: An Experimental Study in Immature Rabbits

Ismail Eser Bolat, Umut Tekin, Mustafa Ercument Onder, Ismail Doruk Kocyigit,
Fethi Atıl, Ozkan Ozgul

*Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of Kirikkale,
Kirikkale*

Objective: Pediatric mandibular fractures are uncommon and have been treated by a wide variety of fixation methods. Ultrasound-aided fixation systems have been used for the pediatric cranial and facial bones but they have limited indication on treatment of mandibular fractures.

Materials-Methods: Twenty eight immature, two months old male New Zealand rabbits were used, four groups, seven animals in each group. Isolated mandibular body fractures were created. All fractures were repositioned and fixed with resorbable plates or meshes and ultrasound aided pins or titanium screws. All of the animals were sacrificed two months after surgery. Histological and histomorphometric examinations were performed on the harvested hemi mandibles. The data were statistically analyzed.

Results: New bone formation has detected on all samples. The Titanium screw groups showed higher scores than ultrasound aided pin groups regarding the new bone area postoperatively. Plate + Titanium screw group showed highest new bone formation. However, there were no significant differences between amounts of new bone formation among 4 groups.

Conclusion: This study suggested that ultrasound aided meshes + sonic pin application could be an alternative treatment method for pediatric mandibular body fractures.

Keywords: Trauma, Sonic-pin, mesh, pediatric

CS-05

Three-Dimensional Soft Tissue Effects of Mandibular Midline Distraction And Surgically Assisted Rapid Maxillary Expansion: An Automatic Stereophotogrammetry Landmarking Analysis

Atilla Gül¹, Markus A. De Jong¹, Jan P. De Gijt¹, Eppo B. Wolvius¹, Manfred Kayser²,
Stefan Böhringer³, Maarten J. Koudstaal¹

¹Department of Oral and Maxillofacial Surgery, Erasmus Medical Center, Rotterdam, the Netherlands

²Department of Genetic Identification, Erasmus Medical Center, Rotterdam, the Netherlands

³Department of Medical Statistics and Bioinformatics, Leiden University Medical Center, the Netherlands

Introduction: Research on mandibular midline distraction (MMD) is mostly performed using conventional research methods including dental cast models and posterior-anterior cephalograms. Research on bimaxillary expansion (BiME), combination of MMD and SARME, is reported sparsely. Main objective of this study is to provide a three-dimensional (3D) evaluation of soft tissue effects following MMD and/or SARME.

Material-Methods: From 2008 to 2013, non-syndromic patients who underwent MMD and/or SARME at the Department of Oral and Maxillofacial Surgery, Erasmus Medical Center, Rotterdam, the Netherlands, were included. Stereophotogrammetry records were taken at time points: pre-operative (T1), direct post-distraction (T2) and 1-year post-operative (T3). Stereophotogrammetry analyses were performed with automatic 3D facial landmarking algorithm using 2D Gabor wavelets (**Fig. 1**).

Results: Twenty patients were included. Twelve patients had undergone BiME. All 20 patients had undergone SARME. Age at time of surgery ranged from 16 to 47 years. There was a significant downward displacement of the pogonion ($p < 0.05$) with a tendency for increase of inter gonial distance. Furthermore, there was a mean increase of 2.20 mm for nasal alar sulcus width ($p < 0.05$) and mean increase of 1.77 mm for nasal base width ($p < 0.05$).

Conclusion: Automatic stereophotogrammetry landmarking analysis of soft tissue effects showed a downward displacement of the pogonion following BiME and a transversal widening of the nasal alar sulcus width, and nasal base width after SARME. Clinicians should communicate these possible soft tissue effects with the patients carefully during the planning of the orthognathic surgery.

Keywords: Mandibular midline distraction osteogenesis, mandibular symphyseal distraction osteogenesis, SARME, soft tissue, automatic stereophotogrammetry landmarking analysis

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Overview of 26 automatically placed facial landmarks on the flat view.



CS-06

Effect of kinesio taping on temporomandibular joint disorders

Elif Esra Özmen¹, Sönmez Bayram Ünüvar², Ercan Durmuş¹, Abdullah Kalaycı¹

¹Department of Oral and Maxillofacial Surgery, Selçuk University Faculty of Dentistry, Konya,

²Department of Physical Medicine and Rehabilitation, Karatay University, Konya

Objective: Kinesio Tape is a latex-free, thin cotton band. It was developed in Japan 25 years ago. The main purpose of Kinesio taping method is to contribute to healing by allowing movement without pain. In this study, the aim was to evaluate the effectiveness of Kinesio taping in temporomandibular joint disorders.

Materials-Methods: This study was designed as a prospective controlled study. Thirty-three patients who applied to our clinic with pain, limited mouth opening and voice complaints were participated in the study. The temporomandibular joint disease was confirmed by clinical examination. The patients were divided into two groups. Medical treatment and home exercise program was applied to both groups. Kinesio taping was also applied to study group. VAS, amount of maximum mouth opening and lateral movement and questionnaires about quality of life were used in the evaluation.

Results: The study group's complaints have decreased. There was a significant improvement in VAS after 6 months in the study group but not in the control group. The results were the same for maximum mouth opening and lateral movements.

Conclusion: According to our findings, Kinesio taping should be considered as an additional treatment method to medical treatment and home exercise program in patients with the temporomandibular joint disease.

Keywords: kinesio tape, maximum mouth, temporomandibular joint disorders

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POSTER PRESENTATIONS

P-001

IMF screws outweigh arch bars for intermaxillary fixation in the treatment of mandibular condylar and subcondylar fractures

Reda Fouad Elgazzar, Adnan Sayyed Shah, Ajit Jay Lalli
University of Manitoba, Health Sciences Center, Oral and Maxillofacial Surgery, Winnipeg, Canada

Objective: Mandibular condylar and subcondylar fractures can be treated by open reduction and internal fixation (ORIF), or by closed reduction using intermaxillary fixation (IMF). When IMF is indicated, there is a variety of modalities available including arch bars and IMF screws. The objective of this retrospective chart review was to study the outcomes of patients treated with IMF screws versus arch bars in the management of condylar and subcondylar fractures.

Methods: A total of 99 patients' charts were suitable for retrospective analysis. Variables assessed included: type of associated mandibular fractures, type of IMF used, post-operative occlusion, hardware failure, soft tissue inflammation and infection, patient compliance and hygiene, and the use of local anesthetic for hardware removal.

Results: employing either IMF screws or arch bars for IMF was found to be effective in the treatment of mandibular condylar and subcondylar fractures. IMF screws method was found to be preferable and more commonly used by most of the surgeons. Patients found IMF screws easier to clean and socially acceptable. 12 mm screws showed higher stability compared to 8 mm screws. IMFS had less risk of sharp wire injury, and required less time for insertion and removal. Arch Bars remains a priority in certain cases including concurrent dentoalveolar fracture and when occlusion is more demanding.

Conclusion: There are advantages and disadvantages of both treatment modalities, each providing acceptable results in the treatment of condylar and subcondylar fractures. IMF screws were found to be time saving, safer and friendlier for both surgeons and patients.

Keywords: IMF Screws, Arch Bars, Mandibular Condylar and Subcondylar Fractures, TMJ fractures

P-003

The risc of complications of untreated nonsyndromic craniosynostosis in children. Case presentation

Railean Silvia¹, Railean Gheorghe², Claire Sanger³

¹State University of Medicine and Farmacy "N. Testemiteanu"

²Institute of Mother and child Neurological Department

³Wake Forest University Baptist Medical Center, Department of Plastic and Reconstructive
Surgery

Objective: Discussions regarding craniosynostosis in children in recent years are topic of some controversy. Some authors believe that surgery is indicated due to cosmetic reasons. While others argue that early surgical treatment is indicated and required for functional recovery of the brain and its normal growth.

The goal of this study was functional assessment of children of school age with nonsyndromic craniosynostosis without surgical treatment in the early childhood period.

Case: L.P. is a 17 years old patient who was admitted to the Institute of Mother and Children with acute viral infection complicated by cerebral edema and coma grade IV. What was the cause of death. Review of the child's history showed episodes of apnea in early childhood that were mistaken for seizures. In the early school years, the child was considered to be severely mentally delayed. As he got older visual impairment was diagnosed along with headaches and worsening mental delay. By the time adolescence was reached, an acute respiratory infection was acquired and death due to cerebral edema and grade IV coma. The child had never been evaluated for or diagnosed with craniosynostosis. Neuropathology consultation, morphological examination was performed and indicated that such complication was related to sagittal craniosynostosis

Conclusion: Nonsyndromic, unique craniosynostosis carries risks of complications which can be minimized and even avoided with early surgical treatment.

Keywords: craniosynostosis, Neuropathology, risks of complications

P-004

Focal Cemento-Osseous Dysplasia: A Case Report

Adalet Çelebi, Rıdvan Güler, Belgin Gülsün
Dicle University Faculty of Dentistry

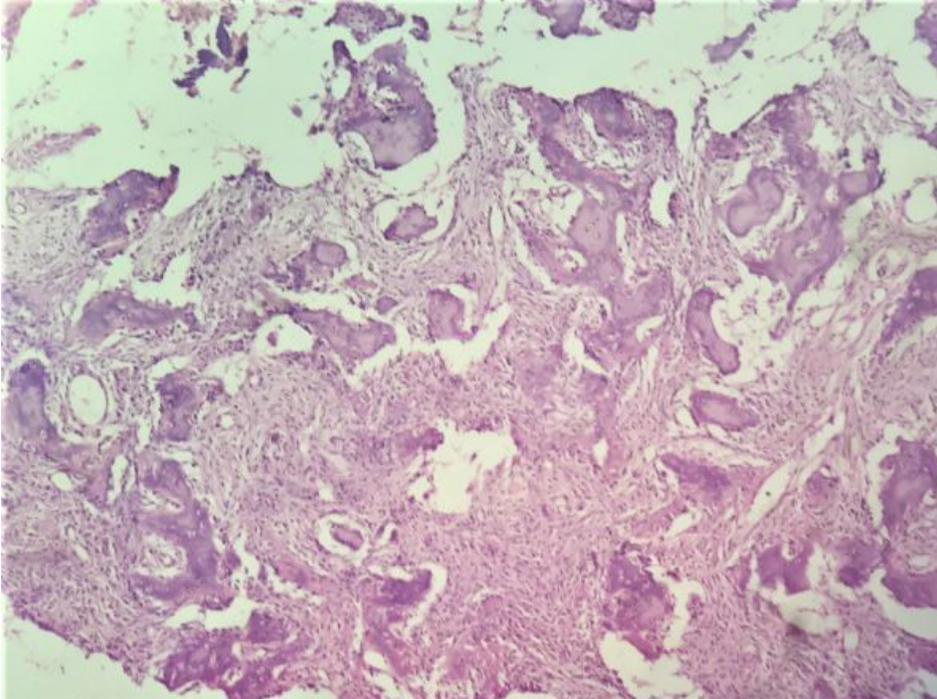
Objective: Focal cemento-osseous dysplasias are a benign fibro-osseous lesion of the jaw. They occur at the periapical area of vital teeth or extracted teeth areas. The etiology and pathogenesis are unknown. Lesions are asymptomatic and more common in female patients. According to the development stage, radiographic appearance consists of three phases including early, intermediate and late stage.

Case: In this case report a 44 year-old female patient who admitted to our department due to pain at her left posterior mandibula is presented. The lesion was enucleated under local anesthesia. No relapsing pathology was detected in the postoperative follow up period of three months.

Conclusion: FCOD can present with features of periapical pathology or other osseous lesions. Hence, to arrive at a definitive diagnosis biopsy and histopathologic examination is imperative.

Keywords: Focal osseous dysplasia, bone diseases, mandible

histopathological image



Whether these lesions are periapical, focal or fluoridated depends on the clinical and radiological findings. Histology is the same. An oligodendrocytic fibroblastic cellular stroma (normally composed of the marrow area of oily tissue) has irregularly lamellated, cemento-bone-like areas. The enlargement is HEX100.

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panoramic view



focal cemento-osseous dysplasia in the apical region of the left mandibular second molar tooth of our patient

P-005

Traumatic Fibroma: Two Cases Report

Ali Ekemen, Mikail Kadyrov, Burak Mahir Maho, Orkhan Ismayilov, Murad Osmanlı,
Firat Aksun, Hakan Alpay Karasu
Ankara University Faculty of Dentistry, Maxillofacial Surgery, Ankara, Turkey

Objectives: Fibroma is one of the mostly seen tumors of oral mucosa. It develops related to the local irritation of fibrous tissue more than a real neoplasia. It is not a neoplasia because its growing potential is limited. In this presentation, the surgical treatment of two patients who have traumatic fibroma in their buccal mucosa has been presented.

Case: The patients applied our clinic with the complaint about a lump on buccal mucosa for a long term. After clinic examination, minor surgical treatment was performed to the patients under local anaesthesia with the pre-diagnosis of traumatic fibroma. The fibroma diagnosis was verified after excised tissues were sent to pathologic examination. Number 15 scalpel was used in the operation. 3-0 vicryl was also used as a suture material. The patients were called to be checked after a week.

Conclusion: A very fast healing was provided after the operation done with scalpel. In this presentation, the surgical treatment of traumatic fibroma which is one of the mostly seen tumors of oral mucosa has been presented.

Keywords: Fibroma, Oral Pathology, Local Irritation

Patient A: Before Treatment



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Patient B: 1-month Control



Patint A: 1-week Control



Patint B: Before Treatment



P-006

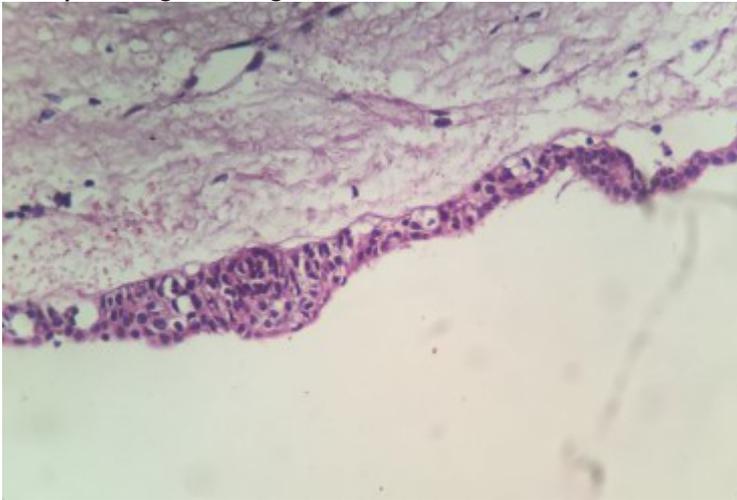
Glandular Odontogenic Cysts: A Case Report

Adalet Çelebi, Nezh Utku Yılmaz, Aykut Çetindağ, Belgin Gülsün
Dicle University Faculty of Dentistry

The first description of these cystic lesions was published in 1987, when they were described as sialodontogenic cyst. «Glandular odontogenic cyst» is now the preferred term, because the possible salivary gland origin of these cysts has not yet been established. Glandular Odontogenic Cyst (GOC) is a rare developmental cyst of the jaws. The most common site of occurrence is the anterior mandible, and it occurs mostly in middle-aged people. Predilection for men is observed. Radiographically, GOC presents as well-defined radiolucencies with uni- or multilocular appearance. A case of GOC in a 51 year old male is presented here. Radiologically, a large radiolucent area from the right mandibular canine tooth to the left mandibular second molar tooth mesialine was recorded. The biopsy results came keratocyst. Marsupialization therapy was applied for one year. cyst was enucleated when adequate support bone was obtained. The pathology result shows that this time is GOK. Patients were followed for recurrence of the cyst that was seen as a radiological years later. Patient excluded informed for resection. As a result, high tendency of recurrence and the aggressive potential of GOC careful clinical and radiological evaluation must be carried out. The treatment choice is still controversial, varying from a curettage to resection.

Keywords: Glandular odontogenic cyst, jaw cysts, odontogenic cyst

histopathological image



The pseudo-squamous epithelium is easily separable from the subepithelial area, with a thin layer of focal plaque, sometimes with a siliceous layer on the surface. Subepithelial connective tissue does not show any signs of infection and no infection has been detected.

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panoramic view



One year after the cyst enucleation of the patient

panoramic view



The first image the patient came to our clinic

P-007

Leucocyte-Rich and Platelet-Rich Fibrin (L-PRF) in The Management of Medication-Related Osteonecrosis of the Jaw: Report of 2 Cases

Gül Merve Yalçın Ülker, Merve Çakır, Deniz Gökçe Meral

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

Objective: MRONJ has been recognized as a serious complication of antiresorptive and antiangiogenic drugs that we have to deal in the oral and maxillofacial surgery practice. In the literature, there have been many efforts to understand its pathophysiology. In the current literature, it has been known to be associated with the pharmacological side effects of the drugs like suppression of bone remodelling, antiangiogenic effects, soft tissue toxicity, induction of over-inflammatory reaction and bacteria like actinomyces. Platelet-Rich Fibrin is a fibrin matrix which consists platelet cytokines, growth factors, and stem cells and it releases these after a certain time. In the literature, there are studies showing complete resolution of osteonecrotic lesions with Leucocyte-Rich and Platelet-Rich Fibrin (L-PRF).

Case: This report presents two female patients with stage-2 MRONJ treated with surgical resection and L-PRF application. The surgical protocols included the resection of all infected and necrotic tissues, irrigation with antibiotic, the application of L-PRF, primary closure and postoperative antibiotic and anti-inflammatory drugs.

Conclusion: After the operations, patients were followed once a month for 6 months. There were no complications like exposure of the bone or infection during the healing period. Surgery combined with L-PRF could be a promising method for stage-2 MRONJ.

Keywords: MRONJ, Jaw, MRONJ, Osteonecrosis, Platelet Rich Fibrin

P-008

A Rare Complication After Dental Treatment: Cerebritis

Gökhan Gürses, Bozkurt Kubilay Işık, Dilek Menziletoğlu
Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Necmettin Erbakan
University, Konya

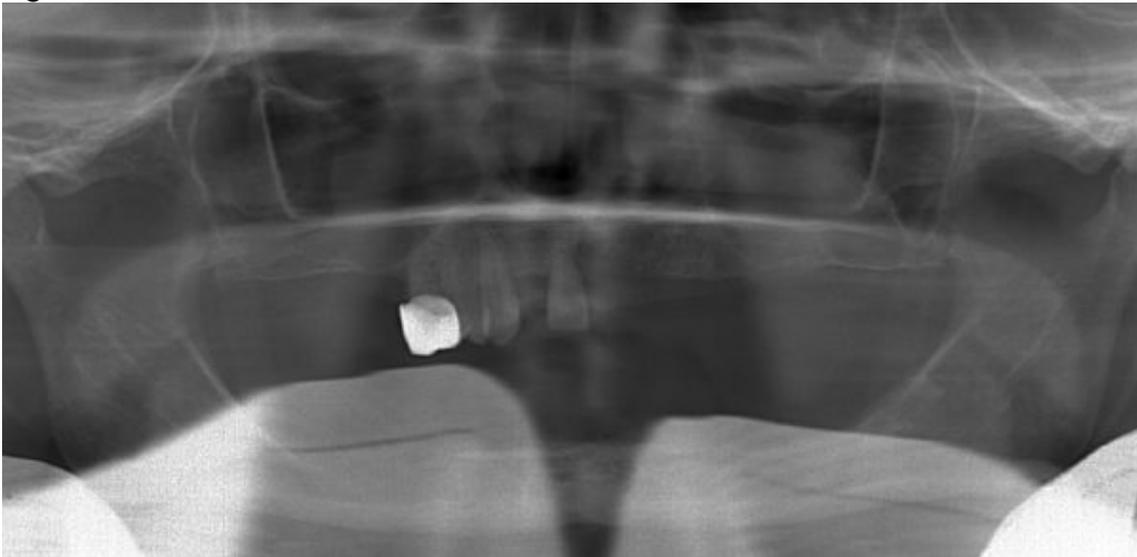
Objective: We present a central nervous system/cerebritis complication after tooth extraction and periodontal scaling.

Case: The patient was a 51-year-old woman who had hypothyroidism but otherwise she was medically healthy. We extracted the upper right second premolar tooth that had moderate periodontitis and severe alveolar bone loss. At the extraction time, the patient was not on antibiotics. Two months later, the patient had also periodontal scaling. Ten days after the scaling procedure, she applied to a medical center because of a severe headache. Blood pressure was 120/70 mmHg and heart rate was 82 bpm. Blood tests showed slight leukocytosis. Magnetic resonance imaging of the skull, showed vasogenic edema on right temporal and parietal zone, reaching to the frontal and the occipital areas. There was also 7mm shift on medial structures and uncal hernia. The patient was transferred to the neurology service with the diagnosis of hemorrhagic cerebritis. Interestingly, tooth extraction was presented as the sole cause by the neurologist, completely ignoring the periodontal intervention.

Conclusion: Not only tooth extraction but also periodontal scaling and endodontic treatment can cause bacteremia which can result in central nervous system complications. However, tooth extraction is perceived as the most dangerous dental procedure even by the medical community.

Keywords: tooth extraction, periodontal scaling, cerebritis, complication

Figure 1



Panoramic Radiography of Extracted Tooth

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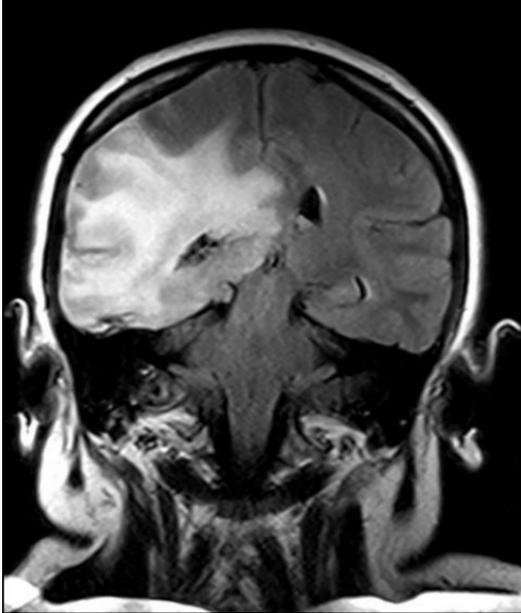
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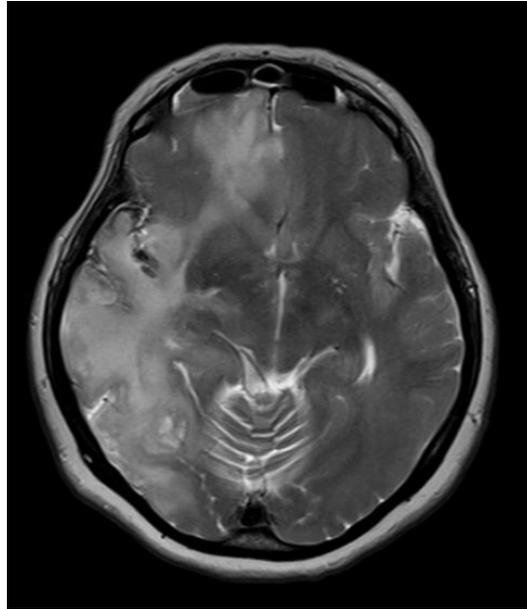
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Figure 2a



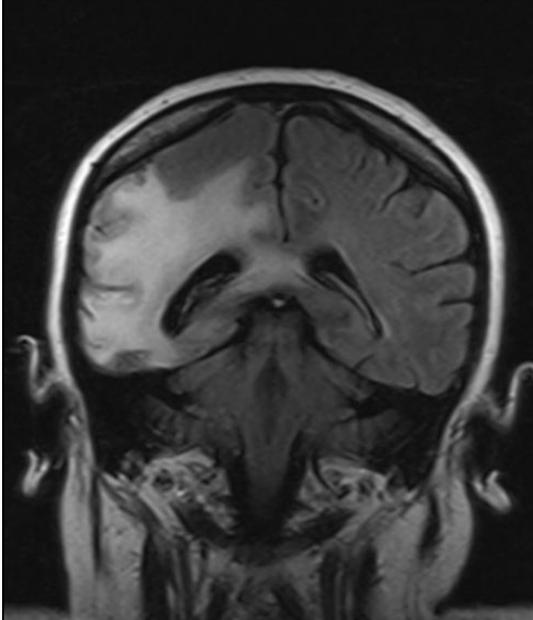
Frontal View of Cerebritis on MRI

Figure 2b



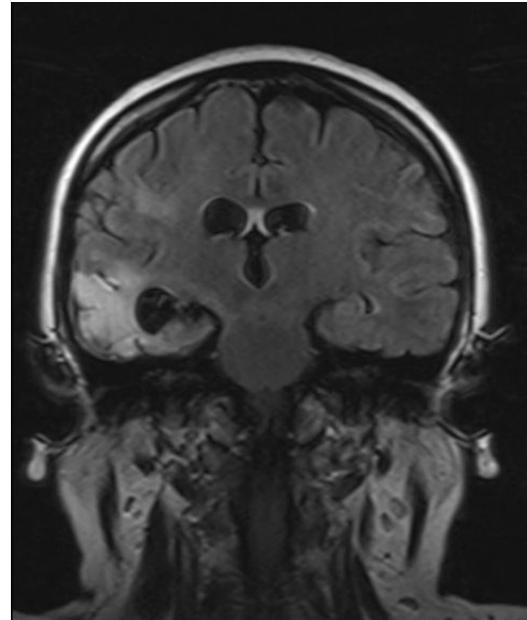
Horizontal View of Cerebritis on MRI

Figure 3



Frontal View of Cerebritis on MRI After 14 Days

Figure 4



Frontal View of Cerebritis on MRI after 21 days

P-009

Plasmacytoma of The Jaws Presenting as A First Sign of Multiple Myeloma: Report of Three Cases

Emine Fulya Akkoyun¹, Suheyb Bilge², Ahmet Emin Demirbaş², Nükhet Kütük³

¹Ministry of Health, Karaköprü Oral and Dental Health Hospital, Şanlıurfa

²Erciyes University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery,
Kayseri

³Bezmialem University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery,
İstanbul

Multiple myeloma (MM) is a malignant neoplasm of plasma cells that is characterized by the lymphoid neoplastic proliferation of B cells. It is an uncommon disease with common oral and maxillofacial presentations which can rarely be the first sign of MM. This paper reports three cases of MM with radiolucent lesions of jaws as the first sign of the disease. First case was a 58-year-old male patient who visited our department complaining a swelling in the left cheek area. A panoramic radiograph revealed a radiolucent bony lesion in the left mandible. Second patient was a 67-year-old female whose complaint was pain in the right maxilla while chewing and swelling on the buccal mucosa of second upper premolar. Periapical radiograph revealed an ill-defined radiolucent lesion. The third patient was a 70-year-old female who had a swelling on the left mandible and pain. Panoramic radiograph was showed a radiolusent lesion in the left corpus of the mandible. Histological examinations showed the lesions to be plasmacytoma and patients were referred to hematology clinic for systemic examination. The patients were diagnosed with MM and received chemotherapy. Remarkable bone formation was observed on the radiographic examination during chemotherapy in all cases. Oral and maxillofacial manifestations may be the first sign of MM, highlighting the importance of the dentist in the early diagnosis of the disease. Treatment involves mainly irradiation and chemotherapy and the prognosis is generally poor. Bony lesions may regress spontaneously during chemotherapy; therefore, the surgical intervention is not necessary.

Keywords: Plasmacytoma, Multiple Myeloma, Maxilla, Mandible

P-010 Aneurysmal Bone Cyst of the Mandible Required Two Operations

Gökhan Gürses¹, Alparslan Esen¹, Siddika Findık², Doğan Dolanmaz³

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Necmettin Erbakan University, Konya

²Department of Pathology, Meram Faculty of Medicine, Necmettin Erbakan University, Konya

³Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Selcuk University, Konya

Objective: The objective of this report is to present a case of aneurysmal bone cyst which required two operations.

Case: A 10-year-old male who had undergone surgery before on the left mandible referred to our clinic with complaints of swelling. A multilocular radiolucent lesion of 2.5 cm in diameter with the sclerotic border was observed in the panoramic radiograph. It was extending from impacted left second molar to coronoid process(Figure-1). The previous histological finding was learned to be a traumatic bone cyst. Therefore, it was decided that the patient should be followed. However, after 6 months follow-up, it was observed that there was no reduction in the size of the lesion and that the swelling of the patient did not change(Figure-2). The second operation was planned. In the second attempt, a wide curettage was performed, as well as the impacted second molar and the third molar germ in the lesion were removed. No epithelium was seen in this procedure. However, a serious venous bleeding was encountered in the bone cavity. We suspected that it was an aneurysmal bone cyst. The histopathologic result verified our diagnosis. Histological examination revealed that the osteoclast giant cells around the blood-filled lakes. After 1 year follow-up, the swelling was dissolved totally an adequate bone formation was seen on the panoramic radiograph(Figure-3).

Conclusion: A wide curettage is needed for the treatment of aneurysmal bone cysts. Removal of impacted teeth in the lesion may also reduce the possibility of recurrence.

Keywords: aneurysmal bone cyst, mandible, curettage, impacted tooth

Figure 1



Initial Panoramic Radiograph

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Figure 2



Panoramic Radiograph of 6 Months After First Surgery

Figure 3



Panoramic Radiograph of 1 Year After Second Surgery

P-011

Use of Autogenous Costochondral Graft for the Reconstruction of TMJ Following Ankylosis Surgery: A Case Report

Meriç Bilgiç Küçüküven¹, Hakan Hıfzı Tüz¹, Özgür Başlarlı¹, Kadriye Ayça Dere¹,
Oğuz Kuşcu²

¹Hacettepe University Faculty of Dentistry Department of Oral and Maxillofacial Surgery,
Ankara

²Hacettepe University Faculty of Medicine Department of Otorhinolaryngology, Ankara

Objective: Autogenous costochondral grafts (CCG) are being used for many years in reconstruction of the mandibular condyle. The aim of this presentation is to report a case of a growing young patient who previously underwent ankylosis surgery with gap arthroplasty and reconstructed with autogenous costochondral graft for missing condyle.

Case: A 10 year old girl was referred to the our department for treatment of post traumatic TMJ ankylosis. The interincisal mouth opening was measured as 11 mm. A gap arthroplasty for releasing the ankylosed left temporomandibular structure was performed at the time. Maximal incisal opening was measured as 32 mm and remained stable 3 years following surgery. She was noted to have a clinically facial asymmetry at age 13. Autogenous costochondral grafting was preferred for the reconstruction of the missing condyle as well as improving the facial asymmetry.

Conclusion: Clinical and radiological evaluations showed that the patient is asymptomatic, with convenient anatomic adaptation and normal mandibular function with a satisfying improvement in her facial asymmetry 12 months after surgery. Periodic follow-up visits are carried on to assess her facial growth. Besides its unpredictable outcomes on the long term, mandibular condyle reconstruction using costochondral graft can be a useful modality for condylar replacemet and to improve facial asymmetry due to the growth potential of the CCG in young patients.

Keywords: Ankylosis, costochondral graft, mandibular condyle reconstruction, temporomandibular joint

P-012

A Case Report: Treatment of Dentigerous Cyst with Marsupialization and Enucleation

Ali Ekemen, Orkhan İsmayilov, Mikail Kadyrov, Burak Mahir Maho, Murad Osmanlı,
Firat Aksun, Hakan Alpay Karasu
Ankara University Faculty of Dentistry Oral and Maxillofacial Surgery, Ankara, Turkey

Objective: Dentigerous cyst is a benign odontogenic pathology that related to crowns of permanent teeth. In this case report we present the treatment of a dentigerous cyst in 10 year-old male patient's maxilla.

Case: 10 year-old male patient has been directed to our clinic for tooth extraction which was impacted in maxilla anterior. As a result of clinic and radiologic examination it is seen 3 impacted teeth and wide radiolucent lesion in the left maxillary area. Biopsy from the left maxillary canine area has been taken and sent to pathological examination. After the pathology, dentigerous cyst diagnosis was verified. The patient was taken to operation under general anesthesia because of lack of cooperation. Deciduous teeth in maxillary anterior area were pulled and a drain was placed for marsupialization treatment by suturing the cyst epithelium to oral epithelium. The patient was called to be checked every 15 days and cyst was followed with panoramic radiography. After 3 month-follow it is decided to pull upper left canine tooth as a result of orthodontic consultation. The patient was taken operation under general anesthesia and the cyst which was derogated after marsupialization has been enucleated with the upper left canine tooth. The patient was directed to orthodontics department to treat his malocclusion.

Conclusion: After 12 month-follow it is seen that the root development of the teeth related with the cyst was going on. In this presentation the conservative treatment of dentigerous cyst was told. Wide cyst cavity was derogated and the development of unerupted teeth were not interrupted.

Keywords: Dentigerous Cyst, Marsupialization, Enucleation

After Enucleation



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After Marsupialization



Before Enucleation



Before Marsupialization



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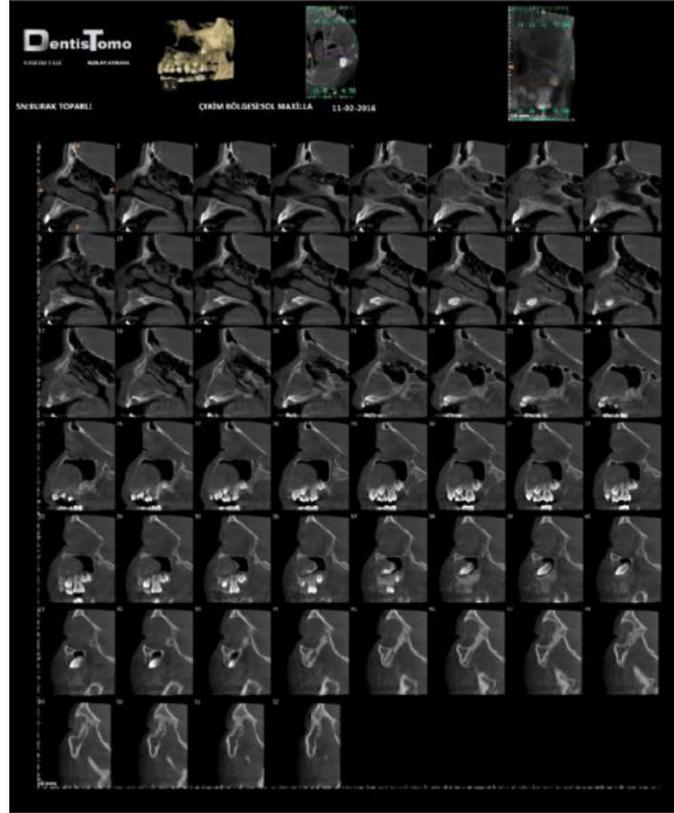
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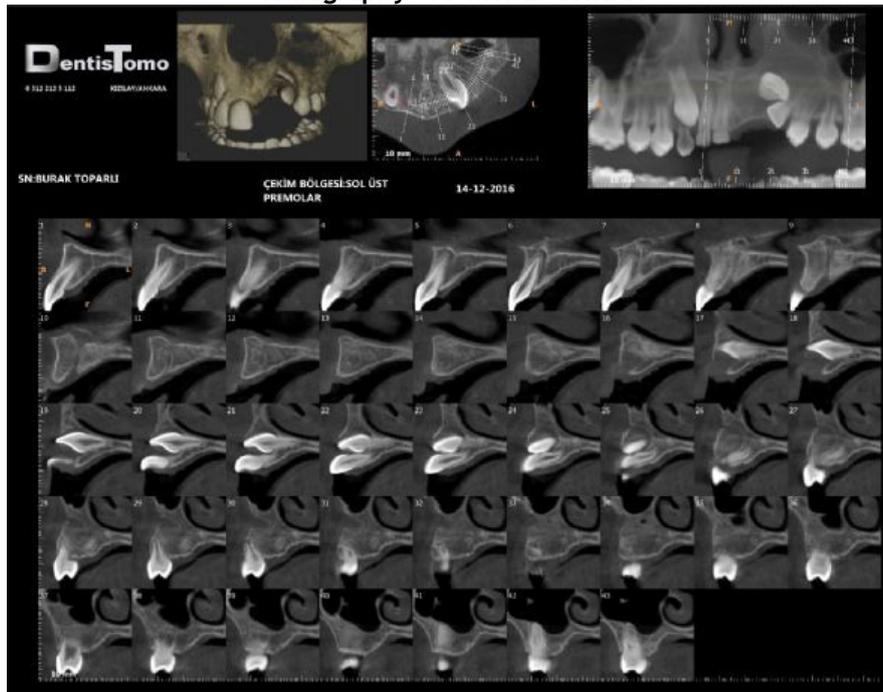
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Tomography at Diagnosis



Tomography: 10-month control



P-013

A Case Report: Treatment of Eosinophilic Granuloma

Ali Ekemen, Orkhan Ismayilov, Murad Osmanlı, Fırat Aksun, Hakan Alpay Karasu
Ankara University, Faculty of Dentistry, Oral and Maxillofacial Surgery, Ankara

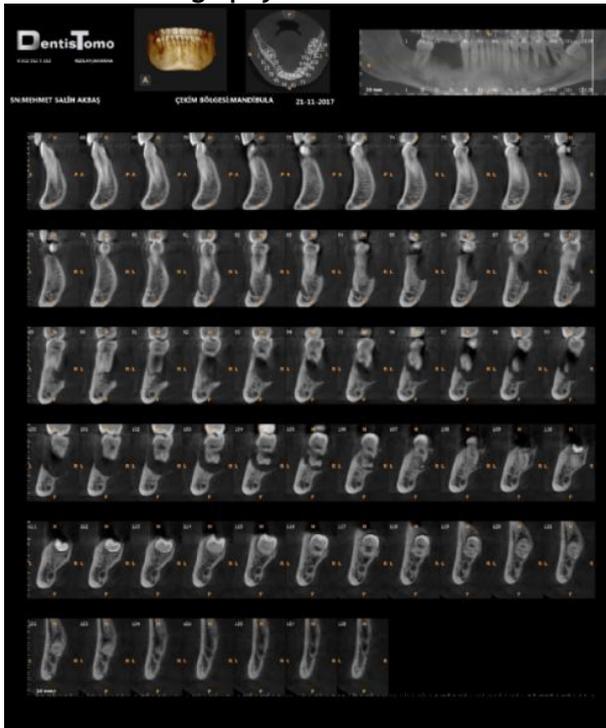
Objectives: Eosinophilic granuloma is one of 3 kinds of Langerhans cell histiocytosis which is an unexplained benign lesion. This pathology is generally seen on children or young adults. It is mostly seen on skull, rib and femur. Skull cases are generally seen on mandibula and maxilla. In this presentation, eosinophilic granuloma which is seen on a 21 year-old male patient's mandibula and maxilla has been presented.

Case: The patient has applied our clinic because of halitosis, mobility of teeth and pain. As a result of clinic examination, it is observed that the lesion has completely destroyed peripheral bone and soft tissue in maxilla and mandibula. So tooth roots have been visible. Surgical curettage was done after the teeth were extracted. The pre-diagnosis of eosinophilic granuloma was verified after the samples taken from lesion was sent to pathologic examination. The bone scan and blood analysis of patient was done by directing him to the medical faculty hospital. No other pathology was determined in the another part of body. In one month follow of patient an improvement at the noticeable level was determined on soft tissue. Long term follow was recommended to the patient.

Conclusion: The complaints of pain and halitosis of patient has found an end after surgical treatment. The patient's quality of life has increased by improvement on destructed soft tissues. In literature so few cases have transformed into Hand Schuller Christian illness which is a chronic form of Langerhans cell histiocytosis. The possibility of this transformation increases the importance of this illness and its treatment.

Keywords: Eosinophilic Granuloma, Langerhans cell histiocytosis, Surgical curettage

Mandible Tomography



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Mandible: 1-Month Control Photo



Mandible: Before Treatment



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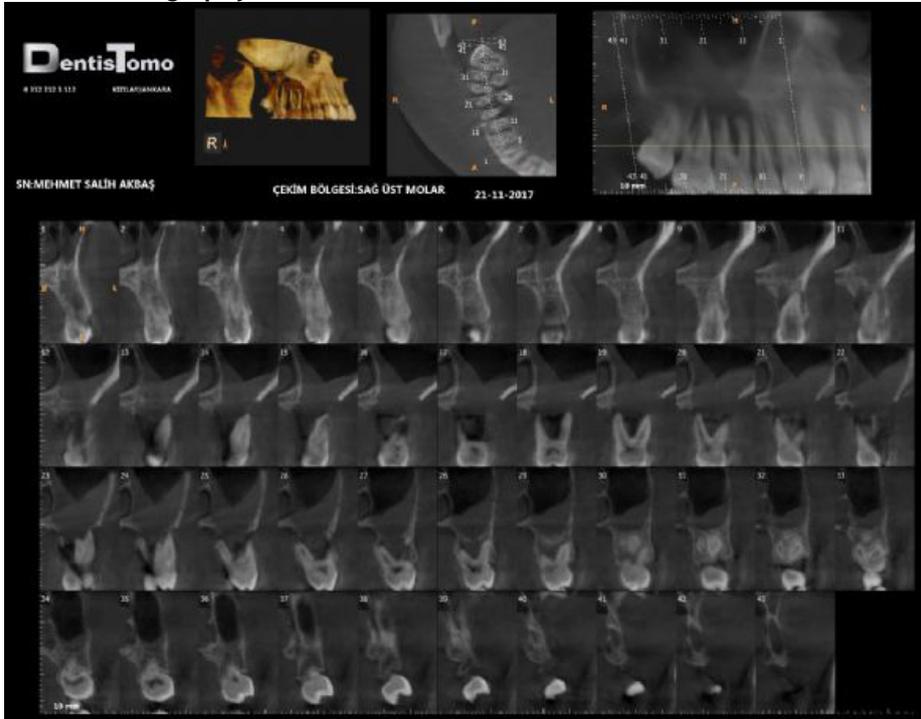
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Mandible: During Treatment



Maxilla Tomography



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Maxilla: 1-Month Control Photo



Maxilla: Before Treatment



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Maxilla: During Treatment



P-014

Immediate Placement and Restoration of a Dental Implant In the Aesthetic Region: A case report

Nihat Laçın¹, Tuğçe Biçer Aytuğar¹, Süleyman Ağuloğlu², Emine Mustafaoğlu²,
Emre Aytuğar³, Nergiz Yılmaz¹

¹İzmir Katip Çelebi Üniversitesi Diş Hekimliği Fakültesi Ağız Diş ve Çene Cerrahisi, İzmir

²İzmir Katip Çelebi Üniversitesi Diş Hekimliği Fakültesi Protetik Diş Tedavisi, İzmir

³İzmir Katip Çelebi Üniversitesi Diş Hekimliği Fakültesi Ağız Diş ve Çene Radyolojisi, İzmir

Objective: The aim of this paper was to evaluate the osseo-integration and soft tissue status of the endosseous implant placed in immediate extraction socket of maxillary central tooth. The esthetics and functional integrity of the soft and hard tissues may be compromised by the dental loss. Dental implants have become a logical alternative treatment options to offer the patient for the replacement of a missing tooth or teeth. Diagnosis and treatment planning is important in achieving the successful outcome after placing and restoring implants placed immediately after tooth extraction.

Case: 32 year-old male patient applied to our department with a complaint of fractured left maxillary central tooth causing undesirable appearance. The fracture line was above the cemento-enamel junction and visible clinically. Radiologic examination (OPG and CBCT) revealed root resorption and too much tooth material loss with no periapical pathology. Extraction of tooth, immediate implant placement, and connection of a screw-retained provisional restoration was performed.

Conclusion: Acceptable success rate with excellent soft tissue healing and osseointegration of dental implant was achieved. This paper shows that immediate implant placement and provisional restoration in the maxillary aesthetic region can result a favorable treatment outcomes with regards to soft and hard tissues changes.

Keywords: aesthetic zone, aesthetic result, anterior maxilla, immediate implantation, immediate restoration

P-015

Inferior Alveolar Nerve Lateralization-Transposition and Simultaneous Implant Placement in Severe Resorbed Mandible: A Case Report

Meriç Bilgiç Küçüküven, Başak Yılmaz, Murat Akkocaoğlu

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

Objective: The aim of this presentation is to report a case of an adult patient who underwent transposition and lateralization surgery of the inferior alveolar nerve (IAN) and maxillary sinus lifting procedure to acquire the required bone height while keeping the neurosensory function.

Case: A male patient, 48 years old, was referred to our clinic for dental care in the speciality of implantology with dental absence in the maxilla and mandible. Preoperative imaging with computed tomography revealed severe resorption of the mandible and maxilla. The IAN transposition and lateralization surgery, maxillary sinus lift surgery and simultaneous dental implants insertion into the severe resorbed mandible and maxilla were planned under general anesthesia. Following nerve transposition and maxillary sinus augmentation using allograft, 14 dental implants were placed immediately. Additionally, the surgical approach included labial sulcoplasties. Post-operative assessment included thorough radiological and physical examinations to evaluate the bone resorption and neurosensory function. Zirconia infra-structure porcelain fixed prosthesis were installed on the implants at the end of 4 months.

Conclusion: The installation of dental implants is directly related to the amount and quality of bone present in the region to be restored. Inferior alveolar nerve reposition may serve as a viable treatment option in the severely resorbed mandibles. Our patient showed perfect healing of the soft tissues and the allografts. All implants survived and were successful during follow-up periods. The patient reported satisfactory functional and esthetic results regarding chewing, mastication and speech.

Keywords: Alveolar bone loss, Dental implants, Inferior alveolar nerve, Nerve transposition

P-016

Single stage vertical augmentation with autogenous bone ring. A case report

Tayfun Turna, Emre Benlidayı

*Department of Oral and Maxillofacial Surgery, Cukurova University School of Dentistry,
Adana*

Objective: A variety of techniques and materials have been used to provide the structural base of bone and soft tissue support for dental implants. The most common technique used for vertical alveolar augmentation is a two-stage method by using autogenous block graft and then restored by implant placement. In the case report, a technique was used to augment the alveolar bone three-dimensionally with autologous «bone rings» and immediate implant placement in a single stage procedure.

Case: A 21-year-old male patient was referred to our clinic with a history of loss of two incisor teeth due to motorbike accident. Clinical and radiological examination revealed vertical alveolar bone defect in the related region. Bone rings were outlined at the symphysis area using trephine burs, and a central osteotomy for implant placement was done before its removal. The rings were then removed and sculptured to fit the extraction socket; this was followed by screwing the implant through the autogenous bone ring, gaining its primary stability from the prepared basal bone. The flaps were closed primarily. The postoperative period was uneventful. The implants showed radiographic evidence of osseointegration. Fixed prosthetic restorations were performed after 6 months of healing.

Conclusion: Autogenous bone ring technique reduces the overall treatment time by allowing grafting and placement of implant simultaneously in a single visit.

Keywords: dental implant, bone ring, vertical augmentation, block graft

P-017

Reasons of Cone-Beam Computed Tomography Requests in Oral And Maxillofacial Surgery

Dilek Menziletođlu, Arif Yiđit Güler, Bozkurt Kubilay Işık
Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Necmettin Erbakan
University, Konya

Objective: Cone beam computed tomography (CBCT), is a radiographic imaging technique that is used for dental and maxillofacial region. The use of CBCT are quite frequent in dentistry. The aim of study was to assess the reasons and distribution of the CBCT requests in a oral and maxillofacial surgery department of a dental faculty.

Materials-Methods: CBCT request forms belonging to 974 patients attending the department of Oral and Maxillofacial Surgery were assessed. The reasons of the CBCT request and the regions were recorded.

Results: The requested CBCT images were found to be for implant planning (43.12%), intraosseous lesions (19.61%), relationship of the mandibular canal to the roots of third molars (10.58%), the assesment of the localization of impacted teeth (8.01%), sinus-lifting procedures (%5.85) and other reasons (12.83%), in order.

Conclusion: The our study showed that most of the CBCT examinations were requested for pre-operative implant planning. Following pre-operative implant planning, intraosseous lesions (19.61%), determination of the relationship between mandibular 3. molar teeth and mandibular canal (10.58%), the determination of localization of the impacted teeth (except 3.molar teeth) (8.01%), evaluation of the region before sinus lifting (5.85%) and other reasons (12.83%) were followed.

Keywords: Cone-beam computed tomography, dental implant, intraosseous lesions

P-018

A successful management of gummy smile using surgical lip repositioning procedure, gingivectomy and botulinum toxin injection: A case report

Meriç Bilgiç Küçüküven, Murat Akkocaoğlu

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

Objective: A gummy smile affects the esthetic and the psychological status as it usually decreases the self-confidence leading to hidden or controlling the smile. A smile with more than 2 mm exposed gingiva is called gummy smile. The treatment of gummy smile should be planned according to its cause/causes. This case report describes the combined treatment of surgical lip repositioning procedure, gingivectomy and botox injection technique in managing excessive gingival display

Case: 19-year old female patient presented to our clinic with the chief complaint of excessive gingival display during smiling. Clinical examination revealed that she has a gummy smile of an 6-8 mm gingival exposed area. The gummy smile was treated by gingivectomy, lip repositioning surgery and the use of botox injections. Clinical crown lengthening involves recontouring the gingival margin in an apical direction. Lip repositioning reduces gingival display by limiting upper lip movement when smiling. The sites of injection were determined by the surgeon by palpating the muscles during smiling and relaxing movements to ensure the accurate locations of injections.

Conclusion: It is important to assess the patients' esthetic expectations and show the possible therapeutic solutions. A combination of surgical approaches may be required to correct this problem. In this case, lip repositioning surgery, the gingivectomy and botox injections exhibited satisfactory results for the functional and esthetic rehabilitation of the gummy smile enhancing the patient's self-confidence. Also, botox injections is an effective conservative technique to prevent a relapse of gummy smile caused by muscular hyperfunction.

Keywords: Botox, Gingivectomy, Gummy smile, Lip repositioning

P-019

Buccal hematoma and intraoperative hemorrhage management

Firat Selvi, Kerim Muhammed Aktaş

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

A 46-year-old male was self referred to the oral and maxillofacial surgery service with the chief complaint of a persistent firm swelling that was present inside his cheek since the motor vehicle accident that he has suffered from 3 months ago. Following clinical and radiological examinations, decision was given to do an excisional biopsy with differential diagnoses including an organized hematoma encapsulated with fibrotic soft tissue, an arterovenous malformation (AVM) of the face or a simple fibroma. During the procedure, excessive hemorrhage resulting from terminal branches of either the facial or the buccal veins was observed. Initially, various local hemostatic measures were utilized to be able to achieve hemostasis including digital compression, application of some local hemostatic agents, and cauterization using a monopolar cautery. Since none of these helped achieving hemostasis for this venous hemorrhage, the suspicious veins (facial and buccal) were tied using an 1-0 silk suture. Additionally, a 30cm long iodoform gauze packing was tucked in the cavity to prevent dead space and a new hematoma formation. Gauze packing was then gradually removed over a week-long period. Histopathological evaluation confirmed the hematoma diagnosis using the clinical information given by the biopsy performing surgeons to the pathologist, differentiating it from an arterovenous malformation. Buccal hematoma is rare, yet oral and maxillofacial surgeons need to be aware of how to differentiate this lesion from similar lesions and be able to address and manage it adequately for the best clinical outcome possible for the patient.

Keywords: Buccal hematoma, buccal vein, intraoperative hemorrhage, facial vein

during operation



during operation

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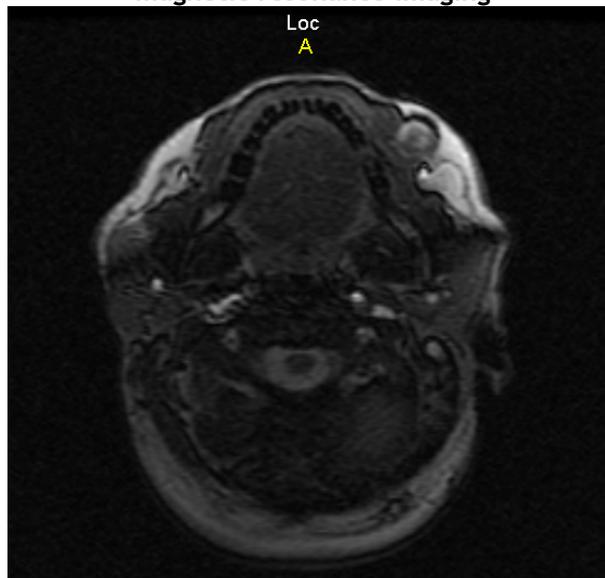
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Final result



Final result of the postoperative area

magnetic resonance imaging



T1A and T2A weighted sequences

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postop 1 week



postoperation 1 week

preoperation



preoperation view

P-020

Evaluation of Bruxism's Effects on Sleep Quality of Individuals Having Bruxism

Hatice Dönmez¹, Gülperi Koçer², Hasan Rifat Koyuncuoğlu³

¹Antalya Education and Research Hospital, Department of Oral and Maxillofacial Surgery, Antalya

²Süleyman Demirel University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Isparta

³Süleyman Demirel University, Faculty of Medicine, Department of Neurology, Isparta

Objective: Bruxism is an involuntary movement and non-functional habit, which causes soft and hard tissue pathologies intraorally and is characterized with teeth grinding and clenching.

Materials-Methods: In this study, two subgroups in the form of healthy individuals and those having bruxism were created for each sex, among 20 women and 20 men. Pittsburgh sleep quality index and actigraphy were applied to all participants. Actigraphy device is affixed to the non-dominant wrist for 2 nights. Student t-test and Mann-Whitney U test were used for statistical analysis.

Results: According to the Pittsburgh sleep quality index, the individuals having bruxism state that they have worse sleep quality compared to the healthy ones. During the actigraphy application for females, it was identified that there is no significant difference in parameters such as sleep latency, total time in bed, total sleep time, wake after sleep onset, number of awakenings, average awakening, fragmentation index, sleep fragmentation index, body mass index when comparing the healthy individuals and those having bruxism. It was identified that movement index is higher for females having bruxism compared to the healthy ones, and such difference is statistically significant. During the application of actigraphy for males, it was concluded that there is no statistically significant difference relating to any sleep parameter when comparing the healthy individuals and those having bruxism.

Conclusion: The results of this study show that there is no difference in terms of the sleep quality of the healthy individuals and those having bruxism.

Keywords: Bruxism, Sleep quality, Actigraphy, Pittsburgh sleep quality index

Actigraphy device and its application



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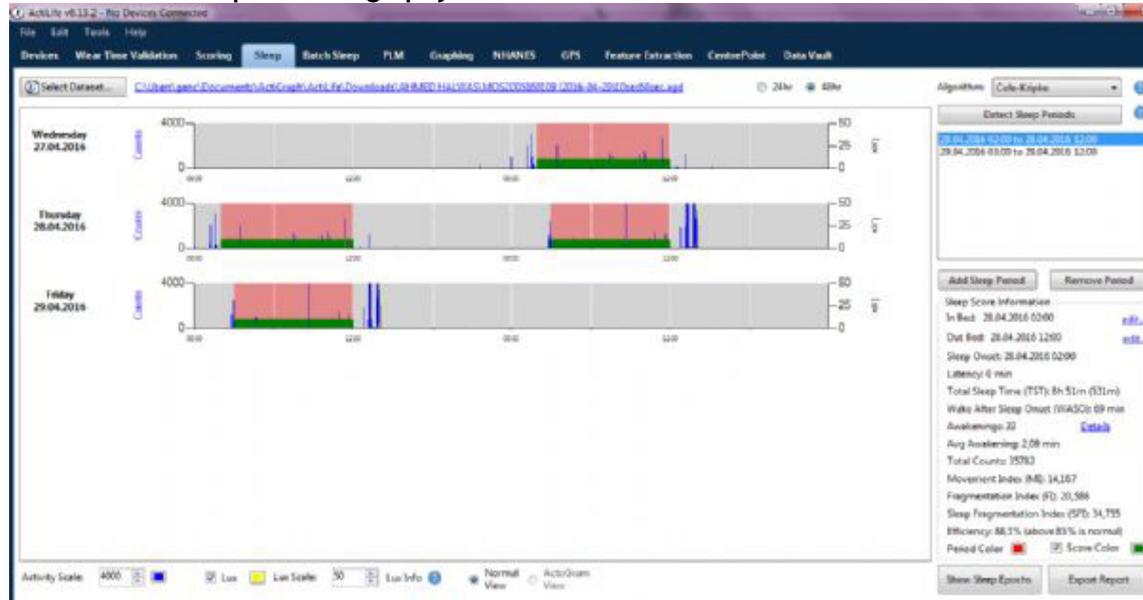
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Evaluation of sleep with actigraphy



P-021

Surgery First in Orthognathic Surgery: a case report

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

Department of Oral and Maxillofacial Surgery, Kırıkkale University, Kırıkkale

Orthognathic surgery is used to improve skeletal dentofacial deformities as well as to improve functional dental relation and aesthetic appearance. Conventional treatment consists of 3 steps including preoperative orthodontic treatment, orthognathic surgery and postoperative orthodontic treatment. Despite the fact that this traditional method is more stable and predictable, the non-aesthetic appearance and the longer duration of treatment are disadvantages of this method. Nagasaka et al. Introduced the surgery-first method in 2009, in which the orthognathic surgery was performed without pre-surgical orthodontic preparation, followed by regular postoperative dental alignments. When compared with the traditional method, the surgery-first approach provides a significant reduction in the duration of the treatment. In addition, the progression of the aesthetic appearance of the face immediately after the surgery increases the patient's motivation and treatment compliance. In this case report, it was determined that a 20 year old female patient who applied to our clinic because of the unaesthetic appearance of her face was diagnosed as class 3 skeletal deformity and surgery-first approach was preferred in her treatment.

Keywords: Orthognathic surgery, surgery-first approach, dentomaxillofacial deformity, mandibular prognathism

P-022

An Alternative Surgical Approach For Implant Application to Atrophied Mandible After Transposition Of Mental Nerve And Reconstruction With Autogenous Iliac Bone Block Graft: A Case Report

Seyhan Karaaslan, Selen Adilođlu, Murat Akkocaođlu

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

Objective: This case report emphasize that transposition and lateralization of mental nerve with autogenous iliac bone graft is an good alternative treatment technique for requiring bone height at severely atrofied mandibles while keeping the neurosensory function.

Case: A case of a 55-years-old is presented with insufficient bone volume for functional and esthetic success of implants. The patient with atrophied maxilla and mandible was evaluated by plain radiographs. Maxillary iliac block grafting for horizontal dimension was performed and mandibular iliac block grafting for vertical dimension with transposition of mental nerve, labial sulcoplasties were applied. The patient was assesed pre-and postoperatively through CBCT and physical examination. 8 dental implants to maxilla and 6 dental implants to mandible were planned and applied after 4 month follow-up period, Zirconia infrastructure porcelain prosthesis were performed at the end of 3 months.

Conclusion: Management of the fixed prothesis in atrophied edentulous mandible can be performed by surgical intervention such as; alveolar distraction, onlay and inlay bone grafting, particulate bone grafting technique, bone splitting, guided bone regeneration. The other surgical options are lateralization and transposition of nerve. In technique of mental nerve lateralization, nerve is exposed and tracted laterally. The risk of intraoperative and postoperative complications such as nerve injuries are decreased with surgical experience. In similar cases, it is necessary to use an iliac crest as an autogeneouse graft material for rehabilitation of edentulous mandible with dental implants after alveolar nerve transposition and lateralization. This procedure can be successfully performed for implant application to atrophied mandibles by careful pre-operative surgical and prosthetic planning, imaging, and precise surgical technique.

Keywords: Oral Surgery, Dental Implants, Reconstruction

P-023

Surgical Treatment of Inflammatory Papillary Hyperplasia of the Palate in Patient with Cardiac Pacemaker and Concomitant Warfarin Treatment

Ayşe Özcan Küçük

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

Objective: Inflammatory papillary hyperplasia of the palate is a benign epithelial proliferation that develops in patients who have complete acrylic maxillary dentures. The lesion is multiple and localized on the hard palate. The type of treatment is related to the severity of the condition and the clinical presentation. Small localized lesions are resolved by improving hygiene and removing the dentures. Patients can also benefit from antifungal treatment. When the clinical presentation is more aggressive and larger papillary lesions present, clinicians have recommended mucoabrasion, electrosurgery, cryotherapy or laser therapy. We described a case that was managed with mucoabrasion of inflammatory papillary hyperplasia of the palate using bone bur in a rotating handpiece in anticoagulated patient with cardiac pacemaker..

Case: A 68-year-old woman was presented with a papillomatous lesion of the palate. She had no teeth in the maxilla and has a complete acrylic maxillary denture. A pacemaker was also placed over 10 year ago and her current medication was coumadin. Intraoral examination showed a papillomatous lesion, localized in the hard palate. Treatment was started with nystatin oral suspension for a month. However, lesion did not heal. The affected area was treated with mucoabrasion using round bur. One month later, the mucosa had epithelialized.

Conclusion: The electrosurgery is a very useful tool widely used in dentistry to treat for the removal of soft tissue tumors and mucosal lesions of oral cavity. However, treatment with abrasion using bur was preferred because electrocautery could not be used in this case with cardiac pacemaker.

Keywords: denture stomatitis, inflammatory papillary hyperplasia, pacemaker, palate, warfarin

P-024

An Extensive Epulis Fissuratum in a Rare Localization: A Case Report of a 15-year-old Lesion

Ayşe Özcan Küçük

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

Objective: Epulis fissuratum, which is also named 'inflammatory fibrous hyperplasia', is a pseudotumor hyperplasia of fibrous connective tissue developing in relation with the flange of poorly adapted dental prostheses. The epulis fissuratum is a common oral lesion that affects 5-16.7% of the population. This lesion commonly appears as a series of hyperplastic tissue folds in the maxillary and mandibular vestibule. The occurrence of this lesion on the lingual surface is unusual. Generally, the size of the lesion depends on the degree of trauma and the time of development. Hyperplasia tissue is treated by excision using variable surgical methods, together with the removal of chronic traumatic factors. The most common techniques used for removing the lesion are surgical scalpel, electrical scalpel and CO₂, Erbium:YAG, Neodymium:YAG and diode laser. In this report, we present a case of uncommon occurrence of an extensive epulis fissuratum that is located in mandibular lingual sulcus in a female patient.

Case: A 60-year-old female was attended to our clinic with the chief complaint of an abnormal growth along the lingual border of her ill-fitting lower complete denture. The denture was fabricated about 20 years ago. Intraoral examination revealed an extensive fibrous mass on lingual surface. The patient was instructed not to wear the denture. The lesion was excised surgically by electrocautery and the histopathologic examination was revealed as epulis fissuratum. A 4-month follow-up showed complete resolution without any recurrence.

Conclusion: Epulis fissuratum is a frequent hyperplastic lesion, which might develop in unusual locations as well.

Keywords: Denture-induced fibrous hyperplasia, epulis fissuratum, lingual surface

P-025

Effect of Diabetes on Fibroblast Cell Counts and Inflammatory Cell Infiltration in Human Gingival Tissue: A Histological Study

Hatice Balcı Yüce¹, Özkan Karataş¹, Feyza Tülü¹, Ahmet Altan², Fikret Gevrek³

¹Gaziosmanpasa University, Faculty of Dentistry, Department of Periodontology, Tokat

²Gaziosmanpasa University, Faculty of Dentistry, Department of Oral and Maxillofacial
Surgery, Tokat

³Gaziosmanpasa University, Faculty of Medicine, Department of Histology and Embryology,
Tokat

Objective: Diabetes is chronic inflammatory disease causing morbidity and mortality worldwide. Present study aimed to reveal the effects of diabetes and periodontitis on gingival connective tissue compositions and structure with evaluation of fibroblast cell counts, inflammatory cell counts in diabetic and non-diabetic human gingiva.

Methods: Gingival biopsies from 12 systemically and orally healthy individuals (Control group, C), 12 type-2 diabetic patients with chronic periodontitis (Diabetes + Periodontitis group, D+P) and 12 systemically healthy chronic periodontitis patients (Periodontitis group, P) were used in present study. Clinical periodontal measurements as plaque index (PI), gingival index (GI) and clinical attachment levels (CAL) were recorded. Gingival biopsies were performed with local anesthesia. Biopsy samples were fixed in formalin solution and embedded in paraffin. Fibroblast cell counts were determined via stereologically. Inflammatory cells were counted histomorphometrically.

Results: There were no differences in demographic data of the study groups ($p>0.05$). PI, GI and CAL of the C group were lower than those of the other groups ($p<0.05$). Fibroblast cell counts were lowest in D+P group and highest in the C group ($p<0.05$). Both diabetes and periodontitis caused a decrease in fibroblast cell counts. Inflammatory cell counts were highest in the D+P group than those of the P and C groups ($p<0.05$). Diabetes caused a decrease in fibroblast cell count and increase in inflammatory cell counts.

Conclusion: Within limits of present study, it can be concluded that diabetes increased tissue destruction and inflammation while decreasing cellular component of gingival connective tissue.

Keywords: Diabetes, Fibroblast, Periodontitis

P-026

Surgical treatment of osteonecrosis associated with bisphosphonates: a case report

Hasan Ayberk Altuğ¹, Aydın Özkan², Sencer Seçer², Hüseyin Avandağ¹, Dilber Çelik¹, Alpaslan Gündüz¹, Ömer Orkun Cevizcioğlu¹, Metin Şençimen¹

¹University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery

Objective: Bisphosphonate-related osteonecrosis of the jaw (BRONJ) is an adverse effect of bisphosphonate therapy, primarily diagnosed in patients with cancer and metastatic bone disease and receiving intravenous administrations of nitrogen-containing bisphosphonates. If diagnosis or treatment is delayed, BRONJ can develop to a severe and devastating disease

Case: We report a case of Stage-3 BRONJ followed by tooth extractions in a 73-year-old male patient receiving an intravenous bisphosphonate during 5 years for the treatment of prostate cancers. The patient was treated with surgical operations and PRF membrane. The patient was followed up for 6 months, and there was no recurrence or exposure.

Conclusion: PRF may promote the healing of both bone and soft tissues even in BRONJ.

Keywords: Bisphosphonate, tooth extraction, prostate cancer

P-027

Gastric carcinoma metastases to the anterior maxilla: A rare case report

Ayşegül Apaydın¹, Ahmet Karadeniz², Abdullah Yağız¹, Merva Soluk Tekkeşin³
¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Istanbul University, Istanbul

²Department of Radiation Oncology, Istanbul Faculty of Medicine, Istanbul University, Istanbul

³Department of Tumor Pathology, Institute of Oncology, Istanbul University, Istanbul

Objective: Metastatic tumors in the oral region are rare. Gastric carcinoma is typically asymptomatic, and it is usually discovered at a later stage when it metastasizes.

Case: A 54-year-old male was referred to our department with the complaint of proliferative, scabrous-surfaced, erythematous mass (3.5 × 2.5 cm), which had been present for 2 weeks in the vestibule next to left second incisor.

Extra-oral examination showed, the left side of the upper lip was expanded. No lymphadenopathy was determined in the cervical region. No pathological sign was noted in medical history.

A radiological examination showed a radiolucent lesion with irregular margins.

The mass was considered a primary malignant lesion, it was resected. Histopathological examination revealed high-grade undifferentiated malignant tumor. The patient was scanned using positron emission tomography (PET). PET showed a mass in the stomach and metastases in peripheral lymph nodes.

Esophagogastroduodenoscopy revealed a partly necrotic mass in the stomach. Biopsy was performed, the initial diagnosis was gastric carcinoma showing undifferentiated malignant tumor. Chemotherapy was administered, but the patient's health worsened. He died 5 months after noticing the mass.

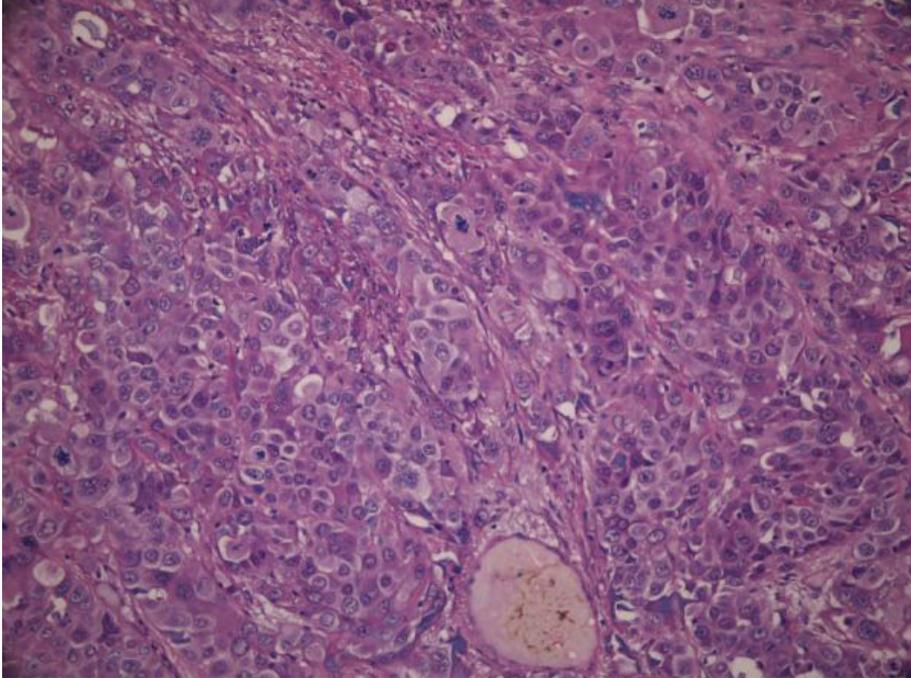
Conclusion: Head and neck metastatic tumors originating from the gastrointestinal system can spread through Batson's plexus. When a metastatic tumor occurs as the initial symptom, it provides an opportunity to cure the disease at an early stage. Thus, the existence of a malignant lesion in oral tissues suggests that it is important to search for a possible metastatic relationship with malignancies elsewhere in the body, which could lead to a lethal prognosis.

Keywords: Oral metastases, oral cancer, gastric cancer

Intraoral View of Tumour



Photomicrograph of the Oral Lesion



Undifferentiated carcinoma. Distinct pleomorphism with atypic mitoses (H&E x200).

Post Operative View



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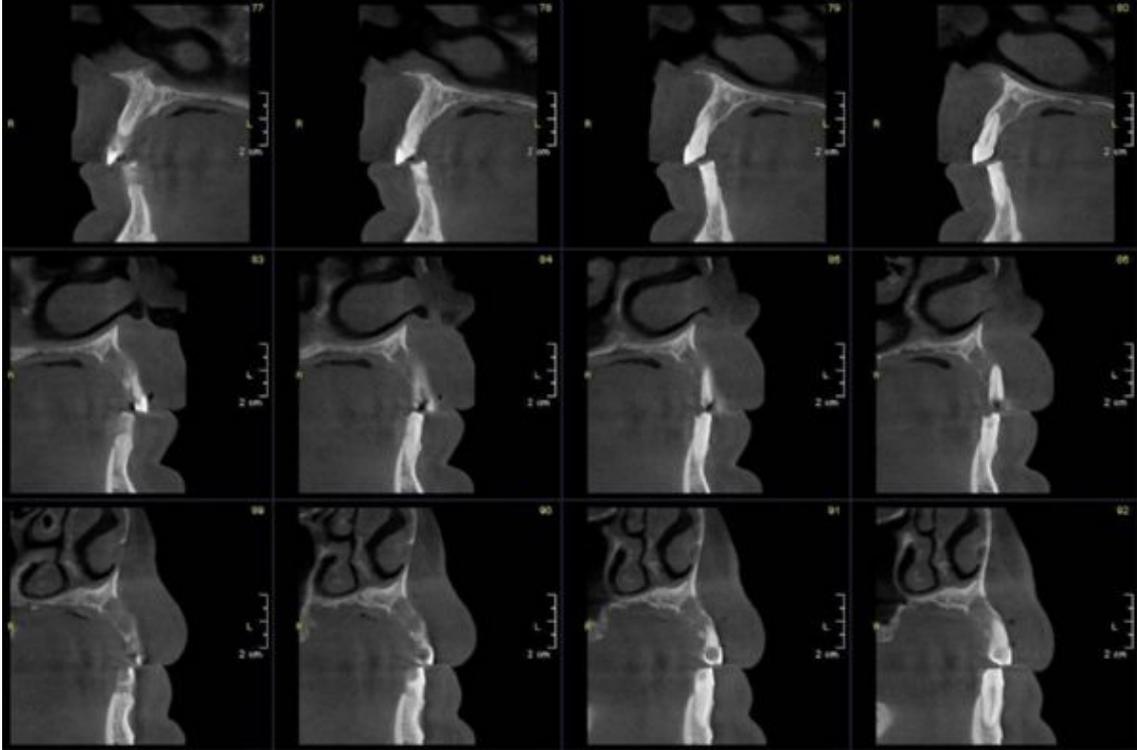
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Radiologic View



P-028

Sialadenoma Papilliferum: A Rare Case Report

Arthur Bozacioğlu¹, Sertan Ergun¹, Tolga Şitilci¹, Nihan Aksakallı², Vakur Olgaç²,
Hakkı Tanyeri¹

¹Department of Oral and Maxillofacial Surgery, Dentistry Faculty, Istanbul University,
Istanbul

²Department of Pathology, The Institute of Oncology, Istanbul University, Istanbul

Introduction: Sialadenoma papilliferum (SP) is a rare benign exophytic tumor of salivary gland origin, first reported in 1969 by Abrams and Finck. It mostly arises from minor salivary glands, but it is reported in parotid gland as well. The majority of the cases reported are located on the palate and nearly 67% in the hard palate.

Case: We present a 56-year-old female patient who was referred to our clinic for a painless lesion of the left palate. Intraoral examination revealed a wellbordered 5mm diametered exophytic erythematous growth. Provisional diagnosis was verrucous papillom. The patient was treated under deep sedation and electrosurgery was used to minimize the risk of hemorrhage. Histopatologically, parakeratose, spongiose, acantose, papillamatose were present at the epithelium. At the connective tissue there are enlarged and cystic spaces. there are sero-mucineus acinar and minor salivary gland lobules at a part of a specimen. Postoperative healing was uneventful. No recurrence of the tumor was detected for 6 months.

Conclusion: SP occurs mainly in the minor salivary glands of the oral and pharyngeal mucosa. the oral sites include posterior hard or soft palate, buccal mucosa and labial mucosa. Rarely major salivary glands are affected.

The treatment is surgical excision. The prognosis of the lesion is good. There is only one case reported to have recurred.

Keywords: sialadenoma, papilliferum, oral medicine, oral pathology

Sialadenoma Papillaferum



P-029

Management of Limited Inter-occlusal Distance with Maxillary Sinus Lifting Before Implant Surgery in Single Visit

Ahmet Altan, Aras Erdil, Nihat Akbulut, Esengül Şen

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

Objective: Maxillary sinus lift technique was first described by Tatum and is frequently being used to obtain sufficient bone height at posterior regions of the maxilla. The aim of this report is to present two cases, in which, the maxillary sinuses were lifted using lateral window technique, the particulated bone grafts, which were gained from the alveolar ridge augmentation procedures at the same site, were used as autogenous bone grafts.

Case Reports: 36 years old and 45 years old two female patients referred to our clinic complaining of non-functional fixed partial dentures. According to the clinical and radiological examination, it was diagnosed that the interocclusal distances between the right sides of posterior maxilla and posterior mandible were insufficient. Under local anesthesia, the height of alveolar ridges reduced approximately 5 mm by horizontal osteotomy. The right maxillary sinus membranes were lifted via lateral windows, the bone blocks obtained from horizontal osteotomy were particulated and used as autogenous grafts. In total, five implants were placed.

Conclusion: Autogenous grafts are still golden standard for grafting procedures.1 Besides, autogenous grafts have advantages over other grafting materials such as, high regenerative capacity, bone morphogenic proteins, other growth factors which provide osteogenic, osteoinductive and osteoconductive properties. However, gathering intraoral or extraoral autogenous grafts requires a second surgery. Nevertheless, the technique we present does not require a second operation and graft material can be collected from the operation site, which makes it easier for the patients and surgeon.

Keywords: Sinus Lift, Autogenous Bone Graft, Dental Implant

P-030

Traction of a Palatally Impacted Maxillary Canine with Corticotomy and PRF Application: Case Report

Emire Aybüke Erdur¹, Dilek Menziletoğlu², Arif Yiğit Güler²

¹Department of Orthodontics, Faculty of Dentistry, Necmettin Erbakan University, Konya

²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Necmettin Erbakan University, Konya

Objective: The palatal impaction of maxillary permanent canines is a frequently encountered clinical problem. Bringing the tooth the correct position in the dental arch, requires the close teamwork of the oral surgeon and the orthodontist. Initially to achieve access to the impacted tooth and then to use precise biomechanics to place the tooth in its proper position. In this case we aimed to investigate the effect of corticotomy and platelet rich fibrin (PRF) use on the traction of impacted teeth.

Case: A 17-year-old girl consulted the Department of Orthodontics with the chief complaint of an unesthetic dental appearance. She had an Angle Class I malocclusion with palatally impacted both maxillary canine teeth. In consultation with the Department of Oral Surgery, we attempted to allow the tooth to erupt with the tunnel traction method, by which the impacted canine teeth were pulled with bonded orthodontic button. Impacted left canine tooth had a conventional surgical uncovering procedure for bonding button while the other side had corticotomy-assisted surgical procedure with PRF application. The eruption level of the impacted canine were examined with panoramic radiograph 3 months later. It has been observed that right canine erupted into the dental arch, while left canine had still not reached the occlusion.

Conclusion: The results demonstrated that the corticotomy-assisted approach with PRF application accelerated the tooth movement while traction with the button. This case highlights importance of corticotomy and PRF application in shortening the duration of treatment time.

Keywords: Corticotomy, PRF, Impacted Maxillary Canine

P-031

Bimaxillary Surgery For Mandibular Prognathia: Case Report

Tufan Güzel, Timuçin Baykul, Yavuz Fındık, Gülperi Koçer, Mehmet Fatih Şentürk,
Tayfun Yazıcı, Neslihan Şenışık
Süleyman Demirel Üniversitesi Diş Hekimliği Fakültesi, Ağız Diş ve Çene Cerrahisi Anabilim
Dalı, Isparta

Objective: Orthognathic surgery is widely used to fix a diversity of facial and jaws discrepancies in which the position, esthetics, and functional capabilities of jaws and teeth are not in concordance. To treat skeletal class III malocclusion, mandibular setback using bilateral sagittal split ramus osteotomy (BSSRO) only, or two jaws orthognathic surgery, which is a combination of BSSRO setback and Le Fort I advancement osteotomies, have commonly been used. Skeletal surgical movements change the position of the jaw and soft tissue to obtain the appropriate maxillomandibular relationship and aesthetic

Case: In this study we observed the results of bimaxillary orthognathic surgery performed on a 25-year-old, severe mandibular prognathia patient. Anterior open bite patient with 11 mm negative overjets was subjected to le fort 1 and bilateral sagittal split ramus osteotomy respectively. The upper jaw was advanced 6 mm while the lower jaw was setback 7 mm. The maxilla was fixed with four 4 holes miniplates of 1.5 mm wide while the mandible was fixed with 3 11-mm bicortical screws on each side.

Conclusion: Overgrowth of the lower jaw leads to mandibular prognosis. This is characterized by a prolapse of the submental and lower lips of the patient, with a reverse overjet and class 3 molar relation. Orthodontic and orthognathic surgery is used in combination with correction of mandibular prognathia. Recently, two-jaw surgeries have been used to treat patients with mandibular prognathism. The surgery is generally performed with maxillary advancement (Le Fort I operation) and mandibular setback (Bilateral sagittal split ramus osteotomy [BSSRO]).

Keywords: orthognathic surgery, mandibular prognathia, bimaxillary surgery

P-032

Tongue Deviation Due To Chiari Malformation

Mehmet Emre Yurttutan, Mine Alkaya

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

Objective: Chiari Malformation is a disorder of embryologic development that is characterized of herniation of the cerebellar structures through the foramen magnum by four types. Chiari-1 is related to hydrocephalus as a result of posterior fossa hypoplasia and causes spinal injury by obstruction to cerebrospinal fluid flow at the foramen magnum. Sometimes, this syndrome also causes symptoms in the oral cavity.

Case: A 41-year-old female patient was admitted to a special clinic for dental treatment. During the bridge dismantling, the patient was forced and felt contractions in the neck muscles. Then she felt severe ear and neck pain, which did not reduce with painkillers. There was voice annoyance, difficulty in moving the tongue, difficulty in swallowing and elongation in soft palate. It was expected that these symptoms might be an anesthetic complication but complaints progressed. As a result of the investigations, "Chiari malformation type-1" was diagnosed. It is thought that over-extension of the neck muscles in the course of dental treatment may cause this disease. The neck corset was used and the patient's symptoms decreased. Speech, swallowing and tongue movements have partially improved.

Conclusion: Many systemic conditions cause tongue disorders. In addition, neurological diseases can cause symptoms in tongue too. Chiari Type 1 malformation can rarely cause deviations in the tongue and can adversely affect patient comfort.

Keywords: Chiari-1 malformation, Swallowing difficulty, Tongue deviation

P-033

Oral Pyogenic Granulomas At Different Localizations: A Report Of Three Cases

Aras Erdil, Ahmet Altan, Nihat Akbulut, Mehmet Kemal Tümer

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

Objective: Pyogenic granulomas are non-neoplastic, tumour-like growths of the oral cavity. Clinically, these lesions are seen as soft, fibrous, smooth or lobulated exophytic lesions. The aim of this report is to present three cases, in which, all patients referred with pyogenic granulomas at different regions of the mouth, with different shapes and clinical appearances.

Case Reports: At different time intervals, three patients referred to our clinic complaining of gingival growths. On clinical examination case-1 had a large, smooth, lobulated and pink coloured swelling in mandible at the lingual aspect of anterior teeth. Case-2 had a red erythematous lesion at buccal aspect of mandibular canine tooth. Case-3 had an erythematous, pedunculated papule at lingual aspect of the mandibular second molar tooth. All of these lesions were removed excisionally. The associated tooth surfaces were scaled and pathologic examination verified the lesions as pyogenic granulomas. All affected sites healed without any other complications.

Conclusion: Oral pyogenic granulomas are reactive lesions and arise in response to some kind of stimuli. In our cases, these lesions were associated with the presence of calculus as a result of poor oral hygiene. Improving oral hygiene, following routine dental visits can hinder these lesions. Furthermore, pyogenic granulomas can be seen in different localizations in the mouth.

Keywords: Oral Pyogenic Granuloma, Oral Hygiene, Oral Pathology

P-034

Unicystic Mural Ameloblastoma: A Case Report

Bora Özden, Levent Acar, Burcu Baş
Ondokuz Mayıs Üniversitesi

Objective: This case report presents the diagnosis and treatment of a unicystic ameloblastoma in the posterior mandible.

Case: A 33-year-old female patient was referred to the clinic with the chief complaint of a painless swelling in the right mandibular posterior region without any sign of sensory impairment. A panoramic radiograph revealed a well-circumscribed, unilocular radiolucency in the region of the right mandibular posterior, associated with the distal root of the second molar tooth. (Figure 1) The oral mucosa was normal and there was an expansion of the lingual cortical bone. Computed tomographic image showing the expansion of the lingual cortical bone. (Figure 2,3) Under local anesthesia, the second molar extracted and the lesion was completely enucleated with peripheral ostectomy to ensure complete removal of the margins. The entire specimen was then submitted for histopathologic examination. Histopathologic findings of the lesion revealed granular UA with mural invasion. (Figure 4) The patient was followed up and 12-months later no sign of recurrence was detected. (Figure 5)

Conclusion: Unicystic ameloblastoma is a less encountered variant of the ameloblastoma and is believed to be less aggressive and thus has a more favorable response to enucleation and curettage.

Keywords: mandible, unicystic ameloblastoma, conservative treatment, enucleation

Figure 1



A unilocular, cyst like radiolucency was seen adjacent to the right mandibular second molar in panoramic radiography.

Figure 2



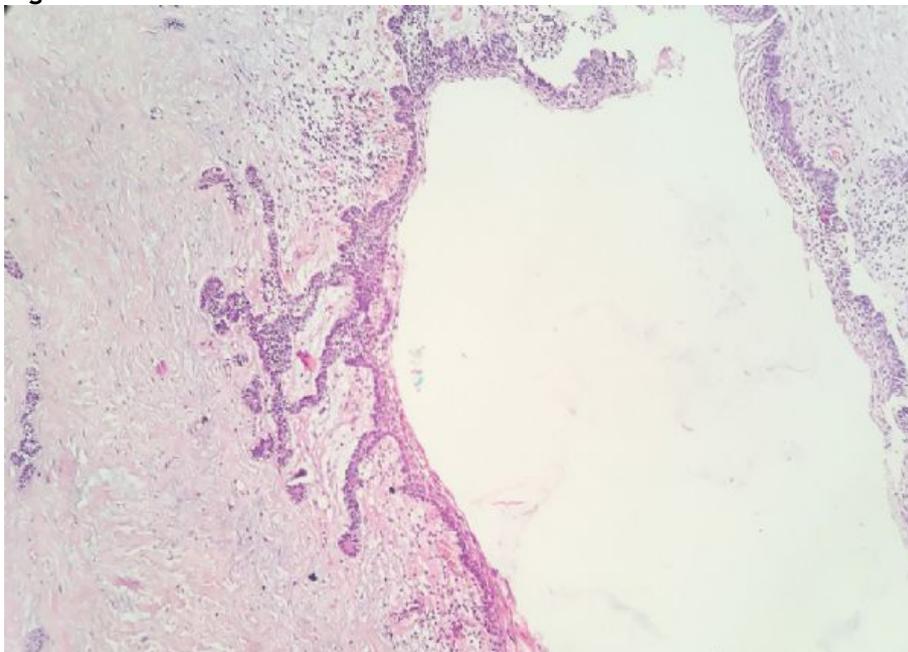
Computed tomographic image showing the expansion of the lingual cortical bone.

Figure 3



Sagittal CT scan image of the lesion.

Figure 4



Histopathological view of the lesion. Ameloblast-like cells were forming the cyst wall.

Figure 5



The follow-up panoramic radiography of the patient one year after surgery

P-035

Surgical treatment of traumatic oronasal fistula

Uğur Gülşen, Barış Demirtaş, Elif Aslı Gülşen

*Bülent Ecevit Üniversitesi Diş Hekimliği Fakültesi, Ağız, Diş ve Çene Cerrahisi Ana Bilim Dalı,
Zonguldak*

Objective: Fistula of the hard palate is a common complication after cleft palate repair. However, there are many other causes for this disorder such as accidental trauma to the palate, surgical trauma as after tumor resection or nasal septal surgery, radiation and infectious diseases. Surgical closure of palatal fistula is mandatory, however, it is a challenging problem for the surgeons as the recurrence rate is about 25%. The principle of surgery is to perform two layers and tension free closures, to fulfill this objective; several techniques have been proposed extended from local flap to free tissue transfer. The aim of this presentation was to assess the efficacy of closure of hard palate fistula by two layers of mucoperiosteal flaps in a traumatic oronasal fistula patient.

Case: A 37 year old patient was referred to our department who has oronasal fistula on middle palate. He had a trauma history with a nail on his palate when he was child. The patient had operated several times before referred to our department. We performed bipedicle flap under general anesthesia. Two-layer closure was performed for the treatment of the defect.

Conclusion: Closure of oronasal fistula by two layers of mucoperiosteal flaps is a simple one stage procedure. It is an effective method with a high success rate and it has neither complications nor recurrence.

Keywords: bipedicle flap, cleft, oro-nasal fistula, trauma

P-036

Nasal Soft Tissue Changes After Two Different Approaches For Surgically Assisted Rapid Maxillary Expansion

Yavuz Fındık, Tayfun Yazıcı, Timuçin Baykul, Onur Berkün
Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta

Objective: The aim of the study was to evaluate the nasal soft tissue changes in patients who underwent surgically assisted rapid maxillary expansion (SARME) with using two different surgical approaches.

Materials-Methods: 32 patients were included in the study and divided into two groups according to the kind of surgical approach: In group A (n = 17), SARME performed with standard Le Fort I circumvestibular approach with alar base cinch and anterior nasal spine exposure and in group B (n=15) operations were done with same standard Le Fort I circumvestibular approach only with alar base cinch. Measurements of height and width of the philtrum, nasal and subnasal width, and columella width were taken from 3D facial images obtained before surgery (T1), after the distraction phase (T2) and 6 months postoperatively (T3).

Results: Both groups presented an increase in all vaules in T2 and T3. The approach used in group A resulted in smaller changes in the columella width. The results of the present study show that there is no need for intraoperative releasing of the soft tissues around the anterior nasal spine during SARME if columella width is sufficient.

Conclusion: However, further randomized studies based on large patient groups are needed before final conclusions on this topic can be reached.

Keywords: Nasal soft tissue, SARME, 3D facial images

P-037

Orthognathic Surgery In A case of Severe Open Bite: A Case Report

Yavuz Fındık¹, Tayfun Yazıcı¹, Mehmet Fatih Şentürk¹, Gülperi Koçer¹,
Timuçin Baykul¹, Elçin Esenlik²

¹Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta, Turkey

²Department of Orthodontics, Akdeniz University, Antalya, Turkey

Objective: Skeletal anterior open bite (AOB) is characterized by the absence of contact of the anterior teeth and affects articulation parameters, biting, chewing, and voice quality. The treatment of skeletal AOB consists of orthognathic surgical procedures. In our case presented to treat skeletal AOB with bimaxillary surgery.

Case: A young male aged 18 years 5 months presented with 14 mm anterior open bite. Impaction of posterior region of maxilla and mandibular rotation was performed by LeFort 1 osteotomy and bilateral sagittal split osteotomy. Thus, was restored normal lip-teeth relationship and reduce the increased facial height. Postsurgical orthodontic care to settle the occlusion and maintain future stability of the treatment outcome

Conclusion: A realistic treatment planning was formulated aiming to achieve stable, functional, and esthetic results. Studies were emphasized the importance of collaboration of orthodontist, maxillofacial surgeon, and other disciplines to determine the success of orthosurgical outcome beforehand.

Keywords: anterior open bite, bimaxillary surgery, treatment

P-038

Two Cases Report: Treatment of Traumatic Bone Cyst

Ali Ekemen, Orkhan Ismayilov, Murad Osmanlı, Fırat Aksun, Burak Mahir Maho,
Hakan Alpay Karasu

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

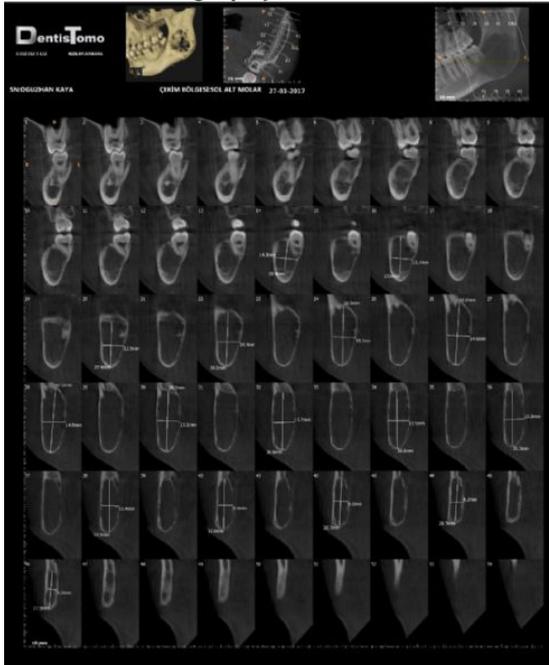
Objectives: Traumatic bone cyst is a rare non-epithelial lined cavity of the jaws. Traumatic bone cysts have been reported in the literature different nomenclature such as: solitary bone cyst, hemorrhagic bone cyst, extravasation cyst. In this case report, we report two cases about traumatic bone cyst diagnosis and treatment.

Case: Patient A; an 11 year-old female patient has been directed to our clinic because of a radiolucent lesion in the area of mandibular anterior which is detected in a routine dentist examination. As a result of clinic and radiologic examination it is decided to take biopsy from mandibular anterior area. In this stage it was seen that the lesion has no epithelium. The samples were taken from the lesion and sent to pathologic examination with traumatic bone cyst pre-diagnosis. As a result of pathologic examination the traumatic bone cyst diagnosis was verified. After the patient's 6 month control it has been seen the cavity was completely filled by bone and got well. Patient B; 19 year-old male patient was directed to our clinic with keratocyst pre-diagnosis. As a result of clinic and radiologic examination it is decided to take biopsy from left mandibular posterior area. In this stage it was detected that the lesion has no epithelium. The traumatic bone cyst diagnosis was verified after the samples taken from the lesion were sent to pathologic examination. After patient's 6 month control it was seen that the lesion has been healed and completely ossified.

Conclusion: The traumatic bone cyst is a pseudocyst which is rarely seen and progressing asymptomatic. It's completely healed when diagnosis and treatment are done.

Keywords: Traumatic bone cyst, Hemorrhagic bone cyst, solitary bone cyst

Patient B Tomography of Before treatment



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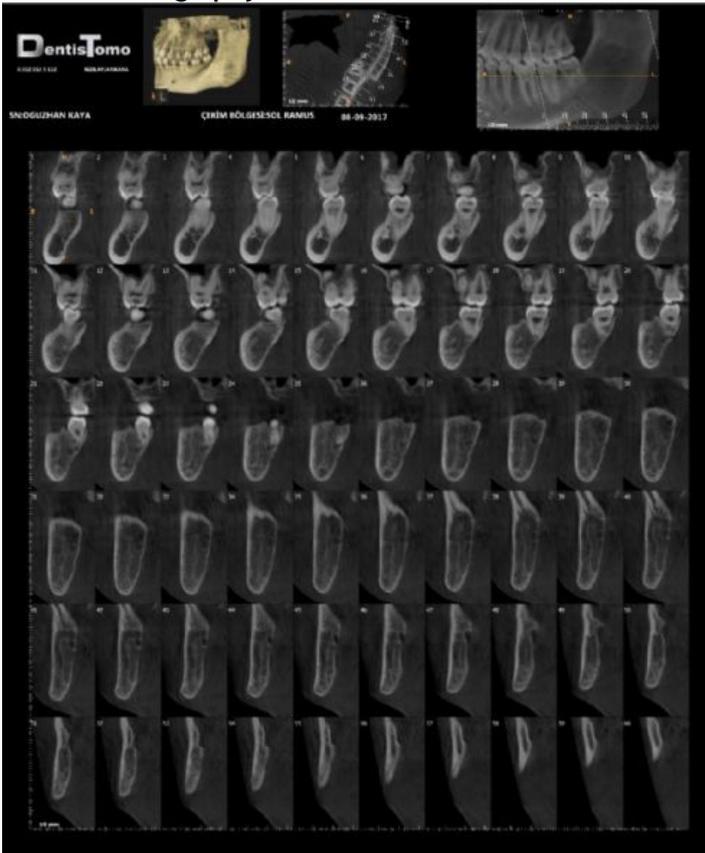
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P-039

Maxillary Hypoplasia Treated by Maxillary Distraction Osteogenesis: A Case Report

Timuçin Baykul¹, Yavuz Fındık¹, Gülperi Koçer¹, Mehmet Fatih Şentürk¹,
Tayfun Yazıcı¹, Neslihan Ebru Şenışık²

¹Department of Oral and Maxillofacial Surgery, Süleyman Demirel University, Isparta, Turkey

²Department of Orthodontics, Süleyman Demirel University, Isparta, Turkey

Objective: To report a severe Angle Class III patient treated with distraction osteogenesis (DO).

Case: 21 year old male patient referred to our clinic with severe jaw deformity. Patient was systemically healthy and clinical findings showed Angle Class III. Negative overjet recorded as -18 mm. We planned two stage surgery. Firstly, LeFort 1 osteotomy was performed to maxilla under general anesthesia. And with the help of distractor device maxilla was relocated 17mm forwardly by DO. Second surgery was planned after the finishing of consolidation period. Postoperative course was uneventfull.

Conclusion: To solve severe jaw deficiencies DO is an acceptable and safe procedure.

Keywords: Angle Class III, Distraction osteogenesis, Lefort 1

P-040

Evaluation of Creatine Kinase (CK) Level in Blood of Individuals Having Bruxism

Gülperi Koçer¹, Hatice Dönmez², Hasan Rifat Koyuncuoğlu³, Ilter Ilhan⁴

¹Süleyman Demirel University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Isparta

²Antalya Education and Research Hospital, Department of Oral and Maxillofacial Surgery, Antalya

³Süleyman Demirel University, Faculty of Medicine, Department of Neurology, Isparta

⁴Sorgun State Hospital, Department of Biochemistry, Yozgat

Objective: Bruxism is an involuntary movement and non-functional habit, which causes soft and hard tissue pathologies intraorally and is characterized with teeth grinding and clenching. Bruxism is generally diagnosed by examining teeth wear, muscle and joint pain of the patient, status of the muscles in their palpations, the patient's complaints. The purpose of using creatine kinase (CK) test is mostly to evaluate the reasons and illnesses leading to degeneration in skeletal and cardiac muscles.

Materials-Methods: The research systemically included 20 females, 10 females having bruxism and 10 healthy females; and 20 males, 10 males with bruxism and 10 healthy males, were included. In this study, a comparison has been made for each gender by creating subgroups which are composed of healthy individuals and others having bruxism as creatine kinase's normal levels vary among healthy males and females.

Results: The study's results show that there is no difference between the individuals having bruxism and the healthy ones, for both male and female individuals, in terms of the CK level.

Conclusion: The result of this study is that the excessive muscle activity caused by bruxism is not directly proportionate to the creatine CK level.

Keywords: Bruxism, Creatine Kinase, Muscle Damage

Beckman Coulter AU5800 biochemical auto analyzer



P-041

Extraoral Abscess Caused by Partially Erupted Kissing Molars: A Rare Case Report

Ayşe Özcan Küçük¹, Nazan Koçak²

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Mersin University,
Mersin, Turkey

²Department of Oral and Maxillofacial Radiology, Faculty of Dentistry, Mersin University,
Mersin, Turkey

Objective: Kissing molars are a rarely reported form of impacted teeth, wherein the occlusal surfaces of two molars are in close proximity with each other within a single follicular space, with their roots in the opposite direction. In this case report, an infected partially erupted kissing molar in the right molar region has been reported. There have been no such previously reported cases in the literature.

Case: A male patient aged 14 years reported to our clinic with the chief complaint of a painful swelling in the right lower jaw since 1 month. Clinical examination revealed a partially erupted molar and a palpable firm swelling in the posterior region. Panoramic radiograph revealed second and third mandibular molars on the right side were impacted, which presented occlusal surfaces contacting each other in same follicular space with roots pointing in opposite directions. Extraoral examination revealed an extraoral fluctuant abscess, which needs draining. To set the correct positioning of the teeth, as well as the exact relationship with the alveolar nerve channel, a cone beam computed tomography was obtained. First, drain the abscess and the patient was prescribed an antibiotic. Surgical intervention was performed under local anesthesia after 5 days.

Conclusion: Kissing molars is considered as an asymptomatic dental abnormality, which has to be identified through routine radiographs. However, they can generate diverse complications. Therefore, routine radiographic investigation should be conducted in patients presenting with complaints of missing teeth to prevent any future complications such as, space infections, cysts and tumors.

Keywords: Impacted molar, kissing molar, mandibular, surgical extraction

P-042

A Summary of Craniofacial Radiographic Findings in McCune Albrights Syndrome: A Case Report

Hami Hakiki

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

Objective: McCune-Albright syndrome(MAS) includes polyostotic fibrous dysplasia (PFD), more than one "café au lait" spots, and endocrine disorders. The most common site of involvement is craniofacial region(50%), other common sites are the pelvis, the vertebral column, and the shoulders.

Radiologically, there are regular and expansive intramedullary lesions with well-defined borders, which may cause endosteal and cortical thinning. Three classical types of CT features are described as; ground glass(56%),homogeneous dense(sclerotic-23%), and radiolucent(cystic-21%).These findings are characteristic of fibrous dysplasia.

MRI findings of PFD are variable and may not be as characteristic as CT findings. There is intermediate or low signal intensity in T1-weighted MRI sequences, and intermediate or high signal intensity in T2-weighted MRI sequences. Contrast enhancement is generally heterogeneous with variable intensity.

Case: Cranial CT images showed expansile and sclerotic lesions in addition to ground glass appearance in whole craniofacial bones. Significant narrowing of orbital apex was observed. 3D images showed a significant deformation on the craniofacial skeleton which was more prominent on the left site.

MR images showed narrowing of optic nerve due to pressure. Left nasal passage was almost entirely obliterated and maxillary sinus along with the ethmoid sinuses on the left site were not observable. MRI also showed cystic degeneration foci in the maxillary and sphenoid bones

Conclusion: In conclusion,MRI and CT are effective modalities to evaluate the extent of PFD, to demonstrate related complications, and to follow up this condition in patients with MAS; however, their diagnostic specificity is limited by the presence of similar features in other diseases. These two modalities should be employed together to evaluate cranial involvement in cases in which the diagnosis is established.

Keywords: McCune-Albrights, Fibrous Dysplasia, Craniofacial

P-043

The Effect of Combined Use of Free Gingival and Connective Tissue Graft in The Absence of Keratinized Tissue in Shallow Vestibule Sulcus

Hatice Balcı Yüce¹, Özkan Karataş¹, Gözde Işıker Kara¹, Melike Celt¹, Ahmet Altan²

¹Gaziosmanpasa University, Faculty of Dentistry, Department of Periodontology, Tokat

²Gaziosmanpasa University, Faculty of Dentistry, Department of Oral and Maxillofacial
Surgery, Tokat

Objective: Shallow vestibule sulcus is a condition that can prevent oral hygiene behavior and pose a risk for plaque-related diseases. It also poses a risk for gingival recession. Applying connective tissue graft with free gingival graft may increase keratinized tissue width and deepen vestibule sulcus.

Case: A 28-year-old healthy male patient had gingival recession and shallow vestibule sulcus at lower right canine tooth. It was observed that patient could not provide adequate oral hygiene. For this reason, free gingival graft and connective tissue graft was planned to increase keratinized tissue and deepen vestibule sulcus. A graft containing both epithelium and connective tissue was obtained at dimensions of 10x10 mm from the right jaw area of the patient at a thickness of 5 mm. Epithelium was removed from connective tissue in the portion of the graft to be applied to the cole region of the tooth. Other regions of graft were de-epithelialized and graft was placed as partial epithelium and partial connective tissue. Then, the graft was sutured with 6-0 polypropylene sutures and the patient was called for control 15 days later.

Conclusions: After 15 days, no complication occurred in either recipient or donor areas and optimal recovery was achieved. Partial epithelial-partial connective tissue grafting successfully covered the tissue defect in the gingiva and increased the depth of the vestibule sulcus.

Keywords: Connective tissue graft, Free gingival graft, Keratinized tissue defect, Vestibule deepening

P-044

MMP-8, PLOD-2, HIF-1 α and VEGF expressions in diabetic and non-diabetic human gingiva

Hatice Balcı Yüce¹, Özkan Karataş¹, Feyza Tülü¹, Ahmet Altan², Fikret Gevrek³

¹Gaziosmanpasa University, Faculty of Dentistry, Department of Periodontology, Tokat

²Gaziosmanpasa University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Tokat

³Gaziosmanpasa University, Faculty of Medicine, Department of Histology and Embryology, Tokat

Objective: Diabetes mellitus and chronic periodontitis are both chronic inflammatory diseases which disrupt soft tissue metabolism. Presence of the diseases separately or together increases apoptosis in gingival fibroblast cells and reduces cell renewal. The present study aimed to reveal the effects of diabetes and periodontitis on lysyl hydroxylase (PLOD-2), vascular endothelial growth factor (VEGF), hypoxia inducible factor (HIF)-1 α and matrix metalloproteinase (MMP)-8 expressions in diabetic and non-diabetic human gingiva.

Material-Methods: The present study involved 48 gingival biopsies taken from 16 systemically and orally healthy individuals (Control group, C), 16 type-2 diabetic patients with chronic periodontitis (Diabetes + Periodontitis group, D+P) and 16 systemically healthy chronic periodontitis patients (Periodontitis group, P). Biopsy samples were obtained under local anesthesia. Lysyl hydroxylase (PLOD-2), vascular endothelial growth factor (VEGF), hypoxia-inducible factor (HIF)-1 α and neutrophil collagenase (MMP-8) expressions in gingiva were evaluated via immunohistochemistry.

Results: MMP-8 levels were higher D+P group than those of the other groups ($p < 0.05$). VEGF was elevated in both P and D+P groups than C group ($p < 0.05$) while PLOD-2 and HIF-1 α levels were similar ($p > 0.05$).

Conclusions: Within limits of the present study, it can be concluded that diabetes increased soft tissue destruction without affecting collagen crosslinking and HIF-1 α levels.

Keywords: Diabetes, Hypoxia, Lysyl hydroxylase, Matrix metalloproteinases, Periodontitis

P-045

Floride cementoosseous dysplasia of the mandible

Murat Kaya, Tayfun Yazıcı, Mehmet Fatih Şentürk

Süleyman Demirel University, Faculty of Dentistry, Department of Oral Maxillofacial Surgery

Objective: Floride cementoosseous dysplasia (FCOD) is a rare, benign, fibroosseous, and multifocal dysplastic lesion of the jaw that consists of cellular fibrous connective tissue with bone and cementum-like tissue. FCOD is most commonly found in between 25 and 60 years of aged black women, is generally asymptomatic, and is usually detected during radiological examination.. Symptoms such as dull pain or drainage are almost always associated with exposure of the sclerotic calcified masses in the oral cavity. Radiographically, the lesions appear as multiple sclerotic masses located in two or more quadrants, usually in the tooth-bearing regions. They are often confined within the alveolar bone.

Case: In this case, a woman in aged 41 years was referred our clinic for painfull impacted teeth. radiological examination showed that there was no bone rezorption around the crown of impacted teeth, but unilocular radyopasitic lesion ranged under apex of impacted teeth, through inferior alveolar mandibular canal.

Patient is carried out surgical operation under general anesthesia, impacted teeth was removed, for approaching to lesion nearly crown size bone was removed on aspect of buccal corteks area. Than lesion was removed totally with bein elevator. Removed lesion segment was sent for histopathological examination. Histopathological findings confirmed the diagnosis of FCOD. Followup of patient is continuing.

Keywords: fcod, mandible, woman

P-046

Efficacy of diode laser in the management of oral lichen planus: report of four cases

Müge Çına Aksoy¹, Mehmet Yıldırım², Murat Kaya¹

¹Süleyman Demirel University, Faculty of Dentistry, Department of Oral Maxillofacial Surgery

²Süleyman Demirel University, Faculty of Medicine, Department of Dermatology

Objective: Oral lichen planus (OLP) is a chronic autoimmune, mucocutaneous disorder that affects the oral mucosa. Corticosteroids remain the first choice of treatment for OLP patients, it has been found to be the most expected and successful agent in the treatment of OLP. Prolonged use of topical corticosteroids over ulcerated areas may cause local and systemic complications. The diode laser therapy is used as a possible alternative method in the treatment of lichen planus. The aim of this study was to evaluate the effects of diode laser therapy on the treatment of symptomatic OLP lesions resistant for topical and systematic corticosteroids.

Case: In this study, 4 patients affected by OLP, who treated with a diode laser is presented. Patients were exposed to a 904nm diode laser (continuous mode, non contact, 320 µm fiber optic tip, spot size 1 cm, Epic, BİOLASE, ABD). Biopsy was taken from all patients. All patients with biopsy-proven OLP were evaluated for candida infection and were treated with diode laser. Diode laser therapy was applied twice weekly for 5 weeks to all four patients. OLP lesions were improved and pain and burning symptoms was reduced completely after the treatment.

Conclusion: Within the limits of the present study, it is indicated that diode laser therapies are effective in the treatment of sign and symptoms of OLP in adult patients within 5 weeks. No recurrence of symptoms was observed in the follow-up period.

Keywords: Oral Lichen Planus, Diode Laser, Pain

P-048

Restoration of the Anterior Region by the Extraction of Permanent Tooth without Root Development: Case Report

Deniz Sila Özdemir¹, Ahmet Altan², Halenur Altan¹

¹Gaziosmanpaşa University, Faculty of Dentistry, Department of Pediatric Dentistry, Tokat

²Gaziosmanpaşa University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Tokat

Objective: Dentoalveolar trauma usually occurs in pediatric patients, and the teeth that are mostly affected by trauma are maxillary incisor teeth. In this case report, it was aimed to report the aesthetic rehabilitation of the anterior region performed with the tooth number 21, the root development of which was ceased due to trauma.

Case: 9-year-old female pediatric patient applied to the Gaziosmanpaşa University, Faculty of Dentistry, Department of Pediatric Dentistry with the complaint that «two incisors were not at the same level». In the medical history, a trauma was taken 2 years ago. The tooth was intruded as a result of trauma. Periapical radiography and CBCT revealed that the root development of the tooth was not performed. The tooth number 21 was decided to be extracted. Nance appliance was performed using the patient's extracted tooth.

Conclusion: Aesthetic problems may arise as a result of dental trauma in children during the growth and development period. It is necessary to provide aesthetics in this region until the period during which this condition in the anterior region can be restored prosthetically.

Keywords: dentoalveolar surgery, trauma, aesthetic dentistry

P-049

Forced Eruption of Impacted Central Tooth: Case Report

Halenur Altan¹, Deniz Sıla Özdemir¹, Ahmet Altan²

¹Gaziosmanpasa University, Faculty of Dentistry, Department of Pediatric Dentistry, Tokat

²Gaziosmanpasa University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Tokat

Objective: An anomaly on the eruption path of anterior teeth negatively affects facial aesthetics and may also cause these teeth to be impacted. This case report aims to report the eruption and follow-up of the impacted tooth number 11.

Case: 6-year-old female patient applied to our clinic with the complaint that «the right incisor did not erupt although the left incisor erupted». As a result of clinical and radiographic examination, no obstacle to the eruption of the teeth was determined. Patient massage was suggested. As a result of 3 months follow-up, it was observed that there was no change in dental eruption. Periodontal surgery was performed to remove the keratinized gingiva on tooth number 11. A bracket was placed on the teeth number 11, 53 and 21, and the patient was followed up by attaching a chain elastic. During 3-week follow-up, tooth number 52 located on the eruption path was extracted. When the tooth number 11 reached the desired position after 1-month follow up, the chain elastic was removed and the teeth was left for spontaneous eruption.

Conclusion: Early orthodontic treatments are successful methods in obtaining function and aesthetics. Minimal invasive surgery and then early orthodontic treatment are successful in providing esthetics and function.

Keywords: impacted tooth, orthodontic movement, eruption

P-050

Adenomatoid Odontogenic Tumor: A Case Report

Elif Esra Özmen, Hatice Özlem İrdem, Abdullah Kalaycı, Semih Karcı
Department of Oral and Maxillofacial Surgery, Selcuk University Faculty of Dentistry, Konya

Objective: Adenomatoid odontogenic tumor (AOT) is a rare benign odontogenic neoplasm originating from the dental lamina and its remains. This tumor is usually associated with an impacted tooth and commonly involves the anterior maxilla. Most of the tumors are intraosseous and follicular type. Females are more frequently affected than males and patients in second decade of life are most affected. This case report aims to present surgical treatment of a patient with an AOT associated with an unerupted right mandibular canine.

Case: A 17-year-old female was referred to Selcuk University Faculty of Dentistry Department of Oral and Maxillofacial Surgery with the complaint of swelling on the right side of the mandible. There was no history of trauma. Intra-oral examination showed a well-defined swelling of approximately 3 cm in diameter with a smooth surface in the buccal and lingual direction of the right mandibular region. Palpation examination showed painless, solid and non-fluctuant swelling. Radiographically, impacted mandibular canine associated with a radiolucency with sclerotic border was detected. The lesion was enucleated under local anesthesia. No recurrence of the lesion was found one year after surgery.

Conclusion: AOT is a rare slow-growing, painless, noninvasive tumor; often misdiagnosed as an odontogenic cyst. It affects young individuals, mainly females; commonly found in the anterior maxilla and associated with an impacted canine. The surgical procedure of this tumor should be enucleation along with the associated impacted tooth and simple curettage.

Keywords: Adenomatoid Odontogenic Tumor, enucleated, odontogenic neoplasm

P-051

Ridge augmentation using combined approach: A report of two cases

Ayşe Karaca Bulut, Doğan Ilgaz Kaya, Elif Esra Özmen, Doğan Dolanmaz
Oral and Maxillofacial Surgery Department, Faculty of Dentistry, Selçuk University, Konya

Objective: Reconstruction of alveolar ridge deficiencies requires bone augmentation before implant placement. The aim of this report is to present the results of two cases managed with combined use of autogenous block graft, guided bone regeneration (GBR) and sinus lift.

Case:

Case 1: A 39-year old female patient had a total edentulous maxilla and partial edentulous mandible. The patient had also severe horizontal and vertical bone deficiencies in both jaws. Under general anesthesia, we performed the alveolar reconstructions by using intraoral autogenous bone block graft and GBR in maxilla and mandible. Additionally, bilateral sinus lifting procedures were done. After 6 months of healing period, 14 implants were placed.

Case 2: A 27-year old female patients applied with complain of anterior partial edentulism in her maxilla. Dental implants with a fixed prosthetic restoration were planned. Autogenous bone augmentation and sinus lift procedures were carried out to restore vertical and horizontal bone loss. Block bone grafts were harvested from the mandibular ramus region. Three implants were placed and prosthetic restoration was performed.

Conclusion: Combined use of autogenous bone, GBR and sinus lift is a simple, relatively safe and effective treatment method.

Keywords: autogenous block graft, guided bone regeneration, ridge augmentation

P-052

Foreign Bodies in Maxillofacial Region

Neziha Keçeçioğlu Seyrek¹, Nazife Begüm Karan²

¹Firat University, School of Dentistry, Department of Oral and Maxillofacial Surgery, Elazığ

²Recep Tayyip Erdogan University, School of Dentistry, Department of Oral and Maxillofacial Surgery, Rize

Objective: Foreign bodies can be encountered in the maxillofacial region after road traffic accidents, gunshot injuries and therapeutic interventions. The correct localization is essential for the treatment. It may well be embedded in the maxillary sinus, the tongue or between bone and muscles. Superficial foreign bodies are usually easy to remove. However, if they submerged under the deeper layers further diagnostic techniques are required to define the true localization of the object. The radiopaque images seen in the conventional radiographs can cause false decisions.

Case: In present case a patient was referred to our clinic after a traffic accident. Patient was admitted with complaints of pain in the jaw and facial areas. Intraoral examination of the patient revealed pain and stiffness in palpation in the right retromolar region of the mandible. An impacted third molar was identified in the panorax. A radiopaque image was also detected in the same region. A sharp piece of glass was removed while performing the impacted tooth surgery

Conclusion: A sharp piece of glass that were ignored before the surgery was removed with an intraoral approach in our department spontaneously. Further detailed diagnostic techniques should be taken in order not to have further problems in trauma patients before having oral surgery procedures.

Keywords: Foreign body, glass, traffic accident

P-053

Keratocystic Odontogenic Tumor in the Maxilla: A Case Report

Elif Esra Özmen, Hanife Ataoğlu, Muhammed Mustafa Öztürk, Semih Karci
Department of Oral and Maxillofacial Surgery, Selçuk University Faculty of Dentistry, Konya

Objective: Keratocystic odontogenic tumor (KCOT) is a benign intraosseous tumor which has odontogenic origin and characteristic lining of the parakeratinized stratified squamous epithelium. It has potentially aggressive and infiltrative behavior; usually contains thick yellow, cheesy material. This case report aims to present the surgical treatment of patients with odontogenic keratocysts in the maxillary posterior region.

Case: A 21 years old female referred to Selçuk University Faculty of Dentistry Department of Oral and Maxillofacial Surgery complaining about swelling on her right maxilla. The patient did not have any systemic disease. The extraoral examination showed swelling in right maxilla. Radiolucent lesion associated with the embedded third molar tooth was detected in right maxilla region in OPG. Under local anesthesia, the lesion was completely removed. The tooth associated with the lesion was also removed. The pathological examination diagnosed keratocyst.

Conclusion: The most common location of KCOT is the posterior region of the mandible (90% occur posterior to the canines) and ramus (>50%). KCOT usually have no symptoms, although mild swelling may occur. Pain may occur with the secondary infection. Surgical treatment may vary and can include resection, curettage or marsupialization to reduce the size of large lesions before surgical excision. Complete removal of the KCOT walls is important because of the risk of recurrence. After surgical treatment, it is important to make routine clinical and radiographic examinations to detect any recurrence.

Keywords: Keratocystic Odontogenic Tumor, Maxilla, Recurrence

P-054

Treatment of Dentigerous Cyst by Marsupialization

Neziha Keçeçioğlu Seyrek¹, Nazife Begüm Karan², Mehmet Seyrek³

¹Firat University, School of Dentistry, Department of Oral and Maxillofacial Surgery, Elazığ

²Recep Tayyip Erdogan University, School of Dentistry, Department of Oral and Maxillofacial Surgery, Rize

³Inonu University, School of Dentistry, Department of Oral and Maxillofacial Surgery, Malatya

Objective: Dentigerous cyst is a common pathologic entity that is associated with an impacted tooth. There are two main types of treatment for dentigerous cyst: excision and marsupialization. Marsupialization is advised to preserve the cyst-associated tooth and promote it's spontaneous eruption within the cyst when sufficient space for eruption exists.

Case: 14-year-old male patient was referred to the clinic with the complaint of swelling in his anterior border of the left mandibular region. In radiographic evaluation a well-defined cyst was identified in association with an impacted canin tooth. Incisional biopsy result confirmed the diagnosis of a dentigerous cyst. A plastic tube was inserted and fixed inside the lesion. Marsupialization was continued for six months and the patient was checked monthly.

Conclusion: The impacted tooth was erupted in six months after the surgical procedure.

Keywords: Dentigerous Cyst, Marsupialization, Treatment

P-055

Mandibular osteomyelitis associated with untreated fracture

Elif Esra Özmen¹, Ömer Erdur², Hatice Özlem İrdem¹, Doğan Dolanmaz¹,
Hasan Küçükkolbaşı¹

¹Department of Oral and Maxillofacial Surgery, Selcuk University Faculty of Dentistry, Konya

²Department of Otorhinolaryngology, Selcuk University Faculty of Medicine, Konya

Objective: Osteomyelitis is an inflammatory disease of the bone that usually begins as an infection of the medullary cavity; rapidly involves the Haversian system and quickly extends to the periosteum of the area. It develops in the jaws after a chronic odontogenic infection, irradiation to the mandible or for a variety of other reasons such as trauma, inadequate treatment of fracture. Mandibular fractures are reported to be associated with the highest rate of infections among other maxillofacial fractures. We aimed to present a case of suppurative osteomyelitis associated with an untreated symphysis fracture, which was a year ago.

Case: A 22-year-old female patient was referred to Selcuk University Faculty of Dentistry Department of Oral and Maxillofacial Surgery with pain, swelling, redness on the lower jaw. Based on the clinical and radiographic examinations, osteomyelitis was diagnosed. In her history, she had suicide attempt and had multiple fractures. She had multiple surgeries but the symphysis fracture was not detected. After the medical treatment, surgical debridement and the granulation tissue in the fracture line was removed. The region was grafted with the iliac bone and stabilization was made by the reconstruction plate. Postoperative medication included intravenous antibiotics. The patient was symptom-free with no signs of osteomyelitis.

Conclusion: The reconstruction and rehabilitation of patients who have multiple fractures must be also made for maxillofacial fractures carefully. Untreated mandibular fractures may cause osteomyelitis due to nonunion of fracture.

Keywords: iliac bone graft, osteomyelitis, untreated fracture

P-056

A Case Report: Treatment of Hemangioma by Cryotherapy

Ali Ekemen, Orkhan Ismayilov, Mikail Kadyrov, Murad Osmanlı, Fırat Aksun,
Hakan Alpay Karasu
Ankara University, Faculty of Dentistry, Oral and Maxillofacial Surgery, Ankara

Objectives: Hemangioma is benign lesion of dilated blood vessels. In this presentation the treatment of hemangioma by cryotherapy will be presented.

Case: The 57-year-old male has suffered about a lesion which is on the tip of his tongue and its darker than peripheral mucosa. As a result of clinic examination it is detected that this lesion was hemangioma. A cryogun which dispenses liquid nitrogen has been used for treatment of this lesion. The slowly melting process followed the 60 second freezing process. This freezing and melting process was repeated 3 times in total. The patient was called for a check after 3 weeks and it is observed that the lesion was completely healed.

Conclusion: Cavernous hemangioma is rarely seen on tongue. The diagnosis and treatment must be done carefully in this type of vascular malformations. In this presentation treatment of hemangioma which is a vascular malformation by cryotherapy has been presented.

Keywords: Hemangioma, Cryotherapy, Cryosurgery

before cryotherapy



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Control Photo



During Cryotherapy



P-057

Malignant Mixed Tumor of the Parotid Gland

Elif Esra Özmen¹, Ömer Erdur², Doğan Dolanmaz¹, Bahar Çolpan², Ayşe Ölmez²

¹Department of Oral and Maxillofacial Surgery, Selcuk University Faculty of Dentistry, Konya

²Department of Otorhinolaryngology, Selcuk University Faculty of Medicine, Konya

Objective: Malignant mixed tumor (carcinoma ex-pleomorphic adenoma) is a very malignant neoplasm of parotid gland arising from primary or recurrent benign pleomorphic adenoma. The malign transformation of pleomorphic adenoma occurs in 6% of cases. Some of these cases are so aggressive and treatment strategy of these tumors are not yet standardized. In this report, we aimed to present an aggressive malignant mixed tumor of the parotid gland which penetrated to masticator muscles, temporomandibular joint, and mandible.

Case: An eighty five year-old male patient presented with a four-year history of a mass on the left angle of the jaw. The mass had rapidly increased in size for the last 6 months along with facial paralysis, pain and weight loss. The true-cut biopsy revealed malign mixed tumor of the parotid gland. The patient underwent complete resection of the mass and total parotid gland, facial nerve branches, temporomandibular joint, mandibular condyl's head and neck and masticator muscles. The surgery was followed by radiotherapy. The patient had no postoperative complaints and remained symptom-free.

Conclusion: This case highlights the importance of the early excision of the parotid benign masses. Malignant transformation of parotid masses is a complex process, surgery of these cases are more destructive.

Keywords: malignant mixed tumor, parotid gland, resection

P-058

Acinic Cell Carcinoma of the Palate: Case Report

Hami Hakiki¹, Şule Nur Macit²

¹Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

²Ankara University, Faculty of Dentistry, Department of Prosthodontics

Objective: Acinic cell carcinoma (ACC) is a rare malignant epithelial tumor that accounts for about 1-6% of all salivary gland neoplasms. It is a low-grade malignancy that occurs most often in the parotid gland with a predilection for females and presents at a relatively younger age than other salivary gland tumors. Despite of low malignant behavior, ACC has a tendency to recur, to produce metastases (cervical lymph nodes and lungs), and may have an aggressive evolution.

Case: A 59 years old female patient referred to our hospital with a asymptomatic mass in the right posterior palatal region which was complicating the use of upper denture. Incisional biopsy (IB) of the lesion performed with a preliminary diagnosis of pleomorphic adenoma but the biopsy result came with the diagnosis of ACC. Lymph node metastasis were not found on the radiographic examination of the cervical lymph nodes. An interior maxillectomy performed on the right palatal region and the biopsy materials confirmed the IB results and showed clean surgical margins which ruled out the need for radiotherapy. An obturator prosthesis was made for the prosthetic rehabilitation of the patient on the postoperative 4th week.

Conclusion: Although indolent in nature (slow-growing), ACCs are quite persistent in their potential for local recurrences and distant metastases, often many years later. Local and multiple recurrences may occur in up to half of patients. Due to the notably high tendency of ACC to recur and to produce latent metastasis, long-term follow-up is mandatory after treatment.

Keywords: acinic cell carcinoma, palatal mass, salivary gland tumors

P-059 Treatment of Fracture of the Atrophic Edentulous Mandible: A Case Report

Hüseyin Can tükel

Oral and Maxillofacial Surgery, Faculty of Dentistry, Cukurova University, Adana

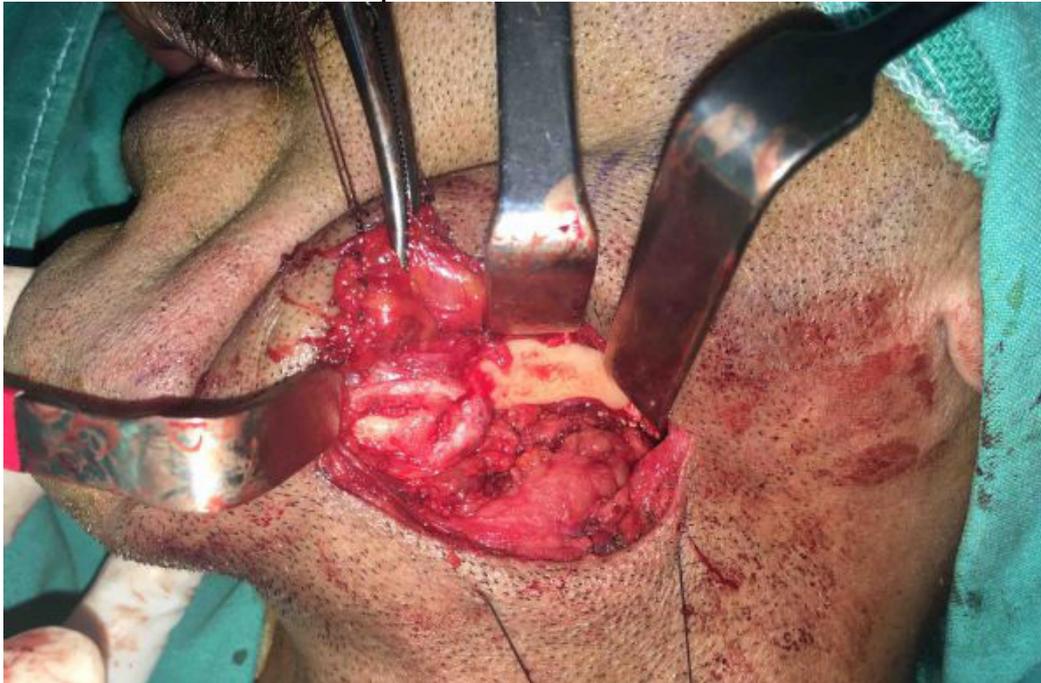
Objective: The aim of this case report was to present the outcome of the treatment of an atrophic mandible fracture using open reduction and internal fixation.

Case: A 51 years old male was referred to the Oral and Maxillofacial Surgery Department for a mandible fracture. The cause of fracture was fall from bike. On clinical and radiographic examination a unilateral fracture of atrophic edentulous mandible was identified. The patient was a chronic alcohol abuser. Medical history of the patient was insignificant for comorbidities. Under general anesthesia, open reduction and internal fixation of the mandible was carried out using 2.4 reconstruction plate via submandibular approach. The patient was discharged on the second day after surgery. The healing was uneventful. At 4 months follow-up, no complications were observed.

Conclusion: Fractures of the severely atrophic edentulous mandible can be difficult to manage. There are no clear guidelines on how to treat these fractures and the literature can be confusing. Considering the fact that the patient was an alcohol abuser and the advanced atrophy of the mandible, the patient was treated by a reconstruction plate in this case, however the treatment must be based on surgeon experience and each case should be managed individually.

Keywords: mandible, fracture, trauma, atrophic, edentulous

Intraoperative view of the fracture



Note the heavy callus formation

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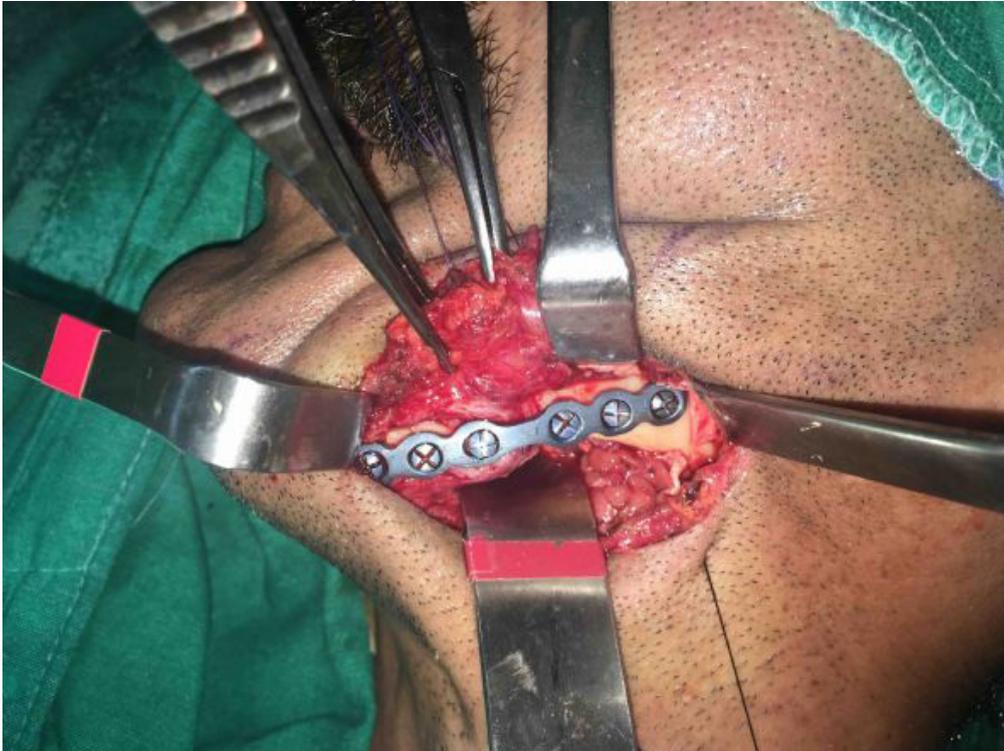
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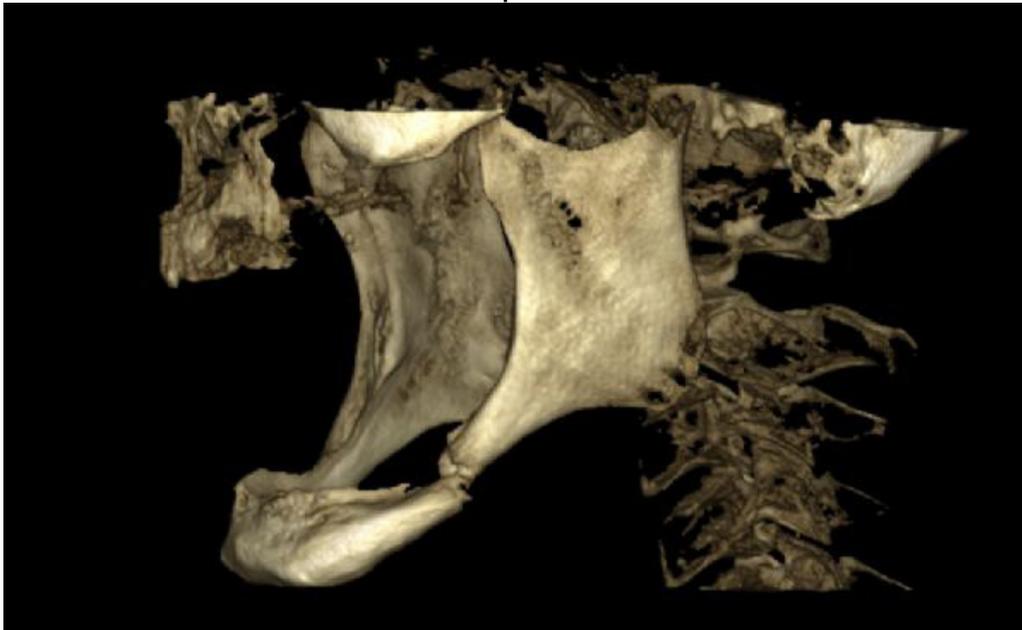
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Open reduction and fixation



ORIF of atrophic mandibular fracture, mental nerve was preserved.

Preop CBCT



Preoperative CBCT of the patient

P-060

Management of Limited Mouth Opening Due to Coronoid Hyperplasia: Report of Two Cases and Review of Literature

Ümit Özgür, Seyhan Karaaslan, Sündüz Başak Yılmaz, Emre Tosun, Hakan Hıfzı Tüz
Oral & Maxillofacial Surgery, Faculty of Dentistry, Hacettepe University, Ankara

Objective: Mouth opening limitation can be caused by many factors. In most of the cases clinicians have to deal with anterior disc displacement without reduction, tmj arthritis, masticatory muscle disorders, and tmj internal derangements. Coronoid process hyperplasia is a rare condition causes limited mouth opening due to abnormal bony elongation of histologically normal bone. The limitation characterized by the impingement of elongated coronoid process on the medial surface of zygomatic arches while mouth opening. Early diagnosis and convenient treatment planning are important to prevent wasting time.

Case: In this report, surgical treatment of two patients with coronoid hyperplasia and limited mouth opening is presented. Clinical and radiological examinations showed coronoid process hyperplasia and tmj arthritis in both patients.

Conclusion: Coronoidectomy and coronoidotomy performed on these patients and proper maximum interincisal opening gained with post operative aggressive physiotherapy.

Keywords: coronoidectomy, hyperplasia, mouth, opening, tmj

P-061

Complex Odontoma in Close Proximity of Two Impacted Teeth: A Case Report

Nihat Akbulut, Tolgahan Kara, Ahmet Altan, Esengül Şen
Gaziosmanpasa University Dentistry Faculty, Department Of Oral And Maxillofacial Surgery,
Tokat

Objective: Odontoma is the most common odontogenic tumor of oral cavity. It's generally asymptomatic but can lead to eruption disturbances especially delayed or ectopic eruption. Odontomas are classified as complex and compound odontoma according to organisation of its hard tissues and likeliness to a tooth. In the literature complex odontomas are commonly seen in posterior mandible while compound odontomas are more common in anterior maxilla. In many studies retention of permanent teeth is the most prevalent symptom. This is a presentation of a case with odontoma in maxillary premolar region.

Case: A 16 years old female referred to Department of Oral and Maxillofacial Surgery with complaint of a swelling and mild pain in right maxillary premolar region. In orthopantomograph, a calcified mass was detected in this region in addition to impacted canine and first premolar. The patient refused orthodontic treatment after the surgery, thus tumor was removed under local anesthesia together with two impacted teeth. Diagnosis of complex odontoma was confirmed after histopathological examination. Undoubtful healing process was seen clinically and radiologically 1 month later from surgery. The case is still following up.

Conclusion: In this report it's highlighted that a retained deciduous tooth and its unerupted successor can be associated with an odontoma.

Keywords: impacted teeth, odontogenic tumor, odontoma

P-062

Inferior Alveolar Nerve Reposition and Simultaneous Implant Placement in Atrophied Posterior Mandible

Neziha Keçeçioğlu Seyrek¹, Nazife Begüm Karan²

¹Firat University, School of Dentistry, Department of Oral and Maxillofacial Surgery, Elazığ

²Recep Tayyip Erdogan University, School of Dentistry, Department of Oral and Maxillofacial
Surgery, Rize

Objective: The alveolar bone resorption is an irreversible and unstoppable process that is seen after tooth extraction. Several surgical techniques have been developed for the rehabilitation of atrophic jaws with the installation of dental implants such as the use of devices for distraction osteogenesis, bone grafts, short implants, and the reposition of the inferior alveolar nerve. The reposition of the inferior alveolar nerve is divided into two groups as defined lateralization of the alveolar nerve and transposition. With nerve lateralization, the inferior alveolar nerve is exposed and traction is used to deflect it laterally while the implants are placed. With this procedure, there is no interference with the incisive nerve. With nerve transposition, a corticotomy is done around the mental foramen and the incisive nerve is transacted, such that the mental foramen is repositioned more posteriorly.

Case: A female patient, 41 years old, was referred for dental care in the specialty area of implantology with dental absence in the posterior region of mandible. Alveolar nerve transposition with simultaneous implant placement was performed bilaterally under local anesthesia.

Conclusion: Significant improvement in sensory changes was reported within the following 7 days; a reduction in both tingling and anesthesia was reported. The total return of sensorineural activity occurred in one month.

Keywords: implant, inferior alveolar nerve transposition, Atrophied Mandible

P-063

Implant Administration After Removing of An Odontoma And Supernumerary Teeth in Maxillary Esthetic Zone: Case Report

Ahmet Altan¹, Tolgahan Kara¹, Kaan Yerliyurt²

¹Gaziosmanpasa University Dentistry Faculty, Department Of Oral And Maxillofacial Surgery,
Tokat

²Gaziosmanpasa University Dentistry Faculty, Department Of Prosthodontics, Tokat

Objective: Odontoma is the most common odontogenic tumor of oral cavity. In fact odontoma is considered as hamartomatous odontogenic lesions including both of epithelial and ectomesenchymal components. There are two types according to organization of odontogenic tissues: complex and compound. It's generally asymptomatic but can lead to eruption disturbances especially delayed or ectopic eruption. In this study we present a case who had an odontoma and supernumerary teeth in anterior maxilla and was treated by using dental implants after surgical removing of them.

Case: A 17 years old young male patient referred to our Dentistry Faculty with esthetically problems. After routine radiographic examination, an impacted tooth and an odontoma were detected in anterior maxilla. Also there were two supernumerary teeth and palato-positioned right central incisor. Under local anesthesia we removed odontoma and all of impacted, ectopic and supernumerary teeth. Approximately one year later, following the proper bone healing, two dental implants were placed to this site and his oral rehabilitation was completed.

Conclusion: Delayed diagnosis and treatment of eruption problems due to an obstruction in the way of eruption such as an odontoma, can lead further esthetical problems and require surgical interventions for management and dental rehabilitation.

Keywords: anterior maxilla, dental implant therapy, odontoma

P-064

Traumatic Fibroma on Tip of Tongue: A Case Report

Tolgahan Kara¹, Emrah Soylu², Ahmet Altan¹, Nihat Akbulut¹

¹Gaziosmanpasa University Dentistry Faculty, Department Of Oral And Maxillofacial Surgery,
Tokat

²Erciyes University Dentistry Faculty, Department Of Oral And Maxillofacial Surgery, Kayseri

Objective: A chronic repair process, which develops secondary to trauma and consist of granulation tissue and scar formation, eventuates in submucosal fibrous mass. This is called traumatic or irritational fibroma. Traumatic fibroma widely appears on tongue, buccal mucosa and lower labial mucosa and has no malignancy risk. Unless repetitive trauma remains, recurrances are rare. This study presents a clinical example of traumatic fibroma on tongue.

Case: A 50 years old female patient referred to Department of Oral and Maxillofacial Surgery for a lesion on the tip of her tongue. Her lower incisors were substituted with ceramic restoration 3 years ago due to diastema between lower central incisors to where her tongue placed was placed between habitually. Consequently this caused a chronic trauma and a fibrous mass on tongue that didn't reduce despite the irritation removed. Her main complaint was discomfort during eating and speaking. Following the excision under local anesthesia, the wound was closed primarily and healed completely without recurrency after 3 weeks. The histopathological examination confirmed our pre-diagnosis: traumatic fibroma.

Conclusion: Traumatic fibroma can be seen commonly at different sites of oral mucosa and show high correlation between clinical appearing and histopathological features. Once it is excised entirely no recurrency occurs if the ethiologic factor can be eliminated.

Keywords: *hyperplastic lesions, tongue, traumatic fibroma*

P-065

Maxillary Odontogenic Keratocyst

Cansu Gül Koca, Hamdi Sarı, Muhammet Fatih Çiçek

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

Objective: Odontogenic keratocyst differs from other cysts rooting from odontogenic reasons with its characteristics of high rate of recurrence and epithelial turnover. These cysts are benign neoplastic formations of maxillary bones. They are seen during the second and third decades of life. Although they are mostly observed on the posterior mandible, they can be encountered on the maxilla anterior and third molar area. The objective of our study is to present the treatment and follow-up process of odontogenic keratocyst located on the maxillary posterior area.

Case: A 21-year-old female patient came to Uşak University, Dentistry Faculty, Department of Oral and Maxillofacial Surgery, was observed to have aching and extraoral swelling on the left maxillary area. Radiological evaluation was done by using computed tomography. Cyst enucleation was performed under general anesthesia. The odontogenic keratocyst was observed to be 30x30x32 mm in dimensions and its edges were from canine to tuber maxilla and from the orbital floor to the top of the alveolar crest. The cyst was enclosing the maxillary sinus and was not causing nasal obstruction. The patient has been on follow-ups since the surgical operations and observed to have a homogenic bone recovery in 6 months.

Conclusion: In order to prevent any complications that may arise, early diagnosis and surgical treatment of odontogenic keratocysts holds an utmost importance.

Keywords: odontogenic keratocyst, maxillary sinus, maxillary third molar

P-066

Bilateral Mandibular Kissing Molars: Case Report

Tolgahan Kara, Ahmet Altan, Nihat Akbulut, Mehmet Kemal Tümer
Gaziosmanpasa University Dentistry Faculty, Department Of Oral And Maxillofacial Surgery,
Tokat

Objective: Generally, mandibular and maxillary third molars, maxillary canines, central incisors, second mandibular and maxillary premolars, and second molars are the most affected teeth by impaction respectively. Potentially, a failure in initiation and continuation of resorbing alveolar bone over the teeth results impaction of them. If the occlusal surfaces of two impacted molars, sharing the same follicular space, contact each other and their roots point opposite directions, they're called kissing molars (KM). In the literature it is often suggested the removal of both impacted KM at either side of the mandible. This study reports a rare case of bilateral impacted kissing molars without any clinical symptoms or signs.

Case: A 22 years old male patient appealed to Gaziosmanpasa University Dentistry Faculty with a main complaint about dental caries. By routine orthopantomograph, bilateral KM were revealed in the mandibular angle and the patient was consulted to Department of Oral and Maxillofacial Surgery Department. No symptoms or signs such as cystic dilatation of the dental follicle were detected in clinical examination. The patient was informed about situation and treatment choice was discussed with him. Follow-up without surgery was decided. Two orthopantomographs taken for a year revealed no pathology.

Conclusion: There is a few treatment choice for KM in addition to it is extremely rare condition. Regular follow-up is essential and important for early detection of pathologies and to avoid potential surgical complications.

Keywords: *eruption failure, impacted third molars, kissing molars*

P-067

Surgical Ciliated Cyst Mimicking a Residual Cyst

Hami Hakiki, Mehmet Emre Yurttutan

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

Objective: Surgical ciliated cysts(SCC), or postoperative maxillary cysts, are benign cystic lesions induced after a surgical procedure in the maxillofacial area. It is a locally aggressive lesion, usually developing as a delayed complication many years after surgery. It is frequently reported in the Japanese literature, but very few authors have reported this pathologic entity in the English language literature.

Case: A 52 years old male patient referred to our clinic for the evaluation of an asymptomatic cystic lesion in the edentulous region on his left maxilla with a typical radiographic appearance of the residual cyst. Patient history revealed a surgical operation to the region in order to remove a tooth remnant which performed 20 years ago. Enucleation of the lesion was performed with minimum effort in separating the cystic epithelium. Histopathological examination showed a cystic lesion which was surrounded by a ciliated epithelium which was consistent with SCC.No recurrences observed on the patients follow up.

Conclusion: SCC is a rare entity which is often associated to prior surgical operations to the maxillary region. Recurrences of the surgical ciliated cysts are rare, but could happen if the cystic lining were incompletely removed. Underdiagnosis or misdiagnosis of these lesions may be responsible to their rarity. Understanding the clinical and histopathological features of the lesion may assist the clinician for accurate diagnosis and the management of the condition.

Keywords: Surgical Ciliated Cyst, Postoperative Maxillary Cyst, Maxilla

P-068

Odontojenik Keratokistik Tümörlerde Marsüpyalizasyon Yöntemi ile Tedavi Edilen Hastaların Tedavi Öncesi ve Sonrası Ezrin ve Podoplanin Seviyelerinin İmmünokimyasal Boyanma Yoğunluğunun Retrospektif Olarak Değerlendirilmesi

Osman Çetin¹, Ceyda Özçakır Tomruk¹, Ferda Özkan²

¹Department of Oral and Maxillofacial Surgery, Yeditepe University, İstanbul Turkey

²Department of Pathology, Yeditepe University, İstanbul Turkey

Objective: The purpose of this study was to evaluate the immunochemical staining intensity of ezrin and podoplanin levels in keratocystic odontogenic tumors, which are frequently aggressive and are able to reach to large sizes, before and after treatment with marsupialisation.

Materials-Methods: Ezrin and podoplanin in tissue samples of 13 keratocysts by immunohistochemical method were investigated.

Results: There was no statistically significant change of the levels of cytoplasmic and membranous podoplanin before and after marsupialisation ($p>0.05$). Decrement in cytoplasmic ezrin level after marsupialisation was statistically significant ($p<0.05$). The level of cytoplasmic podoplanin level was found to be statistically significantly lower before the marsupialisation as compared to cytoplasmic ezrin level ($p<0.05$). But there was no statistically significant difference between cytoplasmic podoplanin levels and cytoplasmic ezrin levels after marsupialisation ($p>0.05$). There was no statistically significant correlation between cytoplasmic podoplanin levels and cytoplasmic and membranous ezrin levels before and after marsupialisation ($p>0.05$).

Conclusion: In our study, the marked decrease in ezrin expression after marsupialization supports the idea that ezrin can be used as a marker in lesion aggressiveness. However, we believe that the mechanisms and interactions of these proteins should be further investigated so that both markers can be used as markers for determining the aggressiveness of the lesions in odontogenic keratocysts.

Keywords: Odontogenic keratocyst, marsupialisation, ezrin, podoplanin

P-069

Treatment of An Ankylosed Maxillary Central Incisor by Single-tooth Osseous Osteotomy

Ufuk Taşdemir¹, Fırat Öztürk², İbrahim Kuzucu², Berrin İyilikçi¹, Alper Kızıldağ³

¹Oral and Maxillofacial Surgery Department, Dentistry Faculty, Pamukkale University, Denizli

²Orthodontic Department, Dentistry Faculty, Pamukkale University, Denizli

³Periodontology Department, Dentistry Faculty, Pamukkale University, Denizli

Objective: Ankylosis is the fusion between the mineralized root surface and the alveolar bone and led to development of infraocclusion. Osteocorticotomy is a surgical procedure in which the intact ankylosed tooth and adjacent bone are either repositioned in 1 step or moved orthodontically. This technique permits optimal repositioning of the tooth.

Case: This case report describes the treatment of a boy, aged 14.9 years, whose ankylosed maxillary right central incisor had been infraokluzed due to the trauma. Initially orthodontic traction had been applied for tooth eruption. After this unsuccessfully treatment, the patient was referred to surgery clinic for osteotomy. We performed a segmental osteotomy with in a single-stage surgery to allow for inferior repositioning of the tooth and bone. The ankylosed tooth was successfully leveled in the maxillary arch with a harmonic gingival margin. The dento-osseous segment was successfully repositioned with satisfactory periodontal results.

Conclusion Treatment modalities are teeth extraction, restoration, tooth-bone osteotomy, and distraction osteogenesis for ankylosed teeth. Although the tooth could not be leveled the entire distance necessary to reach the occlusal plane because of the stretching limitations of the attached soft tissue during the surgery. The traction of the single-tooth osteotomy block can be repositioned to the desired position immediately by vertical extrusion bends, vertical elastics, a coil spring, a nickel-titanium wire, or a simple distraction device. Traction of teeth and alveolar block was repositioned with the vertical elastics and elastomeric chain this case.

Keywords: orthodontic, osteotomy, segmental, surgery

P-070

Focal Osseous Dysplasia of the Mandible: Report of Two Cases

Alparslan Esen¹, Ali Kılıncı¹, Gökhan Gürses¹, Ömer Günhan²

¹Necmettin Erbakan University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Konya

²TOBB ETU Hospital, Department of Pathology, Ankara

Objective: The objective of this report is to present two focal osseous dysplasia (FOD) cases.

Case 1: A 27-year-old woman admitted to our clinic for evaluation of expansive and painful region on lingual of the left mandibular posterior area. In the intra-oral examination, the slight swelling was noticed. Panoramic radiograph and computerized tomography showed that mixed radiolucent-radiopaque image related to premolars and first molar. The lesion removed totally and teeth in the lesion were extracted. After that iliac graft was placed with mini-screws for further rehabilitation.

Case 2: A 31-year-old woman referred to our clinic with complaints of pain on the left mandibular wisdom tooth area. On the radiological examination, a lesion was observed in the right side which had a radiolucent-radiopaque appearance with marked border under the impacted wisdom tooth. Furthermore, two more radiolucent lesions were detected radiographically. One of them was located in right mandible related with the second premolar, the other was located on the left mandibular molar area. The right impacted wisdom tooth was removed and the biopsy was performed on the adjacent lesion.

Results: Histopathological results of both cases were evaluated as FOD. In Case 2, two other lesions without biopsy were followed because early lesions of FOD were considered.

Conclusion: FOD lesions do not require any treatment unless symptoms are present. However, symptomatic lesions may require surgical intervention.

Keywords: fibro-osseous lesions, focal osseous dysplasia, mandible

P-071

Management of Etanercept Related Osteonecrosis of the Jaw: A Case Report

Ahmet Emin Demirbaş, Yusuf Nuri Kaba, Fatma Doğruel

Department of Oral and Maxillofacial Surgery, Erciyes University Faculty of Dentistry, Kayseri

Objective: Medication-related osteonecrosis of the jaw (MRONJ) is a severe adverse drug reaction, consisting of progressive bone destruction in the maxillofacial region of patients. Anti-tumour necrosis factor alfa drugs (infliximab, adalimumab, etanercept...) therapy is the only alternative to nonsteroidal anti-inflammatory drugs for the treatment of rheumatoid arthritis (RA), ankylosing spondylitis(AS), inflammatory bowel disease and psoriatic arthritis. TNF alpha is important part of immune response, so anti-TNF drugs may increase risk of infection.

Case: A 40 years old male patient referred to our clinic with ulcers in the mouth and avulsion of the mandibular incisor teeth. The patient was taking infliximab therapy for the treatment of ankylosing spondylitis since 2007. His rheumatologist changes the treatment protocols 3 months before applying to our clinic. After receiving the etanercept for treatment AS, ulcers in the mouth and intestinal symptoms was started. In the clinical examination, there were exposed necrotic bone area in anterior mandible and ulcers on the soft palate. The CBCT scan showed us undemarcated lytic bone areas at the socket of the mandibular incisor teeth. Biopsy was performed and culture was obtained. The patient consulted the gastroenterology. Endoscopy results are reported as Crohn Disease. After 1 month combine antibiotherapy, sequestrectomy was performed under local anaesthesia. Uneventful healing was observed 12 months postoperatively.

Conclusion: In the present case, treatment of etanercept related osteonecrosis of the jaw in the patient with Crohn disease and ankylosing spondylitis was demonstrated.

Keywords: Osteonecrosis of the jaw, MRONJ, Crohn Disease, anti-TNF alpha, etanercept

P-072

Two-stage surgery of a compound odontoma in a 9 year old child

Burcu Baş, Levent Acar, Bora Özden

Ondokuz Mayıs University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: Odontomas are a common type of odontogenic tumors which are considered as hamartomas of aborted tooth formation. In this report, we present the two-stage surgical treatment of a case of large compound odontoma which was too close to the mandibular nerve.

Case: A 9-year-old male patient was referred to our clinic from Department of Pedodontics due to the detection of a large calcified lesion at the mandibular molar region that prevents the eruption of canine and first premolar teeth. (Figure 1) The radiographic examination revealed the presence of multiple dense radioopaque structures contained in a radiolucent cavity surrounded by a corticated border in relation to apices of 83-84-85. (Figure 2) Based on clinical signs and radiographic findings, the lesion was diagnosed as compound odontoma. To avoid inferior alveolar nerve injury only the upper part of the lesion was enucleated in the first operation. Multiple small tooth-like structures were seen in the lesion. (Figure 3) Excisional biopsy revealed the diagnosis of compound odontoma. After one year follow up, the remaining odontoma mass was seen erupting. (Figure 4) When the risks of mandibular nerve injury disappeared, odontoma was completely enucleated by the second surgical operation. The eruption of teeth was seen at one-year follow-up. (Figure 5)

Conclusion: For every pediatric patient those presenting clinical evidence of delayed tooth eruption, transient tooth displacement or retained deciduous teeth careful radiographic examination should be performed. The surgical protocol should be carefully designed to avoid damage of vital structures.

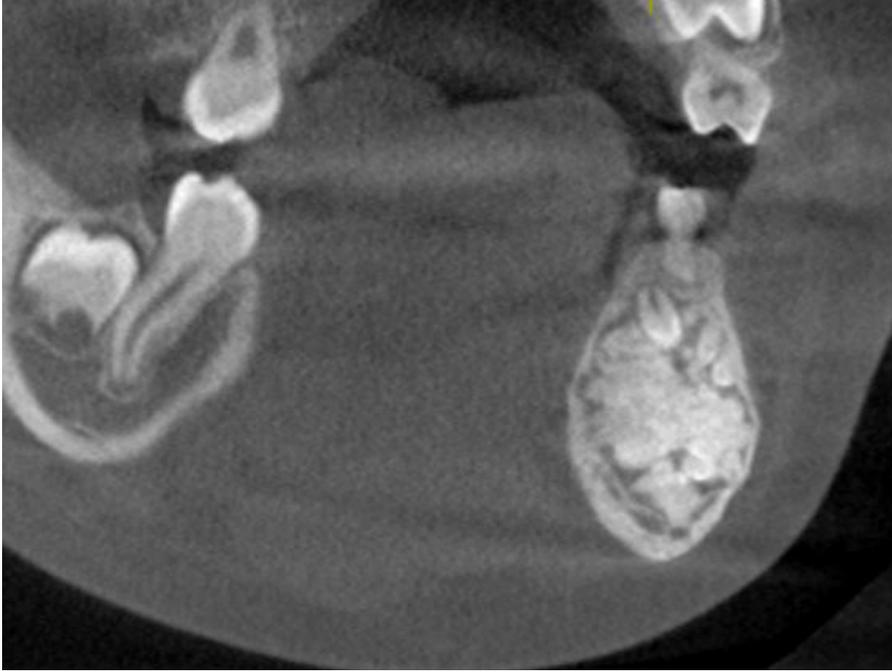
Keywords: compound odontoma, conservative treatment, enucleation

Figure 1



Compound odontoma seen in panoramic radiograph of the patient.

Figure 2



Cone beam tomographic view of the lesion.

Figure 3



Multiple mineralized structures removed from the lesion

Figure 4



The panoramic radiograph of the lesion one year after the first operation

Figure 5



The panoramic radiograph of the patient one year after the second surgery.

P-073

A Case of Bilateral Asymptomatic Elongated Styloid Process

Nazan Koçak¹, Ayşe Özcan Kucuk²

¹Mersin University Faculty of Dentistry Department of Oral and Maxillofacial Radiology, Mersin

²Mersin University Faculty of Dentistry Department of Oral and Maxillofacial Surgery, Mersin

Objective: Elongation of the styloid process is a rare situation. Only 4% of patients have clinical symptoms such as recurrent pain in the oropharynx and face. Elongated styloid process (ESP) or calcified stylohyoid ligament occasionally inflames and disturbs adjacent anatomical structures. This situation is called Eagle syndrome. In this case report, we presented a female patient with asymptomatic ESP with unusual width and length.

Case: The patient was a 59-year-old female referred to our clinic with a chief complaint of dental pain. She stated that no medical history. A panoramic radiography was taken for routine radiological examination. In radiological examination, bilateral bony structures that lie near the right mandibular ramus and reaches submandibular region was noticed incidentally and defined as ESP. ESP was asymptomatic. Cone Beam Computed Tomography (CBCT) was used for 3D validation of ESP diagnosis.

Conclusion: Dentists have a prime role to play in the diagnosis of Eagle's syndrome during routine dental examination. Panoramic radiography and CBCT use to help diagnose the prolonged styloid process.

Keywords: cone beam computed tomography, Eagle syndrome, panoramic radiography, styloid process, syndrome

P-074

Denosumab-Associated Osteonecrosis of The Maxilla: A Case Report

Ahmet Emin Demirbaş, Yusuf Nuri Kaba, Taha Pergel

Department of Oral and Maxillofacial Surgery, Erciyes University Faculty of Dentistry, Kayseri

Objective: Medication related osteonecrosis of the jaw is becoming a frequently seen complication in cancer and osteoporotic patients. Our skeletal system is constantly remodelling to maintain its health. The balance between bone formation and resorption may be impaired by a number of disorders, such as diseases and drugs related to the skeletal system. Bisphosphonates are one of the first anti-resorptive drugs to be discovered. A new generation of anti-resorptive drugs was required to come from above the side effects of bisphosphonates. Denosumab is a human monoclonal antibody that inhibits bone resorption. In contrast to bisphosphonates, it does not get incorporated inside the mineral bone matrix. Recent reports have shown that denosumab can induce jaw osteonecrosis, but case report is rare in literature.

Case: A 78-year-old female patient was referred to our clinic with swelling and pain complaints in right maxilla. The patient was under denosumab therapy for osteoporosis for 1 year. Radiological examination revealed a widespread bone necrosis in the left posterior maxilla and clinically with pus drainage, but does not exposed necrotic bone. Curettage of the necrotic area was planned under local anaesthesia after combined antibiotic therapy. The patient's 1 year follow-up showed no recurrence and was prosthetically rehabilitated.

Conclusion: Purposes of this paper take attention to increased risk of osteonecrosis related with denosumab in patient with osteoporosis and describe the clinical findings and treatment protocol.

Keywords: Denasumab, Osteonecrosis of the jaw, MRONJ, Osteonecrosis, Maxilla

P-075

Removal of Bullet that Causing Trismus in the Infratemporal Fossa: A Case Report

Yusuf Nuri Kaba¹, Suheyb Bilge¹, Nükhet Kütük²

¹Department of Oral and Maxillofacial Surgery, Erciyes University Faculty of Dentistry,
Kayseri

²Department of Oral and Maxillofacial Surgery, Bezmi Alem University Faculty of Dentistry,
İstanbul

Objective: A bullet in the infratemporal fossa (ITF) is an uncommon and challenging problem due to its critical nature. Gunshot injury can cause excessive bleeding, nerve injury, infection, pain, swelling, trismus, hard and soft tissue loss.

Case: A 29 years old female patient referred to our clinic with trismus and pain left facial region. The patient applied to the emergency department with bleeding on right eye and nose due to stray bullet injury on her face ten days before applying to our clinic. In extraoral examination periorbital edema and hypermia was observed. Maximum mouth opening was approximately 22 cm. Panoramic radiograph showed us significant radiopaque mass superimposed on the left coronoid process. The bullet removed under general anaesthesia with intraoral approach. After 10 months of follow-up, mouth openness was approximately 40 cm. There no signs of inflammation around left facial region.

Conclusion: In this paper, we present a case removal of the bullet which entering from inferio-medial orbital margin to ethmoid bone, bypass the ethmoid bone and left maxillary sinus without damaging extraocular muscle and lacrimal duct system reaching infratemporal fossa.

Keywords: Bullet, Infratemporal fossa, gunshot injury, removal of bullet

P-076

Comparison of Cone Beam Computed Tomography and Digital Panoramic Radiography Performances in Detection of Peri-Implant Alveolar Bone Changes Using Trabecular Microstructure Analysis

Guldane Magat¹, Elif Oncu², Sevgi Ozcan Sener¹

¹Necmettin Erbakan University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology, Konya

²Necmettin Erbakan University, Faculty of Dentistry, Department of Periodontology, Konya

Objective: The aims of this study were to compare the changes in fractal dimension (FD) and grayscale value (GSV) of peri-implant alveolar bone on digital panoramic radiography (DPR) and cone beam computed tomography (CBCT) after the implant surgery and at the 12-month follow-up.

Materials-Methods: In this retrospective study, sixteen subjects with CBCTs taken about 2 weeks after implantation and one year after implantation were chosen from among patients who taken dental implants in the posterior mandibular sites. A region of interest (ROI) was selected from DPR and CBCT images. The FDs and GSVs were evaluated after the implant surgery and at the first 12-month follow-up after the functional loading of the implants.

Results: There were no significant differences between DPR and CBCT measurements for FD values ($p>0.05$). No significant differences were observed between FD values and GSVs calculated after implant surgery and at the 12-month follow-up ($p>0.05$). GSVs were not significantly correlated with FD values ($p>0.05$).

Conclusion: The DPR and reconstructed panoramic images of CBCT have similar image quality for assessment of FD. The FD values and GSVs of the peri-implant trabecular bone architecture have not changed at the first 12-month follow-up after the functional loading of the implant.

Keywords: Fractal dimension, gray scale value, panoramic radiography, cone beam ct, implant

P-077

Incidental findings of the carotid artery calcification on panoramic radiography: A case report

Dilber Çelik¹, Alpaslan Gündüz¹, Ömer Orkun Cevizcioğlu¹, Abdullah Tuğrul
Çoşkun¹, Aydın Özkan², Hasan Ayberk Altuğ¹, Metin Şençimen¹

¹University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial
Surgery

Objective: Calcifications in carotid atheroma can be detected in a panoramic radiograph of the jaws. The purpose of this case report is to present the carotid artery calcification that was incidentally detected on panoramic radiography.

Case: A 59-year-old male patient was admitted to our clinic with the complaints of the pain in the left third molar region. During the routine radiologic examination with panoramic radiograph detected an ill-defined calcification in the left neck region. The patient was referred to the cardiovascular surgery clinic for further diagnosis and treatment. Calcified image confirmed by some more specific imaging tests, such as Doppler- Ultrasound and computed tomography. Differential diagnoses for similar radiographic findings consist of calcified lymph nodes, sialoliths and tonsilloliths.

Conclusion: The discovery of atherosclerotic calcifications in the internal carotid artery has important implications because atherosclerosis is a progressive process and can lead to transient ischemic attacks or stroke. Because of this reason dentists should be aware of carotid artery calcification on a routine panoramic radiography.

Keywords: Calcification, carotid artery, panoramic radiography, stroke

P-078

Bimaxillary Orthognatic Surgery in Patient With Type 1 Diabetes Mellitus: A Case Report

Ahmet Emin Demirbaş, Taha Pergel, Gökhan Yılmaz, Suheyb Bilge, Fatma Doğruel,
Dilek Günay Canbolat

Department of Oral and Maxillofacial Surgery, Erciyes University Faculty of Dentistry, Kayseri

Objective: Type 1 diabetes mellitus is a disease in which pancreatic islets are completely deficient in insulin due to autoimmune destruction of B cells. In this paper, we presented a patient complaining of type 1 diabetes mellitus and diagnosed with dentofacial deformity treated without complications with double jaw surgery

Case: The patient was 22 year- old male with a chief complaint of mandibular prognatism. He had type 1 diabetes mellitus and had been treated with insulin. Orthodontic surgery was planned after orthodontic treatment. However blood sugar level was poorly controled and unstable. For this reason, prior to surgery, the patient was admitted to the hospital to check blood sugar level with appropriate diets and insulin therapy. Then double jaw surgery was performed. Perioperative, intraoperative and postoperative blood sugar level was strictly controlled in addition to local management. The postoperative course was uneventhful, without infection or delayed of wound healing. Facial appearance and occlusion were remarkably improved. 1 year after surgery occlusion was stable and without relaps tendency

Conclusion:. Since diabetic patients often develop complications after surgery, special consideration is necessary for preoperative intraoperative and postoperative management.

Keywords: Orthognatic Surgery, Diabetes Mellitus, Surgery

P-079

Unilateral Hemolacria After Le Fort I Osteotomy: A Case Report

Ahmet Emin Demirbaşı, Canay Yılmaz Asan, Gökhan Yılmaz, Firas Mohsen

Department of Oral and Maxillofacial Surgery, Erciyes University, Faculty of Dentistry, Kayseri

Objective: Hemolacria can be seen following trauma to the middle third of the facial skeleton and nasoethmoidal fractures. It also has been described following inflammation, and ablative or corrective surgeries. Recently, we observed a case of unilateral hemolacria following Le Fort I surgery. The purpose of this case report is to present this rare occurrence and to discuss its pathogenesis and treatment.

Case: A 50-year-old man was referred to the Oral and Maxillofacial Surgery Clinic in Erciyes University School of Dentistry. Clinical and cephalometric examinations revealed severe mandibular prognathism. Under general anesthesia, the patient underwent maxillary advancement (Le Fort I) and mandibular set-back. On the first hour postoperatively, the patient complaints of epistaxis from his left naris, retrograde hemorrhage from the left lacrimal puncta resulting in a collection of sanguineous tears associated with the left lacrimal lake. The patient was sent to otorhinolaryngology department for evaluation and after examination by endoscopy hemorrhage in the left nares and lacrimal canal was confirmed. Conservative measures including nasal packing and observation were used for management of this postoperative complication. The second day postoperatively further episodes of hemorrhage was not seen and there were no further complications.

Conclusion: Hemolacria after Le Fort I osteotomies are rare and one can not easily predict the susceptibility of an individual to such complications. Fortunately, the typically transient and self-limiting nature of hemolacria after a Le Fort I osteotomy makes its management often amendable to conservative management during the postoperative phase.

Keywords: Hemolacria, Le Fort I, lacrimal puncta

P-080

Treatment of Large-Scale Oral Plasmacytoma in a Patient with Multiple Myeloma: A Case Report

Emrah Soylu, Yusuf Nuri Kaba

Department of Oral and Maxillofacial Surgery, Erciyes University Faculty of Dentistry, Kayseri

Objective: Plasmacytoma is a rare malignant tumour originating from plasma cells in the bone marrow, or plasma cells alone, and also known as restricted type of Multiple Myeloma. In some cases, oral manifestations of extramedullary plasmacytoma can be the initial finding of the Multiple myeloma or can be the secondary finding.

In the present case, we aimed to present the diagnosis and the treatment of a large extramedullary plasmacytoma in anterior maxilla as a secondary finding of a Multiple Myeloma diagnosed patient.

Case: A-58 year old male patient referred to our clinic with swelling and pain in the right maxillary anterior region. In clinical examination, an Erythematous, ulcerative, approximately 2*2*2 cm sized tumour was observed. It was noticed that, the patient failed to close the lips due to size of the tumour. The patient was on chemotherapy, taking warfarin and iv Zoledronic Acid for the treatment of Multiple Myeloma. Patient was consulted to hematology and coumadin was stopped. Lesion excised under local anaesthesia when the INR level is 1,6. Associated teeth were extracted. Plasma Rich Fibrin (PRF) Membrane and gel form were used for covering exposed bone to limit the risk of bisphosphonate related osteonecrosis of the jaws (BRONJ). The biopsy was resulted extramedullary plasmacytoma. Patient continues to receive chemotherapy as arranged by oncologist. Uneventful healing was observed at 3 months follow-up.

Conclusion: Extramedullary plasmacytoma of maxilla is extremely rare. Differential diagnosis include peripheral giant cell granuloma, central giant cell granuloma and pyogenic granuloma, and the diagnosis is result of biopsy.

Keywords: Multiple Myeloma (MM), Extramedullary Plasmacytoma (EP), Oral Plasmacytoma, Maxilla

P-081 Kissing Molars: A Case Report

Rıdvan Güler, Osman Habek, Ersin Keskin, Kamil Serkan Ağaçayak
Dicle University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery,
Diyarbakır

Objective: Kissing molars, also called "rosette formation", were firstly published in the literature by Van Hoof in 1973. The term of "kissing molars" imply impacted molars which are in close contact with each other from their occlusal surfaces in one follicular space with positioning of roots in opposite directions. Kissing molars can occur as a single entity or could associate with mucopolysac-charidosis. This case report aims to describe the diagnosis and treatment of kissing molars in mandible.

Case: A 34 year-old male patient applied to our clinic with the complaining of severe pain on his lower right second molar. No sys-temic problem was detected on his medical history. Clinical examination revealed a profound caries on maxiller right first molar related to this pain. The impaction of lower right third and fourth molars, which are termed as kissing molars, were observed on panoramic radiograph. After suggesting the treatment plan, the patient accepted the operation of kissing molars. Surgery was performed under local anesthesia of the teeth.

Conclusion: The occurrence of kissing molars is a very rare condition when the literature is reviewed. Mandibular third molars are the most common impacted teeth, therefore, phenomenon of kissing molars usually occurs together with these teeth. On the other hand, impacted fourth molars are rarely seen. The impaction of a tooth may cause to various pathologies including cysts, tumors, infection and deep caries of impacted or adjacent teeth. Such pathologies require surgical extraction of the related tooth with the help of CBCT examination.

Keywords: Impacted molar, kissing molar, surgical extraction

1-Panoramic radiograph



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2-intraoperative photograph



3-intraoperative photograph



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4-intraoperative photograph



5-extraction molar teeth



P-082

A Comparison Regarding the Effects of Different Period Postoperative Hilotherapy Following Impacted Third Molar Surgery on Pain, Swelling and Trismus

Şeyma Mermutlu, Doğan Ilgaz Kaya, Abdullah Kalaycı
Selçuk Üniversitesi Diş Hekimliği Fakültesi Ağız, Diş ve Çene Cerrahisi AD

Objective: The aim of this study was to determine the optimal duration for hilotherapy after impacted mandibular third molar surgery.

Materials-Methods: This prospective, randomise and controlled clinical study included 15 patients (9 male, 6 female) who had bilaterally impacted mandibular third molar. Surgeries of all patients were made within two appointments. After surgeries hilotherapy was applied for 30 minutes in one appointment and 60 minutes for second appointment. Split mouth technique was used for this study that enables different hilotherapy duration for right and left sides. Face sizes and maximum mouth opening sizes were recorded before surgeries. Pain, swelling, trismus and patient satisfaction rates are recorded 2 days and 7 days after surgeries. VAS scale (10 centimeters) was used to determine the pain rates.

Results: This study includes 15 patients whose average age was 21,6 (between 18 and 32). Postoperative pain scores were not statistically significant between 30 minute and 60 minute hilotherapy groups. Postoperative swelling was significantly lower in 60 minute hilotherapy group then 30 minute hilotherapy group. Maximum mouth opening and patient satisfaction were significantly higher in 60 minute hilotherapy group then 30 minute hilotherapy group.

Conclusion: Hilotherapy is a new technique that is used to eliminate the disadvantages of cryotherapy, a technique that doesn't have clear evidence about timing and technique and is used in both dentistry and medicine department for over years.

Keywords: impacted third molar, hilotherapy, cryotherapy

P-083

Augmentation of the Nasal Floor

Elif Esra Özmen, Doğan Dolanmaz, Ayşe Karaca Bulut, Semih Karcı

Department of Oral and Maxillofacial Surgery, Selcuk University Faculty of Dentistry, Konya

Objective: Potential risk to penetrate nasal cavity in severely atrophic anterior maxilla limits the placement of dental implants. This situation can be managed by using some surgical procedures such as block grafting, distraction osteogenesis and nasal floor augmentation. In this report, it is aimed to present our results of nasal floor lift applications to provide adequate volume for implantation in patients with insufficient bones in maxillary anterior region.

Materials-Methods: Eight patients (3 female, 5 male) with a mean age of 52 (Range 33-67) underwent nasal floor augmentation and simultaneous lateral and/or vertical augmentation with autogenous bone block graft if needed. Seven patients were total edentulous and one patient was partial edentulous. All the surgeries were done under general anesthesia. The full-thickness flap was raised with crestal and vertical releasing incisions. Nasal mucosa was elevated bilaterally by the use of sinus lift instruments and the area was grafted.

Results: The procedures were well tolerated by all the patients. No major complication (severe infection, loss of graft etc.) were seen. In all patients, sufficient vertical bone gain was obtained to place standard height implants

Conclusion: Nasal augmentation is a safe and effective treatment approach and it can be used either alone or combination with the other reconstruction techniques to manage atrophic anterior maxilla.

Keywords: block graft, insufficient bone, nasal augmentation

P-084

Positive effects of high Lefort osteotomy on facial structures in orthognathic surgical treatment of an adult patient with skeletal Class III anomaly

Merve Kurt¹, Merve Berika Kadioğlu¹, Osman Akıncı², Reha Kişnişçi²

¹Ankara Üniversitesi Diş Hekimliği Fakültesi, Ortodonti Anabilim Dalı, Ankara

²Ankara Üniversitesi Diş Hekimliği Fakültesi, Ağız Diş ve Çene Cerrahisi Anabilim Dalı, Ankara

Objective: In cases with skeletal Class III anomaly with maxillary deficiency, in order to bring the paranasal area and middle face to an aesthetic range, LeFort osteotomies are needed in addition to conventional methods. In this case report, positive facial soft tissue changes of an adult patient, characterized by maxillary retrognathia, by means of high LeFort osteotomy are studied.

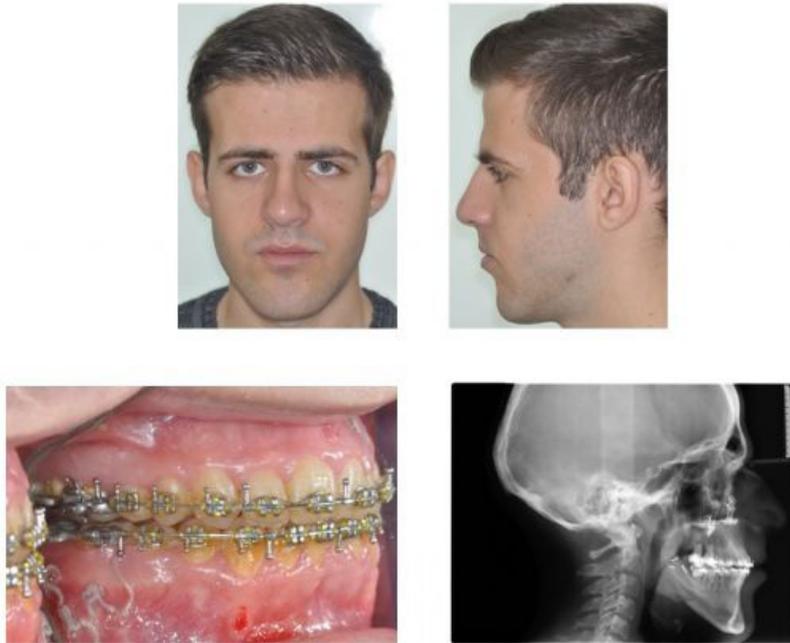
Case: In the clinical examination of the 22 year old patient who referred to our clinic, collapsed middle face, prognathic mandible, concave profile, severe gummy smile, 4 mm deviation of the mandibular midline and the chin, Class III malocclusion, -7 mm overjet and 4 mm overbite were found. Radiological evaluations showed skeletal Class III anomaly (SNA:80°, SNB:82,5°, ANB: -2,5°), increased vertical dimension, increased lower face height, retrusive upper lip and protrusive lower lip.

After the orthodontic decompensation of the present malocclusion, according to the cephalometric model set-up, the following movements were planned: 6 mm advancement in addition to 4 mm impaction of maxilla and 6 mm setback with 4 mm of displacement to the right. In order to eliminate the depression of the middle face, a high LeFort osteotomy was chosen rather than conventional methods. Therefore, gummy smile elimination, improvement in the middle face and facial asymmetry, optimal occlusion, profile features and positive changes in the facial structures were achieved after the surgery.

Conclusion: In the orthognathic surgical treatment combined with high LeFort osteotomy of the patient with Class III anomaly, positive changes in the facial structures were obtained.

Keywords: Skeletal Class III Anomaly, High Lefort Osteotomy, Orthognathic Surgery

Figure 2



Post-surgical photographs and cephalometric radiograph of the patient

Figure 1



Pretreatment photographs and cephalometric radiograph of the patient

P-085

Ossifying Fibroma: A Case Report

Elif Esra Özmen¹, Ayşe Karaca Bulut¹, Ömer Erdur², Doğan Dolanmaz¹
¹Department of Oral and Maxillofacial Surgery, Selcuk University Faculty of Dentistry, Konya
²Department of Otorhinolaryngology, Selcuk University Faculty of Medicine, Konya

Objective: The ossifying fibroma (OF) is a benign neoplasm. This lesion occurs more often in females and in the third and fourth decades of life. OF usually appears as a single, painless and slow-growing lesion which is located mandibular premolar and molar region generally. In this case report, surgical treatment of ossifying fibroma in the mandibular posterior region was aimed.

Case: A 46 years old female patient referred to Selcuk University Faculty of Dentistry Department of Oral and Maxillofacial Surgery with a complaint of swelling in the right mandibular region. The patient suffered from renal insufficiency. Her tooth in the related region had been extracted and curettage was performed a year ago. After the radiographic examination, a large radiolucent lesion was detected in the right mandibular region. Ossifying fibroma was diagnosed as the result of pathological examination. The surgery was performed under general anesthesia. The lesion was exised and the related region was curettaged. Bone healing was observed in routine radiological examinations

Conclusion: The neoplastic nature of ossifying fibroma exhibits aggressive behavior and significant bone destruction. In addition, OF rarely displays recurrence in adults. The exception of this case was the recurrence of ossifying fibroma despite of previous adequate dental treatment.

Keywords: benign neoplasm, ossifying fibroma, recurrence

P-086

Mouth Opening Limitation due to Coronoid Hyperplasia: A case report

Ramazan Arslan¹, Osman Akıncı¹, Poyzan Bozkurt¹, Çağıl Vural²,
Reha Şükrü Kişnişçi¹

¹Oral and Maxillofacial Surgery Department, Faculty of Dentistry, Ankara University, Ankara

²Anesthesiology Division, Faculty of Dentistry, Ankara University, Ankara

Objective: Present case describes a patient who referred to our clinic with complaint of limited mouth opening for the last 26 years and was subsequently diagnosed with coronoid process hyperplasia and done bilateral coronoidotomy under general anaesthesia.

Case: A 45 years old male patient admitted to another centre 26 years ago due to limitation of mouth opening. Both temporomandibular joints were examined by arthroscopy and the source of the problem could not be diagnosed. The patient's complaints didn't decrease and open joint surgery was performed on the left side. Again, the patient's complaints did not decrease. After 26 years, the patient referred to our centre with the same complaint. Clinical and radiographic examination was performed. The patient was diagnosed with bilateral coronoid hyperplasia. Patient's pre-op maximal inter-incisal opening (MIO) was 18mm. Bilateral coronoidotomy was performed and physical therapy was initiated 3 weeks postoperatively. Post-op first day MIO opening increased to 39 mm.

Conclusion: In the present case we obtained a CBCT for radiological evaluation which is a reliable method for presurgical imaging. Coronoidotomy/coronoidectomy can be accomplished using intraoral and extraoral approaches. The intraoral approach, which was preferred in our case, has the advantages of providing sufficient access without producing any extraoral scar and it is preferred in most cases despite the risk of postoperative hematoma formation or subsequent fibrosis. Postoperative physical therapy is very important for obtaining a satisfying result after surgery.

Keywords: Trismus, Temporomandibular joint disorders, Hyperplasia, Mandible, coronoid enlargement

Patient's post-op maximal inter-incisal opening (MIO)



Post-op maximal inter-incisal opening (MIO) photo.

Patient's pre-op maximal inter-incisal opening (MIO)



Pre-op maximal inter-incisal opening (MIO) photo.

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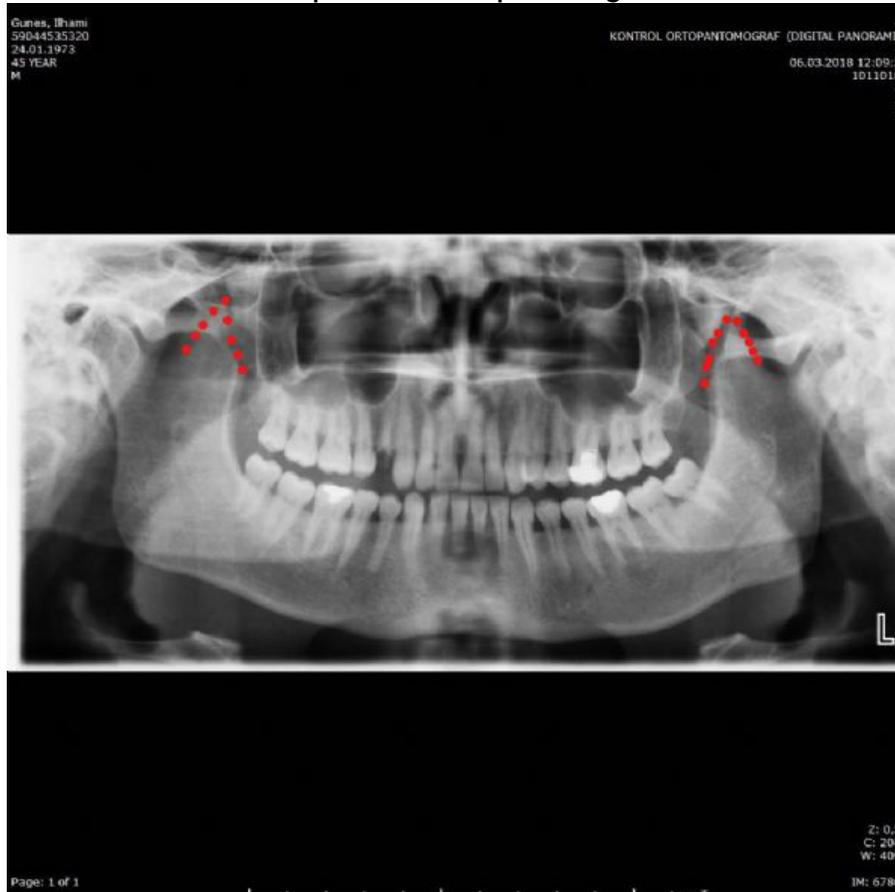
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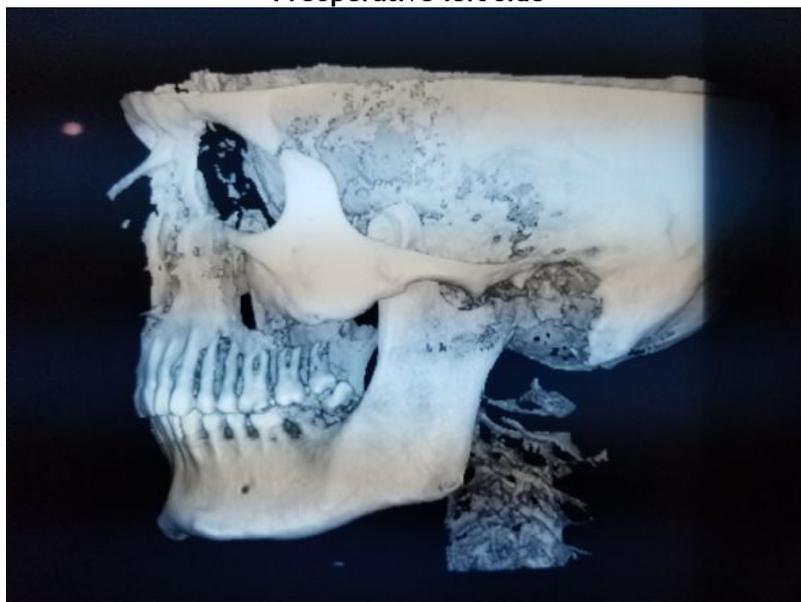
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Postoperative Orthopantomogram



Dashed lines show coronoid processes osteotomized.

Preoperative left side



Significant coronoid hyperplasia seen on the left CBCT

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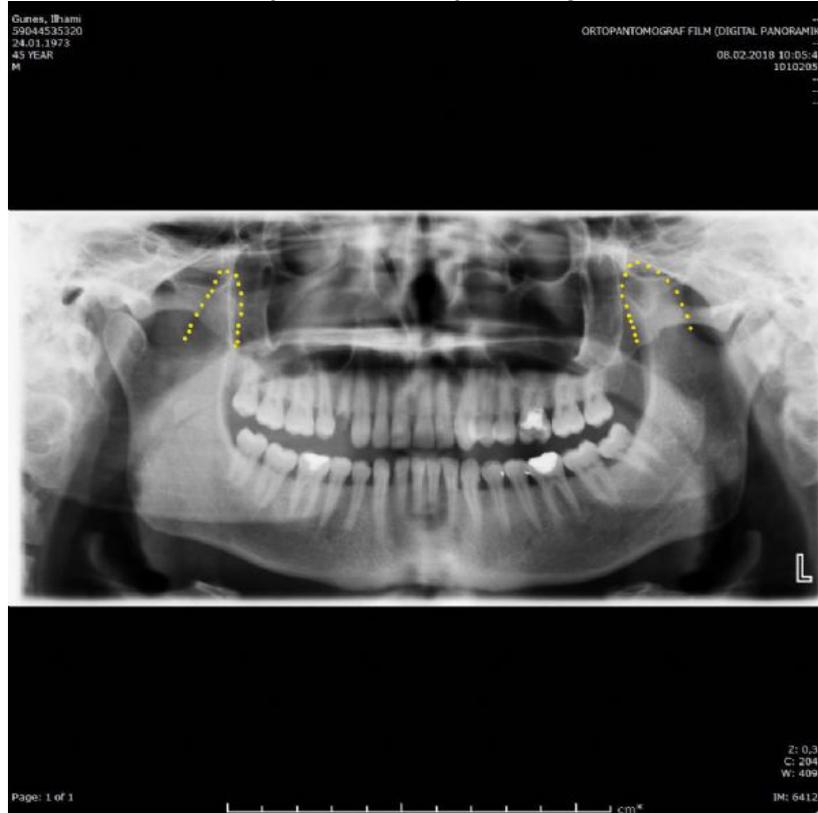
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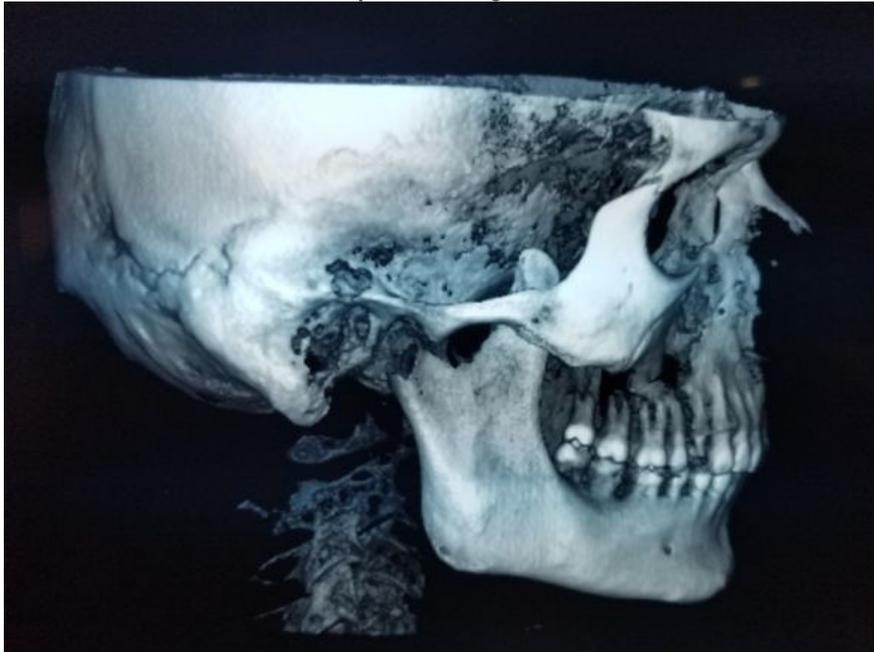
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Preoperative Orthopantomogram



Dashed lines show coronoid processes before surgery

Preoperative right side



Significant coronoid hyperplasia seen on the right CBCT

P-087

Unilateral Condylar Hyperplasia

Elif Esra Özmen¹, Doğan Dolanmaz¹, Bozkurt Kubilay Işık², Ömer Erdur³

¹Department of Oral and Maxillofacial Surgery, Selcuk University Faculty of Dentistry, Konya

²Department of Oral and Maxillofacial Surgery, Necmettin Erbakan University Faculty of Dentistry, Konya

³Department of Otorhinolaryngology, Selcuk University Faculty of Medicine, Konya

Objective: Unilateral condylar hyperplasia is a pathology resulting from the excessive growth of the condylar head and neck causing an increase in size and volume. The aetiology of unilateral condylar hyperplasia remains unclear. It is thought that temporomandibular joint (TMJ) infections and traumas are involved; additionally, other genetic, embryological, microvascular, or hormonal causes could be implicated. Epidemiological data have suggested that there is a female predominance, which theories suggest is related to oestrogenic influences. Clinical, radiological, and scintigraphic arguments are usually part of the diagnosis of unilateral condylar hyperplasia. In this case series, we aimed to present the treatments of five unilateral condylar hyperplasia patients.

Case: Five patients (4 female, 1 male) with a mean age of 37 (range 27-43) referred to Selcuk University Faculty of Dentistry Department of Oral and Maxillofacial Surgery with the complain of facial asymmetry. After clinical and radiological examinations, condylar hyperplasia was diagnosed. Three patients treated with low condylectomy-condylar distraction, one patient with low condylectomy-orthodontic treatment and one patient with only low condylectomy. Acceptable results were reached in all cases,

Conclusion: There is no consensus about the exact treatment of condylar hyperplasia. Treatment is primarily surgical, with or without orthodontics, and depends on the degree of severity and the status of condylar growth. The treatment plan is established according to the degree of asymmetry, the resulting malocclusion, and the condylar growth activity.

Keywords: condylar hyperplasia, facial asymmetry, low condylectomy

P-088

A case of ameloblastoma resembling lateral periodontal cyst

Sinan Ates, Osman Habek, Ersin Keskin, Belgin Gülsün
Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Dicle University,
Diyarbakır

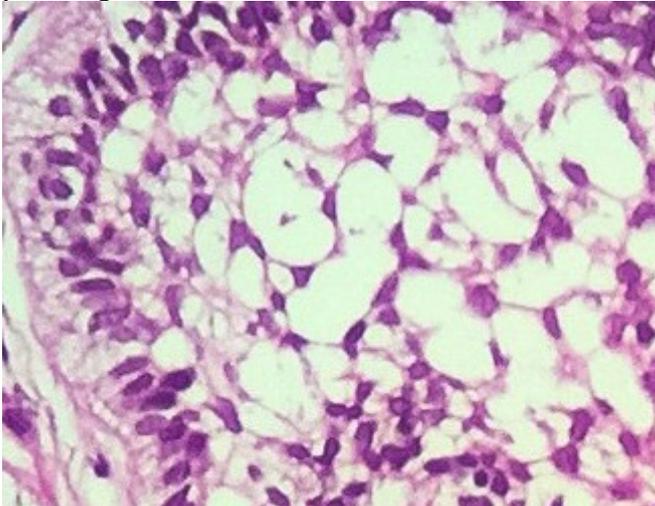
Objective: Our goal is to show that the small radiolucent areas seen on the radiographs may be a sign of serious pathologies.

Case: A 47-year-old female patient admitted to our clinic for dental implant surgery. As a result of the radiological examination, a small radiolucent area was detected in relation to the mesial periodontal ligament of the right first premolar tooth of the patient. The premolar tooth was vital. We totally excised the lesion that we thought was lateral periodontal cyst under local anesthesia. Excised tissue was sent for histopathological examination. According to pathological examination, the lesion came as ameloblastoma. The patient was informed about the pathology result. The patient who is being treated is followed up by our department.

Conclusion: Dentists should perform a careful radiological examination. Small lesions may be the beginning of serious pathologies. Surgeons should send all the tissues they have excised to pathological examination.

Keywords: ameloblastoma, lateral periodontal cyst, radiological examination

pathological section



In the fibrous connective tissue stroma, ameloblastoma consisting of ameloblast-like cells in the periphery and epithelial islands in the middle of the stellate reticulum area are seen.

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preop radiography



pre-operative oral view



surgery



P-089

Giant Tonsillolith Mimicking a Jaw Lesion

Hami Hakiki¹, Nasır Hakiki²

¹Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

²Private Practice, Otolaryngology and Head and Neck Surgery

Objective: Tonsilloliths are rare calcified structures that usually result from chronic inflammation of the tonsils. The lesions are often detected incidentally during routine radiographic examination as radiopaque lesions over the ascending rami of the mandible. Small concretions in the palatine tonsils are a common in adults but giant tonsilloliths are rare entities which can also be mistaken for other anatomical and pathological structures.

Case: A 32 years old female patient was referred to our hospital with odynophagia, otalgia and orofacial pain which was increasing during jaw movements. Intraoral examination revealed no abnormalities. A large radiopaque lesion on the right mandibular ramus detected on the panoramic radiograph which was suspected to be a jaw lesion. Computed tomography revealed a solid mass which was invading the right palatine tonsil. A tonsillectomy performed under general anesthesia in order to remove the lesion completely. The symptoms of the patient improved dramatically after surgery.

Conclusion: The exact pathogenesis of these stones is unknown although there are many hypotheses regarding their formation. It has been suggested that they occur as a result of recurrent tonsillitis, which leads to fibrosis of the ducts of crypts and consequent retention of epithelial debris. Treatment is usually removal of the tonsillolith by curettage; larger lesions may require local excision of the entire tonsil. They are usually asymptomatic but can also be associated with halitosis, foreign body sensation, dysphagia and odynophagia, otalgia, and neck pain. Tonsilloliths may be the underlying cause of orofacial pain in the absence of other possible causes.

Keywords: Tonsillolith, Otolgia, Orofacial Pain, Jaw Lesion

P-090

Cemento-Osseous Dysplasia: A Case Report

Ceren Özeren¹, Bayram Fatih Efeoğlu², Çiğdem Kaya², Nihat Laçın², Nergiz Yılmaz²,
Emre Aytuğar¹

¹Izmir Katip Çelebi University, Faculty of Dentistry, Department of Oral and Maxillofacial
Radiology, Izmir

²Izmir Katip Çelebi University, Faculty of Dentistry, Department of Oral and Maxillofacial
Surgery, Izmir

Cemento-osseous dysplasia is a benign fibro-osseous lesion which changes cancellous bone tissue with fibrous tissue and cementum-like material. The etiology and pathogenesis of the lesion are unknown. Because of physical proximity and common histopathological features, lesions are thought to originate from the periodontal ligament surrounding the tooth root. Lesions are asymptomatic and more common in female patients. The teeth that are related to the lesion are vital.

Radiologic images of cemento-osseous dysplasia change depending on the amount of mineralization. In early or luent phase, resorbing the normal bone and accumulation of fibrous tissue along the periodontal ligament leads to the development of a radiolucent image. These luent lesions may have a round, ovoid, or lobular configuration and often have a sclerotic margin of varying width. As the lesions progress, progressive intralesional sclerosis leads to mixed luent and sclerotic appearance.

In this case report, a mixed radiolucent and radiopaque lesion at the between 33 and 34 number of teeth of a 36-year-old female patient was misdiagnosed as lateral periodontal cyst initially by radiographic finding(panoramic imaging). Radiopaque structures within the radiolucent area were detected by computerized tomography. Histopathological examination revealed osseous dysplasia.

Keywords: Cemento-Osseous Dysplasia, fibro-osseous lesion, intralesional sclerosis

P-091

Implant Placement After Enucleation of Radicular Cyst: A Case Report

Bayram Fatih Efeoğlu, Aynur Tünel, Berat Adak, Nihat Laçın, Nergiz Yılmaz
*Izmir Katip Çelebi University, Faculty of Dentistry, Department of Oral and Maxillofacial
Surgery, Izmir*

Objective: Radicular cyst is one of the most commonly occurring cyst in the oral cavity. In this case, treatment of a radicular cyst in 40 years-old female patient is presented who had been treated by implant placement after enucleation.

Case: A 40 years-old female patient was referred to our clinic with a chief complaint of a painless swelling and mobility on the left maxillary central and lateral teeth. Radiographically, a large radiolucent lesion was seen extending from left maxillary central teeth to left maxillary canine region. It was determined treatment planning is implant therapy after the cyst enucleation. The left maxillary central and lateral teeth extracted and cyst enucleated and following graft material was placed to the defect site. The specimen was sent for the histopathological examination. Two implant was placed 4 months after graft material was applied the area.

Conclusion: Histopathological examination revealed that the lesion was radicular cyst. On clinical and radiological examination, it has been observed that dental implants have a good osseointegration. It is suggested that grafting process is necessary for implant treatment after cyst enucleation.

Keywords: radicular cyst, enucleation, implant

P-092 Keratocystic Odontogenic Tumor

Elif Esra Özmen, Ayşe Karaca Bulut, Hatice Özlem İrdem, Doğan Dolanmaz
Department of Oral and Maxillofacial Surgery, Selcuk University Faculty of Dentistry, Konya

Objective: Keratocystic odontogenic tumor (KOT) is defined as a benign unicystic or multicystic lesion derived from odontogenic tissue. This report aims to present the treatment of three cases of odontogenic keratocysts in the mandible.

Case: A 19-year-old female patient referred to us with the complain of swelling on the mandible. Intraorally, painless fluctuant swelling was observed in the parasymphisal region. Radiographically, a large cystic lesion revealed which extended from 36 to 32. The lesion was enucleated with peripheral ostectomy.

A 43-year-old female patient referred to us by his general dentist for the treatment of incidentally diagnosed asymptomatic cystic lesion. An unicystic radiolucent lesion was observed on right mandibular ramus related with third molar on the OPG. The enucleation with peripheral ostectomy was performed.

A 31-year old female patient referred to us by her previous surgeon with the complain of recurrent cystic lesion. A radiolucent lesion was observed on left mandibular ramus related with second molar on the OPG. CT examination showed the expansion of lesion out of the bone. After one year decompression, enucleation with peripheral ostectomy was done.

Conclusion: Various treatment alternatives based on surgical approaches have been suggested such as marsupialization, enucleation after decompression, enucleation with Carnoy's solution, enucleation with cryotherapy, curettage and resection. The choice of the treatment is always difficult because of the high rate of recurrence.

Keywords: decompression, enucleation, keratocystic odontogenic tumor

P-093

External Trauma Induced Fractures of Mandibular Ramus and Parasymphysis Treatment with Intermaxiller Fixation (IMF) and 6-month follow-up: A Case Report

Bayram Fatih Efeoğlu, Birkan Tatar, Gökcan Şahin, Toghrul Aliyev, Onur Şahin
Izmir Katip Çelebi Universty, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Izmir

Objective: Intermaxillary fixation (IMF) is a conservative, integral technique to appropriately reduce and relate maxillary and mandibular fractures to both one another and the facial skeleton. In this case, the purpose is to treat the patient with mandibular ramus and parasymphysis fracture, who had a traumatic event, with intermaxillary fixation for 1 month.

Case: A systematically healthy, 40-year-old male patient was referred to the oral and maxillofacial surgery department with a pain in the mandible following trauma due to a sports accident. The radiological evaluation with orthopantogram(OPG) of revealed fracture lines in the right ramus of the mandible and in the left parasymphysis. Further examination is also performed with Cone-Beam-Computed-Tomography. So, it was decided to perform intermaxillary fixation (IMF) to the patient for 4 weeks. After treatment, it was observed that the mouth opening of the patient is increased, also healing in fracture lines with OPG. For periodic control, an OPG was obtained after 6 months and complete healing of the fracture line was observed.

Conclusion: In this case, the patient underwent IMF by closed reduction method. At this point, the patient's fracture line was completely healed, the mouth opening was increased 25mm to 43mm and the complaints of the patient were removed and the treatment was concluded successfully.

Keywords: intermaxillary fixation, mandibular fractures, conservative

P-094

A Case Report: Rehabilitation of Alveolar Bone Loss With Mandibular Ramus Block Graft For Dental İmplant Failure

Burak Öner¹, Tufan Güzel², Onur Berkun², Hatice Dönmez³

¹Antalya Oral and Dental Health Center, Antalya

²Süleyman Demirel University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Isparta

³Alanya Oral and Dental Health Center, Antalya

Objective: The aim of this study is the rehabilitation of soft and hard tissue deficiencies caused by loss of dental implants with mandibular ramus block graft

Case: We used piezosurgery to obtain an autogenous block graft from the mandibular ramus region to rehabilitate the patient's hard and soft tissue defect in the anterior mandibular region after dental implant failure of 54 year old female patient. After obtaining the block graft, we used mini screwdrivers to fix it in place.

Conclusion : there are lots of reason for dental implant failure. Right case planning for surgery phase and prosthetic phase is urgent. Periimplantitis is an important factor of dental implant failure for long term success. For rehabilitation of the bone loss with an autogenous block graft, stabilization of greft and wound closure is vital for success..

Keywords: dental implant failure, alveolar bone loss, periimplantitis, mandibular ramus block gerft

1



periimplantitis, gingival recession and bone loss on the dental implants

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10



closing the wound

2



distance of dental implants and their diameters shown

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3



after crowns removed

4



harvesting with piezosurgery

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5



donor site and exposure of inferior alveolar nerve

6



harvested blocks

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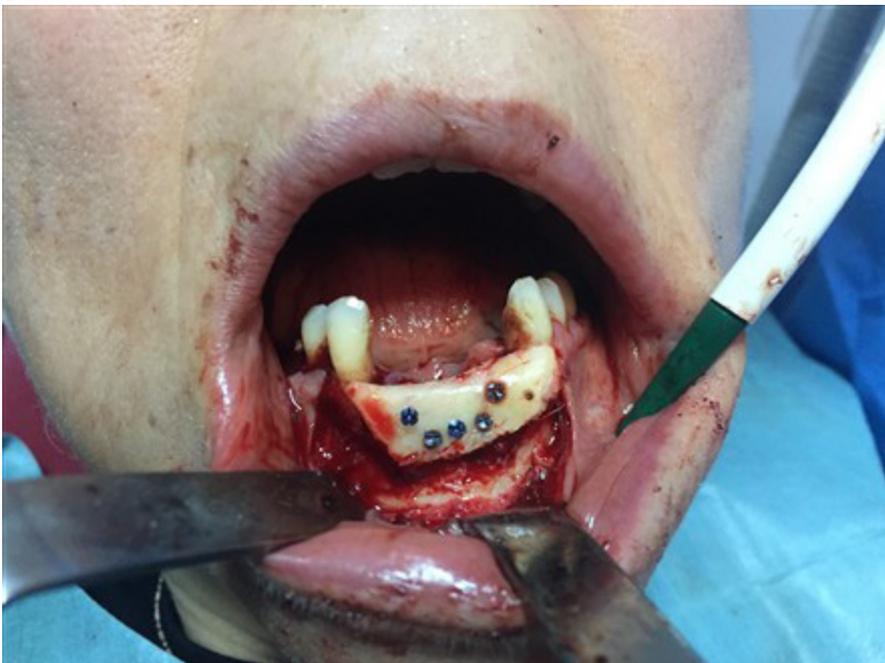
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7



after extraction of dental implants

8



stabilization of block grafts

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9



closing the wound

P-095

Late complication after Le Fort I osteotomy: Maxillary sinusitis with intraoral submucous abscess

Elif Esra Özmen¹, Doğan Dolanmaz¹, Ömer Erdur², Ayşe Ölmez²,
Emire Aybüke Erdur³

¹Department of Oral and Maxillofacial Surgery, Selcuk University Faculty of Dentistry, Konya

²Department of Otorhinolaryngology, Selcuk University Faculty of Medicine, Konya

³Department of Orthodontics, Necmettin Erbakan University Faculty of Dentistry, Konya

Objective: Le Fort I osteotomies involve cutting across the floor of the nose and maxillary sinus. Sinusitis is a rare complication of orthognatic surgery which was reported in 0.6 -3% of patients. In this case report, it is aimed to present maxillary sinusitis with intraoral submucous abscess, as a late complication of Le Fort I osteotomy.

Case: A 26 years old male patient referred to Selcuk University Faculty of Dentistry Department of Oral and Maxillofacial Surgery 5 years ago. He had esthetic and functional complaints resulted from his class 3 skeletal structure. Double jaw surgery (bilateral sagittal split and Le Fort I osteotomies) was performed succesfully. After 4 years, the patient applied with the complain of swelling on his maxillary premolar region which had no dental origin. In CT examination, right maxillary sinusitis was observed. The patient was treated with drainage and antibiotic.

Conclusion: Long-term follow-up is important because late complications, as well as early complications, can be seen in orthognathic surgery.

Keywords: late complication, Le Fort I osteotomy, sinusitis

P-096

Oral Manifestations of Oxalosis in Primary Hyperoxaluria Disease: A Case Report

Ahmet Emin Demirbař, Suheyb Bilge, Firas Mohsen

Department of Oral and Maxillofacial Surgery, Erciyes University, Faculty of Dentistry, Kayseri

Objective: Primary hyperoxaluria form a rare group of metabolic diseases that are inherited in the autosomal recessive fashion..Two different types are described: Primary hyperoxaluria constitutes a group of genetic disorders resulting in endogenous overproduction of oxalate, whereas secondary hyperoxaluria results from gastrointestinal disorders associated with fat malabsorption and increased absorption of dietary oxalate.' Both are genetic disorders, which leads to increased production of oxalic acid; few patients survive beyond adolescence. Deposition of calcium oxalate crystals in dentine and pulp have been described, resulting in dental pain, tooth mobility, and external root resorption.

Case: A 9-year-boy suffering from PH presented at our clinic for dental screening and for oral assessment. His medical history showed type 1 primary hyperoxaluria diagnosed by renal failure. The child was on the waiting list of kidney transferring. Clinical observation showed missing anterior permanent teeth with a mid swelling and no pain in the the anterior mandibular region. The radiographic findings showed revealed unremarkable bony architecture, generalized loss of lamina dura, and extensive external root malformation of the teeth and missing of few permanent teeth. A biopsy under local anesthesia was taken. The definitive histologic diagnos of the biopsy was a extensive oxalate deposition. the deposition of oxalate crystals was consisted with the histological presentation of hyperoxaluria type I.

Conclusion: Since oxalate is primarily excreted through the kidneys, abnormally high concentration of oxalate in the urine occurs. Inability to further excrete oxalate through the kidneys leads to its deposition in various organs (oxalosis).

Keywords: Primary hyperoxaluria, renal failure, oxalate

P-097

Complete denture and implant supported overdenture; during 2 year clinical follow up oral health related quality of life (OHRQoL)

Ilgi Baran¹, Fethi Atıl²

¹Prosthetics, Dentistry Faculty, Kirikkale University, Kirikkale

²Oral and Maxillofacial Surgery, Dentistry Faculty, Kirikkale University, Kirikkale

Disadvantages of complete denture are lack of stability and retention, continuing bone destruction and disorder in chewing function. Patients have less chewing difficulty with implant supported overdenture prosthesis compared to complete denture. In clinical studies, use of assessments given by patients is an important evaluation method. In this study, with demographic factors like age, gender, education level; complete denture and overdenture prosthesis with locator holder are evaluated with OHRQoL. In study, patients with upper-lower classic complete denture and upper-lower implant supported overdenture are selected. OHRQoL -short form is used and to one interviewer questions are asked before treatment(T1), 1 month(T2), 2 year (T3) of prosthesis use. While questions are answered, Likert scale is used. 56 women and 54 men total of 110 toothless patient is included to this study. Statistical test of Mann-Whitney u and test of Kruskal-Wallis is used. Categorical tests are compared with ki square test.

As a result of the research, age, education and general health condition are in OHRQoL forms, function, psychological discomfort, physical insufficiency and social insufficiency results are found significantly related to each other.

Keywords: implant supported overdenture, complete denture, quality of life

P-098

Radiological Examination of the Effect of Marsupialisation on Tooth Eruption: A Case Report

Ersin Keskin, Osman Habek, Sinan Ateş, Bekir İlyasov, Bahattin Bingül, Beyza Kaya
Dicle University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: Dentigerous cysts are benign odontogenic cysts associated with the crowns of the teeth. Pathogenesis is unknown. However, the formation of dentigerous cyst can be explained as fluid accumulation between enamel-like debris after completing the development of tooth crown. It is usually asymptomatic and is detected on routine radiographs. Treatment of lesions at the time of mixed dentition (6-12 years) requires special attention due to the risk of permanent teeth being damaged. In this study, dentigerous cyst seen during mixed dentition period is presented. It is aimed to emphasize the importance of conservative approach in the treatment of dentigerous cysts seen in children.

Case: A 10-year-old girl applied to the Dicle University Faculty of Dentistry Maxillofacial Surgery Department due to painless swelling in the lower left jaw. In the panoramic film, a radiolucent area was seen in the left parasymphysis region. It was found that permanent canine and premolar teeth were placed in the horizontal position due to this lesion. When the lesion was aspirated, positive results were obtained. A small window was opened from the lesion's vestibule, and marsupialization started. The patient was called to control every 2 months and was followed for 1 year. At the end of one year, it was observed that the teeth were in the vertical position and were in the eruption phase.

Conclusion: In this case, we present the early diagnosis and treatment of dentigerous cyst related teeth in childhood. It should be kept in mind that marsupialization is the first treatment option in cases like this.

Keywords: Conservative treatment, Dentigerous cyst, Marsupialization

1



The initial panoramic radiography of the patient

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2



Panoramic radiograph of the patient 4 months later.

3



The patient's last panoramic radiograph.

P-099

A Case Report: Surgical Treatment of Compound Odontoma

İrem Alan, Orkhan Ismayilov, Murad Osmanlı, Fırat Aksun, Ali Ekemen,
Hakan Alpay Karasu
Ankara University, Faculty of Dentistry, Oral and Maxillofacial Surgery, Ankara

Objectives: Odontoma is a hamarthomathosis composition tumor which fits all the symptoms of odontogenesis. 22% of all odontogenetic tumors consist of odontomas. It can be classified as compound and complex odontomas. Microscopically compound odontoma looks as tooth like form. In this presentation a compound odontoma case will be presented which is located maxilla anterior.

Case: After clinical and radiographic evaluation of 10-year-old female patient who applied to our clinic with complaint of teeth deficiency compound odontoma was diagnosed. After local anesthesia flap was removed from left palatinal region and therefore operation area was reached. With aid of burs and elevators odontoma was exposed and removed. Removed parts look as teeth like formations.

Conclusion: Odontoma often occur in 10-30 years old patients and can be seen in both gender equally. Compound odontoma usually located in maxillary incisor area, however complex odontoma located in mandibular molar region. Tooth deficiency caused by delay in eruption and malocclusion are common clinical symptoms. The usual treatment of odontoma is surgical enucleation. In this presentation the surgical treatment of compound odontoma was presented.

Keywords: Compound Odontoma, Hamartoma, Complex Odontoma

after Treatment



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Odontoma



Removed Odontoma



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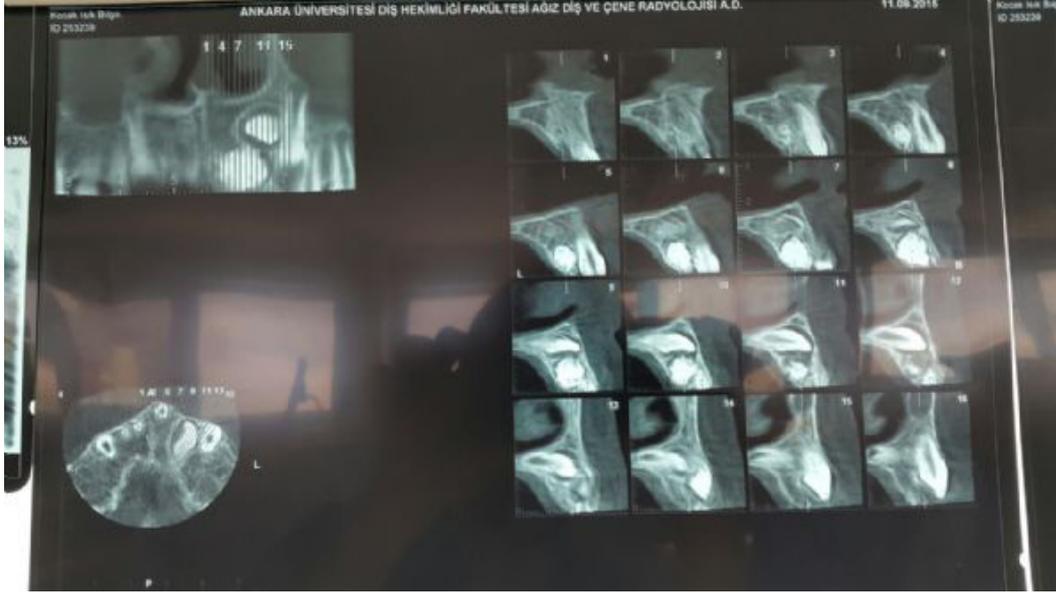
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tomography of patient



P-100

Effects of Ketamin HCl in TMJ Arthrocentesis Patients Under Conscious Sedation

Hatice Akpınar, Tayfun Yazıcı, Mehmet Fatih Şentürk, Yavuz Fındık
Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta

Objective: To evaluate Ketamin Hydrochlorur(HCl) effect on TMJ artrocentesis patients operated under conscious sedation.

Materials-Methods: This double-blind pilot study, 10 patients were randomly divided into two equal groups. The first group was given Propofol alone whereas the second was given Propofol + Ketamin HCl intravenously. All artrocentesis procedures were done by single-puncture artrocentesis(SPA) type 2. Pain for visual analog scale (VAS), pulse, SpO₂, blood pressure and Ramsey sedation scale were the measurement variables.

Results: Propofol + Ketamin HCl group showed better results than Propofol group at all variables. Especially pain results are so acceptable in Propofol + Ketamin HCl group.

Conclusion: Ketamin could be an alternative adjunct in conscious sedation.

Keywords: ketamin HCl, propofol, TMJ, conscious sedation

P-101

Osteoblastoma of the Mandible: A Case Report

Mehmet Emre Benlidayı, Duygu Turna, Hüseyin Can Tükel, Erol Aydın
Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Çukurova University,
Adana

Objective: Benign osteoblastoma (OB) is a rare tumor of bone representing less than 1% of all tumors of the maxillofacial region. The mandible is affected more often than the maxilla and mostly in the body of the mandible.

Because of its rarity in jaw bones, one case of benign osteoblastoma of the mandible is reported.

Case: A 15-year-old female patient was referred to our clinic with a complaint of pain and swelling in the lower left jaw since past two years. The clinical examination revealed a firm palpable hard mass, which was fixed to the underlying bone. The swelling was noted on the left lower jaw start from left mandibular canine through the posterior region of the mandible corpus which causes facial asymmetry. Radiological imaging revealed a radiopaque and radiolucent expansive bony lesion measuring 3.5x3x2.5cm in relation to teeth numbers 34 74 75 and 36. The incisional biopsy was performed under local anesthesia and the histopathological diagnosis was benign osteoblastoma. Marginal bone resection was done extending from 33 region to 36 region via submandibular and intraoral approach under general anesthesia. The consequential defect of the jaw was reconstructed with tricortical autologous bone transplantation harvested from anterior iliac crest. The both operation sites were sutured primarily. The postoperative period was uneventful.

Conclusion: Osteoblastoma has to be differentiated from other similar bone producing lesions like osteoid osteoma, osteosarcoma, cementoblastoma, ossifying fibroma for correct diagnosis. Complete surgical excision is the only treatment available for osteoblastoma with an overall good prognosis.

Keywords: osteoblastoma, mandible, reconstruction

P-102

Ototransplantation of Immature Third Molar: Two Case Report

Doğan Ilgaz Kaya¹, Mevlüt Beder¹, Fouad Saleh Najafi¹, Mehmet Nuri Yüksek²
¹Selçuk University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Konya, Turkey

²Van Yuzuncu Yil University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Van, Turkey

Objective: Autotransplantation; it can be simply described as transpor of impacted, semi-impacted or erupted tooth to recipient site. Autotransplantation of uncompleted third molars is a preferred method for younger individuals, especially when the first or second molars are lost early. Here, in place of the second molar tooth socket at an early age, transplanted third molar teeth in the same region and two-year follow-ups will be presented.

Case: A 17-year-old female and 20-years-old male patient refer to our klinik due to extreme substance loss on second molar tooth. It was decided that the relevant tooth should be removed at the clinical and radiographic examination. In addition, third molar teeth in the same region were found to be suitable for transplantation. After the transplantation, no pathology was found in the related teeth in follow-ups.

Conclusion: It is undesirable to lose permanent teeth at a young age. As a result, autotransplantation is a good alternative to implant and prosthetic treatment.

Keywords: Autotransplantation, impacted tooth, periodontal ligament

P-103

Glandular Odontogenic Cyst of Mandible: A Rare Entity

Göknur Topaloğlu, Başak Sündüz Yılmaz, Kardelen Öykü Tanır, Murat Akkocaoğlu
*Hacettepe University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery
Ankara*

Objective: A glandular odontogenic cyst (GOC) is a developmental cyst which is a clinically rare entity. GOCs their importance relates to the fact that they exhibit a propensity for recurrence rates from 21% to 55. The present case report aims to describe a case of GOC, throwing light on its origin, as well as on its clinical, radiographic and microscopic features, which may be helpful for diagnosis in problematic cases.

Case: In the present case, the patient with no complaints was diagnosed during regular examination. The lesion was present between tooth region of 41 to 48. CT scan revealed multiple cortical perforations in both lingual and buccal cortical side. A 3D model was prepared in guidance with CT images and the reconstruction plate was bended according to the model in order to reduce the operation time. The lesion was curated in an atraumatic and conservative manner by preserving existing cortical layers. Reconstruction plate was placed, and perforation sites were reconstructed with iliac bone graft. The diagnose was found to be glandular odontogenic cyst in histopathological evaluation.

Conclusion: The diagnosis of GOC may be extremely difficult because of the rarity of the case and lack of definite diagnostic criteria. Hence oral and maxillofacial surgeons should be aware of its characteristic features and aggressive behaviour. Careful clinical, radiological and precise histopathological examination must be carried out.

Keywords: glandular odontogenic cyst, reconstruction, iliac graft, mandible, odontogenic cyst

P-104

Keratocystic Odontogenic Tumor of the Mandible: A Case Report

Onur Berkün¹, Gülperi Koçer¹, Tayfun Yazıcı¹, Özgür Oşar¹, Öznur Küçük²
¹Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta
²Department of Endodontics, Suleyman Demirel University, Isparta

Objective: The keratocystic odontogenic tumor (KCOT) was defined by the World Health Organization (WHO) in 2005 as a benign, intraosseous tumor of odontogenic origin, with characteristic lining of parakeratinized stratified squamous epithelium and a potential for aggressive, infiltrative behavior. It was believed that this term better reflected the neoplastic nature of this lesion in comparison with the previous term of odontogenic keratocyst (OKC). However, only recently, WHO decided to move KCOT back into the cyst category as OKC. Odontogenic keratocyst (OKC) is a cyst of tooth origin with an aggressive behavior including a high recurrence rate, it has been rechristened to keratocystic odontogenic tumor (KCOT) as it reflects its neoplastic nature.

Case: A 40-year-old female patient applied to our clinic. On intraoral examination, swelling was present in the buccal vestibular region between the left and right molar teeth of mandible without any signs of ulceration or paresthesia. On the radiologic examination, multilocularly smoothly confined cystic lesion extending to the ramus was seen in the mandible. Root canal treatment was applied to all the teeth between the teeth of the patient 36-45 without 32 and 41. The lesion was then cleaned with aggressive curettage under general anesthesia.

Conclusion: KCOT is an intra-osseous tumor of odontogenic origin. It is potentially aggressive, and is often found incidentally during routine dental examination. Treatment of KCOTs remains a controversial subject. However, aggressive treatment is often used by most surgeons to decrease the rate of recurrences.

Keywords: Intraosseous Tumor, Odontogenic Keratocyst, Keratocystic Odontogenic Tumor

P-105

Compound Odontoma in the mandibular anterior region: 2 Case reports

Yasin Çağlar Koşar, Görkem Tekin, Ömür Dereci

*Eskişehir Osmangazi University, Faculty of Dentistry Department of Oral and Maxillofacial
Surgery Eskişehir*

Objective: Complex odontomas in the upper and lower jaws; are more common in the premolar-molar region, whereas compound odontomas are more common in the maxillary anterior region. In this presentation; two cases of compound odontoma in the mandibular anterior region were presented.

Case 1: 17 years old male patient referred to our clinic without any problem in his medical history. The intra-oral examination of the lower left mandibular canine showed expansion in the tooth region. Panoramic radiography revealed radiopaque lesion associated with left mandibular canine tooth. The lesion was removed under local anesthesia and pathologic examination was performed. On the histopathological examination enamel, dentin and cement-like structures were observed and found to be compatible with compound odontoma.

Case 2: A 35-year-old female patient was referred to our clinic for the evaluation of incidentally detected lesion in the right lower anterior region. Radiologically, radiopaque, tooth-like structures were observed in that region. The lesion was removed under local anesthesia and pathologic examination was performed. On the histopathological examination: enamel, dentin and cement-like structures were observed

Conclusion: Odontomas are benign mixed tumors of the jaws. Correct diagnosis is important due to the probability of occurrence of defects and transformation to cystic odontomas at low rates.

Keywords: Compound odontoma, Mandibule, Surgery

P-106

Marsupialization of Dentigerous Cyst Which Related Impacted Right Maxillary Third Molar

Serap Keskin Tunç, Yusuf Rodi Mızrak, Erkan Feslihan
Oral and Maxillofasiyal Surgery Department, Van Yüzüncü Yil University, Van

Objective: We aimed marsupialization of dentigerous cyst which related impacted right maxillary third molar that was diagnosed by coincidence.

Case: Patient was 22 years old and had no pain from the related area. Under tuber anesthesia a full thickness flap was removed and impacted third molar tooth extraction was performed. Incisional biopsy was taken and the material was sent to histopathological examination. Histopathologic examination revealed that it was a dentigerous cyst. The cyst was opened to the oral cavity and marsupialization treatment was provided. We decided to use marsupialization technique because of cyst was too big and it was close to some vital anatomical structure

Conclusion: The patient has a 9-month follow-up. At routine controls it was observed that bone healing was good. The patient is under follow-up for total enucleation.

Keywords: marsupialization, Dentigerous Cyst, Maxillary third molar

P-107

Ossifying Fibroma In the Mandible: Case Report

Caner Aktaş, Görkem Tekin, Ömür Dereci

*Eskişehir Osmangazi University, Faculty of Dentistry Department of Oral and Maxillofacial
Surgery Eskişehir*

Object: The aim of study is to present the case of ossifying fibroma located in posterior mandible.

Case: The patient was referred to our clinic with a complaint of swelling on her left mandible. Oral epithelium was healthy in the clinical examination. A lesion related to the roots of the molar teeth in her left mandible in both radiopaque and radiolucent appearance was observed in radiographic examination.

Cone Beam Computerized Tomography sections revealed ground glass appearance, buccal bony expansion and second molar root resorption. After the extraction of the molar teeth, aggressive curettage was performed until fresh bone was reached. Histopathological examination of the excisional biopsy revealed spindle cell proliferation presenting with oval nuclei and trabecular bone formation with a superficial osteoblast layer, with no signs of malignancy. A diagnosis of ossifying fibroma was made. After 6 months follow-up period, healing was uneventful.

Conclusions: Ossifying fibroma is a benign fibro-osseous lesion that are thought to arise from the periodontal ligament, and contain varying amounts of fibrous tissue and bone. Ossifying fibroma is more common in women and mandible. The present case was also located in the mandible and women. Due to well-demarcated of tumor, conservative surgical approach was performed.

Keywords: Fibro-osseous lesion, Mandible, Ossifying Fibroma

P-108

Comparison of Two Different Analgesics on Orthognathic Surgery: a Preliminary Study

Timuçin Baykul, Yavuz Fındık, Mehmet Fatih Şentürk, Gülperi Koçer, Tayfun Yazıcı,
Hatice Akpınar
Department of Oral and Maxillofacial Surgery, Suleyman Demirel University, Isparta

Objective: To compare the analgesic affects of Ibuprofen and Paracetamol for the relief of postoperative pain in patients which used in Orthognathic surgery.

Materials-Methods: This double-blind pilot study, 14 patients were randomly divided equally. The first group was given Ibuprofen 800 mg in seven patients, the second Paracetamol 1000 mg in seven patients with infusion intravenously. Postoperative pain was evaluated on a visual analogue scale(VAS),and postoperative requests for analgesia, haemodynamic variables (systolic blood pressure and heart rate), and complications.

Results: Ibuprofen group showed better results than Paracetamol at all variables. Especially pain results are so acceptable in Ibuprofen group.

Conclusion: Ibuprofen and Paracetamol are effective in managing postoperative pain in orthognathic surgery.

Keywords: Ibuprofen, Orthognathic surgery, Paracetamol

P-109

Radiculary Cyst In Mandible Related With Mental Nerve: A Case Report

Hatice Dönmez¹, Burak Öner², Tufan Güzel³, Onur Berkün³

¹Alanya Oral and Dental Health Center, Antalya

²Ahatlı Oral and Dental Health Center, Antalya

³Süleyman Demirel University, Faculty of Dentistry, Department of Oral Maxillofacial Surgery, Isparta

Objective: Periapical radicular cysts are seen in 7% to 54% of periapical radiolucencies. After the distinction with the periapical pocket cyst, this ratio is about 15%. Radicular cysts usually seen on men and between the 3rd and 6th decades of life, especially the anterior maxilla, followed by the posterior maxilla, the posterior mandible and finally the anterior mandibular region.

Case: The patient who came to our clinic complained of numbness in the left lip region. After clinical and radiological examination, the apical surface of teeth numbered 35 and 36 and a well-defined cystic formation associated with the mental nerve were determined. And indications for extraction teeth numbered 36 and 37 were given. Following extraction of the patient's related teeth, the cystic formation was enucleated, preserving the mental nerve and the area closed with 4/0 vicryl suture.

Conclusion: Various treatments have been described for the management of maxillary and mandibular cysts, although none of them is generally accepted around the world. In recent days, decompression, marsupialization, enucleation and resection of lesions are commonly used. In this study, following extraction of the patient's related teeth, the cystic formation was enucleated, preserving the mental nerve. The patient was prescribed corticosteroid, antibiotic and NSAII. The biopsy sent to the pathologist showed concordant results with radicular cyst. The soft tissue and numbness were completely gone after 3 weeks of recovery.

Keywords: radicular cyst, mental nerve, numbness

P-110

Recurent Odontogenic Keratocyst After 5 Years

Serkan Kiriş, Murat Akkocaoğlu, Başak Sündüz Yılmaz

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

Objective: Keratocystic odontogenic tumor (KCOT) is a benign, intraosseous neoplasm of dental origin, with a characteristic lining of parakeratinized stratified squamous epithelium. Increased activity of the epithelium, has been confirmed by previous studies that have compared KCOTs with other odontogenic cysts may explain the high recurrence rates of KCOTs. Some are associated with nevoid basal cell carcinoma syndrome. Clinically, OKC may occur in any part of the jaws; however, it has predilection for the posterior body of the mandible and ascending ramus. Radiographically, OKC presents as an unilocular or multilocular radiolucency with uniform sclerotic borders and may be associated with unerupted tooth, more frequently an impacted third molar.

Case: In the current case, the patient was 32 years old, she was first diagnosed 5 years ago with a large lesion in the right mandibular region. Under general anesthesia the lesion was curated only, the 3rd molar was extracted but 2nd molar was left in place. The patient was informed about the recurrence possibility. In every 6 months panoramic radiograph was taken. After 5 years from the operation, recurrent lesion in the same side of the mandible-2nd molar side. The lesion is curated under general anesthesia, 2nd molar is extracted and the osteotomy is performed using burr with saline irrigation. The patient is again informed about the recurrence.

Conclusion: odontogenic keratocyst is known by its recurrence and aggressive behavior. Thus, surgical approach must be aggressive and patient should be followed up regularly.

Keywords: odontogenic keratocyst, odontogenic cyst, recurrence

P-111

Unilateral Mandibular Coronoid Hyperplasia (Jakop Disease): A Case Report

Coşkun Yıldırım, Ahmet Emin Demirbaş, Suheyb Bilge

Department of Oral and Maxillofacial Surgery, Erciyes University Faculty of Dentistry, Kayseri

Objective: Mandibular coronoid hyperplasia is an abnormal extension of the coronoid process. This condition which may lead to limitation of mouth opening is seen bilaterally but may also be seen as unilateral. In this case report, the findings of a 17-year-old male patient with mandibular limitation of motion, intraoral coronoidectomy treatment and follow-up results are presented.

Case: Elongated right mandibular coronoid region was observed in the DVT images of the patient whose maximum mouth opening (MMO) was measured as 15 mm. The patient was placed under general anesthesia and the coronoid process was removed with intraoral approach. Hyperplastic coronoids were removed by excision through a sigmoid notch with an ultrasonic osteosurgery scalpel (Misonix, USA). The removed part was sent to a histopathological examination and the result was osteochondroma. Physical therapy with TheraBite (Atos Medical) was started from the first postoperative day so that the mouth opening can be protected and the functions can be improved. MMO was measured as 40 mm intraoperatively, 26 mm in the one month follow-up, and 38 mm at 3 months follow up control.

Conclusion: Mandibular coronoid hyperplasias which are rarely cause limited mouth openings. Three-dimensional CT is the gold standard for preoperative diagnosis in these types of cases and it is important to reach definite diagnosis. Surgical treatment is recommended for the treatment of coronoid hyperplasia. Satisfactory results can be obtained with intraoral coronoidectomy and early postoperative rehabilitation.

Keywords: mandibular coronoid hyperplasia, restricted mouth opening, coronoidectomy, TheraBite, jacob disease

P-113

Preoperative Seroprevalence of HBsAg, Anti-HCV, Anti-HIV of patient with oral surgery under general anesthesia

Orhan Akpınar, Hatice Akpınar, Yavuz Findik

Suleyman Demirel University, faculty of Dentistry, Oral and Maxillofacial Surgery, Isparta

Objective: Exposure to blood borne pathogens is the most serious occupational health risk faced by healthcare workers. The aim of this study was to evaluate the preoperative seroprevalences of HBsAg, anti-HCV and anti-HIV of patient with dental surgery under general anesthesia.

Materials-Methods: In this study we evaluated the seroprevalence of HBsAg, anti-HCV and anti-HIV in 4007 preoperative patients who admitted to Suleyman Demirel University, Dentistry Faculty, research laboratory for elective dental surgical procedures between October 2016 and February 2018; retrospectively.

Results: When general demographic data of the patients were examined it was seen that mean age was 11.23 ± 12.09 . It was recorded that 54.3% of patients were male whereas 45.7% of patients were female. The seroprevalence of HBsAg and anti-HCV were; 0,25% and 0,17 % respectively in preoperative patients. The positively rates of HBsAg and anti-HCV for preoperative patients should be assessed lower than the data obtained from the literature. Anti-HIV seropositivity was not detected in the patients.

Conclusion: Hepatitis-B, Hepatitis-C and HIV are viruses that can infect with infected body fluids. Early diagnosis of the disease will provide important advantages for vaccination and treatment as it will protect the patient from future complications. All healthcare workers must be trained about occupational diseases and vaccinated against hepatitis B. Establishment of universal precautions is necessary and these precautions must be strictly followed particularly in the operating room. In addition all patients should be considered as potential carriers

Keywords: HBsAg, Anti-HCV, Anti-HIV, general anesthesia, dental surgery

P-114

Oral Mucormycosis: Following Tooth Extraction in Type I Diabetic Patient

Orhan Akpınar¹, Yavuz Findık²

¹Suleyman Demirel University, Institute of Health Sciences, Medical Microbiology
Department, Isparta

²Suleyman Demirel University, faculty of Dentistry, Oral and Maxillofacial Surgery, Isparta

Objective: Mucormycosis is an emerging angioinvasive infection caused by the ubiquitous filamentous fungi of the Mucorales order of the class of Zygomycetes. Mucormycosis refers to a set of opportunistic infections that occur in immunocompromised or diabetic patients. Mucormycosis limited to the oral cavity is rare but presents unique dangers of ulceration and bone necrosis. The present case report outlines the oral manifestations of mucormycosis in diabetic patients

Case: A 57 year old known uncontrolled type I diabetic male patient reported to the Department of Oral and Maxillofacial Surgery, with the complaint of pain and pus discharge from buccal surface of the molar and premolar region since 1 months. Complaints was occurred after the tooth extraction. His blood glucose levels were unexceptionally high. Biopsy revealed, fungal hyphae, which are characteristic of Mucor colonies. Injection lipid Ampho-B once daily as initiated from day one of admission. Blood glucose was controlled.

Conclusion: Mucormycosis is a rare fungal infection which can cause widespread necrosis of orofacial tissues in susceptible host. It has more often manifested in immunocompromised patients with blood dyscrasia, diabetes, immunosuppressive therapy, corticosteroid therapy, malignancy, hepatitis, tuberculosis. Up to 40-50% of patients suffering from mucormycosis have diabetes mellitus. Though incidence of mucormycosis secondary to tooth extraction is extremely low, however when it occurs, may cause significant morbidity and mortality. Hence dental professionals must be aware of the possibility of this serious and fatal complication, so as to avoid unfavorable outcome in clinical practice.

Keywords: Oral Mucormycosis, Zygomycosis, Diabetes Mellitus

P-115

Surgical Treatment of Bilateral Mandibular Condylar Neck Fractures with Inferomedial Dislocation: A Case Report

Ufuk Tatlı, Nida Geçkil

Department of Oral and Maxillofacial Surgery, Çukurova University Faculty of Dentistry, Adana

Objective: Among the most common facial fractures, mandibular fractures were the first in 37%. Condylar fractures account for 21% of mandibular fractures. Mandibular fractures occur more frequently in stressed areas, however condylar head fractures result in compression. The contemporary imaging method for condylar fractures is CBCT imaging which allows 3D imaging of the dislocated fragments. In case of severe dislocation and malocclusion, the appropriate treatment method is open reduction and internal rigid fixation.

Case: A 33-year-old male patient was referred to our clinic due to mandibular condyle fracture that occurred in fall down during epileptic seizure. The patient had no other systemic disease except epilepsy. Clinical and CBCT examinations revealed bilateral condylar neck fractures with inferomedial dislocation, pain on his bilateral TMJ regions, limitation at mouth opening (25 mm) and anterior open-bite. Due to severe extracapsular dislocation of the condyles, open reduction and internal rigid fixation was planned as treatment. Under general anesthesia, inferomedially dislocated condylar fragments were repositioned through bilateral preauricular and retromandibular approaches and fixed with mini plate and screws. Postoperative healing was uneventful.

Conclusion: In case of extracapsular dislocation of the condyle, severe malocclusion and for patients who can not tolerate the IMF treatment, excellent clinical results can be obtained with open reduction and internal rigid fixation. Preauricular and additional retromandibular approaches provide sufficient view for appropriate manipulation and reposition of the fragments in severe dislocation cases.

Keywords: Mandibular condyle, fracture, open reduction

P-116

Assessment of bone formation and demolition markers in orthognathic surgery patients

İhsan Özgür Oşar, Yavuz Fındık, Orhan Akpınar, Timuçin Baykul

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Süleyman Demirel University, Isparta

Objective: To determine how bone formation and destruction of patients in orthognathic surgery were affected by looking at the RANK,RANKL and OPG of blood samples.

Materials-Methods: Seventeen patients who need orthognathic surgery will be identified after being evaluated and examined by the orthodontist.To determine the values of RANK,RANKL and OPG in the blood be taken from the blood sample (control group) before the orthognathic surgery(T1) and the blood sample(study group) again 1.(T2) and 10. days(T3) after the surgery. Blood samples were serumized and stored at -80 C in ependorf tubes. to detected the amounts of RANK,RANKL,OPG in serum samples in these tubes with the help of ELISA devices.

Results: Although there was not a statistically significant result in the obtained results, it was determined that the OPG value increased slightly in T1 than T2 and T3. RANKL values were found to be inversely proportional to OPG values, but not statistically significant, despite the reduction of RANKL values before surgery.

Conclusion: RANK/RANKL/OPG system during orthognathic surgery, is a possible tool to monitor the bone healing process with the help of markers.

Keywords: opg, orthognathic surgery, rank, rankl

P-117

Hemangioma at the Lateral Surface of the Tongue that Clinically Mimics Squamous Cell Carcinoma: A Case Report

Sara Samur Ergüven¹, Figen Çizmeci Şenel², Emre Barış³, Wisam Süleyman³

¹75. Yıl Oral and Dental Health Hospital, Oral Surgery Clinic, Ankara

²Ministry of Health, Health Institutes of Turkey (TUSEB), Ankara

³Gazi University, Faculty of Dentistry, Department of Oral Pathology, Ankara

Objective: The oral cavity, especially in the region of the tongue, is the site of neoplasms, reactive processes, and infections, and it may be a marker of systemic diseases. This case report presents a hemangioma located at the lateral surface of the tongue of a 78-year-old female patient who was initially diagnosed with squamous cell carcinoma due to the clinical appearance of lesion.

Case: A 78-year-old female patient referred to our clinic with a complaint of a painless lesion at the left lateral surface of the tongue which was available more than six months. A panoramic examination requested for evaluate the radiologic condition and revealed no pathology. The lesion was located on the left lateral border of the tongue as an ulcerated area with necrotic center surrounded by elevated rolled borders. No blanching effect supposed to be a marker of hemangioma. Squamous cell carcinoma resulted from chronic prosthetic trauma was clinically diagnosed based on clinic appearance of the lesion. Excisional biopsy was performed, and histopathological evaluation revealed that the benign tumoral lesion composed of capillary proliferation. The final diagnosis of the lesion was the hemangioma. No recurrences had been noted on follow-up period of three months.

Conclusion: Despite their benign origin and behavior, hemangiomas in oral cavity requires appropriate clinical management. For differential diagnosis of the oral lesions, histopathological examination plays a crucial role. Early diagnosis of hemangioma ensures us to refrain from radical treatment options for squamous cell carcinoma.

Keywords: hemangioma, tongue, squamous cell carcinoma

Figure 1



Lesion located on the lateral border of the tongue as an ulcerated area with necrotic center surrounded by elevated rolled borders.

P-118

Oral surgery and antibiotic prophylaxis under general anesthesia in patient with Down's syndrome

Hatice Akpınar, Yavuz Fındık, Orhan Akpınar

Suleyman Demirel University, faculty of Dentistry, Oral and Maxillofacial Surgery, Isparta

Objective: Down's syndrome is caused by a chromosomal abnormality and is characterized by certain physical, mental and medical features with specific oral manifestations. Down's syndrome is often carried out under general anesthesia due to difficulty of cooperation. Endocarditis can be prevented by keeping a clean healthy mouth and taking action to prevent tooth decay as well as taking precautions such as taking antibiotics prior to some types of dental and medical treatments. We aimed to analyze retrospectively the patients with syndromes in Süleyman Demirel University Faculty of Dentistry, Oral and Maxillofacial Surgery Department, General Anesthesia Unit. **Materials-Methods:** The records of the 82 patients with Down's syndrome that were treated under general anesthesia 2014-2018 were retrospectively evaluated. The retrospective data included demographic variables, duration of anesthesia, level of sedation, cardiac disorder, antibiotic prophylaxis and the type of dental treatment

Results: Dental extraction with dental filling procedures were the most performed dental treatment (60%, n=50) In this study the female/male ratio was 43/39. All of the patients were with ASA II. 60.9% of the patients (n=50) had antibiotic prophylaxis.

Conclusion: The goal of antibiotic prophylaxis in oral surgery is to prevent the onset of infections. According to the most recent AHA guidelines, such procedures are those which involve manipulation of gingival tissue or the periapical region and perforation of the oral mucosa, such as during subgingival scaling, dental extractions, suture removal, rubber dam matrix placement, and placing of orthodontic bands. Antibiotic prophylaxis is recommended for patients with congenital heart defects.

Keywords: Down's syndrome, antibiotic prophylaxis, general anesthesia, Oral surgery

P-119

Mature Natural Killer/T-cell Lymphoma in Oral Cavity

Çiğdem Karaca¹, Zuhâl Özateş², Arzu Sağlam Ayhan³, Metin Demir⁴

¹Hacettepe University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

²Hacettepe University, Faculty of Dentistry, Department of Oral and Maxillofacial Radiology

³Hacettepe University, Faculty of Medicine, Department of Medical Pathology

⁴Hacettepe University, Faculty of Medicine, Department of Oncology

Objective: Lymphomas are lymphatic system malignancies characterized by lymphoid cell proliferation. They can be divided into Hodgkin's lymphoma (HL) and non-Hodgkin's lymphoma (NHL). NHL can originate B, T or natural killer (NK) lymphocytes. The aim of this report is to present a case noticed as an ulcerated mucosal mass in the oral cavity diagnosed as mature NK/T cell lymphoma histopathologically.

Case: A 58-year-old female patient was referred with a complaint of extraoral swelling and pain in the left mandible. In clinical examination, it was established an expansive mass with distinct borders from the left vestibular sulcus to buccal mucosa. The center of lesion was ulcerated. There were any intrabony signs on periapical and panoramic radiographs. The patient indicated that this swelling started about a week ago and it was decreased after using an oral antibiotic. An excisional biopsy was made under local anesthesia. The biopsy confirmed mature NK/T lymphoma. After the oncologic examination, staging work-up revealed the lymphoma to be stage I. The patient was planned to treat with both chemotherapy and radiotherapy.

Conclusion: Non-hodgkin's lymphomas present extremely rare in oral cavity. They have various presentations and can be easily misdiagnosed as a pyogenic granuloma, dental abscess or recurrent aphthae. Early diagnosis and prompt treatment is the key for success in the treatment.

Keywords: Oral lymphoma, Non-Hodgkin's Lymphoma, NK/T cell lymphoma, ulcerated mass

P-120

Clinical and histological evaluation of the use bone autografts after the Tunnel technique

Olga Eisenbraun, Svetlana Tarasenko, Anatoliy Shehter
I.M. Sechenov First Moscow State Medical University, Moscow, Russia

The purpose of this work is to study clinical and histologic features of mandibular bone autografts when using tunneling technique.

Materials and methods: 29 partially edentulous patients with bone atrophy underwent surgery and clinical study. Bone autograft were harvested from the retromolar part of the lower jaw. The surgeries were carried out using the Tunnel Technique and «MicroSaw» technique. Severity of pain, healing time, and complications were evaluated. Four months after bone grafting a bone column was withdrawn for histologic evaluation prior to dental implantation.

Results of the study. Clinical studies have demonstrated that pain severity and collateral edema are less manifested in the patients who underwent the Tunnel Technique treatment than in those with the conventional bone grafting technique. No complications were reported after tunneling bone grafting method. Histologic evaluation revealed a greater number of live osteocytes in the bone graft in comparison to the patients treated with the conventional technique.

Conclusions: The study demonstrates the benefits of the minimally invasive tunneling technique with a milder postoperative course and the lack of postoperative complications.

Keywords: Tunnel Technique, bone augmentation, bone autograft, "MicroSaw" technique, osteocytes

P-121

Autologous blood injection for TMJ dislocation

Mehmet Fatih Şentürk, Barış Konuk, İhsan Özgür Oşar, Tayfun Yazıcı, Yavuz Fındık,
Timuçin Baykul

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

Objective: To report autologous blood injection (ABI) treatment for temporomandibular joint (TMJ) dislocation.

Case: A 23 year old female patient who has recurrent dislocation of TMJ joint referred to our clinic. Clinical signs showed painless mouth opening with deviation. Radiological findings showed dislocated joint and disc. ABI was performed under conscious sedation into the superior joint compartment. Postoperative clinical follow-ups showed 15 millimeters decrease at the postoperative first day and at the end of 4 months, maximum mouth opening was 6 mm less than preoperatively. No recurrence and complication were observed. Postoperative course was uneventful.

Conclusion: ABI is an alternative treatment method for TMJ dislocation. Long term follow-ups are needed.

Keywords: Autologous blood injection (ABI), TMJ, Dislocation

P-122

Squamous Papilloma on the Edentulous Mandibular Alveolar Crest: A Case Report

Sara Samur Ergüven¹, Figen Çizmeci Şenel², Emre Barış³, Wisam Süleyman³

¹75. Yıl Oral and Dental Health Hospital, Oral Surgery Clinic, Ankara, Turkey

²Ministry of Health, Health Institutes of Turkey (TUSEB), Ankara, Turkey

³Gazi University, Faculty of Dentistry, Department of Oral Pathology, Ankara, Turkey

Objective: Squamous papilloma is a benign lesion of the skin and mucous membranes that is caused by human papillomavirus (HPV). These lesions are typically self-limited, but they may vary in both size and number. Notably, occurrence on the alveolar crest is extremely rare. This case report presents a papilloma located on the mandibular alveolar crest of a 55-year-old female patient.

Case: A 55-year-old female patient referred to our clinic with a complaint of a solely, irregularly surfaced, painless and fibrotic lesion located on left mandibular alveolar crest area that presents for more than two years. There were no similar lesions on the oral mucosa or skin. Premolar teeth had been extracted more than five years ago at the lesion region. Under local anesthesia, the lesion was excised with preservation of safe surgical margins. Histopathological evaluation revealed that benign finger like proliferation from the epithelial surface. Lesional epithelium was not included koilocytic cells. The final diagnosis was performed as squamous papilloma. No recurrences or complications had been noted in the observed on follow-up period of three months.

Conclusion: Squamous papilloma is a rare pathology of the oral region that can be treated effectively with surgical excision. Other possible foci and risk factors must be carefully investigated for the eradication of disease completely.

Keywords: squamous papilloma, human papillomavirus, mandible

Figure 1



Irregularly surfaced and fibrotic lesion located on mandibular alveolar crest area.

P-123

Multiple Central Osteoma of the Jaw of a Mentally Disabled Patient: A Case Report

Sara Samur Ergüven¹, Figen Çizmeci Şenel², Burcu Şengüven³, Wisam Süleyman³

¹75. Yıl Oral and Dental Health Hospital, Oral Surgery Clinic, Ankara, Turkey

²Ministry of Health, Health Institutes of Turkey (TUSEB), Ankara, Turkey

³Gazi University, Faculty of Dentistry, Department of Oral Pathology, Ankara, Turkey

Objective: Osteoma is a benign osteogenic tumor, which characterizes the slow-growing proliferation of compact or cancellous bone. A traumatic factor, infectious processes, or true neoplasm due to the origin of cartilaginous cells has thought to be responsible for etiology of the lesions. It can present at any age, usually in young adult individuals, with equal prevalence in both sexes.

Case: This case report presents a multiple central osteoma of both the mandible and the maxilla of a disabled 36-year-old female patient who was referred to our clinic with a complaint of multiple asymptomatic, intrabony lesions located in the right posterior maxilla and bilaterally in the mandibular posterior regions. The patient is mentally disabled and was therefore accompanied by her parents. All areas that presented lesions were edentulous. Multiple osteomas are a typical symptom of Gardner's syndrome; therefore, the patient's history was profoundly examined for intestinal problems and other markers of Gardner's Syndrome. After multiple medical consultations, Gardner's syndrome was excluded. For management of the lesion, conservative surgical management under general anesthesia was chosen. Histopathologic examinations of material obtained from both the mandible and maxilla revealed that the lesions were composed of mature lamellar bone. The final diagnosis was osteoma. No recurrences were noted during the four-month follow-up period.

Conclusion: Although multiple osteomas of the jaws are a hallmark of Gardner's syndrome herein, we report a case of multiple osteoma of jaws that is not associated with Gardner's Syndrome.

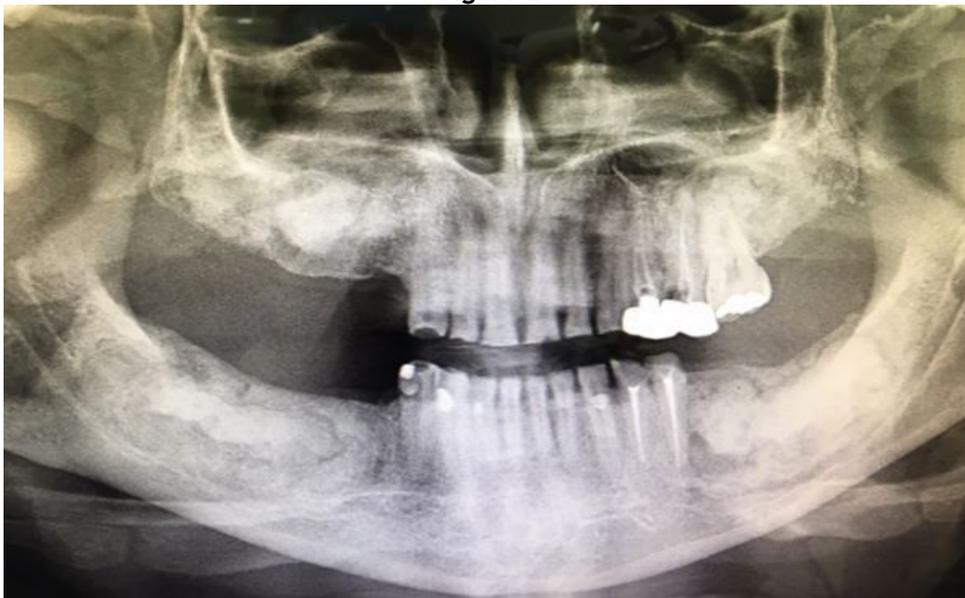
Keywords: osteoma, jaw, mentally disabled

Figure 1



Intraoperative photo of the exposed osteoma on the posterior maxilla

Figure 2



Panoramic radiograph showing intrabony lesions located in the right posterior maxilla and bilaterally in the mandibular posterior regions.

P-124

Association Between Oral Cancer And Oral Microbiota

Orhan Akpınar, Yavuz Findik

Suleyman Demirel University, faculty of Dentistry, Oral and Maxillofacial Surgery, Isparta

The role that bacteria play in the etiology and predisposition to cancer is of increasing interest, particularly since the development of high-throughput genetic-based assays. This review outlines our understanding of the link between the oral microbiome and oral cancer. Although the microbiome includes all organisms of the oral cavity, including viruses, fungi, and archaea, this article focuses on the understanding of bacteria and its association with oral squamous cell carcinoma (OSCC). Poor oral hygiene and periodontal disease has been long been linked with carcinoma of the oral cavity. Although there is increasing evidence that the OSCC is associated with changes in the oral microbiome, there is currently no consensus regarding specific changes in the bacterial species. In some researches, it was seen that in OSCC and precancer patient the microbiome over the tumor had a significant reduction in the abundance of Firmicutes represented by Streptococcus and Actinobacteria represented by Rothia, and an increase in the abundance of Fusobacteria represented by Fusobacterium when compared with the normal contralateral sample, a difference that is not present in noncancer patients. Despite increasing technology and interest in the relationships between the oral microbiome and the development of oral cancer, much remains to be done. Although it is apparent that the oral microbiome differs between normal and OSCC patients, no pathognomonic bacterial or bacterial spectrum has yet been identified in OSCC.

Keywords: Oral microbiome, Oral squamous cell carcinoma, Carcinogenesis

P-125

Three Dimensional Evaluation of The Airway Changes of Skeletal Class II Adult Patient Treated With Surgical Assisted Rapid Palatal Expansion(Sarpe) And Mandibular Midline Distraction(Mmd)

Merve Berika Kadioğlu¹, Merve Kurt¹, Reha Kışnişci², Ramazan Arslan²,
Osman Akıncı²

¹Ankara Üniversitesi, Diş Hekimliği Fakültesi, Ortodonti Anabilim Dalı, Ankara

²Ankara Üniversitesi, Diş Hekimliği Fakültesi, Ağız Diş ve Çene Cerrahisi Anabilim Dalı,
Ankara

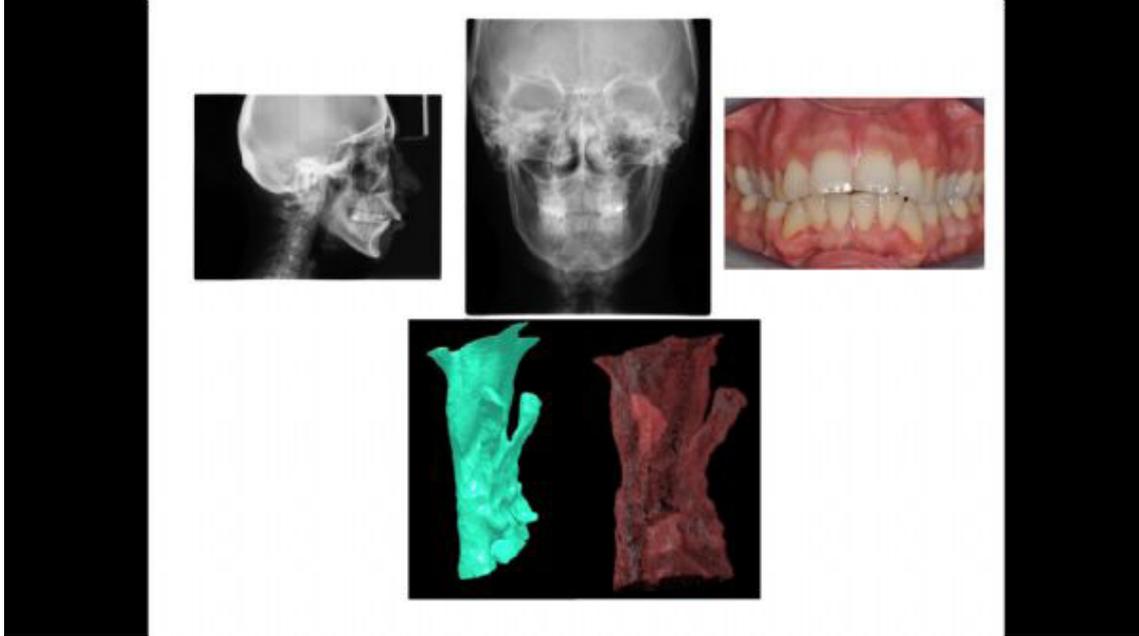
Objective: Orthognathic surgical procedures, can affect the size and position of soft tissues and cause different changes in the airway, by altering the soft-hard tissue relationships. In this case report, changes in the airway volume of the adult patient treated with SARPE and MMD, were investigated three-dimensionally.

Case: A 33-year-old female patient was admitted to the clinic with complaint of snoring and protruding teeth. According to the clinical-radiological examination, it has been determined that she was characterized by skeletal Class II malocclusion with mandibular retrognathia, protruding teeth, increased overjet and overbite, narrowed maxillary-mandibular dental arches. In order to remove bimaxillary transversal deficiency, it was decided to apply SARPE and MMD. Lefort-I osteotomy and mandibular midline osteotomy was performed, then the intra-oral distractors were placed. After 7-days of latent period, distraction was initiated with 1mm/per-day activation and finished 10 days later. After 6 months of recovery, distractors were removed and orthodontic treatment continued. Using the 3D-Doctor software, changes in the airway are measured volumetrically. By means of the distraction, significant increases were obtained in transversal dimension (maxilla: 6 mm, mandible: 3 mm, dental arches: 5 mm). As a result, the severity of the malocclusion decreased, and the upper incisors were retracted. Total airway volume was increased from 20.2 cm³ to 27.7 cm³ at the end of the treatment. This 35% increase in airway volume was also positively effected the snoring complaint.

Conclusion: The significant skeletal expansion of the jaws in transversal dimension by surgical methods, has a significant positive effect on airway volume in adults. For this reason, surgical assisted expansion of maxilla and mandibula may be a good alternative for Class II individuals with bimaxillary transversal deficiency and respiratory problems.

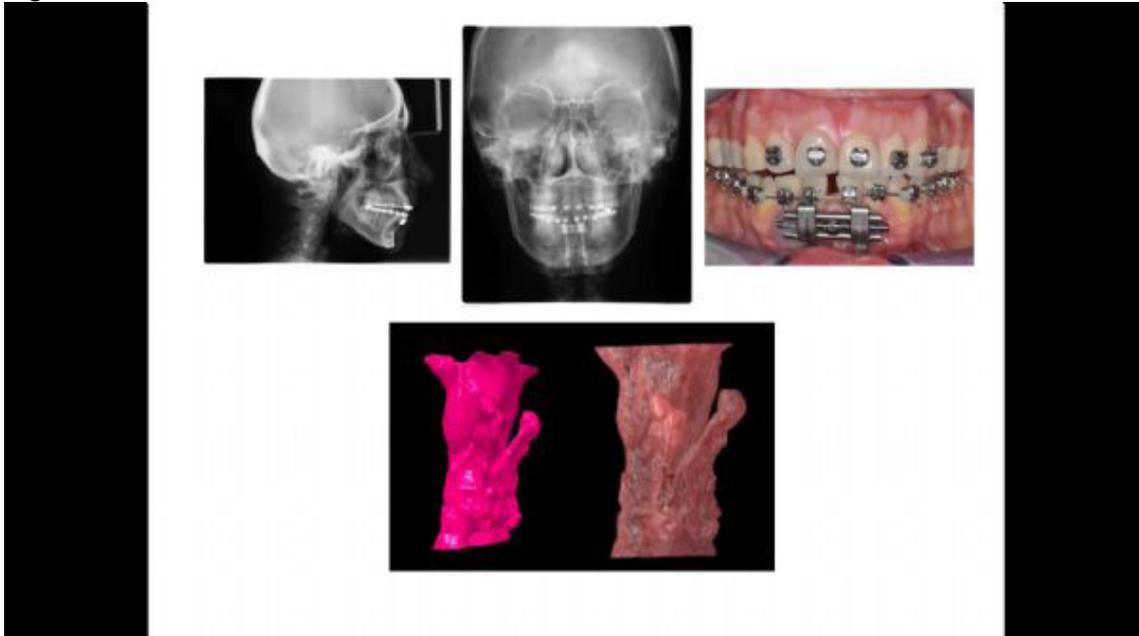
Keywords: Airway Volume, Midline Distraction, Orthognathic surgery, SARPE

Figure 1



Pre-operative posteroanterior radiography, cephalometric radiography, intraoral photography and 3D images of the airway.

Figure 2



Post-operative posteroanterior radiography, cephalometric radiography, intraoral photography and 3D images of the airway.

P-126

Giant Submandibular Sialolithiasis: A Case Presentation

Tayfun Yazıcı, Cihan Varol, İhsan Özgür Oşar, Mehmet Fatih Şentürk
*Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Suleyman Demirel
University, Isparta, Turkey*

Objective: The purpose of this report is the present 19x11 mm sized giant submandibular sialolithiasis which affects mandible.

Case: A 39 year old male patient presented to our clinic with pain in the left mandibular molar region. On the panoramic and occlusal radiographs, salivary gland stones were found in 19x11 mm size. Before the procedure, 2x1 amoxicillin was prescribed for 5 days. On the day of the procedure, an incision was made to the base of the mouth following anesthesia, continued blunt dissection and reached the stone. After the wound was sutured, it was checked whether saliva drainage continued. The patient was discharged after describing the post-operative recommendations.

Conclusion: Sialolithiasis are rarely seen larger sizes in submandibular regions. Surgical treatment is the mainstay treatment modality at present especially giant sialoliths.

Keywords: Giant, Sialolithiasis, Submandibular

P-127

The Advantages of Using PRF in Vestibuloplasty: Case Report

Özkan Karataş¹, Hatice Balcı Yüce¹, Ahmet Altan²

¹Gaziosmanpaşa University, Faculty of Dentistry, Department of Periodontology, Tokat

²Gaziosmanpaşa University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Tokat

Shallow vestibule depth is an important factor that make oral hygiene difficult for patients. In these patients, plaque accumulation and gingival recession can be seen as a result of inadequate brushing. Vestibuloplasty can be applied to deepen the sulcus. PRF (Platelet Rich Fibrin) is a platelet concentrate contains all constituents involved in wound healing and immune response. Growth factors such as TGF- β (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 and can be used like a membrane. A 58-year-old female patient was admitted to our clinic with a complaint of gingival bleeding in mandibular anterior region. Clinical examination showed that there was shallow vestibular sulcus, plaque accumulation in that area and it has been decided to perform vestibuloplasty. Split thickness horizontal incision was made from tooth no.32, to tooth no.42 following mucogingival line. Buccal mucosa was sutured to base of sulcus by 4-0 silk sutures. PRF placed in operation area, adapted to tissue with cross hanger sutures and operation was terminated. Sutures were removed after 14 days and vestibular depth was 4 mm deeper than pre-operative measurements. PRF can be used in vestibuloplasty to maintain patient comfort, contribution to wound healing, and guiding epithelial cell migration.

Keywords: Platelet Rich Fibrin, vestibuloplasty, pre-prosthetic surgery

P-128

Management of Multiple Keratocystic Odontogenic Tumors in Patients With Gorlin Goltz Syndrome: 2 Case Reports

Doğan Ilgaz Kaya¹, Semih Karcı¹, Gülsün Yıldırım²

¹Selçuk University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Konya

²Alanya Alaaddin Keykubat University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Antalya

Objective: Gorlin-Goltz syndrome is an autosomal dominant inherited condition comprising the principle triad of basal cell carcinomas, multiple jaw Keratocystic odontogenic tumor (KCOT), and skeletal anomalies. It is usually seen in the first 30 years of life and early childhood. Radiography has a well-defined, multilocular or unilocular image, which can cause resorption in the associated teeth. Clinical examination reveals findings such as expansions, rapid growth, pus drainage, migration in the teeth. Treatment options are marsupialisation or enucleation. In this presentation, two cases of KCOT which were dignosed with Gorlin-Goltz Syndrome and its treatment will be present.

Case: Sixteen and 22 years old male patient referred to our clinic due to multiple well-limited, radiolucent lesions on radiograph. Histopathologic examination of the biopsies taken from these lesions revealed the resultant KCOT. KCOT treatments were completed by marsupialization and enucleation operations. Both patients were diagnosed as Gorlin-Goltz Syndrome. Patients follow-ups continue periodically.

Conclusion: Patients treated surgically for KCOT lesions are under observation with periodic follow-up. Early diagnosis is important and can prevent possible complications.

Keywords: Gorlin Goltz syndrome, multiple keratocystic odontogenic tumors, Basal Cell Nevus

P-129

Horizontal and Vertical Soft Tissue Augmentation Around Dental Implants: Case Report

Özkan Karataş¹, Hatice Balcı Yuçe¹, Nihat Akbulut²

¹Department of Periodontology, Faculty of Dentistry, Gaziosmanpaşa University, Tokat

²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Gaziosmanpaşa
University, Tokat

Objective: 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 grafts and coronally positioned flap including subepithelial connective tissue grafts can be used to augment keratinized tissue around implants.

Case: A 46-year-old woman with a total edentulism in the lower jaw, was treated with implant therapy one year ago. When she came to our clinic she was suffering from bleeding and gingival recession around implant no.44. Clinical examination revealed lack of keratinized tissue around implant. To provide keratinized mucosa and to augment soft tissue; subepithelial connective tissue graft with tunnel approach has planned. A sulcular incision was designed and a partial dissection was carefully performed in order to create a deep pouch. Special attention has been paid to keep tip of interdental papillae attached. Subepithelial connective tissue graft obtained from palate and delicately inserted inside the pouch. Then stabilized by 6-0 polypropylene sutures. Finally the flap coronally positioned and immobilized by hanger sutures. After 14 days sutures were removed. Vertically and also horizontally soft tissue augmentation around implant was detected. The polished surface of the implant has covered completely by the keratinized mucosa.

Conclusion: As a result subepithelial connective tissue graft can be used in augmentation of keratinized mucosa around dental implants both horizontally and vertically.

Keywords: Soft Tissue Augmentation, dental Implants, vestibuloplasty

P-130

Management of a Peripheral Giant Cell Granuloma of Upper Jaw: A case report

Aydın Özkan¹, Ömer Orkun Cevizcioğlu², Diber Çelik², Alpaslan Gündüz², Hüseyin Avandağ², Hasan Ayberk Altuğ², Metin Şençimen²

¹University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

Objective: Peripheral giant cell granuloma is the most common oral giant cell lesion appearing as a soft tissue extra-osseous purplish-red nodule consisting of multinucleated giant cells in a background of mononuclear stromal cells and extravasated red blood cells. Goal of this case report is to present a case of peripheral giant cell granuloma in the posterior maxilla after the first molar extraction.

Case: A 36-year-old female patient referred to our clinic with the complaint of intra-oral growth since one and half year. The lesion was painless and asymptomatic, except for the slight discomfort to the patient during mastication. The mass was gradually increasing in size. On intra-oral examination smooth surfaced, and lobulated growth of approximately 4 × 3 × 2 cm in size was present covering the extraction socket of the maxillary first molar. The lesion was surgically excised under local anesthesia, and complete coagulation on the surgical bed was obtained with InGaAlP diode laser. The specimen was studied by the pathologist. Numerous giant cells of various shapes and sizes, containing 8–15 nuclei, were seen with proliferating and dilated endothelial lined blood capillaries with extravasated red blood cells. According to the histopathologic examination the diagnosis of peripheral giant cell "reparative" granuloma was made. No intra- and post-operative complications were seen.

Conclusion: The recurrence rate is approximately 10% but multiple recurrences with eventual loss of the adjacent teeth are a potential complication. PGCG can be adequately treated with the correct diagnosis and proper treatment planning.

Keywords: Oral giant cell lesion, peripheral giant cell granuloma, reparative granuloma

P-131

Benign Osteblastoma of Maxilla: A Case Report

Yavuz Fındık¹, Timuçin Baykul¹, Mustafa Asım Aydın², Cihan Varol¹,
İhsan Özgür Oşar¹

¹Department of Oral and Maxillofacial Surgery, Süleyman Demirel University, Isparta

²Department of Plastic, Reconstructive and Aesthetic Surgery, Süleyman Demirel University, Isparta

Objective: Osteblastomas are rare and benign primary bone tumours. This neoplasm, usually seen in the long bones, sacrum, vertebral regions and cause pain and swelling. In maxillofacial region, osteblastomas is rarely seen (less than %1) and generally located in the maxillary posterior region. This case report includes osteblastoma involving right maxilla posterior in an 32 years old male patient.

Case: A 32 years old male patient was admitted to our clinic with a complaint of pain and swelling at right maxillary region. An incisional biopsy was performed and pathologic examination revealed osteblastoma. In this case report; resection of the lesion from the right maxillary region with the Weber-Ferguson incision, operation was done with preservation of orbital floor. No recurrence was observed in the 1 year follow up of the patient.

Conclusion: Osteblastoma recurrences are common. These tumours have a higher chance of coming back after they are removed. Radical surgical excision is gold standard and often the treatment of choice.

Keywords: Osteblastoma, Weber-Ferguson, Excision

P-132

The Importance of Surgical Obturator use in Maxillofacial Surgery: Case Reports

Doğan Ilgaz Kaya¹, Engin Çetin¹, Murat Selim Botsalı¹, Gülsün Yıldırım²,
Hanife Ataoğlu¹

¹Selçuk University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Konya

²Alanya Alaaddin Keykubat University, Faculty of Dentistry, Department of Oral and
Maxillofacial Surgery, Antalya

Objective: Dentigerous cysts and keratocystic odontogenic tumors are quite common lesions. Treatments are completed by enucleation or primarily marsupialisation according to their size, relation to the anatomical structure. When the surgery is performed, surgical obturators have advantages in terms of minimally invasive surgery and postoperative morbidity. In this presentation, the advantages and disadvantages of surgical obturator and the treatment of various cystic lesions with surgical obturator will be presented.

Case: This case series will describe the treatment plan of 4 patients with odontogenic keratocystic tumor and dentigerous cyst located in various parts of maxilla and mandible. Two patients underwent marsupialization therapy with a surgical obturator. Treatment of decompression was started by applying a surgical obturator to the other two patients. Total enucleation was performed when the size of the lesion was such that it would not harm the important anatomical structure. It has been observed that patients have been completely excluded from the pathology after 2 years of follow-up and that there is no permanent damage during the surgical protocol.

Conclusion: The use of surgical obturators is a reliable method in the treatment of large pathologies. Surgical obturator is a common method used by clinicians, although there are disadvantages such as oral hygiene and long treatment duration.

Keywords: Surgical Obturator, marsupialisation, decompression

P-133

Non-Syndromic Multiple Odontogenic Keratocysts: A Case Report

Goknur Topaloglu¹, Sarper Tan¹, Vusala Guliyeva¹, Hakan H Tuz¹, Zafer Cehreli²,
Gizem Erbas²

¹Hacettepe University Faculty of Dentistry Department of Oral And Maxillofacial Surgery

²Hacettepe University Faculty of Dentistry Department of Pedodontics

Odontogenic keratocyst (OKC) is a common developmental odontogenic cyst, it is thought to originate from dental lamina. OKCs are more frequently seen in second to third decade of life with male predilection and have a low prevalence in children. Multiple OKCs are usually seen with cutaneous, skeletal, ocular and neurologic abnormalities as a component of nevoid basal cell carcinoma syndrome (NBCCS) (Gorlin Goltz Syndrome). Multiple OKCs in non-syndromic pediatric patients are rare and only few cases have been reported in the literature. In this case report; a 12-year old male patient of multiple OKCs in both maxilla and mandible was presented. The possibility of presence of multiple OKCs should be taken into consideration for every patient diagnosed with KCOT. Therefore, careful histopathologic examination for any other existing lesion should be done. Moreover, a complete clinical examination and long- term follow up must be performed to detect other features associated with NBCCS.

Keywords: odontogenic keratocyst, non-syndromic patient, children, Gorlin Goltz syndrome

P-134

Squamous cell carcinoma associated with chronic mechanical irritation of the tongue: A Case Report

Aydın Özkan¹, Ömer Orkun Cevizcioğlu², Dilber Çelik², Alpaslan Gündüz²,
Hüseyin Avandağ², Hasan Ayberk Altuğ², Metin Şençimen²

¹University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

Objective: Oral squamous cell carcinoma is responsible for more than 90% of all oral cancers and is one of the most aggressive diseases worldwide. The aim of this case report is to present a case of a patient with denture-induced squamous cell carcinoma and her evaluation during a one month period.

Case: A 46-year-old female patient with high levels of stress referred to our clinic for assessment of a tongue lesion which had been significantly increasing in size for approximately 5 months. The intraoral clinical examination revealed a denture-induced lesion on the left edge and in the posterior area of the dorsum of the tongue, extending to the floor of the mouth. The lesion was approximately 4 cm along its largest axis and showed aspects of ulcerated vegetation. Considering the potential for a malignant lesion, we chose to perform an incisional biopsy of the lesion at the edge of the tongue. According to the histopathologic examination the diagnosis of squamous cell carcinoma was made. The patient was referred to an oncological team including a head and neck surgeon, an oral and maxillofacial surgeon, an oncologist, and a speech therapist. The surgery to remove the lesion has not yet been performed because the patient is under chemotherapy and radiotherapy to reduce the lesion size.

Conclusion: Dentures can cause a wide range of lesions of the oral mucosa that could be prevented with follow-up to evaluate dentures and provide instructions on how to maintain oral tissues healthy.

Keywords: Chronic mechanical irritation, Mouth neoplasms, Oral cancer, Squamous cell carcinoma

P-135

Displacement of Dental Implants into the Mandibular Bone Marrow Space; Report of two cases

Fouad Saleh Najafi¹, Doğan Ilgaz Kaya², Adnan Kaplan³

¹Department of Oral health, Cappadocia University, Nevsehir, Turkey

²Department of Oral and Maxillofacial surgery, Selcuk University, Konya, Turkey

³Nevsehir Oral and Dental Health Center, Nevsehir, Turkey

Objective: Dental implant placement in the mandibular is relatively predictable and a simple procedure if enough bone exists. However, cases of accidental implant displacement into the marrow space of mandibular body have been reported. Displacement of implant and surgical procedure for implant retrieval can harm Inferior Alveolar Nerve (IAN). Fewer and lower trabeculae in the posterior mandible would be associated with implant displacement during fixture placement.

Case: 1. A 55-year-old woman with hypertension was referred by a local clinic for removal of an accidentally displaced implant fixture during the surgery at the mandibular first premolar area after estimatedly 3 month after first surgery. No IAN damage noticed after initial examination. Lateral approach technic used to removal of implant.

Case 2. Dental implants planned to a 58 year old woman with no significant systemic deases who reffered to our clinic with toothless areas in maxilla and mandibul. At surgecal procedure, right mandibular posterior implant displaced at bone marrow space. After quick evaluation lateral window technic used to retrieval of implant.

Conclusion: It's suggested that osteoporosis is the first possible reason for accidental implant displacement to the mandibular marrow space during surgery. It is recommended to remove the displaced implants through the lateral approach rather than a crestal approach, especially when the implant is deeply displaced relative to the IAN.

Keywords: Dental implant, Displacement, Oral surgery

P-136

Usage of Platelet Rich Fibrin in Vestibuloplasty: Two Year Follow Up

Özkan Karataş¹, Hatice Balcı Yuçe¹, Nihat Akbulut²

¹Department of Periodontology, Faculty of Dentistry, Gaziosmanpaşa University, Tokat

²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Gaziosmanpaşa University, Tokat

Objective: Inadequate vestibule sulcus depth can make oral hygiene activities difficult for individuals; plaque accumulation and gingival recession can be seen as result of not being able to brush properly. To deepen the sulcus vestibuloplasty should be applied. PRF (Platelet Rich Fibrin) contains all constituents involved in wound healing and can be used like a membrane. Growth factors such as TGF- β (Transforming Growth Factor-beta), VEGF (Vascular Endothelial Growth Factor) and PDGF-AB (Platelet Derived Growth Factor-AB) are slowly released from PRF during 7 days.

Case: 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 and insufficient oral hygiene. It has been decided to perform vestibuloplasty. Partial thickness horizontal incision was made from tooth no.34, to tooth no.31 parallel to the 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. When the patient came back to control after 24 months, it was seen that 3 mm keratinized gingiva were preserved in the region concerned.

Conclusion: The use of PRF in vestibuloplasty is advantageous because it contributes patient comfort, assists wound healing and guides epithelial cell migration.

Keywords: PRF, Vestibuloplasty, Preprothetic surgery

P-137

Management of radicular cyst with marsupialisation and enucleation: A case report

Aydın Özkan¹, Ömer Orkun Cevizcioğlu², Sencer Seçer¹, Dilber Çelik²,

Hüseyin Avandağ², Alpaslan Gündüz², Hasan Ayberk Altuğ², Metin Şençimen²

¹University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

Objective: Radicular cyst is an odontogenic cyst, which is derived from the inflammatory activation of epithelial root sheath residues of cell rests of Malassez in the periodontal ligament. Goal of this case report is to present a case of large radicular cyst in the anterior maxilla.

Case: A 24-year-old male patient referred to our clinic with a chief complaint of mild swelling in the right anterior region of the maxilla for the past 6 months. Intraoral clinical examination revealed a round to oval swelling which was located over labial mucosa of maxillary anterior region in association with 11,12 and 13. A panoramic radiograph showed a large unilocular radiolucent lesion which involved periapical regions of 11,12 and 13 respectively. Fine needle aspiration cytology revealed straw-colored fluid. Therefore, based on patient's clinical findings, radiographic investigations, and cytology report, the provisional diagnosis of radicular cyst was made. Root canal opening with 11,12 and 13 was done. Then, in next appointment, obturation was completed and marsupialization was performed by creating a window in the buccal cortical plate, and a drain was positioned. Histopathological investigation showed the presence of stratified squamous epithelium with vacuolations and inflammatory cellular infiltration suggesting of radicular cyst. After 6 months, enucleation of cyst was performed, which included apicoectomy and retrograde filling of involved tooth.

Conclusion: Decompression, as initial treatment of cysts of the jaws proved to be effective. It reduced the size of lesions avoiding injury to adjacent structures.

Keywords: Odontogenic cyst, Malassez, radicular cyst

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Intraosseous Mucoepidermoid Carcinoma of Mandible: A case report

Göknur Topaloğlu, Gözde Hatice Keleş, Şeyda Urhan, Alper Aktaş
Hacettepe University Faculty of Dentistry Department of Oral and Maxillofacial Surgery

Objective: Mucoepidermoid carcinoma (MEC) is the most common malignant salivary gland neoplasm. The mandibular posterior region is commonly affected. This tumor may originate from ectopic salivary gland tissue. Since various non-diagnostic radiological patterns have been reported; biopsy is crucial for definite diagnosis. In general, the prognosis of intraosseous MEC is good and recurrence rate of 40% is reported after conservative surgery. Intraosseous variant is exceedingly rare and the percentage of occurring in all MECs is 2-3%. This case presentation is aimed to raise the awareness of maxillofacial surgeons in terms of considering this rare lesion when encountering similar clinical and radiological findings.

Case: In this case report; a 40 year old female patient with complaint of pain in right mandibular area referred to oral and maxillofacial department was reported. Extraoral and intraoral examination was unremarkable. CT scan revealed multilocular radiolucent irregular areas with perforation sites in both buccal and lingual cortical layers in posterior mandible. Under general anesthesia, the lesion was enucleated and curettaged from three different regions (premolar, molar, angulus) and sent for histopathological examination. The lesion has been diagnosed as a intraosseous mucoepidermoid carcinoma. The patient was referred to oncology and otolaryngology departments for evaluation.

Conclusion: Oral and maxillofacial surgeons should be aware of the features of intraosseous MEC. These lesions should be taken into consideration in the differential diagnosis of multilocular radiolucent lesions of the jaws. Early accurate diagnosis is crucial for identification of neoplastic transformation and effective treatment.

Keywords: Intraosseous, Mucoepidermoid Carcinoma, Salivary Gland, Malignancy

P-139 Ossifying Fibroma

Mert Bülte¹, Berk Turgay¹, Suphi Çağlar¹, Rezzan Güner¹, Didar Gürsoy²
¹Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay
²Department Of Pathology, Mustafa Kemal University, Hatay

Ossifying fibroma is a benign fibro-osseous lesion (FOL), commonly found in the jaws, especially in the mandible. The ossifying fibroma supposed origin is from mesenchymal blastic cells, being formed by high-cellularity fibrous tissue with varying amounts of calcified tissue similar to bone, cement, or both.

On the subject of localization and distribution, this lesion predominantly involves the mandibular bone in approximately 75% of cases and the maxilla in 10% to 20%, although in rare cases it may involve the nasal cavity and long bones. Buccal or lingual cortical bone swelling or expansion, slow growing is the most common clinical feature and an aggressive form causing the facial asymmetry.

The lesion is best imaged by CT, with MRI serving for surgical planning or evaluation of complications. The radiographic picture of ossifying fibroma is more frequently a well-defined mixed lesion (radiolucent/radiopaque). Most ossifying fibroma can be treated by conservative surgical curettage or excision.

We present a case of ossifying fibroma in a 34-year-old female patient with severe asymmetry in the right maxillary anterior-premolar region and treated with surgical excision and curettage. It is aimed to discuss the literature about diagnosis and treatment methods.

Keywords: Ossifying fibroma, Fibro-osseous legion, Fibrous dysplasia

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Marsupialization of Odontogenic Cystic Lesions in Pediatric Patients: Case series

Goknur Topaloglu¹, Hakan H Tuz¹, Zafer Cehreli², Beste Ozgur²,
Gizem Erbas Unverdi²

¹Hacettepe University Faculty Of Dentistry Department Of Oral And Maxillofacial Surgery

²Hacettepe University Faculty Of Dentistry Department Of Pedodontics

Enucleation of odontogenic cysts in childhood may cause injury of important anatomical structures and tooth germs. Even though enucleation is considered to be preferable treatment of odontogenic cysts, the specificities of pediatric age necessitate more conservative surgical approaches. Decompression through an opening into the cystic lesion decreases cavity pressure, induces new bone formation, provides not only preservation of neurovascular and other anatomic structures but also minimal morbidity and low rate of surgical complications, including possible recurrence and decreased aggressiveness of the lesions. On the other hand, preserving the permanent tooth germs in lesion borders and allowing them erupt in follow up period is very important both for the dentition and growth of the involved jaws. Therefore, a conservative treatment approach is especially necessary to be performed in patients of pediatric age. In this presentation; immediate intraoral appliance following marsupialization and follow-up period was reported with pediatric case series diagnosed with odontogenic cyst.

Keywords: marsupialization, decompression, children, odontogenic cysts

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Management of a fused wisdom tooth with impacted paramolar: A Case Report

Ömer Orkun Cevizcioğlu¹, Sencer Seçer², Dilber Çelik¹, Alpaslan Gündüz¹, Abdullah Tuğrul Coşkun¹, Aydın Özkan², Metin Şençimen¹, Hasan Ayberk Altuğ¹

¹University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery

Objective: Fusion could be defined as a conjunction of two separated tooth germs and identify as radiographically two separate pulp chambers and root canals. The case presented herein describes a case of fused mandibular third molar with impacted paramolar in a 25-year-old female.

Case: A 25-year-old female patient referred to our clinic with the complaint of pain in the region of the lower left wisdom tooth. An intraoral examination revealed regular morphology of the mandibular third molar. A panoramic radiograph indicated the fusion of a supernumerary tooth with the third molar. The fused teeth were extracted with an inferior alveolar nerve block. After the extraction, two roots were visible which confirmed the diagnosis of fusion of two teeth. After granulation tissue curettage, the area was irrigated with normal saline, and sharp bone edges were smoothed. No intra- and post-operative complications were seen.

Conclusion: Fusion of the teeth is rarely seen in the mandibular molars. It is recommended that radiographs have to be taken at varied angulations with different exposure guidelines. An accurate assessment of these morphological and pathological formations was carried out using CBCT.

Keywords: Fused teeth, supernumerary, paramolar, tooth abnormalities

P-143

Aspergillus mycetoma of the maxillary sinus: A rare case report

Olgun Topal, Çağrı Akçay

*Afyon Kocatepe University Faculty of Dentistry Department of Oral and Maxillofacial Surgery
Afyonkarahisar*

Objective: Maxillar sinus aspergilloma is a rare disease of sinus which is sometimes considered as mycetoma. In this condition, there is gathering of fungal mycelium in sinus cavity without any bone or vessel invasion. It presents as a chronic sinusitis with headache, nasal discharge and obstruction. Root canal treated teeth with overextension of the root canal sealer or solid materials such as gutta-percha or silver cones into the sinus might be the main etiological factor for aspergillosis of the maxillary sinus in healthy patients.

Case: A 48-year-old women presented with a five years history of headache and overextension of root canal sealer in maxillary sinus. She had used various drugs prescribed by different physicians in the past four years without any effect. Because of progressive headache, she was admitted in the department of oral and maxillofacial surgery a Caldwell-Luc procedure under local anesthesia was done and inflammatory tissue around the overfilled material were removed from the maxillary sinus and collected for histological examination. Histopathological examination was suggestive of maxillary sinusitis with fungal ball of aspergilloma. The patient was treated with itraconazole and after 3 months, he felt better with no clinical and paraclinical signs.

Conclusion: We concluded that endodontic sealers pushed up into the sinus should be avoided to prevent Aspergillus growth and additional surgical treatment.

Keywords: Aspergillosis, maxillary sinus, overfilling

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Alveolar Graft Revision:A Case Series

Yavuz Fındık, Timuçin Baykul, Tayfun Yazıcı, Kürşat Seçme
*Department of oral and maxillofacial surgery, Faculty of Dentistry, Süleyman Demirel
University, Isparta*

Objective: Successful closure of alveolar clefts with synthetic and symphysis grafts

Case: Alveolar cleft revision in 3 patients

Conclusion: Sympheseal bone graft and synthetic bone graft is reliable method for alveolar graft revision.

Keywords: cleft, alveolar, revision

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A Case Report: Treatment of Large Radicular Cyst

Selda Akkaya, Orçun Toptaş

Abant İzzet Baysal üniversitesi, Ağız, Diş ve Çene Cerrahisi Ana Bilim Dalı, Bolu

Objective: The treatment of radicular cyst with marsupialization which is a better choice for treatment of large cysts because of damage risks of adjacent vital structures or risks of jaw fracture.

Case: A 13 years old female patient was referred to the our department for the evaluation of radiolucencies around of the teeth 46 and 47. After removed roots of tooth 46 the cavity was filled with the gauze to obtain a permanent way from cyst cavity to oral cavity. The gauze was changed postoperative third days and it was removed after ten days. When it was seen that the size of cyst decrease in control orthopantomographic image in postoperative 4 months the enucleation was performed to remove the cyst. That was seen that the defect of cyst filled from new bone in postoperative 10 months.

Conclusion: Radicular cysts are inflammatory odontogenic cysts. Different treatment methods can be chosen according to the size of cyst, relations with the adjacent structures etc. It is difficult to cure large size of cyst with only enucleation because of the mentioned reasons. On the other side the size of cyst rapidly shrinks in the postoperative first days after marsupialization but decreasing the size of cyst slows down in the long term period. For this reason, in general, marsupialization is combined with enucleation. Enucleation can perform after the size of cyst is decreased by marsupialization, without damaging of vital structures; in this case the inferior alveolar nerve.

Keywords: Enucleation, Marsupialization, Radicular cyst

Preoperative orthopantomographic imagine



Radicular cyst related with tooth 46 in mandible

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Orthopantomographic imagine



Postoperative 4 months

Orthopantomographic imagine



Postoperative 10 months.

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Modification of Closed Reduction Technique to Manage Unilateral Displaced Condylar Fractures: A Case Report

Nükhet Kütük, Suheyb Bilge, Selin Çelebi

Department of Oral and Maxillofacial Surgery, Erciyes University, Faculty of Dentistry, Kayseri

Objective: Mandibular condyle fractures are the most common injuries of maxillomandibular trauma. It causes decreased mouth opening, facial asymmetry and interferences at affected side. Surgical or Non-surgical method is used in this case. The aim of this case was to present treatment of medial displaced condylar fracture with closed reduction technique.

Case: The following protocol was used in the Oral and Maxillofacial Surgery Clinic in Erciyes University for treatment, the patient had low interincisal distance and deflection to the affected side after a motorcycle crash. A 17-year-old boy was referred to our clinic about significant facial asymmetry and pain, he had a mouth opening of 29 mm. After cone beam tomography evaluation the author has seen a medial displaced condylar fracture and for treatment a closed reduction with acrylic bite block was chosen. Occlusal appliance has 8 mm premature contact on the affected side. After two weeks intermaxillary fixation application the patient was called three times in a week to eradicate the appliances acrylic area step by step. After 6 weeks of IMF the angle of the fractures has checked and interincisal mouth opening was 23 mm. The patient was given physiotherapy to prevent ankylosis and was called monthly to check the mouth opening and deviation. The last clinical examination a maximum mouth opening of 41 mm and no deviation was detected.

Conclusion: Open reduction isn't a definite indication treatment for a displaced condyle fracture because it has many complications. This modified technique will manage unilateral displaced condylar fractures successfully.

Keywords: condyle fractures, closed reduction, intermaxillary fixation, mouth opening

P-147

Temporomandibular joint discectomy with abdominal fat graft for treatment of internal derangement: A report of 3 cases

Ufuk Tatlı, Hüseyin Can Tükel

Oral and Maxillofacial Surgery, Faculty of Dentistry, Cukurova University, Adana

Objective: Temporomandibular Joint (TMJ) arthroplasty with discectomy was described as primary surgical treatment for severe internal derangement (ID) cases and as a secondary surgical treatment when conservative and minimally invasive procedures failed.

Case: Three consecutive patients with TMJ internal derangement who had undergone TMJ discectomy with abdominal fat graft were illustrated. All of the patients had history of three consecutive failed arthrocentesis treatments in 6 months intervals for each attempt. The patients were evaluated post-operatively with an average follow-up of 32 months (range, 24 to 36 months). Post-operative healing was uneventful in all patients.

Conclusion: TMJ discectomy with abdominal fat graft treatment showed significant reduction in pain level and significant improvement in joint function of the patients with internal derangement who had history of failed minimally invasive treatment.

Keywords: tmj, discectomy, internal derangement, fat graft

P-148

Oral squamous cell carcinoma: Case reports

Belgin Gülsün, Aykut Çetindağ, Adalet Çelebi, Utku Neziğ Yılmaz
Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Dicle University,
Diyarbakır

Objective: Oral squamous cell carcinomas (OSCC) are accounted for more than 90 % of malignant tumours of the oral cavity. Smoking, alcohol consumption and poor oral hygiene are identified as the most common etiological factors. The first sign of OSCC is asymptomatic ulcerations and the most frequent effected sites are tongue, mouth floor, alveolar crest, buccal mucosa and hard palate. The aim of this case series is to evaluate the clinical, radiological and pathological findings of 2 patients with OSCC.

Case: Patients with the complaint of painful intra-oral swelling without any sign of healing longer than 3 weeks were to referred to our clinic. After clinical and radiological examination of patients biopsy were taken from the swelling area. According to biopsy results, patients were diagnosed as OSCC and they were evaluated for in terms of metastasis and follow up controls scheduled for either surgical or radioteraphycal interventions.

Conclusion: The majority of OSCC patients who are localized in the oral cavity are first diagnosed by dentists. Therefore, while performing routine oral examination on middle aged and elder patients dentists ought to pay more attention on ulcerative/erosive lesions.

Keywords: Oral squamous cell carcinoma, oral cavity, ulcerative/erosive lesions

P-149 Radicular Cyst: Case Report

Rodi Yusuf Mızrak, Erkan Feslihan, Serap Keskin Tunç
Van Yuzuncu Yıl Üniversitesi, Dis Hekimliği Fakültesi, Van, Turkey

Objective: We aimed to diagnose and treat the lesions related to the teeth 33,34,35 in the left mandibular premolar area of 22 year old women who complained of pain and expansion

Case: Our patient was 22 years old and had no systemic disease. Tooth number 34 which has luxation was extracted. Buccal cortical bone enlargement was present. Endodontic treatments of 33 and 35 teeth were performed.

Under the local infiltration anesthesia, a 3 segmented flap incision was made and the full thickness flap was removed. The lesion was enucleated as a single piece. The biopsy material was sent to histopathological examination.

Conclusion: After 6 months of follow-up, it was observed that the cyst cavity was reduce and positions of the 43 and 45 teeth were improved without paresthesia

Keywords: radicular cyst, pathology, enucleation

pre op radiography



pre op radiography

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Ortokeratotic type Odontogenic keratocyst with Mandibular Anterior Region Location

Rodi Yusuf Mızrak, Erkan Feslihan, Serap Keskin Tunç
Van Yuzuncu Yil Universitesi, Dis Hekimliği Fakultesi, Van, Turkey

Objective: We aimed to diagnose and treat the lesions located in the right mandibular premolar area of 41 year old male patient who complained of pain and expansion

Case: There were expansion and perforation at bucal cortical bone. 43, 44 teeth was devital. Because of the localization of the cysts, the roots were separated from each other. Under the local infiltration anesthesia, a 3 segmented flap incision was made and the full thickness flap was removed. The lesion was enucleated as a single piece. The biopsy material was sent to histopathological examination.

Conclusion: 1 year follow-up, complete remission of the lesion is observed. The patient is still under follow-up.

Keywords: keratocyst, ortokeratotic, pathology

post op radiography



post op radiography

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pre op radiography



pre op radiography

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A Case of Osteomyelitis Developing in A Young Patient After The Extraction

Rodi Yusuf Mızrak, Erkan Feslihan, Serap Keskin Tunç
Van Yuzuncu Yil Universitesi, Dis Hekimliği Fakultesi, Van, Turkey

Objective: The aim of the treatment was to cure the area of necrotic bone in tooth number 27 of a 15 year old woman who came to our clinic with pain.

Case: Our patient was 15 years old without any systemic disease. Following the extraction of tooth number 27, osteomyelitis developed in the area. The patient has complained of pain. Under the local infiltration anesthesia, a 3 segmented flap incision was made and the full thickness flap was removed. The curettage was performed. The biopsy material was sent to histopathological examination.

Conclusion: The osteomyelitis necrosis was completely removed and the lesion was cleared.

Keywords: extraction, osteomyelitis, pathology

pre op radiography



pre op radiography

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Traumatic Bone Cyst of Mandible: A Case Report

Semih Karci, Hatice Özlem İrdem, Hanife Ataoğlu

Selcuk University Faculty Of Dentistry, Department Of Oral And Maxillofacial Surgery, Konya

Objective: The traumatic bone cyst (TBC), an uncommon lesion of the jaws, belongs to the category of 'pseudocyst' owing to its lack of a lining epithelial membrane. It is an asymptomatic lesion, which is often diagnosed accidentally during routine radiological examination commonly present in the posterior mandible as a unilocular radiolucency with scalloping borders. The exact etiopathogenesis of the lesion is still debated, though the role of trauma is often associated. The purpose of this study is to present the treatment and follow-up of traumatic bone cyst mimicking dentigerous cyst around the unerupted mandibular third molar.

Case: A 17 years old man was referred to our clinic by another dentist because of a mandibular cyst. Aseptic radiolucent lesion extending to the ramus associated with unerupted right mandibular third molar tooth was seen in the panoramic view. Surgery was performed with local anaesthesia. Unerupted tooth was extracted. No cystic capsule was found. Curettage was made for haemorrhage and platelet rich fibrin (PRF) was placed into the cyst cavity.

Conclusion: TBC of the mandible is usually an incidental finding on general radiography, but it is difficult to differentiate a TBC based only on the radiological studies because various types of cystic lesions occur in the mandible. General treatment for TBC is surgical exposure and curettage of the lesion, which also helps in the diagnosis. Complete recovery can be achieved with surgical exposure performed for the diagnosis and by the hemorrhage inflicted by the curettage. We placed PRF into the cyst cavity.

Keywords: mandible, platelet rich fibrin, traumatic bone cyst

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Sclerotherapy of Intraoral Hemangioma: A Case Report

Selda Akkaya, Orçun Toptaş

Abant İzzet Baysal University, Department of Oral and Maxillofacial Surgery, Bolu

Objective: Using sclerotherapy for treatment of many symptomatic venous malformations.

Case: A 27 years old woman applied the department of oral and maxillofacial surgery at Abant İzzet Baysal University complaining of a intraoral lesion in the left side of cheek. In clinical examination, by observing approximately 1x1 cm purple, soft lesion in palpation, the submucosal hemangioma were diagnosed and the diagnosis confirmed by aspiration test. It was decided to be treated by sclerotherapy and polidocanol (aethoxysklerol) was used as a sclerosant agent. Aethoxysklerol was implement four times through 14 days. In the control done a month, the lesion totally disappear.

Conclusion: There are various treatment methods depending on type, stage, location, symptoms, deformity of lesion and cost of treatment in treatment of hemangioma. Every treatment methods has their own advantages and disadvantages. Sclerotherapy is the first treatment chose for many symptomatic venous malformations. These treatment is firstly conservative, safe and cheap and it has other advantages such as patients can be treated in outpatient and it can be very effective without bleeding.

Keywords: Aethoxysklerol, Hemangioma, Polidocanol, Sclerotherapy

Intraoral submucosal hemangioma



Intraoral hemangioma in the left side of cheek.

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Positive aspiration



The diagnosis was confirmed by aspiration test

Postoperative 1 month



The lesion disappear in postoperative 1 month

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Huge Pseudocyst Invadeing The Entire Semimaxilla

Mert Bülte, Berk Turgay, Suphi Çağlar, Mehmet Baturalp Çapraz
Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay

The maxillary sinus retention cyst/pseudocyst is a frequently encountered incidental finding in dental radiographs. Cysts of the maxillary sinus are often clearly visible radiographically. The great majority of these lesions are asymptomatic. They are generally considered to be a sequela of inflammation or hyperplasia of the sinus mucosa. Symptomatic maxillary sinus cysts are diagnosed less frequently than similar cysts of the frontal and ethmoidal sinuses. A 28-year-old male patient had a large radiolucent area on the panoramic radiography of the left maxilla. The lesion was found on the CT examination, covering the area from the anterior to the posterior of the maxillary sinus reaching to the base of the orbit. In the first stage, fine needle aspiration biopsy was performed and only the air came from the area. Then surgery was planned. Under local anesthesia a bony window was created to rich maxillary sinus. The cyst cavity was empty and the walls of this cavity was covered with thin fragile epithelium. This epithelium was curetted and leading inside the cavity was accomplish. Histopathology examination revealed benign maxillary sinus pseudocyst.

Keywords: pseudocyst of maxillary, maxillary sinus, maxillary retention cyst

P-155

Effect of Vitamin Deficiency in Dental Surgery

Öskan Karataş¹, Hatice Balcı Yuce¹, Nihat Akbulut²

¹Department of Periodontology, Faculty of Dentistry, Gaziosmanpaşa University, Tokat

²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Gaziosmanpaşa University, Tokat

Objectives: Role of vitamins in wound healing has long been known. In particular, vitamins A, B, C, E and D have great prognosis for a healthy wound healing. Absence of one or a few of these vitamins makes tissue healing slower.

Case: A 23-year-old male patient who had previously underwent orthodontic treatment applied to our clinic with complaint of diastema between teeth no.21 and no.22. Clinical examination revealed that there was interdental papillary loss in area concerned. Vertical and horizontal augmentation with subepithelial connective tissue graft was planned. A semilunar partial-thickness incision was made beneath papillae and dissected with a micro-surgical set. Special attention has been paid to preserve papillae buccal-palatal integrity. Connective tissue graft obtained from palatina inserted to pouch and fixed with 4-0 silk sutures and papilla was positioned to coronal with hanger sutures. Finally, operation was terminated by coating area with platelet rich fibrin. Patient was called to controls on 5th, 10th, and 15th days after procedure. On day 15 sutures were removed. However, at this session, patient's tissue healing was found to be quite slow. When clinical history was deepened, patient was found to have severe B 12 and D vitamins deficiencies. Patient was referred to his doctor for re-evaluation of his condition. Patient's follow-up continues. Even though it is slower than expected, normal tissue healing continues.

Conclusion: Vitamin deficiencies slow wound healing and the success of procedure. It is important to elaborate the anamnesis in patients suspected of having avitaminosis before procedure.

Keywords: Vitamin deficiency, dental surgery, wound healing

P-156

Keratocystic Odontogenic Tumor in Maxillary Sinus: A Case Report

Semih Karcı¹, Elif Esra Özmen¹, Ömer Erdur², Hasan Küçükkolbaşı¹

¹Selçuk University, Faculty Of Dentistry, Department Of Oral And Maxillofacial Surgery,
Konya

²Selçuk University, Faculty Of Medicine, Department Of Otorhinolaryngology, Konya

Objective: Keratocystic odontogenic tumors (KCOT) has been defined by the World Health Organization as a benign intraosseous neoplasm of odontogenic origin with characteristic lining of the parakeratinized squamous epithelium. KCOTs are found especially in the posterior region of the mandible. The prevalence of KCOT in the maxillary sinus is only 1%. KCOT can be seen in the 2nd and 3rd decades of life. Radiographically, KCOT presents predominantly as a unilocular radiolucency with well-developed sclerotic borders. They may also present as a multilocular radiolucency. In this case report, surgical treatment of patient with KCOT in maxillary sinus.

Case: A 19 years old male patient referred to our clinic with a complaint of pain and swelling on the left side of his face. As a result of the radiological examination, the patient had a unerupted tooth which is associated with radiolucent lesion in the the left maxillary sinus. The unerupted tooth and surrounding lesion were completely enucleated with Caldwell-Luc approach under general anesthesia. The specimen was sent for histopathologic examination and a diagnosis of KCOT was revealed.

Conclusion: KCOT is a pathological entity that requires special attention due to its aggressive behavior and high rate of recurrence. The rate of recurrence ranged from 0% to 50%, with an average of 23.15%. Clinically, in most patients pain, swelling are shown, but there are also cases with no symptoms. Six treatment modalities were described: resection; enucleation with peripheral ostectomy and Carnoy's solution; enucleation with peripheral ostectomy; enucleation; decompression; and enucleation with Carnoy's solution.

Keywords: enucleation, keratocystic odontogenic tumor, maxillary sinus

P-157

Glandular Odontogenic Cyst: A Case Report

Tuğçenur Uzun¹, Merve Bozkurt¹, Betül Cengiz Duran¹, Eda Hilal Imamoğlu²,
Orçun Toptaş¹

¹Abant İzzet Baysal Üniversitesi Diş Hekimliği Fakültesi Ağız, Diş ve Çene Cerrahisi Anabilim
Dalı

²Abant İzzet Baysal Üniversitesi Tıp Fakültesi Patoloji Anabilim Dalı

Objective: Glandular odontogenic cyst is a rare and aggressive developmental odontogenic cyst. It comprise 0,012 and 1,3% of all jaw cysts. Diagnosis is difficult because of similarity to other jaw cyst and malignancies. Treatment options vary from conservative surgery to radical bone resection.

Case: We present a case of GOC occurrence in the posterior mandibular region in a 41-year-old male. We treated cyst with simple enucleation. Postoperative orthopantomogram was taken 2 months after surgery and revealed adequate healing

Conclusion: Due to high recurrences rate of the lesion, careful clinical and radiographic follow-up is required.

Keywords: Glandular odontogenic cyst, Cone-beam computed tomography, Orthopantomogram, Mandible

P-158 Traumatic Fibroma

Mert Bülte¹, Suphi Çağlar¹, Rezzan Güner¹, Esin Doğan², Didar Gürsoy²
¹Department of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay
²Department of Pathology, Mustafa Kemal University, Hatay

Fibrous growths of the oral soft tissues are fairly common. Fibromas are benign tumors of connective tissue origin, It is not a true neoplasm. In the oral cavity, they occur in response to irritation from local trauma. The most common site is the buccal mucosa along the bite line. Generally fibroma presents as a painless, round or ovoid, sessile or pedunculated (in some cases), smooth surface, pinkish in color similar to surrounding mucosa and rubbery to firm in consistency due to its collagen content. It is usually seen in the fourth to sixth decades of life with female predominance (1-4). The size of fibromas usually remains small, and cases that are >1.0 cm in diameter are rare. Large irritation fibromas (>4.0 cm) are uncommon.

In this case report, we present a tumor mass in a 58-year-old male patient with a pedunculated lesion of a pedunculated right maxillary tuber lesion of ~ 4x3x3 cm, which has been slowly growing for 10 years and has radiologically calcified areas and reported as irritation fibroma with histopathological evaluation.

Keywords: Fibroma, trauma, connective tissue

P-159

Foreign-body Reaction to the Soft Tissue Expander in a Psoriatic Patient

Nuray Er, Çiğdem Karaca, Onur Koç, Duygu Uçar, Güzde Keleş
Hacettepe University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: To present foreign-body reaction in the mandibular posterior bilaterally to the self-inflating soft tissue expanders placed in a psoriatic patient.

Case: A 42-year-old female patient who suffers cutaneous psoriasis was referred with a request of dental implant application. In her examination, it was observed severe bone deficiency on mandibular posterior bilaterally. So onlay bone grafting with iliac crest graft was planned before the dental implant surgery. Osmotic self-inflating soft tissue expanders with a 13 mm in length and 5 mm in an initial diameter were placed bilaterally to decrease the risk of dehiscence. According to the manufacturer, the swelling time is 50 days for this expander. However, patient felt discomfort at the right site at 3th week. An abscess formation was observed on the right mandible. After the beginning of oral antibiotic, the expander was exfoliated through the oral cavity. Also, a fistula was observed on the lingual surface of left mandible. The expanders were removed and the wounds were healed secondarily.

Conclusion: The wound infection and perforation of expander placed subcutaneously were identified where there were some predisposing factors such as burn contracture and scar formation. However, minimal complication rate was reported in the oral cavity. In this case, the authors supposed a foreign body reaction occurred against to the methyl methacrylate core of the expander and probably, the autoimmune disease of the patient play a role for this reaction. In conclusion, patients suffer from autoimmune diseases needs to be paid attention to decrease the complication rate.

Keywords: foreign-body reaction, soft tissue expander, self-inflating expander, autoimmune disease

P-160

Horizontal Bone Augmentation With Particulate Graft and CGF Applications Supported With Maxillary Tent Screw: A Case Report

Uğur Can Ünlügenç, Berk Turgay, Mert Bülte, Mehmet Baturalp Çapraz
Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay

Successful results in implant treatment, which is increasing day by day, depend on the quality and volume of hard and soft tissues in the toothless region. If the bone is inadequately deformed, reshaping may be necessary and advanced surgical treatment techniques may be required. Horizontal bone defects in the alveolar crest can be treated using different augmentation protocols depending on the morphology of the defect and the amount of bone to be obtained. Mild lateral defects may be solved using a single-stage augmentation procedure, whereas vertical augmentations or block grafting or distraction osteogenesis may be required for large defects. The use of titanium mesh is accepted as the gold standard to achieve predictable bone gain. The disadvantages of titanium mesh application are the difficulty of applying it, the frequent exposition of the mesh, and the need for a second operation to remove the mesh. As an alternative to titanium mesh application, the idea of a tent screw, a simpler procedure for volume preservation, has been put forward. In our case, two titanium screws were placed in the medial wall of the buccal wall completely resorbed, and AFG (adhesive fibrin glue) was first obtained from the patient. AFG was mixed with xenografts to obtain a "growth factor graft matrix (so called sticky bone)" that the particles were held together against disintegration. On the other hand, it was aimed to acquire horizontal bone in the patient by placing the CGF membrane obtained from the patient.

Keywords: CGF, Oral Grafts, Tent Screw

P-161 Ectopic Mandibular Third Molar

Mert Bülte, Uğur Can Ünlügenc, Özge Aksöz, Rezzan Güner
Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay

Removal of impacted third molars is a common surgical procedure performed in maxillofacial surgery. The patients usually refer to our clinic with the complaint of their symptomatic impacted third molars.

Impacted mandibular third molars are categorized according to the anterior-posterior space between the second molar and the mandibular ramus, its superior-inferior position, its medial-lateral in the body of the mandible, and the position of its long axis.

Most mandibular third molars are impacted in the mandibular ramus area, and the level of difficulty of extraction is classified according to the degree of impaction, position in the mandibular ramus, and angulation of the long axis of teeth.

61 years old male patient, referred to our clinic with the complaint of pain and extra-oral fistule at the left mandibular ramus region. On the panoramic radiography and CT scans, the impacted wisdom tooth at the mandibular ramus region was seen. Operation was planned under local anesthesia with intra-oral approach. Lateral surface of ramus was dissected and tooth was removed. Inferior alveolar nerve and facial nerve was protected.

Keywords: Third molar, Ectopic tooth, Impacted third molar

P-162

Treatment of Zygomatico-Coronoid Ankylosis With Hemicoronal Approach

Ümit Yolcu¹, Aykut Aksan¹, Hilal Alan¹, Eren Erdoğan¹, Şuayip Burak Duman²,
Aynur Turan¹

¹Department of Oral and Maxillofacial Surgery, İnönü University Faculty of Dentistry

²Department of Oral Diagnosis and Radiology, İnönü University Faculty of Dentistry

Temporomandibular joint (TMJ) ankylosis can be defined as the fusion of hard and soft tissues on the joint surface. The most important clinical sign of TMJ ankylosis is the impossibility of performing mandibular movements. Trauma is the most important etiologic factor in TMJ ankylosis. Infection, inflammatory conditions and systemic diseases can also cause TMJ ankylosis. TMJ ankylosis is divided into two groups, extra or intracapsular. The ankylosis formed between the zygomatic arch and the coronoid process is a rare pathologic grade of extracapsular ankylosis. The treatment protocol consists of surgical removal of the coronoid process with ankylotic mass and post-operative jaw opening and closing exercises. In this case report, an ankylosis was observed between the left coronoid process and the zygomatic arch on the radiographic examination of a 41-year-old female patient. Resection of ipsilateral coronoid process and ankylotic mass with hemicoronal approach and resection of contralateral coronoid process with intraoral approach were performed.

Keywords: Coronoid proces, Hemicoronal aproach, Temporomandibular Joint Ankylosis

P-163

Large Dentigerous Cyst Around Maxillary Unerupted Canine: A Case Report

Uğur Can Ünlüenç¹, Berk Turgay¹, Mert Bülte¹, Esin Doğan², Didar Gürsoy²

¹Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay

²Department Of Pathology, Mustafa Kemal University, Hatay

Dentigerous cysts are dental epithelial originated cysts, which occur due to the cystic change of epithelial residues in the connective tissue. Dentigerous cysts are the most common odontogenic cysts in the jaw area after radicular cysts. The areas in which these cysts are frequently seen are the lower third molar teeth, the upper permanent canine teeth, and the upper third molar teeth. Dentigerous cysts are usually enlarges without any symptom unless they are infected, and diagnose is made usually after routine radiographs or delayed teeth eruption. Microscopic evaluation is required for definite diagnosis combined with radiographic and clinical observation. Early diagnosis of unerupted or submerged teeth is vital in young children as one of the reasons of the submersion could well be dentigerous cysts. The dentigeous cysts can reach larger sizes silently without any symptoms. They can affect vital structures, prevent the teeth from erupting, cause displacement in erupted teeth and destroy the bone. Decompression is achieved by treatment of marsupialization if the enucleation process is risky for damaging surrounding tissues. In our case, we present a treatment procedure that removes the cyst completely without damaging the surrounding tissues by using enucleation therapy after decompression with marsupialization due to the small age of the patient and the risk of damaging the surrounding anatomical structure.

Keywords: Dentigerous Cysts, Marsupialisation, Enucleation

P-164

Surgical Management of Pediatric Mandible Fracture: A Case Report

Mert Bülte, Berk Turgay, Suphi Çağlar, Özge Aksöz, Rezzan Güner
Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay

Mandibula is one of the most stable bone, but it is the most frequently fractured bone resulting from trauma to the face due to the presence of prominent lines. The mandibular fracture constitute approximately two-thirds of all facial fractures. The most common causes are trauma in the pediatric age group and traffic accidents in adults. For children, the imaging technique which is of value, especially following trauma, is a computed tomography (CT) scan, since plain radiographs in young children are less helpful than in adults due to unerupted tooth buds obscuring fractures, the increased incidence of greenstick fractures and the fact that the cortex is underdeveloped, leading to difficulty in visualizing fractures. Today, open reduction and rigid internal fixation (ORIF) has become the standard of care for management of displaced fractures. Rigid fixation can be achieved with monocortical plates applied by Champy's method. In our case, 3 years old patient who had fracture in mandibular corpus region underwent stabilization of the fracture area by applying to monocortical miniplate and additional Ernst loop to provide two point fixation with open reduction. Treatment stages and result obtained are presented.

Keywords: Mandibular fracture, Rigid fixation, Miniplates

P-165

Surgical Treatment of Paget's Disease in Maxilla: A Case Report

Mert Bülte¹, Özge Aksöz¹, Rezzan Güner¹, Didar Gürsoy²

¹Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay

²Department Of Pathology, Mustafa Kemal University, Hatay

Paget's disease which is seen in the bone is a reconstruction disorder of unknown etiology, bone pain, secondary osteoarthritis, deformities, hearing loss, fractures, and bones that can cause neurological complications and rarely lead to sarcomatous degeneration. Functionally and morphologically abnormal osteoclasts cause severe build up and destruction of bone in this disease. This process leads to deterioration of the bony, weakening of the bones, and becoming more open to various stresses compared to the normal bone. Paget's disease is diagnosed incidentally on dental radiographic examinations with the appearance of typical discarded cotton or with elevated serum alkaline phosphatase (ALP) serum level. In addition, diastemas can be seen between the dental arches that are enlarged and if the patient is using a prosthesis, the current prosthesis becomes incompatible with other clinical findings. There is no need to treat Paget's disease in cases where it does not cause any symptoms. If serum levels of alkaline phosphatase are elevated, bony pain is present, loss of motion, fractures or neurological complications occur, treatment should be initiated. In our case, we presented the procedures that we applied to the patient who had serum alkaline phosphatase values within normal limits but diagnosed with Paget by histopathology.

Keywords: Paget, Frosted Glass Image, Osteitis Deformans

P-166

P53 Evaluation of A Patient With Multiple Odontogenic Cysts in Maxilla: A Case Report

Berk Turgay¹, Mert Bülte¹, Uğur Can Ünlügenc¹, Didar Gürsoy²

¹Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay

²Department Of Pathology, Mustafa Kemal University, Hatay

Odontogenic cysts are exclusive cysts because they affect only the oral and maxillofacial region. Radicular cysts are the most common type of inflammatory odontogenic cysts. Although they usually occur in the anterior maxillary region, cysts that are large enough to cover the maxillary sinus are rare. Eventhough the prevalence of odontogenic cysts in Turkish population is as low as 3.51%, our case revealed four separate cysts at the same time. In our case, immunoreactivity was determined in the epithelium. P53 is a tumor suppressor gene and plays an important role in apoptosis, cell cycle, and genetic stability. P53 gene mutation may be one of the causes of uncontrolled cell proliferation. The expression of p53 in odontogenic cyst is greater than other cysts. In our case there were p53 expression in the epithelium of cyst. Also immunoreactivity was detected in the epithelium. People with increased P53 values should be advised to be checked for regular intervals because of their increased prevalence of odontogenic cysts. In this case, surgical treatment of 2 cases of residual and 2 case of radicular cyst in the right maxillary region with was presented.

Keywords: Multiple Cysts, P53, Odontogenic cyst, Maxillary sinus cysts

P-167

An Unusual Foreign Body Implantation of Maxilla Mimicking a Residual Cyst-A Case Report

Ayşe Özcan Küçük¹, Mahmut Koparal²

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Mersin University, Mersin

²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Adiyaman University,
Adiyaman

Objective: Dental impression materials are rarely found in the maxilla as a foreign body followed by dental procedure. The present report presents a case of accidental placement of dental impression material in an unhealed socket during impression taking procedure 8 years ago.

Case: A 62-year-old male patient, reported with a chief complaint of pain, swelling in the upper left anterior region of the jaw since 2 months. A large radiolucent lesion was observed on the edentulous left maxillary anterior region in the panoramic radiography and cone beam computed tomography. Complete surgical removal of the lesion (enucleation) was carried out under local anesthesia. Once the soft tissue was removed, the blue rigid material was observed inside lesion and removed. The foreign body was later identified as dental silicone impression material. He remembered that his teeth were pulled 8 years ago and impression procedures for denture were done 3 to 4 weeks later. Eight years later, at present, the retained dental impression material was found clinically.

Conclusion: Clinicians should exercise extreme care during the impression taking procedure for denture, mainly after teeth extraction. In addition, intraosseous foreign body implantation should be included in the differential diagnosis of odontogenic cysts

Keywords: dental impression material, foreign body, maxilla, tooth extraction

P-168

Chronic persistent TMJ dislocation treated with bilateral eminectomy

Ümit Yolcu, Ramazan Serdar Esmer, Hilal Alan, Aykut Aksan, Gülcan Kılıçdoğan,
Onur Yeşiltaş

Inonu University Faculty of Dentistry- Department of Oral and Maxillofacial Surgery

TMJ dislocation emerges, after the excessive forward movement mandibular condyle because of placing anterior of the articular eminence. The condyle may be positioned anterior, posterior, medial or lateral to the fossa, but anterior and superior dislocation is most common. It separate completely from the articular surfaces and fixation in this position. Dislocation, is a very uncomfortable situation, leads to patients have difficulty in their daily activities such as chewing and speech. Dislocation has chronic and acute forms. Chronic dislocation can be divided into recurrent and persistent conditions: chronic recurrent dislocation; if it appears repeatedly over a short period of time, chronic persistent dislocation; if it persist over a long period of time. There are various causative factors in TMJ dislocation. They include several trauma situations like yawning, laughing, vomiting and excessive mouth opening during dental treatment or medical procedures. In addition to connective tissue disease, neurodegenerative/ neurodysfunctional diseases and pharmacologic treatments are predisposing factors. This presentation describes that the patient has complaint of TMJ dislocation about 3 months has been treated with bilateral eminectomy.

Keywords: dislocation, eminectomy, temporomandibular joint

P169

Conservative management of the large cystic lesion- associated deeply impacted mandibular third molar: A case report

Bekir İlyasov, Halil İbrahim Durmuş, Ersin Keskin, Sinan Ateş, Bahattin Bingül,
Kamil Serkan Ağaçayak

*Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of Dicle,
Diyarbakır*

Objective: The odontogenic cystic lesions happened in the angle and ramus region are frequently associated with impacted mandibular third molars. The treatment plan was difficult to work out for the huge cystic lesions with deeply impacted third molars, since the enucleation with simultaneously removing the deeply impacted teeth may cause serious complications. Therefore, the marsupialization of the cystic lesions followed by enucleation with tooth removal has also been advocated.

Case: A panoramic radiograph taken during routine dental examination of an 18-year-old female patient showed a radiolucent area around the lower left third molar tooth, there is no any evidence in intraoral examination, no enlargement and no pain, we aspirated by injector on the vestibule side in the left retromolar region and we saw the cyst fluid. Marsupialization was decided to minimize the complications of the operation.

Conclusion: Marsupialization can promote the movement of impacted teeth with or without mature roots, and may be an optimal treatment approach for the huge posterior mandibular cystic lesions with deeply impacted third molar.

Keywords: Mandibular cystic lesion, impacted third mandibular molar, marsupialization

P-170

The Treatment of Inflammatory Large Odontogenic Cyst

Mehmet Yaltırık, Refia Deniz Fırat, Cevat Tugrul Turgut, Meltem Koray
*Istanbul University Faculty of Dentistry Department of Oral and Maxillofacial Surgery,
Istanbul*

Objective: Inflammatory odontogenic cysts are benign osteolytic asymptomatic lesions, but that, depending on the size, they can destroy the surrounding bone and let it infected. They are classified into periapical or lateral radicular cyst, residual cyst and paradental cyst, which need a source of infection to proliferate. Inflammatory odontogenic cysts are one of the most common osteolytic lesions in the oral region. Its growth is slow, from remnants of odontogenic epithelium of Malassez. Although benign, can become destructive. Radiographically, the cyst presents as a well-defined unilocular radiolucency surrounding a crown of unerupted tooth. Histologically, the cyst consists of a fibrous wall lined by non-keratinized stratified squamous epithelium of myxoid tissue, odontogenic remnants and rarely, sebaceous cells. Treatment of the Inflammatory odontogenic is done by Enucleation or Marsupialization/Decompression methods. The objective of this study enucleation of this cyst from the left side of mandible

Case: In this case we reported 16 year old patient came our department from private clinic. His complaint were a little expansion on left side of mandible. We diagnosed that expansion by clinical examination. Radiography showed a radiolucent area on the left side including impacted third molar and reaching first and second molar tooth. We have taken dental tomography to see the exact border of cyst. Our decide was to enucleation of cyst with extraction of tooth in a single operation

Conclusion: The aim of this study was to show our treatment to this patient. A 16-year-old patient who had asymptomatic characterized cyst that successfully treated enucleation that performed in a single session and 1.5 years followed up

Keywords: Cyst, Mandible, Odontogenic Cyst

Preoperative Radiography



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Pathology Material



P-171

Adenomatoid odontogenic tumor associated with maxillary lateral incisor: A case report

Refia Deniz Firat¹, Mehmet Yaltırık¹, Edip Özden¹, Cevat Tuğrul Turgut¹,
Fatma Nihan Aksakallı²

¹Istanbul University Faculty Of Dentistry, Department of Oral and Maxillofacial Surgery

²Istanbul University Oncology Institute

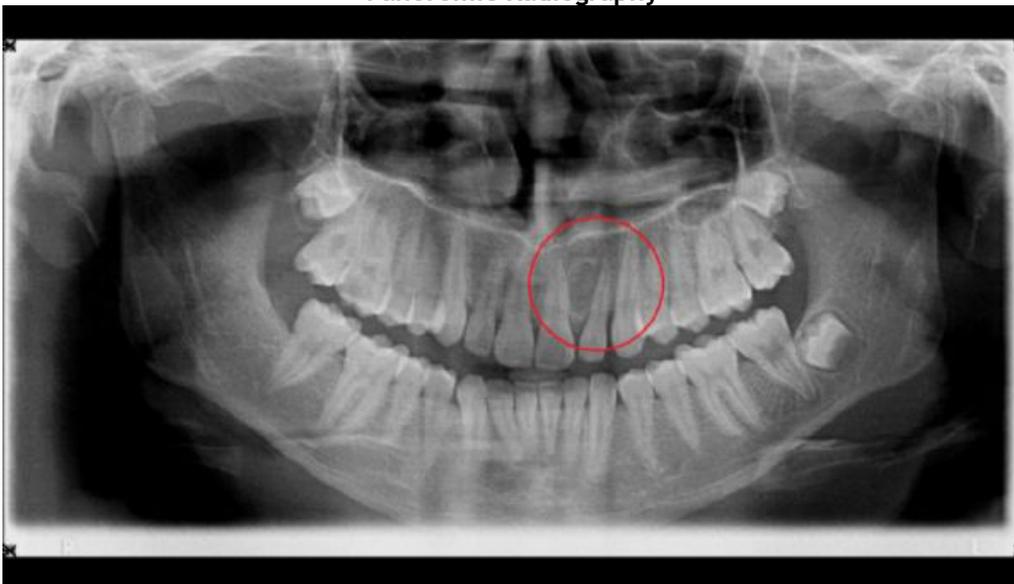
Objective: Adenomatoid odontogenic tumor (AOT) is an uncommon benign tumor of odontogenic origin composed of odontogenic epithelium in a variety of histopathological patterns. These lesions are usually solid but are occasionally cystic. Adenomatoid odontogenic tumor (AOT) is a rare odontogenic tumor which is often misdiagnosed as odontogenic cyst. AOT accounts for about 1% until 9% of all odontogenic tumors. It is predominantly found in young and female patients, located more often in the maxilla in most cases associated with an unerupted permanent tooth. For radiological diagnose the intraoral periapical radiograph seems to be more useful than panoramic. However, AOT frequently resemble other odontogenic lesions such as dentigerous cysts or ameloblastoma. Immunohistochemically AOT is characterized by positive reactions with certain cytokeratins. Treatment is conservative and the prognosis is excellent.

Case: A 15-year-old male consulted with a chief complaint of swelling on the left side of face accompanied with pain mass persistent from approximately 4 months on the left maxillary anterior region which increased gradually and achieved the present size of 1.5 cm.

Conclusion: AOTs are usually asymptomatic lesions that sometimes may cause cortical expansion and displacement of the adjacent teeth; the slow growing nature of the lesion may cause the patient to tolerate the swelling for years until it produces an obvious facial deformity. Early diagnosis of this by the dental surgeon is mandatory when a clinical sign is mentioned, and early enucleation prevents an excessive destruction of bone. In this case, AOT was associated with the lateral maxillary incisor.

Keywords: Adenomatoid, odontogenic, tumor

Panoramic Radiography



P-172

Treatment of Dentigerous Cysts by Decompression and Preservation of Significant Anatomic Structures: A Case Report

Ersin Keskin, Halil İbrahim Durmuş, Rıdvan Güler, Beyza Kaya
Dicle University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: Dentigerous cyst is the second most common odontogenic cyst and originates from enamel epithelium. They are always associated with an unerupted or developing tooth. It is most prevalent in the third molar region and is therefore a common cause of radiolucency associated with the crown of an impacted third molar. Dentigerous cysts are often treated with enucleation of the cyst and removal of the associated teeth. On the other hand, big dentigerous cysts as the other big odontogenic cysts can be treated with decompression if surgical removal could increase the risk of damaging significant anatomic structures such as inferior alveolar nerve or maxillary sinus.

Case: A 14-year-old girl referred to the Department of Oral and Maxillofacial Surgery at the Dicle University Faculty of Dentistry for swelling in the left mandible. As a result of the clinical and radiological examination performed, a large radiolucent area was detected around the third molar and it was observed that the tooth was pushed to the lower edge of the mandible. Decompression therapy was started to prevent jaw fracture and inferior alveolar nerve damage. After 18 months of follow-up, the cyst was almost healed and the third molar tooth was approaching the alveolar ridge. Third molar tooth was removed and the surrounding cyst was cleaned.

Conclusion: Decompression can be done easily to avoid damage to jaw fracture and important anatomical structures. Compatibility of the patient and his / her parents is necessary for this treatment.

Keywords: Dentigerous cyst, conservative treatment, decompression, third molar

1



initial panoramic view

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2



Panoramic view after 6 months

3



Panoramic view after 18 months

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4



Tooth extraction and cyst enucleation

5



1 year follow-up radiography after surgery

P-173

Removal of an extensive denture-induced hyperplasia of mandible by InGaAlP laser: A Case Report

Sencer Secer¹, Omer Orkun Cevizcioğlu², Aydın Ozkan¹, Alpaslan Gunduz²,
Abdullah Tugrul Coskun², Metin Sencimen², Mehmet Onur Mısırlı², Dilber Çelik²

¹University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery, Ankara

²University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery, Ankara

Objective: Epulis fissuratum, reactive fibrous hyperplasia or denture-induced fibrous hyperplasias are the various names attributed to reactive tissue response to chronic irritation and trauma caused by a badly fitted prosthesis. The aim of this report is to present a case of extensive denture-induced hyperplasia of mandible in a 65-year-old male patient.

Case: A 65-year-old female patient referred to our clinic with the chief complaint of fibrous growth under and surrounding the borders of an ill fitting mandibular denture which gradually grew in size in the past 7 months. On intraoral examinations, the denture was ill fitting with a fibrous mass in relation to the mandibular vestibule which was present about 3 cm. The treatment plan for the patient was laser surgery with InGaAlP diode laser at 940 nm, in continuous mode. After anesthesia was found to be effective, the surgery began with diode laser. Minimal bleeding was observed during surgery. The healing is shown after 10 days. No suture was done. The specimen was studied by the pathologist. According to the histopathologic examination the diagnosis of epulis fissuratum was made. The post-operative period was uneventful.

Conclusion: In conclusion, we observed that epulis fissuratum removal surgery performed with the InGaAlP diode laser improved clinical outcomes compared with the conventional method, resulting in better intraoperative and postoperative patient comfort and wound healing.

Keywords: diode laser, epulis fissuratum, oral surgery, soft tissue

P-174

Single Stage Vertical Augmentation with Allograft Bone Ring: A Case Report

Mehmet Emre Benlidayı, Parvin Safaraliyev, Yurdanur Uçar
Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Çukurova University,
Adana

Objective: Various bone regeneration procedures and materials are utilized to provide adequate bone support around dental implants. Guided bone regeneration, particulate grafting, onlay block grafting, distraction osteogenesis, ridge splitting, application of various growth factors to stimulate bone formation, and in severe defects; a combination of above-mentioned techniques can be used in a staged manner. In cases of severely defective sockets, a new technique was introduced to augment the defective socket three-dimensionally with "bone rings" and immediate implant placement in a single stage procedure.

Case: A 45-year-old female patient was admitted to our clinic with a complaint of tooth loss. Clinical and radiological examination revealed vertical alveolar atrophy in 14 and 26 regions under maxillary sinus. The mucoperiosteal flaps were raised under local anesthesia. Allograft bone ring was used for vertical augmentation around implant in 14 region. The implant was placed through the allograft bone ring by providing primary stability. A lateral window was opened to the sinus in 26 region and the Schneiderian membrane was lifted without any perforation. Sinus augmentation and simultaneous implant placement was performed by using allograft bone ring. The remaining part of the cavity was filled with xenograft and covered with resorbable collagen membrane. The flaps were closed primarily. The postoperative period was uneventful. Prosthetic restorations were performed after 8 months of healing.

Conclusion: Allograft bone ring technique helps in reducing the overall treatment time by allowing grafting and placement of implant simultaneously in a single visit. In addition, it avoids using autogenous bone that causes donor site morbidity.

Keywords: Single Stage Vertical Augmentation, Allograft Bone Ring, Sinus Augmentation

P-175

Treatment of Mandibular Parasymphyseal and Angular Fracture

Huseyin Can Tukul, Parvin Safaraliyev

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Cukurova University, Adana

Objective: Mandibular fractures are one of the most common maxillofacial traumatic injuries. In mandibular trauma, the mechanism of injury and several other variables can be an important point of differentiation with regard to fracture pattern. The aim of this report is to present a case of mandible fracture with multiple fracture lines.

Case: A 19-year-old male patient admitted to our clinic due to trauma. Clinical and radiological examination revealed two fracture lines. One in the right mandibular angle and one in the left mandibular parasymphysis region. The patient was taken to the operating room for open reduction and internal fixation of mandibular fractures. After intermaxillary fixation with arch bars, parasymphysis fracture was reduced and fixated with two 2.0mm miniplates. Then the angle fracture was fixed with a single miniplate along the Champy's line. The patient was discharged on the next day and intermaxillary fixation was applied for 1 week. The healing was uneventful and no complications were seen during 6 months of followup.

Conclusion: Mandibular fractures constitute a spectrum of injuries from simple non-displaced or greenstick fracture to complicated, comminuted, displaced or dislocated fractures according to the factors like the age of the patient or severity of the trauma. The aim of treatment is to restore the anatomy, proper occlusion and chewing function with the lowest morbidity and complication rate. For a successful result in functional and esthetic aspect, treatment must be individualized according to many factors like patient age, general medical condition, dental status, type and severity of fractures.

Keywords: Mandible, Fracture, Body, Angle

P-176

Surgical Removal of An Airgun Pellet From Chin Region: A case Report

Nur Eylem Yorulmaz, Hüseyin Can Tükel

*Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Çukurova University,
Adana*

Objective: The purpose of this case report is to present a surgical removal of the air pellet injury in the chin region.

Case: A 21 years old male was referred to our clinic for chronic pain around chin area. On radiographic examination a bullet shaped foreign body was detected near the mental nerve. The patient only mentioned a small wound on his face and was unaware of any firearm injury. Under local anesthesia the foreign body was retrieved by a vestibular approach. The foreign body was identified as an air gun pellet. After primary closure the patient was discharged. Antibiotics and analgesics were prescribed for 5 days. No complication was occurred during healing period.

Conclusion: Airguns have been considered potentially lethal weapons historically and are capable of causing life threatening injuries. Airgun pellets can be round, domed or pointed. These relatively low-energy missiles produce direct effects on tissues such as laceration and crushing within the missile tract. These injuries generally occur in children and young adolescents. The severity of firearm injury depends on the type, velocity of the projectile, distance from which the patient was shot and tissue resistance. Sometimes the presence of pellets may not cause any problems and they can be left in situ. In this case, surgical treatment was offered to patient because of a small airgun pellet in the right mental nerve region that causes pain. Also some metals embedded in the body tissues can be a source of potential exposure to toxic effects.

Keywords: removal of airgun pellet, facial wound, trauma of head and neck

P-177

Periferal Giant Cell Granuloma At The Mandibular Antreior Zone: A Case Report

Nur Eylem Yorulmaz, Erol Aydın, Hüseyin Can Tükel

*Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Çukurova University,
Adana*

Objective: The aim of this case report is to present the surgical treatment of a peripheral giant cell granuloma.

Case: Seven years old male patient who is at the mixed dentition stage was referred to Oral and Maxillofacial Surgery clinic because of gingival enlargement. A round, pink and fibrous lesion 2 cm in diameter was identified in clinical examination. It was located at the alveolar crest and is between the mandibular lateral incisor and deciduous molar teeth. It was ulcerated because of a trauma from the opposite teeth. The patient was healthy systemically. On radiographic examination, bone resorption was observed. An incisional biopsy was carried out under sedation. Pathological diagnosis was giant cell granuloma. After one month the patient was provided with a second surgical operation under general anesthesia. Excision of the lesion and curretage were carried out. The area was left to secondary healing and the patient was suggested irrigation and medical derssing. Antibiotic, analgesic and antimicrobial mouthwash were prescribed to the patient for 7 days. Healing was uneventful.

Conclusion: Peripheral giant cell granuloma is a non-neoplastic lesion which includes giant cells like osteoclasts and may affect a random area of gingiva or dentated or undentated parts of oral mucosa. It is difficult to make a clinical diagnosis and the final diagnosis depends on histopathologic features. Diagnosis and treatment of peripheral giant cell granuloma were concluded with a more conservative surgery and created less risk for loss of tooth and bone and also repetition of the lesion.

Keywords: Peripheral giant cell granuloma, child, mandible

P-178

Foreign Material in Anterior Maxilla, A Case Report

Cevat Tuğrul Turgut, Mehmet Yaltırık

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

Objective: One of the main reason of restoration requirement of teeth is decay. When decayed size is near to pulp and/or tooth is infected, or at the prosthetic preparation period as the angled preparation result-preparation contain pulp-the treatment turns endodontic therapy. At endodontic treatment the pulp extirpated, pulp space shaped, irrigated and filled with gutta percha. The goal of endodontic treatment is to keep the teeth as long as possible in the mouth. It has been known that overfilling should be avoided during an obturation with rotary tools. Overfilling of the root canal is indicated only in cases which will be followed by apicoectomy, when the foreign material is removed. This report is to management of overfilling material with surgery at the anterior side of maxilla

Case: A 43 years old patient came our department by private clinic with swelling, pain when something touch, and feeling little pungency at the left incisor teeth of maxilla. Oral examination showed that she had crown prosthetics and root treatment at this area. Dental tomography showed radioopacity at the apex of left incisor. We decided to remove this structure with single surgical operation

Conclusion: Accidental overfilling may occur with soft material (for example, certain pastes and cements) or with solid material (such as gutta-percha or silver cones). Many things could cause overfilling, which makes overfilling unpleasant feeling for the patient such as severe pain, periapical lesion, gingival discoloration, periodontal ligament breakage, or even paresthesia. In this report we successfully remove overfilling material and followed up the result 2,5 years

Keywords: Anterior Maxilla, Foreign Material, Overfilling

Preoperative Radiography



P-179

Surgical Removal of Sialolith: A Case Report

Hilal Alan¹, Ümit Yolcu¹, Evcim Çeker¹, Mahmut Koparal², Gülten Kavak³

¹Department of Oral and Maxillofacial Surgery, İnönü University, Malatya

²Department of Oral and Maxillofacial Surgery, Adıyaman University, Adıyaman

³Department of Oral and Maxillofacial Surgery, Katip Çelebi University, İzmir

Sialolithiasis occurs in salivary gland or canal and contains calcium crystals. Pathogenesis begins with an abnormality in calcium and salt metabolism, and the calcification of the organic and inorganic materials continues until the mass cycle. The majority of sialoliths occur in the submandibular gland, probably as a result of mucous saliva produced by this gland. This stones usually occur in adults and may be asymptomatic. However, when they reach a suitable size to obstruct the duct lumen, patients experience pain and swelling of the gland, particularly in relation to meals. Stones, seen as radiopaque on radiograph, are occasionally radiolucent and can be visualized only as filling defects on sialography. The risk of the formation of the sialolithiasis raised by various factors such as dehydration, narrowing of the salivary gland channels, certain medicines, and infection. The sialoliths usually measure from 1 mm to less than 10 mm. Clinically they are round or ovoid, smooth or rough and yellowish colour and also it is the most common cause of acute and chronic infections. Treatment of salivary stones includes both surgical and nonsurgical techniques. In this report, we present large sialolithiasis in the Wharton's duct.

Keywords: Calcification, Sialolithiasis, Submandibular Gland

P-180

Three Dimensional Augmentation with Bone Ring in the Esthetic Region: A Case Report

Ufuk Tatlı, Duygu Turna, Erol Aydın, Yurdanur Uçar

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Çukurova University,
Adana

Objective: Defective sockets resulting from either periodontal disease or surgical trauma during extraction may have insufficient quantity of bone for successful implant placement. Atrophic alveolar crests have partial or total loss of buccal plate of bone which make implant placement in a significantly off-axis position. Especially in the esthetic zone, inappropriate implant positions may cause unacceptable results. Recently, a novel technique called "bone ring" was described for such cases which enables three-dimensional (3-D) bone augmentation with simultaneous implant placement in compromised alveolar bone crest.

Case: A 34-year-old female patient was referred to our clinic for implant treatment of maxillary right lateral tooth region. Clinical and radiological examinations revealed 3-D bone defect. The patient had a history of failed dental implant treatment and also failed autogenous bone block graft augmentation at the corresponding region. Due to alveolar bone defect, autogenous chin bone ring and simultaneous implant placement was performed in one-stage technique. After 5 months, 3-D bone augmentation and successful implant osseointegration was achieved. The implant-supported prosthetic restoration was delivered and no complication was observed at 6-month follow-up.

Conclusion: Atrophic alveolar bone causes challenging condition for implant placement especially at the esthetic region. The autogenous chin bone ring technique is a reliable method for 3-D bone augmentation of defective alveolar crests with simultaneous implant placement in one-stage procedure. Furthermore, this technique reduces the overall treatment period to only 6 months, from beginning of the surgery to the final prosthetic restoration.

Keywords: bone ring, three dimensional bone augmentation, esthetic region

P-181

Diacapitular fracture of the mandibular condyle treated by closed reduction using intermaxillary fixation screws: A case report

Nida Geçkil, Hüseyin Can Tükel

Oral and Maxillofacial Surgery, Faculty of Dentistry, Çukurova University, Adana

Objective: Treatment of mandibular condyle fractures is still controversial, with surgical treatment slowly becoming the preferred option. However, diacapitular fractures are still treated conservatively at many institutions.

Case: A 41 years old male patient was admitted to the Oral and Maxillofacial Surgery Clinic after an accident at construction. On clinical examination, he had limited mouth opening (35mm) and pain on function on right TMJ. On CBCT examination a diacapitular fracture of the condyle was revealed. Fractured segment was displaced medially and the ramus height was normal. Under local anesthesia 4 imf screws were inserted and maxillomandibular fixation was achieved using elastics. After 3 weeks IMF was released and screws were removed. The patient was pain free, had a good mouth opening, lateral and protrusive movement without any deviation.

Conclusion: Recently, more surgeons have begun to perform open treatment for diacapitular fractures because it allows to restore the anatomical position of the fragments and disc, it allows an immediate functional movement of the jaw, and avoid the ankylosis of the TMJ induced by the trauma. However, the type of diacapitular fracture, surgeon's experience and facilities and other patient factors should be considered in deciding the method of treatment. In the present case the ramus height was normal and the fragment was not displaced laterally, the patient had a reasonable mouth opening and good occlusion therefore conservative management was chosen. Decisions of treatment of diacapitular fracture should be individualized. Longer followup is advised in case of conservative management.

Keywords: Fracture, Intermaxillary Fixation, Closed Reduction, imf screw, condyle

P-182 Intraosseous Lipoma of Mandibular Symphysis: A Case Report

Emel Bulut¹, Dilara Kazan¹, Peruze Çelenk²

¹Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University Faculty of Dentistry, Samsun

²Department of Oral and Maxillofacial Radiology, Ondokuz Mayıs University Faculty of Dentistry, Samsun

Objective: Although lipomas are the most common benign neoplasms of the mesenchymal origin, frequency of intraosseous lipomas of the head and neck region is very rare. Because of the similarity of the radiologic views of these lesions to the other jaw tumors, their diagnosis are difficult and histopathologic examination is usually required. In this report, an asymptomatic lipoma of mandibular symphysis is presented.

Case: A 25 year-old female patient was referred to the department of oral and maxillofacial surgery for evaluation of an incidentally noticed well-circumscribed, mixed radiolucent/radiopaque area located adjacent to the apices of the mandibular anterior teeth. Due to its location and radiographic view, it was initially thought to be a fibroosseous lesion. Surgical excision of the lesion was performed under local anesthesia. The specimen was sent for histopathologic examination and a microscopic diagnosis of intraosseous lipoma was made.

Conclusion: Because of the reported cases of intraosseous lipomas of the jaws are very few in number, this case highlights the importance of making the right diagnosis of jaw lesions and properly documenting this kind of cases.

Keywords: *Intraosseous lipoma, Lipoma, Oral surgery, Mandibular symphysis*

Figure 1



Figure 2

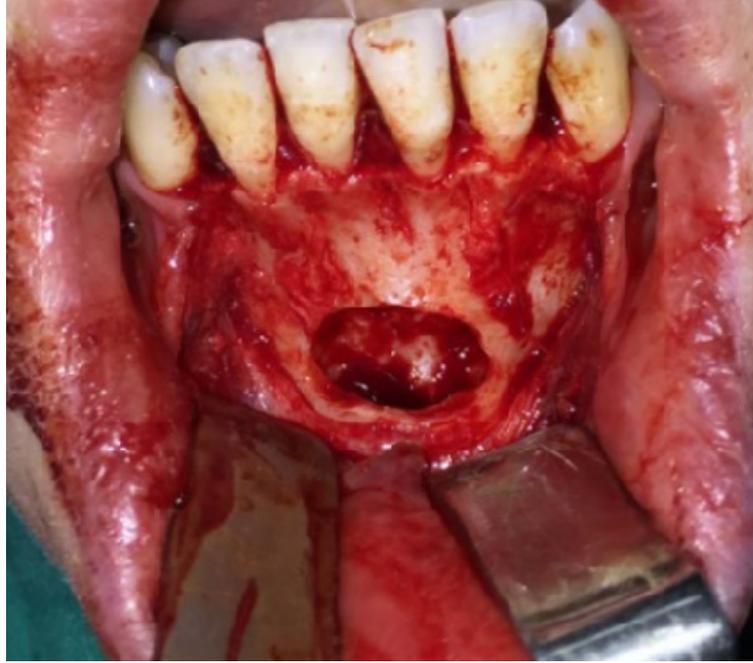


Figure 3



P-183

Complex Odontoma-Associated Tooth Impaction: A Case Report

Emel Bulut¹, Dilara Kazan¹, Peruze Çelenk², Seda Gün³

¹Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University Faculty of Dentistry, Samsun

²Department of Oral and Maxillofacial Radiology, Ondokuz Mayıs University Faculty of Dentistry, Samsun

³Department of Pathology, Ondokuz Mayıs University Faculty of Medicine, Samsun

Objective: Odontomas account for the largest fraction of odontogenic tumors. Most odontomas are asymptomatic and are discovered during routine radiographic investigations and may cause defects on the eruption of the teeth. According to the World Health Organization classification, two distinct types of odontomas are acknowledged: In complex odontoma all dental tissues are formed, but appeared without an organized structure and in compound odontoma all dental tissues are arranged in numerous tooth-like structures known as denticles.

Case: The present case report of a 40yearold female is an uncommon case of complex odontoma resulted with failure of eruption of the permanent maxillary left canine and displacement of the tooth towards the orbita. Treatment included the surgical removal of the lesion followed by extraction of the impacted canine under general anesthesia.

Conclusion: Odontomas can cause displacement as well as malformation and resorption of the adjacent teeth. This case report highlights the importance of the routine radiographic examinations in preventive dentistry.

Keywords: *Odontoma, Impacted tooth, Complex odontoma*

Figure 1



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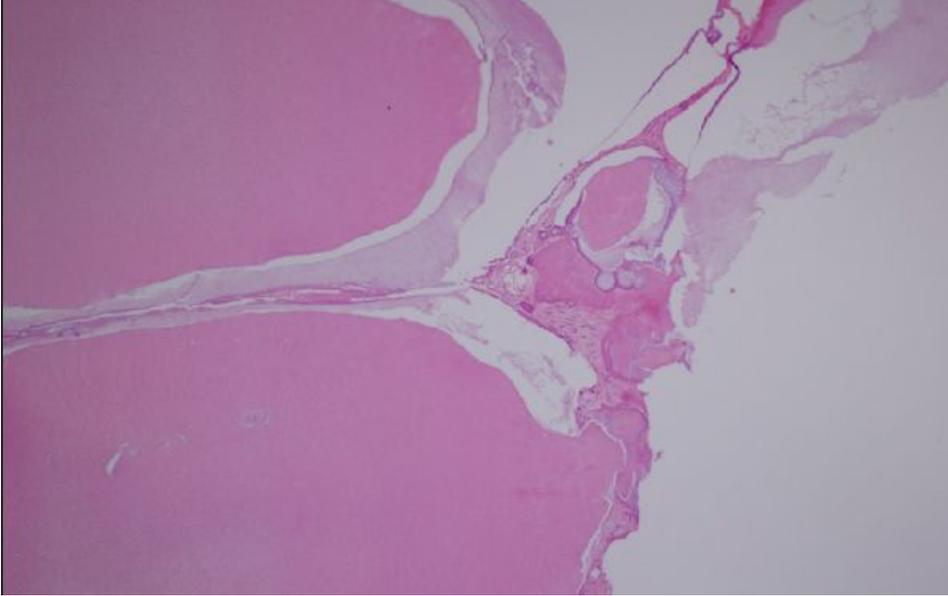
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Figure 2



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Calcifying Odontogenic Cyst of Edentulous Maxilla: A Case Report

Dilara Kazan¹, Ezgi Yüceer Çetiner¹, Mahmut Sümer¹, Ömer Günhan²

¹Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University Faculty of Dentistry, Samsun

²Department of Pathology, TOBB ETU Hospital, Ankara

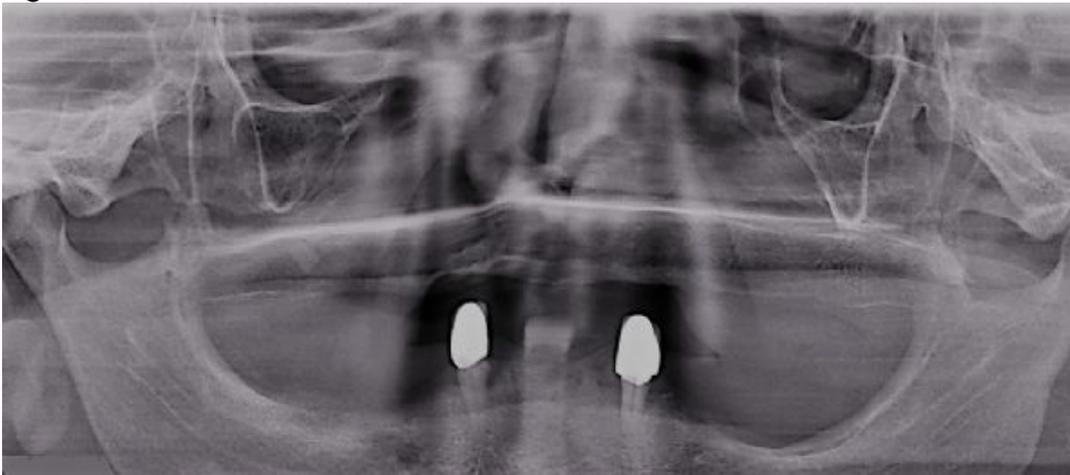
Objective: The calcifying odontogenic cyst (COC) is a rare developmental benign lesion of odontogenic origin characterized by an ameloblastomatous epithelium that contains 'ghost cells' and spherical calcifications. They represent 0,3-0,8% of all odontogenic cysts. Here, we describe the clinical and radiological findings and the treatment of a calcifying odontogenic cyst occurred in the edentulous maxilla.

Case: A 59 year old male patient was referred to our clinic with a complaint of painless swelling in the right palatal region of the maxilla for 2 months. Aspiration of the lesion presented a brown serous liquid content. Cone beam computed tomography images showed a well-defined radioluscent expansive lesion in the maxilla. Clinical and radiological findings were in favour of an unilocular ameloblastoma or a residual cyst. Surgical enucleation was performed under general anesthesia. After the histopathologic examination, the final diagnosis of COC was made. The patient was followed up for 1 year and no recurrences was observed.

Conclusion: Total enucleation is the most preferred treatment for COC. Patients should be followed-up regularly for the possibility of recurrence or malignant transformation.

Keywords: Calcifying odontogenic cyst, Calcifying cystic odontogenic tumor, Oral surgery

Figure 1



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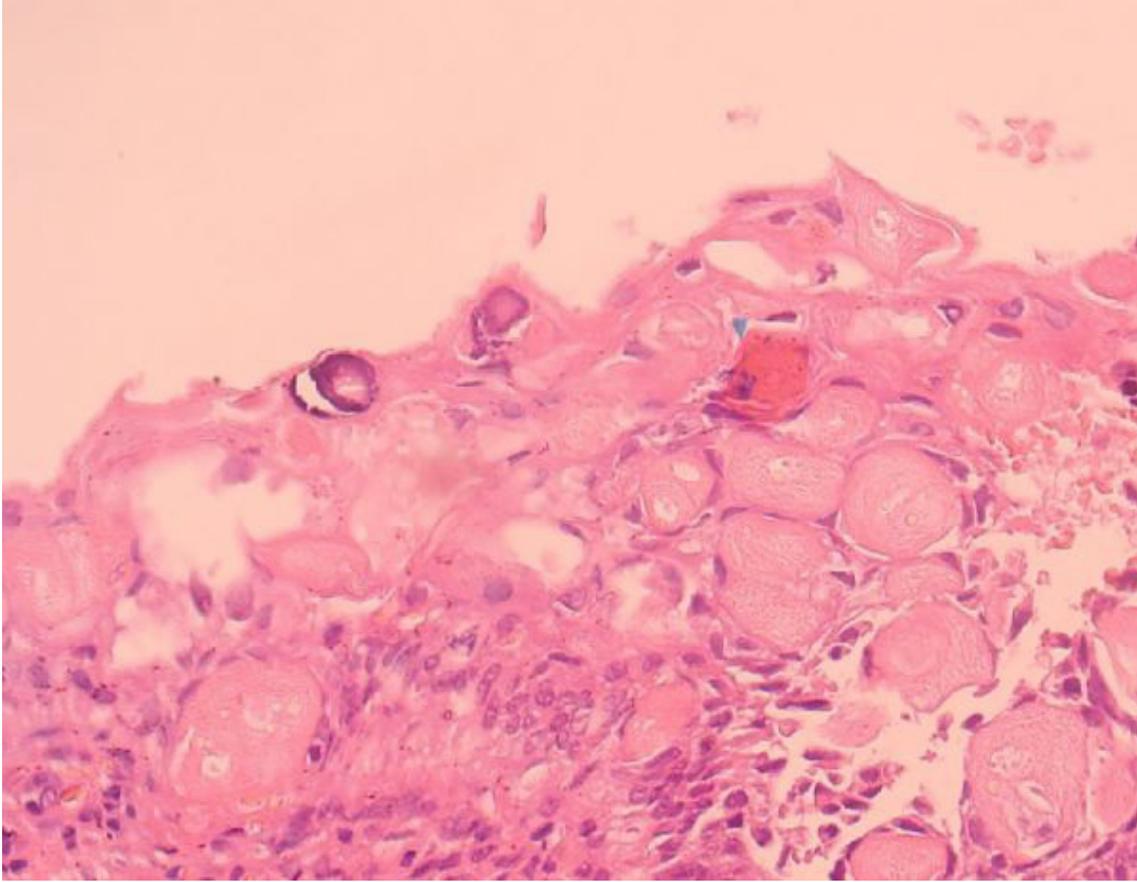
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Figure 2



P-185

Complex Odontoma Mimicking a Radix in the Maxillary Sinus: A Case Report

Ezgi Yüceer Çetiner¹, Dilara Kazan¹, Mahmut Sümer¹, Seda Gün²

¹Department of Oral and Maxillofacial Surgery, Ondokuz Mayıs University Faculty of Dentistry, Samsun

²Department of Pathology, Ondokuz Mayıs University Faculty of Medicine, Samsun

Objective: Odontomas are benign odontogenic neoplasms composed of enamel, dentin, cementum and pulpal tissue. They are classified as compound and complex odontomas according to arrangement level of dental tissues. In this report, we present the management of a complex odontoma mimicking a radix in the maxillary sinus.

Case: A 55 year old female patient was referred to our clinic for implant treatment. On radiological examination, a radioopaque mass in the right maxillary sinus was detected. Panoramic radiograph and cone beam computed tomography images revealed a radix likea radioopaque mass in the right maxillary sinus. Caldwell-Luc procedure was performed under local anesthesia and removed sample was sent for histologic examination. The diagnosis was complex odontoma. The postoperative course of the patient was uneventful and she is still under follow up.

Conclusion: Odontomas are the most common benign odontogenic tumors of the jaws. However, odontoma involving maxillary sinus is rare. A case of complex odontoma in the maxillary sinus mimicking a radix was presented with its radiological findings.

Keywords: Odontoma, Maxillary sinus, Complex odontoma, Odontogenic tumor

Figure 1



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Figure 2



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Outcomes of monitoring microcirculation with LDF regarding the flaps used in maxillofacial reconstructive surgery

Chingiz Rahimov¹, Muhammed Davudov¹, Shahin Mahammadov¹, Vugar Gurbanov²

¹Azerbaijan Medical University, Dentistry Faculty, Oral and Maxillofacial Surgery

²19 Mayıs University, Dentistry Faculty, Oral and Maxillofacial Surgery

The pedicled venous flaptransplantation and the free flap reconstruction through microvenous anastomosis for the purpose of rehabilitation of acquired maxillofacial defects are considered the reliable repair of tissue defects. In our clinical studies the monitoring of microcirculation in the flaps transplanted to rehabilitate the defects has been carried out with LDF, and consequently the clinical characteristics of relevant outcomes have been evaluated.

Materials and Methods: The study materials have covered the information about 55 patients who have been subject to reconstructive surgery by the department of Maxillofacial Surgery at Azerbaijan Medical University in 2014-18. Patients are divided into treatment (intake of resveratrol capsule) and control groups. The study involved 38 male (69,1%), 17 female(30,9%) patients; average ages accounted for $55,3 \pm 1,9$, and age limit 16-78. 44 (80,0%) patients with malignant tumor, 9 (16,4%) patients with nonmalignant tumor, 2 (3,6%) patients withtraumatic origin. 28 (50,9%) patients have been subject to inside mouth reconstruction, 27 patients (49,1%) to outside mouth reconstruction.

The microcirculation with LDF have been realized in the flaps transplanted for reconstruction. Statistic analysis has been carried out in EXCEL-2010 electron table and SPSS-20 package program by applying variation, discriminant anddispersion.

PretreatmentLDF indicators in donor area have made up 11.16 ± 1.08 and 10.25 ± 1.06 for treatment and control groups respectively. No major differences after treatment have been revealed between treatment and control groups ($p > 0,05$). LDF may be used as an objective and non-invasive treatment for microcirculation monitoring of the flaps transplanted in reconstructive surgery conducted for the purpose of rehabilitation of acquired maxillofacial defects.

Keywords: free flap, maxillofacial defect, reconstruction

P-187

Odontojenic Cutaneous Fistula: A Case Report

Hilal Alan¹, Eren Erdođan¹, Ümit Yolcu¹, Gülten Kavak², Mahmut Koparan³

¹Department of Oral and Maxillofacial Surgery, Inonu University Faculty of Dentistry

²Department of Oral and Maxillofacial Surgery, Katip Celebi University Faculty of Dentistry

³Department of Oral and Maxillofacial Surgery, Adiyaman University Faculty of Dentistry

Odontojenic fistula is an abnormal passageway between the extraoral area and intraoral area. An odontogen cutaneous fistula is described as a pathologic alveolar bone infection duct opened to the extraoral area. Cutaneous fistulas usually occur in the submental region, cheek and perimandibular regions. It can be many reasons but he main reason is periapical dental abscess. Periapical radiography is ideal for specific diagnosis. Furthermore, if the radiopaque material (such as a gutta percha) is inserted into the fistula pathway and x-ray is taken, the position of the fistula is determined more precisely from which tooth the origin of the fistula is. First thing to do in the treatment, the primary focus should be removed. The fistula can heal spontaneously once the primary focus is removed. If the cutaneous fistulas do not heal spontaneously, we have to do excision with passageway. In the poster presentation, the excision of the ephitelize odontogenic fistula under local anesthesia of a male patient who has difficulty eating and drinking something due to the fistula that has been present for 4 years is explained.

Keywords: cutaneous fistula, excision, odontojenic

P-188 Orthognathic Surgery in Class II Malocclusion: Two Case Report

Ümit Yolcu, Hilal Alan, Eren Erdoğan

Department of Oral and Maxillofacial Surgery, Inonu University Faculty of Dentistry, Malatya

The Class II malocclusion is defined as a distal relationship of the mandibular teeth relative to the maxillary teeth. The etiology of class II malocclusions includes hereditary, trauma, finger-sucking habits and mouth breathing. It may be difficult to treat class II malocclusions in a patient who has completed the growth. The combination of orthodontics and surgical approaches appears to be the appropriate treatment option for class 2 skeletal malocclusions in adults. Orthognathic surgery has optimized the treatment of maxillomandibular malformations and the aim of the surgical treatment is to provide good functionality and to improve facially symmetry and esthetics. Many methods are used in orthognathic surgery. The most common ones are Le Fort I osteotomy, bilateral sagittal split ramus osteotomy and vertical ramus osteotomy. The objective of this poster is to present the management and treatment outcome of the two patients with Clas II skeletal pattern characterized.

Keywords: Bilateral sagittal Split Ramus Osteotomy, Class II Malocclusion, Le Fort I Osteotomy, Orthognathic Surgery

P-189

Central Giant Cell Granuloma in A Pediatric Patient

Burakhan Hakan Tanışık, Eren Erdoğan, Ümit Yolcu, Hilal Alan

Department of Oral and Maxillofacial Surgery, Inonu University Faculty of Dentistry, Malatya

Central giant cell granuloma (CGCG) is defined as a benign, intraosseous, nonneoplastic lesion. The lesion is seen in about 10% of jaw tumors, with a 65-75% mandibular prevalence and more frequent in females and younger age groups. CGCG lesions on the basis of signs and symptoms and histological property are characterized in aggressive and nonaggressive forms. CGCG usually grows slowly but when has seen in a more aggressive form, it exhibits rapid growth, swelling, loosening of the teeth, and it penetrates the cortical bone. Radiologically, lesions present unilocular or multilocular radiolucent defects without any sclerotic band. CGCG includes giant cells with multiple nuclei composed of cellular fibrous tissue histopathologically. Management of CGCG has traditionally been achieved by surgical removal of the lesion. However, a recurrence rate of 15-20% is common, and treatment may need to be more aggressive. Alternative treatment methods include intralesional steroid injections, alpha interferon and calcitonin injections. This poster presentation mentions the treatment of an 7 years old male CGCG patient who came to our clinic with a complaint of swelling in his mandible.

Keywords: giant cell granuloma, pediatric, tumor

P-190

Efficacy of CGF application after partially impacted third molar extraction on wound healing: A preliminary study

Gözde Işık, Meltem Özden Yüce, Banu Özveri Koyuncu, Sevtap Günbay,
Tayfun Günbay

Department of Oral and Maxillofacial Surgery, School of Dentistry, Ege University, İzmir

Objective: Various factors including insufficient arc length, odontogenic cysts or tumors, congenital or systemic disorders, can be effective on tooth impaction which cause resorption or caries of adjacent teeth and mostly be infective as pericoronitis. Although, this symptom could be eliminated by extraction of impacted third molar, alveolitis as healing disorders usually observed in postoperative period. In this study, we evaluated alveolitis formation after the removal of impacted mandibular third molar with utilizing concentrated growth factor. Thus, postoperative healing time can be reduce.

Materials-Methods: The patient who has an impacted mandibular third molar, was referred to Oral and Maxillofacial Surgery Department, Ege University, School of Dentistry. Before the operation, the patients' venous blood were collected with vacutainer in two sterile, vacuum tubes without anti-coagulant and centrifuged in special device (Silfradent, Italy) at 2400-2700 rpm 12 minutes. In same patient, after the removal of impacted third molars, concentrated growth factor was applied only one socket and then, both of extraction sites was sutured with 4/0 silk. Following the operation, the patients were recalled in 7th and 14th days due to evaluating bleeding, vicious smell, trismus and wound healing.

Results: It was observed that both extraction sockets have favorable results and acceptable healing without alveolitis in 40 patients. In addition, concentrated growth factor was provided better healing pattern in terms of primary closure.

Conclusion: Platelet concentrations are mostly preferred in dental procedures to accelerate soft tissue healing and provide bone formation. These materials ensure satisfactory results especially soft tissue dehiscence.

Keywords: concentrated growth factor, wound healing, soft tissue healing

P-191

Use of the "Micro-Saw" technique for bone augmentation

Olga Eisenbraun, Nurila Guzel
Private Klinik, Moscow, Russia

Objective: The aim of our study was to evaluate the effect of using «Micro-Saw» technique in bone augmentation when used on patients with alveolar ridge atrophy prior to dental implant surgery.

Materials-Methods: Twenty nine partially edentulous patients with vertical and horizontal bone tissue loss were enrolled in our clinical study. We used the Tunnel Technique (vertical incision) and Traditional Technique (were treated with conventional surgical incisions) for bone augmentation. For both groups autogenous bone blocks were grafted from retromolar sites using special tools - the «Micro-Saw». The bone volume was restored in height and width. Dental implants were inserted in all patients.

Results: The findings clinical, histological, radiological analysis demonstrate the advantages of the using «Micro-Saw» technique for bone augmentation. The results of clinical study indicate a more favorable course of the postoperative period. No pain syndrome or collateral edema were reported. Period of wound healing was shorter. A small percentage of postoperative complications were observed. The findings on the earlier revascularization. Greater number of viable osteocytes were found after histomorphometry analysis. Radiological analysis showed a stable bone volume and smaller percentage of bone loss.

Conclusion: The use of «Micro-Saw» Technique to create the best conditions for revascularization of bone and soft tissue, preserving cellular elements of the transplanted autograft.

Keywords: Micro-Saw technique, bone augmentation, alveolar atrophy

P-192

Bilateral mandibular coronoid process hyperplasia with restricted mouth opening: A case report

Hilal Alan, Ramazan Serdar Esmel, Ümit Yolcu, Burakhan Hakan Tanışık,
Aykut Aksan
Inonu University Faculty of Dentistry- Department of Oral and Maxillofacial Surgery

Mandibular coronoid process hyperplasia (MCPH) is classified as a congenital or developmental temporomandibular joint disorder and described as an abnormal elongation of the coronoid process consisting of histologically normal bone.

The etiology of MCPH; there are various explanation about trauma, increased temporal muscle activity, hormonal or genetic components, and temporomandibular disorders.

MCPH mostly affects males in the second decade of life.

It can be unilateral or bilateral but the bilateral form occurs more frequently. The main clinical symptom of elongated mandibular coronoid process impinging upon the zygomatic bone is a progressive painless reduction in mouth opening.

In conventional radiographic imaging, coronoid process hyperplasia is diagnosed by the appearance of coronoid protrusions extending to the infratemporal fossa.

Computed tomography is essential for evaluating the relationship between hyperplastic coronoid processes and zygomatic bone, and therefore plays an important role in the diagnosis and planning of surgical treatment.

Coronoidectomy with intraoral approach followed by long-term postoperative physiotherapy is the recommended treatment model for MCFH and limited mouth opening.

In this presentation, bilateral coronoidectomy was performed for 16 year old male patient with mouth restriction.

Keywords: coronoid process, coronoidectomy, hyperplasia, temporomandibular joint

P-193

The Treatment of Dentigerous Cysts Located Bilaterally Maxillary Sinus: A Rare Case

Bilal Ege

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

Objective: Dentigerous cysts (DC), also known as follicular cyst, are the second-most common odontogenic cysts after periapical or radicular cysts. It is usually present in the third or fourth decade and there is a male predominance. DCs are always associated with impacted or unerupted teeth and these teeth which are mostly associated are mandibular third molar, maxillary canine, maxillary third molar. A DC develops from fluid accumulation between the crown and enamel organ of an unerupted tooth. So it usually prevents erupting of permanent tooth and often displaced into ectopic positions in the maxillofacial region. In upper jaw region, DC of the maxillary sinus is extremely rare. Few cases have been reported in the literature but bilateral appearance is extremely rare.

Case: We report the case of a 60-year old male patient with chronic sinusitis caused by an infected follicular cyst due to bilateral ectopic impacted third molar in the both maxillary sinus. The cysts along with the teeth were removed using Caldwell Luc procedure.

Conclusion: DC is a slow progressing lesion and it may be asymptomatic initially but later on symptoms may arise. Occurrence of bilateral ectopic tooth in the maxillary sinus associated with dentigerous cysts is a quite rare phenomenon as in our case and the reason for late diagnosis of the lesion may also be associated with this condition. So early diagnosis and treatment is necessary to prevent morbidity using CBCT especially among panoramic radiography.

Keywords: Dentigerous cyst, ectopic tooth, maxillary sinus

P-194

Bone Metastasis in Prostate Cancer: A Report of Multiple Bone Metastasis Including Jaws

Kıvanç Bektaş Kayhan¹, Ilknur Özcan², Beliz Güray², Hülya Çakır Karabaş²

¹Department of Oral and Maxillofacial Surgery, Istanbul University Faculty of Dentistry, Istanbul

²Department of Oral and Maxillofacial Radiology, Istanbul University Faculty of Dentistry, Istanbul

Objective: Prostate cancer is the most common cancer in men with a high prevalence of bone metastasis, encountering about 90% of the patients. 1,5 million patients are affected by bone metastasis of which 70% originates from prostate cancer and breast cancer. The metastatic spread is seen primarily in skeleton and often located in vertebrae and ribs followed by pelvis, spine, thorax, red bone marrow and proximal long bones. Metastasis is uncommon in jaws.

Case: A 53-year-old male patient applied to Istanbul University Faculty of Dentistry, Department of Oral and Maxillofacial Radiology for dental pain in his lower jaw. He had been treated in Istanbul University Oncology Institute for metastatic prostate cancer. Use of bisphosphonate was declared in his anamnesis. Cone Beam Computed Tomography was taken for the possibility of medication related osteonecrosis of the jaws. Jaws, vertebrae and all cranial bones within the field of CBCT seemed sclerotic. Metastatic lesions were reported in patient's Magnetic Resonance Imaging report.

Conclusion: Prostate cancer might have a typical metastasize to jaws with clinical findings that mimic osteonecrosis of jaws. Clinicians must be careful to detect these lesions with supportive radiologic diagnostic measures.

Keywords: prostate cancer, jaw metastasis, MRONJ, CBCT

P-195

Treatment of TMJ Ankylosis With Custom Hemijoint Prosthesis and Abdominal Fat Graft - A Case Report

Deniz Akın¹, Fatih Mehmet Coşkunes¹, Hatice Hoşgör¹, İsmail Doruk Koçyiğit²

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Kocaeli University, Kocaeli

²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Kırıkkale University, Kırıkkale

Purpose: Ankylosis of the tmj is one of the reason for mandibular hypomobility and various treatment modalities have been declared. Aim of this case report is evaluate the surgical outcomes and clinical experience of the treatment of temporomandibular joint ankylosis with custom titanium hemijoint replacement.

Material And Method: A 47 years old woman was refered to clinic with chief complaint of mouth opening limitation for many years. She didn't have any systemic disease or trauma history. Her panoramic radiography, cone beam computed tomography and scintigraphy were obtained. She was diagnosed unilateral tmj ankylosis and with preauricular approach, custom designed titanium fossa/eminence prosthesis and abdominal fat graft was preferred to treat the patient. In operation because of interference of the coronoid process, coronoidectomy was also performed.

Results: After the operation her mouth opening arised 30 mm from 12 mm. Agresive physical therapy recommended to the patient. No complications have been encountered.

Conclusion: Custom hemijoint prosthesis with abdominal fat graft for tmj ankylosis has satisfactory results and less invasive procedure in treatment of tmj ankylosis.

Keywords: Abdominal Fat Graft, Custom Hemijoint, TMJ Ankylosis

P-196

Evaluation of relapse rates in Lefort-1 osteotomy with 4 miniplates fixation and Bilateral Sagittal Split Ramus Osteotomy with 2 miniplates 2 miniscrews fixation techniques

Onur Koç¹, Cenk E Doruk², Hakan H Tüz¹

¹Hacettepe University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Ankara

²Cumhuriyet University Faculty of Dentistry, Department of Orthodontics, Sivas

Objective: Both maxillary LeFort I and mandibular Bilateral Sagittal Split Ramus (BSSR) osteotomies provide satisfying results in correcting dentofacial deformities. However relapse in some extent may be encountered following surgery. It is important to be aware of the relapse rates to achieve optimal results in the long term.

Materials-Methods: In this study relapse rates of the patients who underwent LeFort I and BSSR osteotomies were evaluated. For this purpose a total of 5 patients (2 male and 3 female) between 20 and 30 years were enrolled in the study. 4 LeFort I and 5 BSSR osteotomies were performed in the patients. After the osteotomies, totally 4 miniplates were used for fixation of maxillary jaw and 2 miniplates combined with 2 independent miniscrews for mandibular jaw. 1 week after the surgery and 2 to 4 years later the operation, lateral cephalometric radiographs were taken from the patients. Differences in maxillary and mandibular jaws were statistically analyzed with "The Wilcoxon Matched-Pairs Signed-Ranks Test" in cephalometric analysis. Probabilities less than 0.05 were accepted as significant.

Results: Maxillary average relapse rate was found 1.8 % and that of mandible was 1.12 %. Relapse rates of both jaws were found as insignificant.

Conclusion: These results point out that 4 miniplates fixation technique in LeFort I osteotomies and 2 miniplates 2 miniscrews combined fixation technique in BSSR osteotomies show satisfactory resistance to relapse and seem safe in long term.

Keywords: Lefort-I, Bilateral Sagittal Split Ramus, osteotomies, relapse

P-197

Odontogenic Myxoma a Case Report

Halil İbrahim Durmuş, Nedim Güneş, Ersin Keskin

Dicle Üniversitesi Diş Hekimliği Fakültesi Ağız, Diş ve Çene Cerrahisi Anabilim Dalı

Objective: Odontogenic myxoma is a rare but important tumour of the jaws of mesenchymal origin (1,2). Although benign, it frequently displays an aggressive infiltration of adjacent tissue and a tendency to recur after surgery (3,4). The recommended treatment of choice for OM is radical surgery or conservative excision depending on tumour size. When a small tumour would be detected, the functional and aesthetic result will be less incapacitating after surgery.

Case: A 45-year-old woman was referred to a hospital affiliated to the University Dental School for evaluation of a painless swelling from the lower the left canine tooth to left second premolar. Imaging examinations and a biopsy were performed and the lesion was diagnosed as histopathologically odontogenic myxoma. Tumor resection was carried out, canine tooth was extracted and the histopathological findings and imaging features were compared.

Conclusion: After four years of follow-up, the patient was fully recovered. recurrence was not seen in the case.

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Keywords: odontogenic myxoma, treatment of odontogenic myxoma, oral surgery

intra-op view



intra-op view

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panoramik view



panoramik view

post-op view



post-op view

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pre-op view



pre-op view

P-198 Pleomorphic Adenoma: A Case Report

Halil İbrahim Durmuş, Nedim Güneş, Bekir İlyasov
Dicle Üniversitesi Diş Hekimliği Fakültesi Ağız, Diş ve Çene Cerrahisi Anabilim Dalı

Objective: The pleomorphic adenoma accounts for 73% of all salivary gland tumors, the palate being the most preferred intraoral site followed by the lip. Patients are usually in the fifth or sixth decade of life and about 60% of them are women.[1] They are usually slow growing, painless, and firm on palpation. Possible complications to treatment include the risk of recurrence and malignant transformation.(2)

Case: A 34-year-old male patient reported to our clinic with a complaint of swelling in the upper jaw. Intraoral examination revealed that an oval-shaped, hard, circumscribed lesion adherent to the underlying structures, covered with slightly erythematous mucosa of the palate. History revealed that this swelling was initially pea-sized and had been slowly growing for the past 5-6 years to its present size of 2 cm × 3 cm. Under local anesthesia, excision of the mass was carried out with 1 cm margin. Histopathologically examination, epithelial and mesenchymal biphasic population cells were observed. The features confirmed the diagnosis of a pleomorphic adenoma. Postoperative course was uneventful with no evidence of recurrence 2 years after surgery.

Conclusion: The patient was fully recovered. Postoperative course was uneventful with no evidence of recurrence 2 years after surgery.

Keywords: Pleomorphic adenoma, dental surgery, benign tumor

intra-op view



intra-op view

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post-op view



post-op view

pre-op view



pre-op view

P199

Case Report: Oral Kaposi Sarcoma in a HIV (+) patient

Fian Derviş, Taylan Çelebi, Selin Kumral, Hakkı Tanyeri

İstanbul Üniversitesi Diş Hekimliği Fakültesi, Ağız Diş Çene Cerrahisi Anabilim Dalı, İstanbul

Objective: In this case report, presentation of the development and treatment of Kaposi's sarcoma in a 39 year-old HIV (+) male patient was aimed

Case: A 39-year-old male patient diagnosed with HIV (+) in the department of infectious diseases of Cerrahpaşa Medical Faculty was referred to our Department of Oral and Maxillofacial Surgery for the examination of oral lesions. Patient came our department in 14.09.2017. After clinical examination, we found soft-bodied, deep-rooted, dark purple lesions in anterior region of maxilla. In that day, we decided to take a incisional biopsy with electrosurgery. We sent sample of tissue to pathology department of our university. Patient did not come to appointments. The report received on 19.09.2017; Maxilla was diagnosed with Kaposi's sarcoma as a result of biopsy from the anterior region of maxilla and pathology report.

Conclusion: Following the diagnosis, the patient was referred to the oncology institute. The patient has undergone Kaposi's sarcoma staging and antiretroviral therapy has been initiated by the Institute of Oncology and is followed by us.

Keywords: CA, HIV, kaposi sarcoma, sarcoma, tumour

Resim 1

AIDS-Associated Kaposi Sarcoma Staging and Prognosis		
ACTG Prognostic Categories ^a	Validation Studies	
	Pre-HAART ^b	Post-HAART ^c
	Univariate Analyses	
T: Tumor extent	Median survival:	3-Year survival
T ₀ : Confined to skin and/or lymph nodes minimal (non-nodular) oral cavity lesions	T ₀ : 27 mos P < 0.001	T ₀ : 85% P = 0.007
T ₁ : Extensive oral KS and/or symptomatic tumor-associated edema or ulceration and/or non-nodal visceral KS	I ₀ : 40 mos I ₁ : 13 mos	I ₀ : 83% I ₁ : 71% P = 0.06
I: Immune status	S ₀ : 22 mos P = 0.04	S ₀ : 83% S ₁ : 63% P = 0.003
I ₀ : CD4 count ≥200/μL		
I ₁ : CD4 count <200/μL		
	Multivariate Analyses	
S: HIV-related systemic illness	T ₀ I ₀ : Not reached ^d	T ₀ S ₀ : 88%
S ₀ : KPS ^e ≥70; no B symptoms; ^f no AIDS-defining illnesses or thrush	T ₁ I ₀ : 35 mos P < 0.001	T ₁ S ₀ : 80%
S ₁ : KPS <70; B symptoms; any AIDS-defining illness or thrush	T ₀ I ₁ : 13 mos	T ₀ S ₁ : 81% T ₁ S ₁ : 53%

AIDS-Associated Kaposi Sarcoma Staging and Prognosis

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Resim 2



Pigmented lesions of maxilla

Resim 3



Pigmented lesions of mandible

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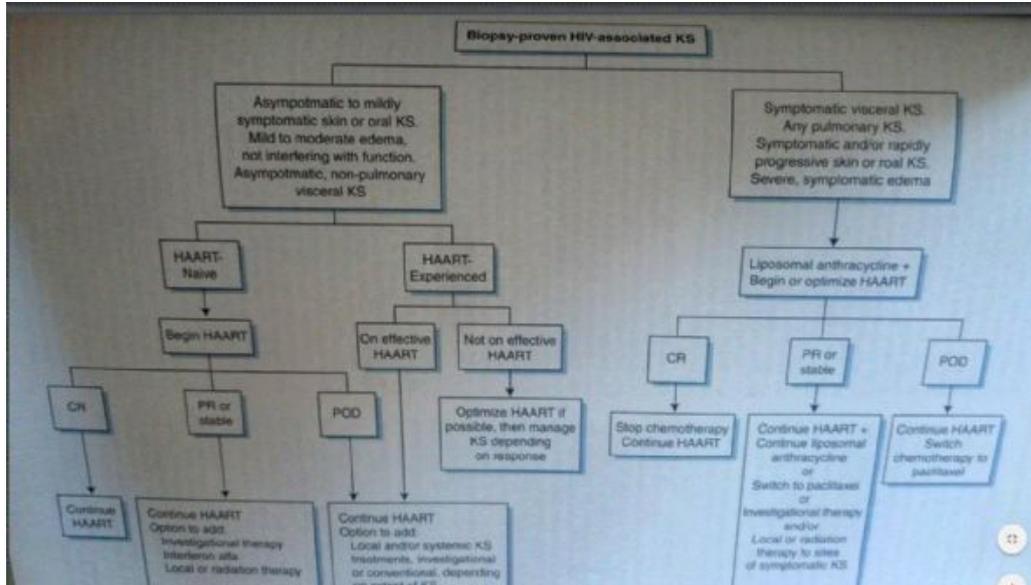
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Resim 4



Biopsy-proven HIV-associated KS

P-200

Removal of Molar Tooth Root Displaced into the Maxillary Sinus: A Case Report

Alpaslan Gündüz¹, Sencer Seğer², Aydın Özkan², Ömer Orkun Cevizcioğlu¹, Dilber Çelik¹, Abdullah Tuğrul Coşkun¹, Metin Şençimen¹, Hasan Ayberk Altuğ¹

¹University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial Surgery

Objective: Difficulties or complications may occur during tooth extractions. Oral surgery applications may result in oroantral fistula or tooth root dislocation in maxillary sinus. Those conditions can lead to development of the maxillary sinusitis in this case, we present a patient with broken root displaced in left maxillary sinus.

Case: A 21 years old male patient referred to our clinic by complains of broken molar tooth root which displaced into the maxillary sinus. Clinical examination was performed and panoramic radiography taken. The broken root was located in the radiograph. A bone window on anterolateral sinus wall was opened. It was removed by a mini forceps efficiently.

Conclusion: In the present case, the Caldwell-Luc operating technique was used. The main advantages of this technique in this case was good visualization of the operative field and the absence of serious complications.

Keywords: broken root, Caldwell Luc, maxillary sinus

P-201

Dental İmplant Failure Associated with Treatment Planning: A Case Report

Alpaslan Gündüz¹, Hasan Ayberk Altuğ¹, Diber Çelik¹, Ömer Orkun Cevizcioğlu¹,
Aydın Özkan²

¹University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial
Surgery

Objective: Perimplantitis is a infectious disease which causes an inflamantory process and charecteristics with bone loss around an osseintegrated implants in the function. The ethiologyof the periimplantitis is usually associated with implant design, external morfology of the implant and excessive mechanical overload around the implant. Diagnosis is based on changes of color in the gingival tissue, supuration, probing depth of periimplant pockets and in the radiographic diagnosis loss of bone height around the implants. In this case, periimplantitis is presented which is the result of wrong prosthesis planning.

Case: A 66 years old female patient has diabet. She was referred to our department with the complaints of supuration, bleeding from anterior buccal gingiva and luxation of implants. When we examined the anterior region of the mandibula signs and symptoms are typical for periimplantitis lesions. Luxation implants was extracted, region was curreted and sutured.

Conclusion: There are many treatment alternatives related with the stage of the periimplantitis. These are respectively decontamination of prosthetic abutments, if bone loss is advanced surgically debride soft and periimplant tissues, decontaminated the implant surfacace with laser devices, antiseptic and antibiotics agents or either. Removal of the implants may be considered as a last choice if the bone loss is too great.

Keywords: implant, periimplantitis, prosthesis

P-202 Focal Sclerosing Osteomyelitis

Rezzan Güner, Mert Bülte, Berk Turgay, Mehmet Baturalp Çapraz
Department Of Oral And Maxillofacial Surgery, Mustafa Kemal University, Hatay

In 1983, Garre identified a disease characterized by periosteal focal thickening and bone formation. Osteomyelitis is also known as sicca, ossifiye periostitis and chronic nonsuppurative sclerosing osteomyelitis. It often affects children and young adults. Bone enlargement is seen in the sclerosing bone area. usually a one-sided stiff swelling and facial asymmetry are clinically detected. If the infection or irritation persists, the cortex thickens and new bone deposits form in succession. This layered structure is called the <onion-skin> appearance. The aim of this study is to present 2 cases that can be an example of Garre's osteomyelitis seen in children in our study and to discuss the treatment methods and prognosis with literature information.

Keywords: osteomyelitis, sclerosing osteomyelitis, focal sclerosis

P-203

Bilateral Impaction of the Mandibular Second Molars: A Case Report

Alpaslan Gündüz¹, Serkan Kıran¹, Dilber Çelik¹, Ömer Orkun Cevizcioğlu¹,
Abdullah Tuğrul Coşkun¹, Aydın Özkan², Sencer Seçer²

¹University of Health Sciences, Gulhane Faculty of Dentistry, Oral and Maxillofacial Surgery

²University of Health Sciences, Gulhane Training and Research Hospital, Oral and Maxillofacial
Surgery

Objective: Impaction of the mandibular second molar is rarely. Bilateral impacted second molars are more rarely than unilateral. The purpose of the present study was to evaluate bilateral impacted mandibular second molars in patient.

Case: A 24 years old male patient presented bilateral impactions of the mandibular second molars. Panoramic radiographs observed that both second molars were under the mesial contour of the impacted third molars. These impactions were managed under local anesthesia by extraction of the right and left third molars. These impactions were planned orthodontic treatment for second molars. The patient is being followed.

Conclusion: Treatment of the impacted second molar often surgical treatment and orthodontic treatment or combined surgical and orthodontic treatment. One of the most common treatment is extraction of the third molar and surgical exposure of the second molar.

Keywords: impaction, mandible, second molar, third molar

P-204

Benefits of Using CBCT in Retrieval of Accidentally Displaced Root into The Maxillary Sinus - A Case Report

Meltem Koray, Arda Özgön, Mehmet Yaltırık

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

Objective: Iatrogenic displacement of the tooth or root into the maxillary sinus during dental extraction is infrequent. However, such a complication could be occurred and need urgent treatment to avoid infection or pain.

Case: In this case, the importance of CBCT guidance in the retrieval of the foreign body from the maxillary sinus, which included alveolar approach (through the extraction site) is reported. A 27-year-old female patient referred to the Istanbul University Department of Oral and Maxillofacial Surgery with a chief complaint of pain in left maxillary sinus. The patient had a history of the maxillary second molar extraction since one week ago; it was complicated by the displacement of with a broken instrument in the palatal root into the maxillary sinus with the creation of oroantral communication. It was confirmed by a panoramic radiograph. On examination, the extraction site healed uneventfully. When the cross-sectional images of the CBCT were examined, it was seen that the presence of a displaced root with a broken instrument within the maxillary sinus. The displaced root was found alveolar approach through the extraction site and delivered with tweezer under local anesthesia. There were no sign of complication and the healing was optimal.

Conclusion: CBCT can increase the success of the treatment by providing an accurate planning and prevents possible complications with determining the proximity of the anatomical structures and the localization of the foreign body from the maxillary sinus.

Keywords: root into the maxillary sinus, CBCT, foreign body

CBCT images from case



P-205

Oral Melanoacanthoma of Palate: A Case Report

Arda Özgön¹, Meltem Koray¹, Sertan Ergun¹, Merva Soluk Tekkeşin²,
Mehmet Yaltırık¹

¹Istanbul University, Dept. of Oral and Maxillofacial Surgery

²Istanbul University, Institute of Oncology

Objective: Oral melanoacanthoma (MA) is a benign, acquired pigmentation of the oral mucosa which is infrequently observed in the oral cavity. It is expanding rapidly, represents as a solitary brown macule. The clinical differential diagnosis for oral MA may include other pigmented mucosal lesions such as physiologic pigmentation, medication-induced pigmentation, mucosal nevi, focal melanosis, and most importantly, melanoma. We present a case of MA occurring on the hard palate of a 62-year-old woman, an atypical oral location for this lesion because reported cases were located in the buccal mucosa.

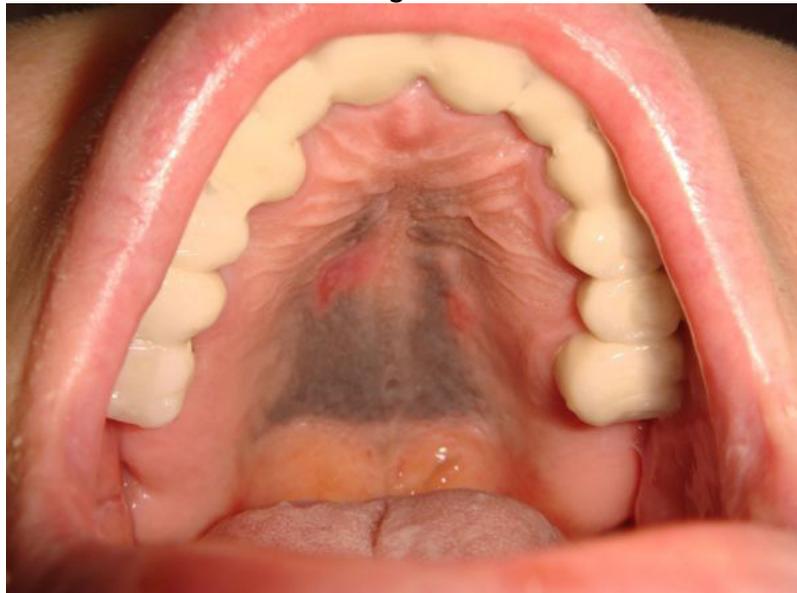
Case: A 62-year-old woman was referred to the Istanbul University Department of Oral and Maxillofacial Surgery by her general dentist with a chief complaint of discoloration on the palatal mucosa.

Extraoral examination revealed no facial swelling or cervicofacial lymphadenopathy. on intraoral examination a large grey, well-delineated patch involving the posterior palate was detected. The borders of the discoloration were extended from the molar region to the anterior palatal rugae. The lesion was painless and flat. No other abnormal intraoral pigmentation was present and no radiographic changes were noted. Histopathological examination revealed presence of epithelial acanthosis, spongiosis, and increased numbers of basal melanocytes together with the melanin-producing dendritic melanocytes, which are heavily scattered throughout the surface epithelium.

Conclusion: Once a diagnosis of MA is rendered, no additional treatment is required. MA often regresses spontaneously and has no malignant potential. The etiology of oral MA is not fully understood yet.

Keywords: Oral melanoacanthoma, rare, oral pigmentation

Figure



Oral melanoacanthoma: Intraoral view of palatal pigmented lesion. Arrows indicate the borders of the lesion

P-206 Gap Arthroplasty Guide

Ismail Eser Bolat, Umut Tekin, Mustafa Ercument Onder, Fethi Atıl, Ozkan Ozgul,
Ismail Doruk Koçyigit
*Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of Kirikkale,
Kirikkale*

Bony ankylosis of the temporomandibular joint (TMJ) is a fusion between the condyle and the temporal bone, which partially or completely obliterates the articular space and causes joint deformity. The fused bony fragment or a large bone mass may involve the condyle of the mandible, the temporal bone, and the zygomatic process. This condition is caused mostly by trauma and infection, TMJ surgery and systemic diseases like rheumatoid arthritis are also possible causes. TMJ ankylosis leads to functional impairment and pain. The treatment of temporomandibular joint ankylosis poses a significant challenge because of the high incidence of recurrence. Here, we present a case of a 59-year-old male who had bony ankylosis of the both TMJ. The multiple surgeries including gap arthroplasty using interpositional silicone block on one side and acrylic ball on the other side were performed, but re-ankylosis of the TMJ occurred after surgery. A large mass in the TMJ was observed on computed tomograph. Ankylosis was grade 4 on Sawhney classification on both sides. The osteotomy was planned on surgical simulation and the surgical guide was manufactured from titanium due to osteotomy plan. Gap arthroplasty was performed and autogenous abdominal fat transplantation was done following removal of the bone mass on the both sides of TMJ. During a 1-year follow-up after surgery, the patient had no recurrence.

Keywords: TMJ, Ankylosis, Guide

P-207

The relationship between the angulation of impacted mandibular third molar teeth and the thickness of lingual bone: A Prospective Clinical Study

Dilek Menziletođlu¹, Melek Taşsöker², Bozkurt Kubilay Işık¹, Alparslan Esen¹

¹Oral and Maxillofacial Surgery, Faculty of Dentistry, Necmettin Erbakan University, Konya

²Oral and Maxillofacial Radiology, Faculty of Dentistry, Necmettin Erbakan University, Konya

Objective: The purpose of this study was to investigate the relationship between the angulation of mandibular third molars and the thickness of lingual bone, the thinning of the lingual plate, and its perforation by third molar teeth.

Materials-Methods: This study consisted of 104 patients (42 males and 62 females), aged between 18-42 years, who had undergone Cone Beam CT imaging for preoperative assesment of impacted third molars. The teeth were divided into four groups related with their position on CBCT images, i.e., mesioangular, distoangular, vertical and horizontal. Measurements of the lingual cortical bone thickness around impacted teeth were performed at three points: cementoenamel junction of the mandibular second molar, mid-root of the impacted third molar, and apex of the impacted third molar root. The mesiodistal and buccolingual angulations of impacted third molars were correlated with the thickness of the lingual cortical bone. The possible leading factors for lingual nerve damage such as 'lingual plate perforation' and 'bone thinning that was less than 1 mm thick' was recorded.

Results: Horizontally impacted teeth showed more lingual bone thinning at mid-root level than other impaction positions ($p=0.016$, $p<0.05$). Buccolingual angulation of impacted teeth was significantly associated with lingual bone perforation ($p=0.002$, $p<0.05$). Buccolingual and mesiodistal angulations of impacted tooth were negatively correlated with lingual bone thickness ($p<0.05$).

Conclusion: As the buccolingual and mesiodistal angulations increase, lingual bone thickness decrease. Horizontally impacted teeth seemed to compromise the integrity of the lingual plate much more than impacted teeth in other positions.

Keywords: lingual bone, third molar, impaction, cone beam CT, angulation

P-208

Immediate Dental Implant Placement in Infected Extraction Sockets by Use of Erbium Laser: Case Series

Tosun Tosun¹, Arda Özgön², Meltem Koray²

¹Istanbul Aydın University, Faculty of Dentistry, Department of Oral and Maxillofacial
Surgery, İstanbul

²Istanbul University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery,
İstanbul

Objective: Laser energy is used in immediate implant placement thanks to its antibacterial capabilities to avoid possible contaminants inside the extraction socket and to disinfect. Er:YAG laser (Er:YAG) offers some other advantages such as no temperature rise due to short pulse operation time and continuous irrigation of the socket by air/water spraying which helps also to remove contaminants. In this presentation, socket disinfection modalities by various wavelengths would be discussed and specially Er:YAG usage would be shown on case examples.

Case: Teeth showing presence of pus (+) which were decided to extract and immediately replace by dental implants were included to the study. Eleven fresh extraction sites on 11 patients (5 male, 6 female mean age= 55,4±7,9) after extractions were cleaned by conventional surgical curettes and consecutively were irradiated by 2940nm wavelength Er:YAG for 30 seconds duration at the crestal level of extraction sockets by spiral movements to cover entire diameter of it. After socket decontamination implants were placed by conventional technique. Implants were left to transgingival healing by placement of healing abutments for 6 weeks period. After prosthetic rehabilitation and loading, implants were recalled with six months intervals. In the follow-up period of three years all implants showed no sign of inflammation and preserved crevicular bone levels according to control OPGs.

Conclusion: According to the findings of this pilot study Er:YAG irradiation is an effective way to obtain extraction socket decontamination in order to safely place dental implants.

Keywords: dental implant, immediate implant placement, Infected Extraction Sockets, Er:YAG laser

P-209

What is this lesion, cementoblastoma or hypercementosis?

Emel Bulut, Eren Yılmaz

*Ondokuz Mayıs University Dentistry Faculty, Oral And Maxillofacial Surgery Department,
Samsun*

Objective: Hypercementosis is excessive cementum accumulation that continues with tooth root. They are most common in premolar teeth. They are thought to be age-dependent. They can be seen in one part or all of the root. In very rooted teeth only one of the roots can be affected. They are idiopathic. It does not show clinical signs or symptoms. Radiographically thickening is observed at the root. All or some of the roots can be observed in the radiograph. Conservative treatment is recommended.

Cementoblastomas are odontogenic tumors. They are rare. (1-6,2% of all odontogenic tumors). They are characterized by the proliferation of cementoblasts and the formation of cement-like matrices. It is common in women and in individuals under 25 years of age. The most common mandibular molar-premolar region is observed. Radiographically, there is a radiopaque thickening around the root. They have unlimited growth capacity. For this reason they are surgically removed.

Our aim in this case report, discuss the differential diagnosis of hypercementosis and cementoblastoma.

Case: A 68-year-old male patient came to our clinic with complaints of pain in the lower jaw left side. In intraoral examination, there are no symptoms. In radiographic examination, an unclear radiopacity was observed in the first left lower molar tooth root. It was thought to be cementoblastoma. It was decided to be removed surgically. Pathological examination revealed that the lesion was hypercementosis.

Conclusion: A definite diagnosis of hypercementosis or cementoblastomas is made by histopathologic examination.

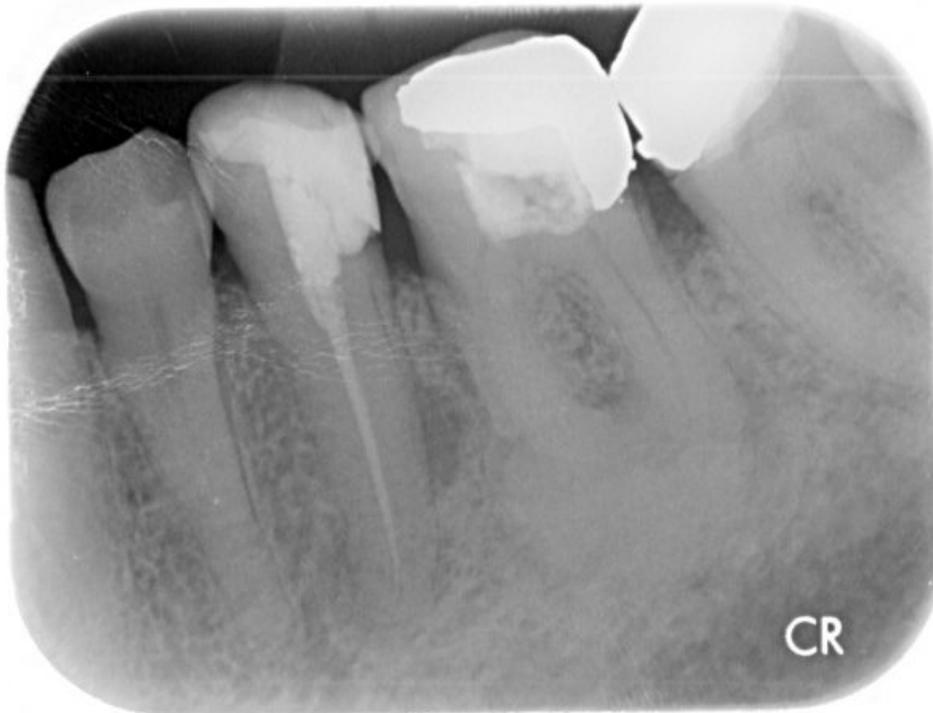
Keywords: Cementoblastoma, Hypercementosis, Oral Pathology

Figure 1



Patient's ortopantomography.

Figure 2



A periapical radiography from left first molar.

Figure 3



Intraoral view of the patient.

Figure 4



Intraoperative view of the patient.

Figure 5



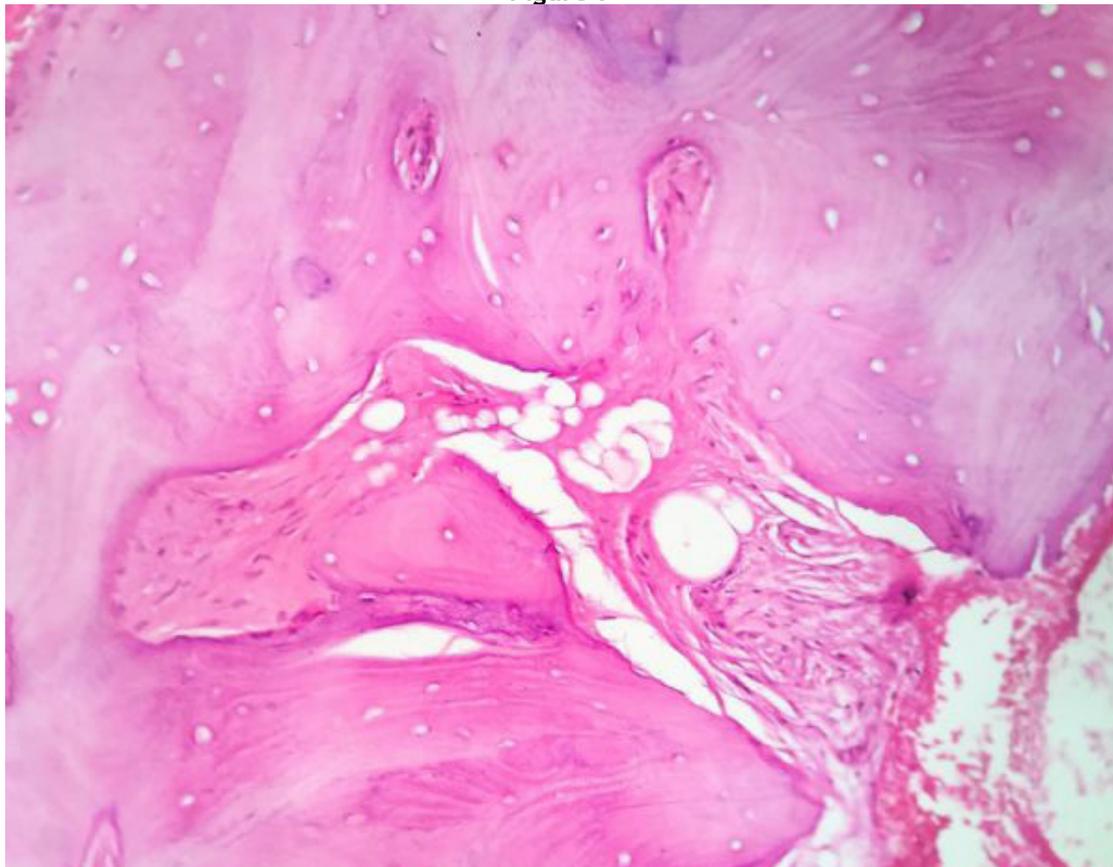
Intraoral view of the patient after extraction.

Figure 6



Biopsy materials

Figure 7



Dens hypercementose tissue, HEx200

P-210

Two-Tiered Genioplasty For Management of Severe Chin Asymmetry

Salih Eren Meral, Gök Nur Topaloğlu, Vusala Guliyeva, Hakan Hıfzı Tüz
Hacettepe University, Department of Oral and Maxillofacial Surgery, Ankara

Objective: Proportional and a symmetric lower face is important for an esthetic appearance of the chin, which is the most prominent osseous part of the lower face. Osseous deformities of the chin can lead to significant facial disharmony and a deterioration in facial aesthetics. Among several surgical procedures including augmentations, prosthetic implants, osteotomies are shown to have better patient satisfaction rate with more predictable post-operative outcomes.

Case: In this case report, surgical treatment of a patient with severe chin asymmetry due to TMJ ankylosis is presented. A 23-year old male patient with severe mandibular asymmetry referred to our department for correction of chin asymmetry. Since increased amount of movement to achieve facial harmony would result in loss of bone contacts at many points, a "two-tiered genioplasty" was preferred instead of conventional genioplasty osteotomy.

Conclusion: Allocating the amount of movement onto two bone segments could be useful to increase the contact surface area when larger movement of the segment is required.

Keywords: Genioplasty, Esthetic, Orthognathic Surgery, Two-Tiered Genioplasty

P-211

The Effects of Orthodontic Elastics on Temporomandibular Joint: A Three-Dimensional Finite Element Study

Vugar Gurbanov¹, Burcu Baş¹, Abdullah Alper Öz²

¹Ondokuz Mayıs University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

²Ondokuz Mayıs University, Faculty of Dentistry, Department of Orthodontics

Objective: The aim of this study is to evaluate the stress distribution on TMJ in the use of orthodontic elastics (OE) by establishing a three-dimensional finite element method

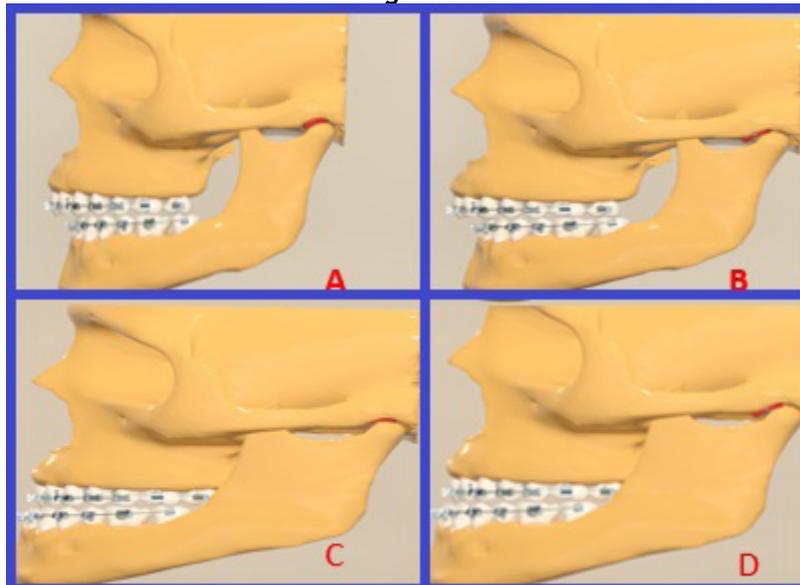
Materials-Methods: The study was carried out by static linear analysis with three-dimensional finite element stress analysis method. Eight different models were created. (Figure 1,2) Group 1: Class II, normal disc, OE placed between maxillary canine to mandibular first molar. Group 2: Class II, normal disc, OE placed between maxillary lateral to mandibular first molar Group 3: Class II, anteriorly displaced disc, OE placed between maxillary canine to mandibular first molar. Group4: Class II, anteriorly displaced disc, OE placed between maxillary lateral to mandibular first molar. Group 5: Class III, normal disc, OE placed between maxillary canine to mandibular first molar. Group 6: Class III, normal disc, OE placed between maxillary lateral to mandibular first molar. Group 7: Class III, anteriorly displaced disc, OE placed between maxillary canine to mandibular first molar. Group 8: Class III, anteriorly displaced disc, OE placed between maxillary lateral to mandibular first molar. The stress on that the TMJ disc and supporting tissues were investigated when a constant force was applied.

Results: The stress on the TMJ and supporting tissues is higher in patients with Class 2. The highest stress was observed in Group 3 (Figure 3,4).

Conclusion: The use of OE causes more stress on TMJ disc and condyle, especially when used in the longer distance.

Keywords: Orthodontic treatment, orthodontic elastic, TMJ, TMD

Figure1



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Figure 2

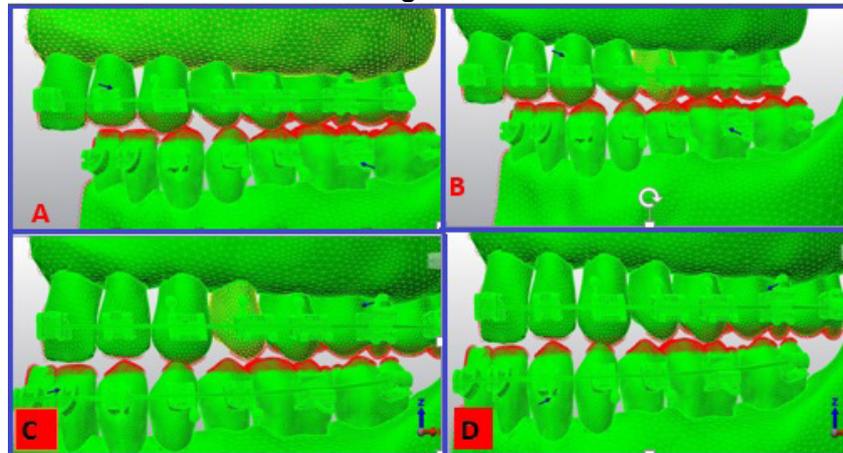


Figure 3

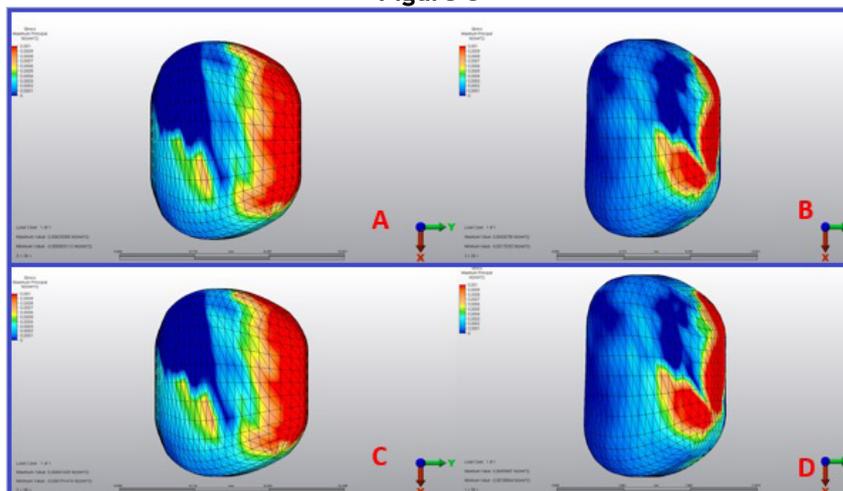
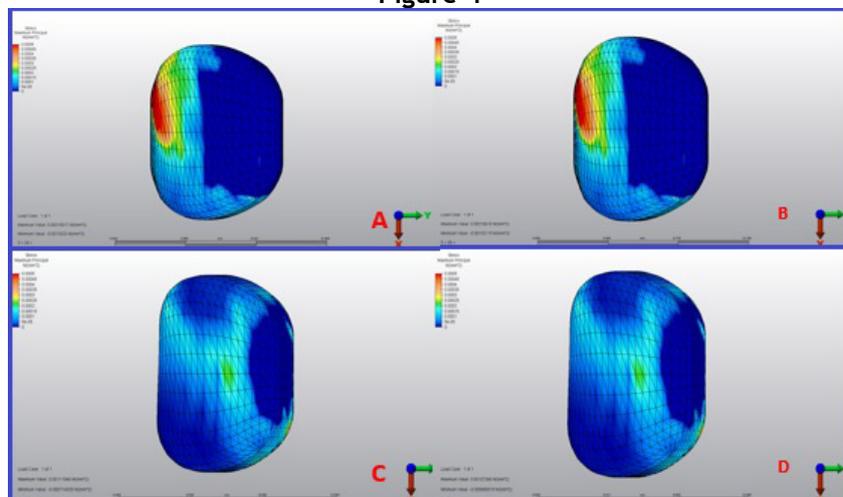


Figure 4



P-212

Buccal bony window technique that enable neuroorrhaphy of inferior alveolar nerve injury following inferior border cut of sagittal split ramus osteotomy

Alptuğ Kendirci, Nur Altıparmak, Nurettin Diker, Burak Bayram
Baskent University Department of Oral and Maxillofacial Surgery, Ankara

Sagittal split osteotomy is one of the most commonly used techniques to correct skeletal anomalies of mandible. Due to the position and course of mandibular canal and preferred surgical technique, the inferior alveolar nerve (IAN) is at great risk of injury during surgery. In the present study, we report a buccal bony window technique to surgical access for inferior alveolar nerve repair that transected during inferior border cut. This is the first report of the surgical approach for the repair of transected IAN following sagittal split ramus osteotomy. This technique was found effective and safe during surgical treatment of transected IAN.

Keywords: Inferior alveolar nerve injury, Sagittal split ramus osteotomy, Buccal bony window technique

P-213

Regaining Function And Esthetics in Severe Mandibular Defect Associated With Failed Costochondral Graft for TMJ Ankylosis: A Case Report

Serhat Polat, Nur Altıparmak, Nurettin Diker, Burak Bayram
Baskent University Department of Oral and Maxillofacial Surgery, Ankara

Temporomandibular joint (TMJ) ankylosis results in hypomobility of the affected joints, and has well known aetiological risk factors such as trauma and local infection. Treatment requires removal of the affected structures and immediate replacement. A 36 year old female patient was referred to Başkent University Department of Oral and Maxillofacial Surgery with facial asymmetry and very limited mouth opening. Her medical history revealed that she fell from a height at the age of 3 and TMJ ankylosis was developed at the right condyle and 8 years ago she had underwent an operation of autogenous costochondral graft in order to replace mandibular condyle which resulted in resorption of the graft along with right mandibular ramus, corpus and condyle. Bimaxillary osteotomy and application of custom made TMJ prosthesis was planned to achieve acceptable masticatory function and facial esthetics. The custom made TMJ prosthesis was constructed using a stereolithographic model. The prosthesis include of a new ascending ramus, condyle and hypoplastic glenoid fossa. Le fort I osteotomy for correction of the occlusal cant was performed. Following mandibular advancement with bilateral sagittal split ramus osteotomy bone graft derived from the anterior iliac crest was placed between the segments of the right osteotomy site as there was a large intersegmental gap. TMJ prosthesis was applied via a preauricular and submandibular approach and abdominal fat graft was placed around the articulation area of the prosthesis. The patient healed uneventfully and after 6 month follow up maximum mouth opening was within the normal range.

Keywords: TMJ Ankylosis, Costochondral Graft, prosthesis

P-214

Case Report: Intraoral lesions with Discoid Lupus Erythematosus

Taylan Çelebi, Selin Kumral, Fian Derviş, Hakkı Tanyeri
İstanbul Üniversitesi, Ağız, Diş, Çene Cerrahisi Ana Bilim Dalı, İstanbul

Objective: In this case report we presented the intra oral findings and histopathological examination results of a patient who diagnosed and medically treated with DLE.

Case: A 32-year-old female patient with Discoid Lupus Erythematosus (DLE) was admitted to our clinic with erythematous, painful lesion in the upper left lateral dental region. As of January 2010, the patient who was on treatment with hydroxychloroquine sulfate (2x200 mg), an antimalarial drug, became ANA test positive in 2016. It was decided to take an excisional biopsy from the relevant lesion in the clinical examination. According to an excisional biopsy report made in January 2018, hyperkeratosis in the epithelium, lymphoplasmacytic cell infiltration in the connective tissue was observed, and basal layer thickening was observed according to the epicrisis in the oral cavity lesion histopathologically according to Lupus. The patient was advised to continue the current treatment of the patient with periodontal treatment and consultation with dermatology. The patient is under regular follow-up by us.

Conclusion: DLE is a risk factor for squamous cell carcinoma. Further it has been reported that oral mucosal lesions of DLE may occur before the skin lesions. For this reasons, intra oral lesions and systemic findings of DLE patients should be well examined and followed up after diagnosis.

Keywords: lupus, Discoid Lupus Erythematosus, DLE, ANA, lesion

Resim 1



skin lesions in DLE

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Resim 2



Oral lesions in DLE

Resim 3



Oral lesions

P-215

Implant failure due to the Actinomyces-associated lesion in mandible

Bora Özden, Levent Acar, Burcu Baş

Ondokuz Mayıs University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: The aim of this study is to present a rare case of an actinomices infection that causes implant failure.

Case: A 63-year-old woman was referred to our clinic for implant rehabilitation. Intraoral examination revealed missing bilateral mandibular second premolars and first molars. Her medical and family history was unremarkable. (Figure 1) Four implants were placed bilaterally without any intra-operative complication. (Figure 2) Four years later she was referred to our clinic with the complaint of a gingival swelling accompanied by mild pain. In clinical examination, a peri-implant abscess on the buccal of the implant was noted. Radiographic examination revealed a radiolucent lesion around the implant. (Figure 3) The patient was informed of the findings, and the decision was made to remove the implant. The lesion was totally excised and dental curettage after implant extraction. The biopsy result of the specimen was revealed as actinomyces infection. (Figure 4) High doses of penicillin (1.200.000IU) were prescribed for two months.

Conclusion: Actinomyces-associated lesion around dental implants is rare. It is likely to have relatively serious consequences if it is not diagnosed due to its progressive nature. Actinomyces are sensitive to a number of antibiotics, and penicillin is the drug of choice. Most clinicians recommend extended antibiotic treatment. Long-term follow up is needed as the recurrence of infection has been reported.

Keywords: Actinomyces, mandibula, dental implant

Figure 1



Preoperative radiographic view of the patient.

Figure 2



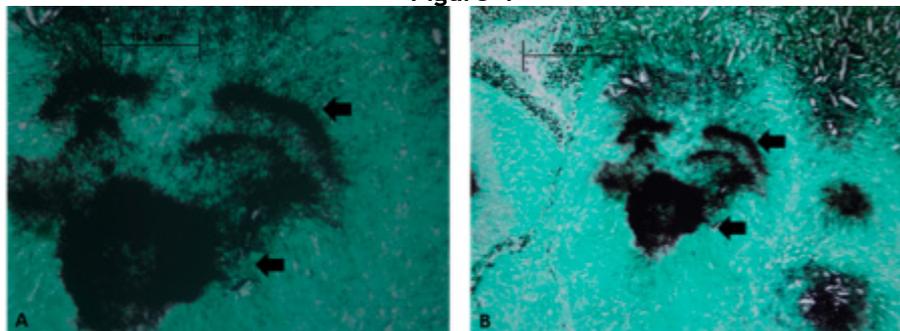
Radiographic view of the patient after implant insertion.

Figure 3



Radiographic view showing the lesion around the dental implant after four years

Figure 4



A: x20 B: x40 magnification Arrow: Actinomycosis colonisation (Actinomyces are seen as black with Gomori Methenamin Silver staining.)

P-216

Management of Upper Airway Obstruction in "Pierre Robin Sequence" by Mandibular Distraction Osteogenesis

Hakan Hıfzı Tüz¹, Selen Adiloğlu¹, Rıza Önder Günaydın², Salih Eren Meral¹,
Tuğçe Göktürk¹

¹Hacettepe University Faculty of Dentistry Department of Oral and Maxillofacial Surgery
Ankara

²Hacettepe University Faculty of Medicine Department of Otolaryngology Ankara

Objective: First described in 1926, Pierre Robin Sequence is seen with mandibular micrognathia and glossoptosis leading to upper airway obstruction. Among many surgical treatments demonstrated, mandibular distraction osteogenesis (MDO) is considered to be most effective in relieving the airway obstruction by lengthening the mandible. This also stretches the suprahyoid muscles, thus helps easing the glossoptosis. The aim of this paper is to present the changes of upper airway in three patients.

Case: Three patients (one neonate and two children) with PRS were evaluated for upper airway obstruction by department of otolaryngology. One neonate was assessed on the basis of intubation and extubation times. Patients were evaluated with polysomnography before and after mandibular distraction osteogenesis. Approximately 10-12 mm distraction was performed in each patient. Intubation criteria for neonate and PSG for two children were evaluated after MDO.

Conclusion: PSG results showed that the quality of sleeping and O₂ saturations increased and the glossopitosis was not observed after MDO. MDO is an effective treatment to avoid tracheotomy and its associated complications in PRS patients.

Keywords: Pierre Robin Sequence, Airway Obstruction, Glossopitosis, Mandibular Distraction Osteogenesis

P-217

A Survey of Oral and Maxillofacial Surgery Specimens for a 4 Year Period

Vusala Guliyeva, Alper Aktas, Selen Adiloglu

Hacettepe University Faculty of Dentistry Department of Oral and Maxillofacial Surgery

Objective: This study aimed to evaluate pathological lesions treated in Hacettepe University Faculty of Dentistry Department of Oral and Maxillofacial Surgery

Materials-Methods: Between 2014-2017 oral pathology documents were retrospectively reviewed in Hacettepe University. According to literature, the collected data were divided into 14 sub- categories.

Results: Over 4 years, 1764 patients in total were included in this study. According to the pathology results odontogenic cysts and hamartomas were most commonly seen and it was found in 393 patients (22.7%). Mucosal pathologies were seen at 331 patients (18.7%) and bone pathologies in 214 (12.1%) patients, while only 23 patients (1.3%) had malignant tumors. In this study lesions due to viral infections and hematologic diseases were rare.

Conclusion: This study aimed to indicate which lesions are observed frequently. Beside this a clinician must keep rare lesions in mind for successful prognosis and right treatment. The majority of patients with oral lesions have benign pathologies. But sometimes these lesions may represent premalignant, malignant conditions or even may be a part of systemic diseases or they may be developmental; therefore a history and a careful clinical examination form the basis of possible differential diagnoses in oral mucosal lesions.

Keywords: pathology, oral surgery, benign tumour, Mucosal pathologies, odontogenic cysts and hamartomas

P-218

Pushing Limits in Orthognathic Surgery: Two Cases

Serhat Polat¹, Seçil Çubuk¹, Ayça Arman Özçirpıcı², Burak Bayram¹

¹Baskent University Department of Oral and Maxillofacial Surgery, Ankara

²Baskent University Department of Orthodontics, Ankara

Patients with dentofacial deformities show different degrees of aesthetic and functional impairment. Orthognathic surgery is recommended for the treatment of most of these cases to improve both the facial appearance and the masticatory function. Nevertheless, orthognathic surgery have some limitations; larger surgical movements, more than 7-10 mm, is often avoided. We present two cases on the two opposite sides of orthognathic surgery with drastic surgical movements. First case was a 34 year old male with acromegaly as a result of a pituitary gland tumor which was operated 14 years ago. His hormone levels remained stable after surgery with octreotide acetate injection monthly. The clinical features found were severe mandibular prognathism with prominent supraorbital ridges and prominent forehead. Bimaxillary osteotomy was planned for skeletal correction. Following Le Fort I osteotomy and bilateral sagittal split osteotomy (BSSO), 10 mm maxillary advancement and 14 mm mandibular setback were obtained. Second case was 18 year old female with severe mandibular retrognathia. Le Fort I osteotomy and BSSO was performed with 8 mm maxillary impaction and 13 mm mandibular advancement. Healing was uneventful in both cases and surgical correction results were satisfactory.

Keywords: acromegaly, orthognathic surgery, Le Fort I osteotomy

P-219

Unilateral Mandibular Wing Osteotomy With Inferior Alveolar Nerve Reposition For Correction of Mandibular Asymmetry: A Case Report

Alptuğ Kendirci, Esra Beyler, Nurettin Diker, Burak Bayram
Baskent University Department of Oral and Maxillofacial Surgery, Ankara

A symmetrical facial contour is still a challenge in maxillofacial surgery. Many surgical techniques have been described to achieve mandibular symmetry. Mandibular excess or asymmetry with ideal dental occlusions or in conjunction with dentofacial deformities can be treated by changing mandibular morphology through complete horizontal osteotomy and repositioning the alveolar nerve. A 20 year old female patient was referred to Baskent University Department of Oral and Maxillofacial Surgery with complaint of facial asymmetry. Extraorally, she had a clear asymmetry of her mandible on the right hand side. She had had orthodontic treatment with Class I malocclusion. Vertical mouth opening was normal and lateral movements of mandible were in normal ranges. Mandibular wing osteotomy was planned for the vertical enlargement of the mandibular right border. Unilateral wing osteotomy was performed on the right side of the mandible along with inferior alveolar nerve repositioning. Basal segment fixation was performed with osteosynthesis plates and screws. Satisfactory mandibular symmetry was obtained after surgery.

Keywords: Mandibular wing osteotomy, Mandibular Asymmetry, Inferior Alveolar Nerve Reposition

P-220

Dentigerous Cyst With Mandibular Third Molar to The Lower Border of Mandible

Erkoç Bulut, Kevser Sancak, Abdulkerim Bayındır, Ümit Kıymet Akal, Çağıl Vural
Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Ankara University, Ankara

The dentigerous cyst is defined as a cyst that originates by the separation of the follicle from around the crown of an unerupted tooth. Dentigerous cysts associated with unerupted teeth are most commonly associated with mandibular third molars. The ectopic placement of third molars is a condition in which the tooth is located in a non-physiologic area. It is relatively rare and often a dentigerous cyst may be associated with it. Various surgical approaches have been described to remove ectopic mandibular teeth: intraoral, particularly by using a sagittal split osteotomy, and extraoral, more recently including endoscopic, preauricular, retromandibular, and submandibular surgery

A 35-year-old male patient applied our clinic. He has a third molar at mandible border with cystic lesion.. A preoperative CT examination was performed

The patient undersigned an informed consent and it was planned to remove the tooth under general anesthesia through an extraoral approach. The tooth was extracted extraorally. The intraoral enucleation of the adjacent cysts with the removal of the unerupted teeth followed by the histological examination of the enucleated cysts was the primary aim of the treatment.

Keywords: dentigerous cyst, impacted tooth, extraoral approach

P-221

Conservative Treatment of Vertical Ramus Fracture: Report of A Rare Case

Merve Bozkurt, Tuğçenur Uzun, Zübeyir Baş, Sadi Memiş

Department of Oral and Maxillofacial Surgery, School of Dentistry, Abant İzzet Baysal
University, Bolu

Objective: The purpose of this study is to present a rare case of isolated mandibular ramus fracture as due to maxillofacial trauma treated with conservative treatment (soft dietary and clinical follow-up).

Case: A 56 years old female patient referred to AIBU Dentistry Faculty department of Oral and Maxillofacial Surgery with history of a blunt trauma to her left mandibular region 3 months ago. There was no pain or swelling complaints on the clinical examination. Skin and mucous membrane continuity was intact. Patient complained about discomfort during function. On radiographic examination (OPG) two vertical fracture lines in the left mandibular ramus region were detected. On CBCT both fracture lines were observed clearly, one from the incisura mandible to angulus, the other from the coronoid process to the angulus, including the cortical parts of bone. Considering the time left after trauma of the patient who did not have displacement of fracture fragments and occlusion disorder, the patient was recommended to have a soft diet without closed/open reduction treatment. The patient was taken on a clinical and radiographic follow-up. The improvement of healing on fracture lines observed radiologically. After three months the complaints of the patient were disappeared completely.

Conclusion: In this case report, it has been shown that conservative treatment (soft diet and clinical observation) can be used as a safe treatment option in cases of vertical ramus fractures without displacement when patient's occlusion does not corrupted.

Keywords: ramus, fracture, conservative

P-222

Familial focal epithelial hyperplasia associated with different types of HPV

Ayşem Yurtseven, Esra Hacıoğlu, Zeynep Afra Akbıyık Az, Tourgkai Moustafa, Mustafa Mert Açıkgöz, Gülsüm Ak
Oral and Maxillofacial Surgery, Faculty of Dentistry, Istanbul University, Istanbul

Objective: Focal epithelial hyperplasia (FEH) is a rare benign papillomatous disease of the oral cavity. In last years, as genetic susceptibility to human papillomavirus (HPV) infections are researched by studies involving the human leukocyte antigen system (HLA), the disease is found to be related with HPV type 13 and 32. In this report, our aim is to determine the clinicopathological features of FEH and its association with HPV.

Case: 12-year-old boy was consulted to our clinic with a history of asymptomatic, multiple lesions of the lips and buccal mucosa that spread slowly and progressively in the recent year. During examination, it is learned that his 10 year-old brother and 7 year-old sister have the similar lesions as he had in the beginning.

The lesions are diagnosed as papillomatous hyperplasia in pathology lab report and in microbiology lab report, HPV hibridization came with the positive result of high risk group of HPV types 16,18,31,33,35,45,51,52,56,58,59,68 and low risk group of HPV types 6,11,42,43,44. Total excision of lesions with soft tissue laser was performed and long term follow up controls are planned for the patients.

Conclusion: HPV detection must be considered imperative in the patients with FEH in an attempt to understand etiology of this disease and choose the right treatment protocol. Although FEH is known to be associated with types 13 and 32 generally, it should be considered to be associated with different types of HPV.

Keywords: Focal epithelial hyperplasia, Heck's disease, Human papilloma virus

P-223

Sublingual Gland Sialolithiasis: A Case Report

Özkan Özgül, Hatice Deniz, Ismail Doruk Koçyiğit, Mustafa Ercüment Önder,
Umut Tekin

Department of Maxillofacial Surgery, Kırıkkale University, Kırıkkale

Objective: Sialolithiasis, or salivary calculi, is a disease of the salivary glands, characterized by the formation of mineralized structures within the excretory salivary ducts or the glandular parenchyma. Sublingual gland sialolithiasis is rare and may be misdiagnosed as submandibular gland sialolithiasis. Traditional treatment for sialolithiasis includes surgery, either intraoral excision of the stone or external excision of the entire gland. In some cases, intraoral sialolithotomy is performed when the stone is solitary and easily palpable through the oral cavity.

Case: Female patient, age is 52, presented following a single episode of acute sialadenitis without preceding postprandial symptoms. There were symptoms in the patient's xerostomia and stomatitis. The Sialolithiasis were removed by surgical enucleation under general anesthesia. A biopsy was performed and the specimen sent for histopathological examination. The histopathology report was conclusive of salivary gland sialolithiasis. No recurrence after one-year follow-up.

Conclusion: Sialolithiasis of the salivary glands is an infrequent situation, which may present a diagnostic difficulty due to the overlap of clinical characteristics with other lesions. They were treated via surgical removal of the lesion together with the affected gland.

Keywords: sialolithiasis, sublingual gland, surgical enucleation

P-224

Lipomas of the Oral Cavity: 4 Case Reports

Zeynep Afra Akbıyık Az, Ayşem Yurtseven, Esra Hacıoğlu, Gülsüm Ak
Oral and Maxillofacial Surgery, Faculty of Dentistry, Istanbul University, Istanbul

Objective: Lipomas are benign mesenchymal neoplasms consisting of mature adipose tissue. Although being a most common soft tissue tumour, only 1% to 5% of cases occur in the oral cavity. In this report, our aim is to present 4 cases of intraoral lipoma with clinical findings, surgical treatment and histopathological features.

Case: 72-year-old female, 78-year-old male, 44 year-old female and 14 year-old male patients who referred to our clinic with the complain of painless swelling were evaluated. Swellings were mobile and firm on palpation with no any signs according to panoramic radiograph. Excisional biopsies were performed with blunt dissection. Lobular, yellowish, encapsulated masses were obtained from the patients and excised specimens were sent to pathology laboratory for histopathological analysis. Intraoral lipomas were diagnosed as a result of pathological examination.

Conclusion: Lipomas are benign lesions without recurrence. They can be successfully treated with total excision.

Keywords: Intraoral lipoma, soft tissue lipoma, treatment of oral lipoma

P-225

Bisphosphonate-related Osteonecrosis of the Jaws: 8 Cases and Evaluation of Current Treatment Approaches

Mustafa Mert Açıkgöz, Ayşem Yurtseven, Esra Hacıoğlu, Zeynep Afra Akbıyık Az, Gülsüm Ak

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

Objective: Bisphosphonates which are synthetic analogues of pyrophosphates are widely used in treatment of osteoporosis. In addition, Bisphosphonates are used in the treatment of hypercalcemia associated with breast, prostate or lung cancer and the metastatic osteolytic lesions of multiple myeloma. One of the most significant side effects in patient with using bisphosphonates is the occurrence of osteonecrosis of the maxilla and the mandible. The aim of this study is to present three patient who has advanced level of MRONJ and evaluation of current treatment approaches in bisphosphonate-associated osteonecrosis of the jaws.

Case: 8 patients that referred to Istanbul University, Faculty of Dentistry were evaluated. It was learned that patients used iv bisphosphonate during periods of 5-10 years in medical history. When clinical conditions were evaluated, no surgical procedure was performed and patients were decided to be followed regularly under antibiotic prophylaxis and oral hygiene control. As a result of long-term follow-up, healthy soft tissue healing was observed in 3 of the patients with sequestrum formation. Other patients continue to be followed.

Conclusion: One of the most important complications of bisphosphonate drug use for different reasons is the osteonecrosis developing in the jaws. Patients must be under consultation by oral surgeon before and after drug use.

Keywords: bisphosphonate-related osteonecrosis, MRONJ, osteonecrosis of the jaws

P-226

Excision of the Inferior Alveolar Nerve Neuroma with Simultaneous Nerve Anastomosis: A Case Report

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

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

Objective: This case report aims to present a patient with inferior alveolar nerve (IAN) neuroma mimicking a periapical lesion.

Case: A 22-year-old female was referred to our clinic with an initial complaint of pain and occasional hypoesthesia of the right lower lip. Intraoral examination was non-significant. Radiographic examination revealed a radiolucent lesion with ill-defined borders at the right mental nerve (MN) area, corresponding to the apex of a non-vital second premolar tooth, which had no caries or periodontal lesions. Tomographic evaluation revealed an oval lesion in continuity with inferior alveolar canal and mental foramen, lingually to the tooth. Following tooth extraction and buccal osteotomy to expose IAN, the lesion was detected. MN was dissected from the buccal mucosa, then the lesion was excised. Nerve anastomosis of IAN and MN was performed. An intraoral mucosal flap was raised in order to facilitate a tension-free primary closure. The patient is at sixth month of follow up with increased sensation of the lower lip and no complaints of pain.

Conclusion: Nerve-associated pathologies should be included in the list of possible radiolucent mandibular lesions, especially when observed over the course of mandibular nerve branches. Incising the nerves for lesion removal after buccal mucosal dissection and finding the MN, will allow a rather easy anastomosis of MN and IAN. Recurrent neuroma lesions may be prevented if nerve cuts are not performed right next to the lesion. Longer and larger follow-up groups are required to accurately comment on the success of the treatments for these pathologies.

Keywords: Intraosseous neuroma, inferior alveolar nerve, mental nerve, nerve anastomosis, nerve repair

P-227

Deregulation of Cancer-Associated Genes in Odontogenic Cysts

Bilal Ege¹, Onder Yumrutas², Ibrahim Bozgeyik²

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Adiyaman University, Adiyaman

²Department of Medical Biology, Faculty of Medicine, Adiyaman University, Adiyaman

Objective: The aim of the present study was to the role of differential expression levels of RB1, TP53, XIAP, BCL2 AIFM3, BAX, CASP3 and CASP9 genes in odontogenic cysts.

Materials-Methods: A total number of 16 patients who diagnosed with odontogenic cyst were included in the present study. For the gene expression analysis, cyst and adjacent gingival healthy tissues of patients were collected during surgical operation. Quantitative analysis of gene expression levels RB1, TP53, XIAP, BCL2 AIFM3, BAX, CASP3 and CASP9 were achieved real-time PCR method. For the optimization of gene expression levels GAPDH reference gene was used.

Results: As a result of gene expression analysis, expression of both RB1 and TP53 genes were markedly downregulated in odontogenic cysts tissues compared to healthy tissues of patients ($p < 0.05$). Also, statistically significant downregulation was found in CASP3 and CASP9 genes in odontogenic cysts tissues compared to healthy tissues of patients ($p < 0.05$). In contrast, expression of XIAP was significantly upregulated in odontogenic cysts tissues compared to healthy tissues of patients ($p < 0.05$). Although BCL2, AIFM3, and BAX genes were also differentially expressed in odontogenic cysts tissues, these changes were statistically insignificant ($p > 0.05$).

Conclusion: The findings of the present study indicates that RB1, TP53, XIAP, CASP3 and CASP9 genes could have important role in formation odontogenic cysts and responsible for the increased cell proliferation in these tissues.

Keywords: Odontogenic cysts, Tumor suppressor gene, Cancer, Gene expression, Apoptosis

P-228

Supernumerary Premolar Teeth and its Effect on Permanent Dentition: A case report

Bilal Ege

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

Objective: Supernumerary teeth are extra teeth in the dental arch. Occurrence of supernumerary teeth can be single, multiple, unilateral or bilateral in one or both jaws. This is a developmental disorder and the etiology is not yet fully understood. They are important because they can cause complications such as root resorption of adjacent tooth, delaying eruption and displacement of permanent teeth. In this study, we aimed to present a case with bilateral supernumerary premolar teeth (SPT) in the mandible.

Case: The clinical features and treatments of SPT were evaluated together with the literature. In this case report, surgical excision and curettage of symptomatic supernumerary premolar and impacted permanent premolar in an 18 year-old male patient was presented. Although SPTs are symmetrical in the patient, impacted permanent premolar and root resorption was observed in only one side; on the other side SPT was asymptomatic so there was no similar finding. It was considered that this is due to the location, angle and tilt of the SPT.

Conclusion: Due to adverse effects on the permanent dentition, early diagnosis and treatment of SPT is important to prevent or minimize complications.

Keywords: Supernumerary teeth, unerupted teeth, permanent dentition

P-229

Treatment and follow-up of floride cemento-osseous dysplasia: 3 case reports

Esra Hacıoğlu, Zeynep Afra Akbıyık Az, Arda Öztan, Ayşem Yurtseven, Gülsüm Ak
Oral and Maxillofacial Surgery, Faculty of Dentistry, Istanbul University, Istanbul

Objective: Floride cemento-osseous dysplasia is a fibro-osseous lesion that develops only in the jaws and is observed as accumulation of dense bone with cementum masses in the absence of any systemic bone disease. It is a common form of periapical cemental dysplasia. Although etiology is unknown, it is thought that these lesions may be caused by reactive or dysplastic change of periodontal ligament due to histopathological similarity and presence of the same localization.

Case: The lesion is mostly asymptomatic and often found incidentally on a routine radiographic examination. From the apical regions of the teeth towards the alveolar process, there is a radiopaque-radiolucent lesion that does not pass through the inferior alveolar canal in the mandibular region. Radiographically, it is usually seen bilaterally in the mandible and/or maxillary. 2 cases were referred to our clinic with the symptoms of mucosal ulceration, pain and fistulization. Incisional biopsy was performed and came with the result of fluoride cemento-osseous dysplasia. Since they are in a symptomatic state, antibiotics were prescribed and sequestrectomy of the infected regions were performed. Patients' follow-ups are continuing with control radiography. In one case who has no symptom, radiographic follow-up continues after biopsy.

Conclusion: Examination with panoramic radiography in every 2 or 3 years is reported to be adequate for patients' follow-up. Because the risk of unnecessary endodontic treatment and surgical procedure especially in early stage lesions, it is very important to sure the correct diagnosis. In symptomatic cases, antibiotic use and sequestrectomy are successful treatments.

Keywords: florid cemento-osseous dysplasia, jaw tumors, periapical lesions

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Surgery-First Approach in Orthognathic Surgery: Three Case Reports

Elif Esra Özmen¹, Doğan Dolanmaz¹, Alparslan Esen², Zeliha Müge Baka³,
Emire Aybüke Erdur⁴, Ömer Erdur⁵

¹Department of Oral and Maxillofacial Surgery, Selçuk University Faculty of Dentistry, Konya, Turkey

²Department of Oral and Maxillofacial Surgery, Necmettin Erbakan University Faculty of Dentistry, Konya, Turkey

³Department of Orthodontics, Selçuk University Faculty of Dentistry, Konya, Turkey

⁴Department of Orthodontics, Necmettin Erbakan University Faculty of Dentistry, Konya, Turkey

⁵Department of Otorhinolaryngology, Selçuk University Faculty of Medicine, Konya, Turkey

Objective: The surgery-first orthognathic approach (SFOA) produce equally excellent results which has been introduced to offset the untoward effects of conventional orthognathic surgery (prolonged treatment period, unsightly long-term braces visibility, etc.) if cases carefully selected and appropriately managed. In this presentation, the treatment of three cases of dentofacial deformities with SFOA will be presented.

Case: A 33-year-old female patient referred to us with the complain of facial asymmetry. Clinical and radiological examinations showed Class 3 skeletal deformity, laterognathic increased facial height and concave profile. The patient was treated with mandibular set-back surgery and prosthetic rehabilitation.

A 29-year-old female patient referred to us with the complain of open bite and gummy smile. The cephalometric analysis showed skeletal Class I relationship. Impaction and advancement of maxilla were performed by LeFort 1 osteotomy. The treatment was completed with prosthetic rehabilitation.

A 34-year-old female patient referred to us with the complain of lower jaw deficiency. Clinical and radiological examinations showed that she had Class II skeletal deformity. The treatment plan included the 7 mm advancement of the lower jaw with the SFOA and orthodontic treatment.

Conclusion: Decreasing the amount of the total treatment is the main advantage of this method which is resulted from rapid bone modelling due to accelerated tooth movement. SFOA technic should be considered as an alternative treatment option due to shortened treatment period, early aesthetic satisfaction and decreased periodontal problems. SFOA can also be used in combination with prosthetic rehabilitation in selected patients who need prosthesis.

Keywords: early aesthetic satisfaction, surgery-first approach, orthognathic surgery

P-231

Glandular Odontogenic Cyst: Case Report

Merve Demir¹, Kivanç Bektaş Kayhan¹, Necat Vakur Olgaç²

¹Istanbul University- Faculty of Dentistry, Department of Oral and Maxillofacial Surgery,
Istanbul, Turkey

²Istanbul University- Institute of Oncology, Department of Tumor Pathology, Istanbul, Turkey

Objective: Glandular odontogenic cyst (GOC) is a developmental cyst of the jaw bone which can be regarded as rare in prevalence. It is located in anterior mandible with a male dominance, frequently in middle-aged population. Radiologically, lesion appears as a radiolucent cyst with regular borders that might be uni- or multilocular. Treatment is enucleation and curettage. Clinically GOC has an aggressive nature with high risk of recurrence. Therefore, careful clinical and radiological evaluation is required in long-term follow up.

Case: Here we present, the diagnosis and treatment protocol of glandular odontogenic cyst in a 62-year-old man. Patient referred to oral surgery clinics from oral diagnosis clinics for surgical evaluation of the dentition. Patient did not have any complaints about the lesion. After careful clinical and radiologic examination, a radiolucent lesion in mandibular symphysis area was detected. GOC was the differential diagnosis. Enucleation and curettage of the cyst was performed. Histopathologic evaluation confirmed clinical diagnosis.

Conclusion: A detailed clinical and radiographic examination during routine examination is crucial in diagnosis and treatment of silent pathological lesions involving jaw bones such as GOC. The enucleation of the cyst with adequate curettage and a strict postoperative follow-up is required.

Keywords: glandular odontogenic cyst, jaw cyst, odontogenic cyst

P-232

Odontogenic keratocyst: Literature Review with a case report

Alper Aktaş, Selen Adilođlu, Ezgi Ergezen, Başak Sündüz Yılmaz
*Hacettepe University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery
Ankara Turkey*

Objective: The odontogenic keratocyst (OKC) is known as its high recurrence rate, aggressive behavior. It is occasionally associated with the nevoid basal cell carcinoma syndrome. It has been debated for long, whether odontogenic keratocyst has a cystic nature or a benign tumor. In recent years, odontogenic keratocyst is defined as a cyst by WHO. The aim of this review is to look through up to date keratocyst case reports and new treatment modalities.

Case: A 30 year old female patient, without any systemic illness, referred to our clinic with acute infection symptoms in left mandibular region. Radiographically, a multilocular radiolucency was seen seemed to originate between mandibular first molar and condyle of mandible. In the axial CBCT images, several perforations were observed; especially in the lingual and sigmoid notch area. Under general anesthesia the lesion was curated, the second molar tooth extracted and histopathological evaluation showed odontogenic keratocyst.

Conclusion: Odontogenic keratocyst is a common entity and it is known as an aggressive, neoplastic nature. This case is unique because, the lesion is larger than the common literature findings and it has lead to perforations in several areas. In the literature, odontogenic keratocyst is defined as an aggressive entity, but perforations are not commonly seen. New treatment modalities seen at literature such as treatment with Vismodegib 150 mg is recommended. The management of odontogenic keratocysts could be more restricted by the usage of these drugs.

Keywords: odontogenic keratocyst, oral cyst, mandible

P-233

Contemporary treatment approaches to osteopetrosis with 4 case report

Alper Aktaş, Selen Adilođlu, Başak Sündüz Yılmaz

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

Objective: Osteopetrosis, is rare genetic disorders dealing with generalized sclerotic conditions. Clinical classification is difficult because of high variability of severity and associated complications. Nevertheless, according to the severity of clinical features, age at onset, and mode of inheritance, several authors classify OP in 3 types: infantile malignant autosomal recessive OP, intermediate autosomal recessive OP, and autosomal dominant OP. An extensive approach could be applied for management of patients with osteopetrosis for the treatment of characteristic clinical problems such as fractures, deformity, back pain, bone pain, osteomyelitis, and neurologic sequelae.

Case: Four autosomal dominant adult osteopetrosis case are presented. Treatment modalities, complications and surgical procedures that faced is discussed by comparing with new treatment approaches. All of the patients have other systematic problems and osteomyelitis were observed in various bones. Generally, surgical procedures were made conservative as possible (sequestrectomy), closed primarily and given oral antibiotics.

Conclusion: Osteopetrosis doesn't have a defined successful treatment modality in the literature, but the best approach was emphasized as conservative as possible. In the literature the treatment approaches such as vitamin D supplements, corticosteroids, erythropoietin, gamma interferon and hyperbaric oxygen therapy could manage the clinical problems. The treatment of osteopetrosis is preferred to interfere clinical problems for optimising the quality of the patient and new treatments can be included to the conventional therapies.

Keywords: osteopetrosis, albers-schönberg, marble-bone, autosomal dominant OP

P-234

Stafne Bone Defect: Report of Two Cases

Semih Karıcı, Elif Esra Özmen, Abdullah Kalaycı, Hanife Ataoğlu

Selcuk University Faculty Of Dentistry, Department Of Oral And Maxillofacial Surgery, Konya

Objective: In 1942, Stafne described for the first time 35 asymptomatic, radiolucent cavities, unilaterally located in the posterior region of the mandible, between the mandibular angle and the third molar, below the inferior dental canal and slightly above the basis mandibula. The exact pathogenesis is still obscure. The most widely accepted view is that the cavities develop as a result of a localized pressure atrophy of the lingual surface of the mandible from the adjacent salivary gland. Bone defects of Stafne frequently affect men in their fifth or seventh decade of life. The purpose of this case report is presented two patients with stafne bone defect.

Case 1: A 53 years old female patient applied to our clinic for routine dental checkup. As a result of radiological examination, a well-defined radiolucent lesion was observed under the inferior alveolar dental canal in the left mandibular angular region. The patient had no symptoms.

Case 2: A 88 years old male patient applied to our clinic for routine dental treatment. In radiological examination, radiolucent lesion was observed in left angulus mandible. The patient had no symptoms.

Conclusion: The diagnosis of this defect is incidental, since it does show any clinical symptoms. No treatment is required for this condition. Surgical exploration or biopsy should be performed in atypical cases or other suspected lesions. Periodic radiographic follow up is generally agreed to be the best long term option.

Keywords: defect, mandible, stafne bone cyst

P-235 Giant Peripheral Osteoma

Alperen Gökmen¹, Melda Mısırlıoğlu², Mehmet Zahit Adışen², Fethi Atıl¹,
Merve Aydoğdu²

¹Kirikkale University Oral and Maxillofacial Dept.

²Kirikkale University Oral Diagnosis and Radiology Dept.

Osteoma is a rare benign bone tumor of unknown etiology. Nevertheless some factors like trauma infection congenital anomalies, embryonic changes or growth anomalies could be reason of this pathology. This benign tumor of the bone characterized by the proliferation of cortical and spongy bone. Osteoma has 3 types these are central, peripheral, and extraskeletal. This pathology more common mandibular bone than maxilla but the peripheral type arises from the periosteum and is rarely seen in mandibular bone. Osteoma is usually seen mandibula body, condyle or angulus and more common in males. Tumors are mostly come out asymptomatic growth until they reach remarkable size and cause asymmetry or dysfunction problems. Clinical examination, facial asymmetry, orthopantomograph, computerized tomograph (CT), or cone beam computerized tomograph (CBCT) helps uncertain preoperative diagnosis. Treatment of the tumor is surgical and recurrence of peripheral osteoma after surgical excision is extremely rare. This study has clinical and radiological findings of male 45 years old patient who complained of asymmetry on his face.

Keywords: Osteoma, Mandibula, pathology

P-236

Sinus Augmentation with Simultaneous İmplant Placement Using Choukroun's Platelet-Rich Fibrin Alone (PRF) as Subsinus Filling Material

Ayşe Özcan Küçük¹, Mahmut Koparal², Bilal Ege², Günay Yapıcı Yavuz²

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Mersin University, Mersin

²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Adiyaman University, Adiyaman

Objective: Sinus augmentation with simultaneous implant placement without bone graft material is a hotly debated technique. This technique could be improved and secured by the use of platelet-rich fibrin (PRF) concentrate. In this report, we presented a case who was treated with sinus floor augmentation and simultaneous implant placement using PRF as the sole filling material.

Case: A 32-year-old man was referred to our department for dental implant therapy to replace his missing teeth in the left maxillary molar region. An initial panoramic radiography showed that the alveolar bone height of this area was insufficient for implant placement. Therefore, sinus floor augmentation was planned. The sinus elevation was performed using the lateral approach using PRF as sole graft material. Multiple PRF membranes prepared according to the protocol of Choukroun et al. were inserted into the sinus floor elevated site. Two implants were simultaneously placed within the sinus augmentation area. At 8 months postoperatively, second-stage surgery was performed.

Conclusion: We reported a case in which PRF used as the sole subsinus filling material for sinus augmentation was able to be displaced by new bone. PRF as the sole subsinus filling material is useful because it can be easily obtained, is cost-effective, and has the potential to promote natural bone regeneration.

Keywords: dental implants, maxillary sinus, platelet-rich fibrin

P-237

Treatment of Non-displaced Subcondylar Fracture with a Combination of Intermaxillary Fixation and Low-Level- Laser-Therapy: A Case Report

Merve Çakır¹, Özgür Erdoğan¹, Belde Arsan²

¹Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Okan University, Istanbul

²Department of Dentomaxillofacial Radiology, Faculty of Dentistry, Okan University, Istanbul,

Objective: Intermaxillary fixation (IMF) is essential for mandibular fracture reduction and the re-establishment of occlusion. Arch bars or IMF screws can be used for the IMF. Low-level-laser therapy (LLLT) is suggested to have biostimulating and analgesic effects through direct irradiation without causing thermal response. In this case report, we present the treatment of a mandibular subcondylar fracture with IMF screws combined with biostimulatory effects of LLLT.

Case: A 22 year-old female patient referred to our clinic with a complaint of pain and swelling on the right mandibular ramus area, due to the trauma onto the right side of the face. Clinical examination revealed swelling on the right subcondylar region. Panoramic and CBCT evaluations showed greenstick fracture without displacement on the right subcondylar area. The fracture was treated with intermaxillary fixation with four intermaxillary fixation screws (KLS Martin, Germany) placed on the right -left maxillary and mandibular premolar area, for three weeks. To accelerate the healing and to reduce the edema, low-level-laser therapy (Biolase, EpicX) was applied every two days for fifteen days (6 sessions). Postoperative period was uneventful and malocclusion was not observed.

Conclusion: The patient's follow-ups have continued for 2 months with satisfactory outcomes without any complication.

Keywords: intermaxillary fixation, low level laser therapy, subcondylar fracture

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Conservative treatment of mandibular condyle fractures: A report of two cases

Ayşe Karaca Bulut¹, Çağdaş Elsürer², Bahar Keleş Çolpan², Doğan Dolanmaz¹,
Ömer Erdur²

¹Oral And Maxillofacial Surgery Department, Faculty of Dentistry, Selçuk University,
Konya, Turkey

²Department of Otorhinolaryngology, Faculty of Medicine, Selçuk University, Konya, Turkey

Objective: The aim of this study was to describe the closed reduction therapy to manage the unilateral and bilateral condyle fracture caused by trauma

Case 1: A 39-year old male patient referred to our clinic with right mandibular condyle fracture and left parasymphiseal fracture. Patient presented right mandibular deviation, ipsilateral cross-bite and restricted mouth opening. Displaced fracture of the symphysis was fixed with screws and plates under general anesthesia.

Case 2: A 16-year old male patient referred to our clinic with corpus fracture at the right mandible and bilateral condyle fracture. Patient presented left mandibular deviation due to the displacement of the left condyle fracture, anterior open bite and ipsilateral cross-bite. The corpus fracture was fixed with plates and screws under general anesthesia. In both cases intermaxillary fixation was applied and elastics were changed 3 times during 5 weeks. Cylindrical occlusal appliance was used on the right side in the first case and bilateral in the second case. The occlusal appliance was used to reduce muscle traction caused by reduced ramus height. In both cases mini screws were inserted into anterior alveolar bone. Vertical traction was applied by elastics. Elastics were applied to make the mandible rotate around the appliance, guiding the mandible toward the patient's habitual occlusion.

Conclusion: In this report, bilateral and unilateral condyle fractures were treated with conservatively with occlusal appliance in both young and adult patients. The patients were symptom free, and interincisal opening was in normal limits in their 12 months follow-up period.

Keywords: condyle fracture, conservative treatment, occlusal appliance

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Ameloblastoma Recurrence After Seven Years: A Case Report

Mehmet Emre Yurttutan, Cahit Üçok

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

Objective: Ameloblastoma is an uncommon odontogenic epithelial neoplasm. Approximately 80 % of central ameloblastomas arise in the mandible, but involvement of the maxilla is rare. The benign histology and indolent behavior of ameloblastoma have led to a traditionally conservative surgical approach. However, while histologically benign, ameloblastoma, particularly the solid/multicystic variant, is characterized by locally aggressive spread with up to 90 % recurrence rate following conservative excision.

Case: A 32-year-old woman was referred to our clinic with the complaint of pain and swelling on her mandible 7 years ago. The panoramic radiograph showed a well-defined, radiolucent lesion that was related to the impacted third molar, extending to the ramus. The length of the pathology was 75 mm. The lesion was enucleated under general anesthesia. When controlled 7 years later, the lesion was encountered in smaller sizes. The length of the recurrent pathology was 34 mm. The lesion was enucleated under general anesthesia again.

Conclusion: Radical treatments, such as resection, reduce the possibility of the recurrence of ameloblastoma. The more conservative treatment, enucleation, has a higher recurrence rate. Although recurrence, enucleation may still be preferred, since the recurrence area is in smaller areas.

Keywords: Ameloblastoma, Enucleation, Recurrence

P-240

Large Complex Odontoma in a Pediatric Patient

Hami Hakiki

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

Objective: Odontomas are the most common benign odontogenic tumors of the jaws. Odontomas are subdivided into two general configurations; compound and complex types. The complex odontoma is defined as a malformation which comprise all of the dental tissues but their formation will be occurred in a disorderly pattern.

Case: A 10 years old male patient was referred to the our department for evaluation a radiopaque lesion on his right mandibular posterior region which was detected incidentally during routine radiographic examination. The lesion was completely asymptomatic. There was not any signs of swelling and asymmetry on his extraoral examination. There was no expansion on his right mandibular posterior region and the region was not tender to palpation. Panoramic radiograph showed a large opacity, which was related to his impacted first molar tooth and the lesion was surrounded by a radiolucent band on its inferior and distal aspects. The lesion was extending anteroposteriorly from the distal surface of the second deciduous molar to the anterior border of the mandibular ramus. The degree of opacity was equivalent to that of the adjacent tooth. Based on the radiographic findings, the radiographic diagnosis of odontoma was given to the lesion. The lesion was excised under general anesthesia. After excision, the specimen was sent for histopathological examination, which revealed the diagnosis of complex odontoma.

Conclusion: Although rare, recognition of the potential of complex odontomas to form in association with impacted and missing teeth is important and we stress upon the importance of routine use of panoramic radiography for early detection of such dental abnormalities and prevention of adverse effects.

Keywords: Complex odontoma, Pediatric, Jaw, Hamartoma, Tumor

P-241

Kissing Molars of Four Quadrants: A case report

Onur Gönül, Uğur Alp Dinç, İbrahim Murat Afat

Marmara University, School of Dentistry, Oral and Maxillofacial Surgery

Kissing molars are described as impacted permanent molars that have occlusal surfaces contacting each other in a single follicular space with roots pointing opposite directions. Most of the cases in literature revealed bilateral or unilateral kissing molars. In this presentation surgical treatment of kissing molars at four quadrants of jaws and an associated dentigerous cyst will be discussed.

Keywords: kissing molars, impacted teeth, dentigerous cyst

P-242

Determination of maxillary canine transmigration and transposition frequency

Mehmet Fatih Şentürk¹, Özlem Görmez²

¹Oral and Maxillofacial Surgery, Dentistry Faculty, Suleyman Demirel University, Isparta

²Oral and Maxillofacial Radiology, Dentistry Faculty, Suleyman Demirel University, Isparta

Objective: The purpose of this study is to detect canine transmigration and transposition frequency among maxillary canines.

Materials-Methods: 21-35 years old patients panoramic images were retrospectively evaluated in terms of transmigration and transposition of maxillary canines. Anomalies rate were calculated and analyzed in terms of demographical data.

Results: Among 10955 views 13 transmigration (0.11%) and 6 transposition (0.05%) were detected.

Transmigration were seen in 5 male, 8 female whereas transposition were seen in 4 male and 2 female.

Conclusion: Maxillary canine transmigration and transposition anomalies are rarely seen in adult population.

Keywords: maxilla, canines, transmigration, transposition

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Oral squamous cell carcinoma mimicking traumatic ulcer due to a fixed prosthetic restoration: a case report

Gözde Işık¹, Banu Özveri Koyuncu¹, Esin Alpöz², Sevtap Günbay¹

¹Department of Oral and Maxillofacial Surgery, School of Dentistry, Ege University, İzmir

²Department of Oral Diagnosis and Radiology, School of Dentistry, Ege University, İzmir

Objective: Chronic ulcerated lesions results from fractured, carious, malformed tooth, as well as ill-fitting dentures. These lesions usually heal within 10-14 days after the predisposing factor is removed. Otherwise, incisional or excisional biopsy and histopathological examination is mandatory to confirm the diagnosis in case of doubt or persistence of an ulcerated lesion, even if asymptomatic. This case report focuses on the importance of early diagnosis of oral cancers.

Case: A 62-year-old woman referred to our faculty and requested to renew her unhygienic fixed-prosthesis in her mouth. Intraoral examination presented an ulcerated lesion around the fixed prosthesis in the left mandibula but the patient was unaware of the lesion. Radiologic examination revealed an intrabony defect. Following the removal of the dental bridge, it was observed that the ulcerated lesion was extending to the subpontic region. After 10 days follow-up no regression was seen. Therefore, an incisional biopsy was performed. The diagnosis after histological examination of the incisional biopsy specimen was squamous cell carcinoma. The patient was referred to the Department of Oncology.

Conclusion: Dentists should be aware of the importance of early diagnosis of oral cancer in patients with fixed and removal partial prosthesis.

Keywords: squamous cell carcinoma, oral pathology, chronic ulcerative lesions

P-244

A Survey of Fibrous Lesions According to Age Range For a 4 Year Period

Alper Aktaş, Selen Adiloğlu, Vusala Guliyeva, Burak Mustafa Kirisci
Oral and Maxillofacial Department, Faculty of Dentistry, Hacettepe University, Ankara, Turkey

Objective: The aim of this study is to evaluate the age range of fibrous lesions diagnosed with the biopsy performed by Hacettepe University Faculty of Dentistry.

Materials-Methods: Pathology documents which formed by Hacettepe University Department of Pathology, biopsy taken by Hacettepe University Faculty of Dentistry between 2014 and 2017 years are reviewed retrospectively. The 0-19 age and 50 + age range were considered as two separate categories, while the other 3 groups were divided into third, fourth and fifth decades. Accordingly, the collected data were divided into 5 groups. Also groups were evaluated according to gender. **Results:** Over 3 years, 51 fibrous patients in total were evaluated in this study. According to collected data, 5 patients (9.8%) were in Group1 between 0-19 years of age, In Group 2, 5 patients (9.8%) between 20-29 years of age were assessed. Fibrous lesions were most seen in Group 3, which is between the ages of 30-39, 20 patients (39.2%). 8 patients at 40-49 years of age(15.6%) were found in Group 4. In Group 5 of the 50 + years, 13 patients (25.4%) were observed.

Conclusion: In accordance with the current literature, the majority of the with fibrous lesions are seen in women population in the fourth decade. Fibrous lesions could be included in differential diagnosis of oral pathologies when female patients in fourth decade are evaluated. A biopsy could be performed for suspicious lesions in order to make a histopathological diagnosis.

Keywords: oral surgery, pathology, fibrous lesions, database

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Etiology, diagnosis and treatment of patients with mandibular condyle fractures in our region: a retrospective analysis

Uğur Derdiyok, Ercüment Önder, Umut Tekin, Fethi Atıl, Doruk Koçyiğit,
Özkan Özgül

Kırıkkale University Oral And Maxillofacial Department

The prevalence of a mandibular condyle fracture is relatively high compared with other types of mandibular fractures. Management of mandibular condylar fractures remains a source of on going controversy.

The treatment of condyle fractures has importance to prevent occurrence of functional and anatomical disturbances. In this study, we aimed to examine the treatment methods for condyle fractures. The fixation of broken segments is essential to the treatment of condylar fractures. Open and closed reduction methods are applied for the fixation of broken segments. Ten patients who had a mandibular condyle fracture took part in this study. All of te patients treated in our university hospital between 2016-2017 years. 8 patients (female:1, male:7, age: 62 -18 years) were treated by open reduction, and 2 patients (male: 2, age: 23-27 years) were treated using a closed treatment.

Treatment method and patient age were also related to the prognosis, the optimal treatment for mandibular condylar head and/or neck fractures should be individualized according to the patient's condition.

Keywords: Condyle, fracture, treatment

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Comparison of different reconstruction techniques in mandibular anterior vertical defects: report of 3 cases

Onur Koç, Ümit Özgür, Emre Tosun, Hakan H. Tüz

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

Objective: Bone defects can be develop by several reasons like traumatic extraction, cyst-tumor resection, trauma and early teeth loss. Mandibular anterior region is one of the most frequent bone defected areas due to high trauma and tartar dependent teeth loss potential. Most of defects have both vertical and horizontal components in this region. Several techniques and materials like particulate bone grafts, onlay autogenous block grafting, interpositional grafting and distraction osteogenesis can be used for reconstruction of anterior mandible. If autogenous grafts were preferred, chin, ramus, zygomatic buttress, tuber maxillae, tibia, costa, calvarium and iliac crest can provide the material.

Case: In our report, 3 different methods were performed to reconstruct mandibular anterior region defect in 3 patients. In patient A, interpositional grafting with anterior iliac crest was decided. In patient B, interpositional grafting was performed with chin block graft. In patient C, onlay ramus block grafting procedure was performed firstly. Because of bad oral hygiene and early mucosal dehiscence, distraction osteogenesis was planned to the patient secondarily. After smooth healing periods, all regions were rehabilitated with implant borne fixed prosthesis. 2-year follow up periods were trouble-free in all patients.

Conclusion: For successful reconstruction of mandibular anterior region, clinicians must take into account multiple factors. Not only bone demand, but also oral care, existing resorption pattern and future resorption potential must be estimated before reconstruction. By means of this vision, all mandibular anterior defects can be reconstructed successfully.

Keywords: mandibular anterior defect reconstruction, chin, iliac, distraction

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Assessment of Antimicrobial Effect of Exosomes Secreted From Dental Pulp Mesenchymal Stem Cells

Zeynep Burçin Gönen¹, Gökçen Dinç², Dilek Bahar³

¹Oral and Maxillofacial Surgery, Genome and Stem Cell Center, Erciyes University, Kayseri

²Department of Medical Microbiology, Faculty of Medicine, Erciyes University, Kayseri

³Genome and Stem Cell Center, Erciyes University, Kayseri

Objective: Exosomes are released by mesenchymal stem/stromal cells (MSCs) and participate in physiological and pathophysiological processes. The aim of this study was to assess the antimicrobial property of exosome secreted from dental pulp MSCs (DPMSCs) against *Streptococcus mutans* and *Escherichia coli*.

Materials-Methods: DPMSCs were cultured in specific media and characterized by using flow cytometry. Exosomes were isolated by Total Exosome Isolation kit. Exosomes were analyzed under scanning electron microscopy (SEM). Once the freeze-dried strains of *Streptococcus mutans* (ATCC 25175) and *Escherichia coli* (ATCC 25922) were transferred onto Trypticase soy agar. After 24 hours of incubation at 37 °C incubator, *Streptococcus mutans* and *Escherichia coli* were smeared on trypticase soy broth. Strains (0.1 OD, 600nm) were transferred into Müller-Hinton agar for the Kirby-Bauer disk diffusion antibacterial test. 30ug/ml and 100 ug/ml of exosome secreted from DPMSCs were inoculated into the wells. 24 hours after, the diameter of the zone of inhibition was measured.

Results: The mean zone of inhibition of the 100 ug/ml of exosome secreted from DPMSCs was found to be 18.11 mm against *Escherichia coli* and 9.41 mm against *Streptococcus mutans*. The mean zone of inhibition of the 30ug/ml of exosome was found to be 10 mm against *Escherichia coli* however no antimicrobial effect was found on *Streptococcus mutans*.

Conclusion: Exosomes secreted from DPMSCs may have a role of protection against to oral pathogens and they are potent antimicrobial agents that can be incorporated in the formulation of new dental products that provide improvements in oral health.

Keywords: Exosomes, Antimicrobial effect, Oral pathogens

P-248 Operated Cleft Palate Repair

Yavuz Fındık, Mehmet Fatih Şentürk

Oral and Maxillofacial Surgery, Dentistry Faculty, Suleyman Demirel University, Isparta

Objective: The aim is report is to present secondary huge palatal cleft treatment.

Case: 13 years old patient who were operated for cleft palate were referred to Suleyman Demirel University Dentistry Faculty Oral and Maxillofacial Surgery Department. Large palatal cleft were seen clinically with scarised tissue. Under general anesthesia relaxing incisions were made from the healty palatal mucosa and cleft were sutured as possible as primarily. Membrane was sutured for the closing non sutured areas. Postoperative 4 months follow up was uneventfull.

Conclusion: Operated palate cleft closure are generaaly problematic and correct surgical technique is so important for success of operation.

Keywords: cleft, operated, palate

P-249

Asthma Attack After Povidone-Iodine Application

Onur Yılmaz, Sezai Çiftçi, Nuray Yılmaz Altıntaş, Javid Ikhtiyarov
Karadeniz Technical University

Asthma is a serious health problem that is estimated to affect about 300 million people worldwide. In our country, asthma is seen 5-10% in children and 2-6% in adults. Asthma is a disease that manifests itself with attacks of airway constriction. In people with asthma, the airway wall is swollen and edema. This causes the lungs to be hypersensitive to stimulants. Dust, smoke, odor, pollen, animal hair, some foods, chemical irritants may result in asthma attack. A 44-year-old female patient was admitted to our clinic with alveolitis due to tooth extraction. The patient was washed with povidone-iodine, an intra-oral antiseptic agent, prior to treatment. After local treatment, the patient suddenly had symptoms such as recurrent breathlessness, chest tightness, wheezing respiratory symptoms, which indicated asthma attack. The condition was controlled by administering beta-2 agonist to the patient on the extension of the asthma attack. The asthma attack is thought to be caused by the irritative effect of povidone-iodine. Caution should be exercised when using oral triggering agents in asthmatic patients.

Keywords: asthma, povidone-iodine, beta-2 agonist

P-250 Management Of Trismus After Treatment Of Mandibular Fractures

Onur Yılmaz, Yüksel Çakmak, Sercan Yılmaz, Nuray Yılmaz Altıntaş
Karadeniz Technical University

After the treatment of mandibular fractures, various complications can be seen. Postoperative trismus development is also one of them. During fixation procedures, tension, hematomas and trauma may be accompanied by postoperative sensitivity in the masseter and limitation of mouth opening. A 46-year-old woman previous traumatic complaint to our clinic had a mandibular angular fracture with an intraoral approach. In the second postoperative month, the patient complained of trismus. After the patient applied a dexamethasone injection to the masseter muscle, there was regression in the patient's complaints and a increase in mouth openness was achieved.

Keywords: trismus, mandibular fracture, injection

P-251

Stage-3 Medication Related Osteonecrosis of Maxilla

Nejdet Arkan Amjad Koçak, Onur Yılmaz, Nuray Yılmaz Altıntaş
Karadeniz Technical University

Medication-related osteonecrosis of the jaw (BRONJ) is an area of uncovered bone in the maxillo-facial region that did not heal within 8 weeks after identification by health care provider, in a patient who was receiving or had been exposed to antiresorbative and antiangiogenic medication. Low-grade risk of ONJ is connected with oral bisphosphonate therapy used in the treatment of osteopenia, osteoporosis and Paget's disease while higher-grade risk is associated with intravenous (IV) administration in the treatment of multiple myeloma and bone metastases. In this case a 77-year-old male patient diagnosed with a carcinoma of the prostate. He had been treated with intravenous bisphosphonate for 3 years against the possibility of metastasis. The patient applied to our clinic with the complaint of pain and bone exposure 6 months after the patient took his mobile teeth himself. Exposed necrotic bone areas and flow of pus were observed in the intraoral examination. The patient was given I.V. and followed by oral antibiotics and chlorhexidine mouth rinse. Diode laser was applied to provide biostimulation of the soft tissue. Follow-up of the treatments showed a decrease in pain and flow of pus. In the radiographic and clinical examination necrotic tissues extended until orbita floor. Based on this observation maxillectomy was planned but the systemic condition of patient was not suitable for this extensive surgical intervention and therefore proceeding with conservative techniques was recommended.

Keywords: Bisphosphonate, maxilla, laser

P-252

Ameloblastic Fibroodontoma and Accompanying Dentigerous Cyst In 9 month Old Infant

Yüksel Çakmak, Güneş Koç, Nuray Yılmaz Altıntaş, Tamer Tüzüner,
Ömer Sait Sezgin
Karadeniz Technical University

Objective: Ameloblastic fibro-odontoma (AFO) is a quite rare, mixed odontogenic tumour generally seen in the early stages of life. Frequent signs of this tumour are asymptomatic swelling, delayed tooth eruption and mixed radiological appearance within well-defined borders. Management of the lesion includes enucleation of the tumour and long-term follow-up.

Case: In the 9 month old infant who applied to our clinic, a significant swelling was detected in the anterior region of maxilla and nasalabial sulcus extending to the left lateral side of the nose. Because of the age of patient, periapical radiograph was taken and radiolucent lesion was detected with impacted teeth. Surgical enucleation under the general anesthesia was performed in the treatment. Final pathologic examination revealed ameloblastic fibro odontoma and associated dentigerous cyst

Conclusion: Successful healing of the wound was gained

Keywords: Ameloblastic fibro-odontoma, infant, enucleation

P-253

Reconstruction of Maxillary Bone Defect with Anterior Iliac Crest Graft for Implant Placement

Ramazan Arslan¹, Pelin Atalay², Osman Akıncı¹, Mehmet Emre Yurttutan¹,
Reha Şükrü Kişnişçi¹

¹Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

²Ankara University, Faculty of Dentistry, Department of Prosthodontics

Objective: Reconstruction of edentulous atrophic alveolar process with autologous bone graft and intra-osseous implant placement is currently a well-established treatment with favorable prognosis. In this case report the reconstruction technique of maxilla anterior region with anterior iliac crest graft was presented.

Case: A 31-year-old woman was referred to our clinic with severe defect at anterior maxilla due to cyst enucleation. The dental volumetric tomography showed a horizontal and vertical bone loss observed in the anterior maxilla. Because of the patient's insufficient bone volume and lip support, it was planned to make an implant supported hybrid prosthesis in consultation with the prosthodontics. For reconstruction of the defect cortical and cancellous bone harvested from iliac bone under general anesthesia. Cortical bone blocks were fixed with 4 mini-screws to the anterior maxilla. The cancellous bone collected from the iliac region was grafted around the cortical blocks. The grafts were covered by platelet rich fibrin and resorbable collagen membrane. Four months after augmentation, three dental implants were placed in the grafted area.

Conclusion: Harvesting from donor site causes practically no complications. The most used graft is the onlay-type anterior iliac crest graft, since it allows to harvest great amounts of cortical and cancellous bone required for the reconstruction of the atrophic edentulous maxilla. Better results have been reported when the procedure is conducted in two stages, at which point a higher survival rate is achieved. It was preferred two-stage surgery in the present case and placed the implants in the fourth month following grafting.

Keywords: Anterior iliac crest, Augmentation, Dental implant

P-254

Evaluation of the Success Rate of the Dental Implants at the Posterior Maxilla: A Retrospective Study

Hamiyet Güngör¹, Mustafa Ercüment Önder², Ilgi Baran¹

¹Kırıkkale University Faculty of Dentistry, Department of Prosthodontic

²Kırıkkale University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Objective: The aim of this study was to evaluate the success and survival rates of dental implants placed at the posterior maxilla with bone graft and sinus augmentation.

Materials-Methods: A total of 107 implants were placed in 39 patients (18 women and 21 men) with bone graft and sinus augmentation. Patients ages ranged from 26 to 71. Patients were followed up to 6 years after loading. The mean follow up was 3.6 years. During the follow up period, prosthetic complications and surgical complications were recorded and controlled with radiographies and bone loss side at the implant neck were determined.

Results: Severe bone loss was determined especially mesial neck side of the implant at splinted implants. Single implants were found more successful.

Conclusion: The clinical parameters like occlusion and design of the prosthesis should be evaluated especially at the grafted area of the jaws.

Keywords: dental implants, fixed prosthesis, maxilla, graft

P-255

Alternative technics to secure the decompression for cystic lesions: A technical note

Aydın Keskinrüzgar

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

Objective: Present a simplified method by which a serum tube may be attached to an orthodontic bracket or band for decompression of a cystic lesion in the maxillofacial areas.

Materials-Methods: Initially, the 22-slot stainless steel bracket or molar band were bonded onto the teeth. We then prepared a custom-made and inserted the serum tube through it, this device was adapted on the jaw model. The appliance was tied with ligature wire onto the bracket or band for stabilization. The drain was placed after a hole was made in the center of the cyst using a scalpel.

Results: Serum irrigation of the region were performed for four-six months by the patients. At the end of the months, the size of the cystic lesion had decreased, which allowed complete removal of the cystic area by enucleation.

Conclusion: A common problem during the decompression phase is instability of the device placed in the surgical cavity. To overcome this, certain alternative techniques have been developed for use in tooth-bearing areas. Irrigation can easily be performed by the patient, and the drain and surrounding area remain hygienic. This procedure can be used to relieve intracystic pressure, particularly in tooth-bearing areas of the jaws.

Keywords: Decompression for cysts, marsupialization, treatment of jaw cysts



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