Oral and Maxillofacial Surgery Society

AÇBİD 2012
6th International Congress
30 May - 3 June 2012
Antalya / TÜRKİYE

ABSTRACT BOOK

www.acbid.org
AÇBİD 2012, 6th International Congress

30 May - 3 June 2012
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Dear Colleagues,

It is my pleasure to welcome you in our 6th International AÇBİD Congress in Belek. We went on with great ambitious and hard work to organize a scientifically exciting meeting, which I think we’ve succeeded. We wish once again to attain our goal of taking the level of quality one step further, a goal that we could never reach without support from fellow colleagues. With 30 spokespersons invited from over 20 nations, lunch & learn sessions, courses, a fantastic social events program full of surprises; our congress this year also promises you a carefully planned and effective schedule that is full of exciting and innovative elements.

We have also very exciting news to the members of our society. The Executive Committee of the European Association of Craniomaxillofacial Surgery at Brussels has recently recognized our society AÇBİD as the organization that represents Turkey within the European framework in terms of our branch of expertise. It would not be wrong to say now that, within the relatively short 6-years period that has passed since its foundation in 2006, AÇBİD has taken yet another extremely important step towards the goal of becoming an organization that successfully represents our branch of expertise on both national and international levels.

Although the Oral and Maxillofacial Surgery Society Association (AÇBİD) is a relatively young organization; the great support, strong contribution and selfless efforts that have been shown by you, our most respectable colleagues, have provided us with the means to assume a valuable position within the international circles. We would like to thank everyone for their contributions that have come in many forms, including but not limited to; poster sessions, speeches, coordination duties and committee membership within our conferences. Needless to say, all those who have embarked on bureaucracy efforts, taken on their shoulders the executive responsibilities or otherwise worked selflessly for the good of our branch all deserve our gratitude.

Having now acquired the rights on our branch of expertise, which we have been working on together for many long years, our next goal is to ensure that high quality is constantly maintained in our field of work. For this reason, what awaits us in this new period is a responsibility of reinforcing our rightful branch of expertise with further scientific research. In this context, the quality and content of the science events that we organize shall serve to add value to our branch at both national and international levels.

We thank for your continued support and hope you all to spend unforgettable time at our 6th International Congress in Belek - Antalya that is between 30th of May – 3rd of June, 2012.

With due respect,

Selçuk Basa
President, Oral and Maxillofacial Surgery Society
COMMITEES

CONGRESS PRESIDENT
Selçuk Basa

GENERAL SECRETARIES
Hakan H. Tüz
Doğan Dolanmaz
Altan Varol

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Piet Haers (UK)
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Nicholas Kalavrezos (UK)

H. El-Mekkawi (Egypt)
Michael Miloro (USA)
Joseph Niamtu (USA)
Nabil Samman (Hong Kong)
Henri Thuau (UK)
Gerhardt Undt (Austria)
John Zuniga (USA)

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Behçet Erol
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Figen Şenel
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Hakkı Tanyeri

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Gökhan Göçmen
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Kamil Gök er
Ümit Karacaylı
Berfin Karataş

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İsmail Şener
Ufuk Taşdemir
Sinan Tozoglu
Serdar Yılmaz

Organisation Secretary

Panorama Turizm San. ve Tic Ltd. Şti.
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Opera İş Mkr. No:41-43 D.36
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Tel: 0212 293 31 51 pbx
Fax: 0212 293 31 40
E-mail: info@panaromaturizm.net
## SCIENTIFIC PROGRAMME

### Wednesday, 30th May 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:00-18:00</td>
<td>REGISTRATION</td>
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<tr>
<td>15:00-17:00</td>
<td>PRE-CONFERENCE MINI COURSE</td>
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<tr>
<td>15:00-17:00</td>
<td>Joseph Niamtu - &quot;Botox and Fillers&quot;</td>
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<tr>
<td>18:00-19:00</td>
<td>OPENING CEREMONY</td>
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<td>19:00-20:00</td>
<td>WELCOME RECEPTION</td>
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<td>20:00-21:30</td>
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### Thursday, 31st May 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:00-17:00</td>
<td>POSTER PRESENTATIONS</td>
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<tr>
<td>08:00-17:00</td>
<td>EXHIBITION</td>
</tr>
<tr>
<td>08:00-09:30</td>
<td>ORAL ABSTRACT SESSION 1</td>
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<td>ORAL ABSTRACT SESSION 2</td>
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<td>ORAL ABSTRACT SESSION 3</td>
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<tr>
<td></td>
<td>HALL A</td>
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<tr>
<td></td>
<td>Chairpersons: Lian Ma, GÜLSÜN YILDIRM</td>
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<tr>
<td></td>
<td>1. The Success Rate Of Retrograde Filling Materials In Re-Apicoectomy Treatment Using Mineral Trioxide Aggregate (MTA) And Zinc Free Amalgam (A Comparative Clinical Wael sheet, Baraa Sultan, Hani Khuleif)</td>
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<td>HALL B</td>
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<td></td>
<td>Chairpersons: Fouad Ghareeb, Ramazan Köymen</td>
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<tr>
<td></td>
<td>1. Evaluation Of Prevalence And Localization Of Maxillary Sinus Septa With Cone Beam Computerized Tomography Ibrahim Damlar, Burcu Evlice, Sule Nur Kurt</td>
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<td>HALL C</td>
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<td>Chairpersons: Sherif El-Mofy, Çağrı DelliBaş</td>
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<tr>
<td></td>
<td>1. 3D Reconstruction By The Use Of Stereolithographic Models In Maxillofacial Reconstruction And Trauma Galal Beheiry, EMAD Helmy</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>2. Trigeminal Nerve Injuries In Relation To Third Molar Surgery Zehra Yılmaz, Kamis Gabballah, Tara Renton</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>2. Implant Supported Fixed Restorations In Edentulous Jaws: Six Years Retrospective Study Figen Çizmeci Şaneri, Burak Coşkun, Bora Bagos, Esra Baltaçoğlu, Cem Ungör, Emre Tosun, Fatih Taşkesen, Mustafa Çankaya</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>2. Comparison Of Titanium Mini Plate Systems And Resorbable Miniplates Systems Using Finite Element Analyses For The Internal Rigil Fixation Of The Mandibular Condylar Fracture. Emre Çınar, Mire Cambezoglu, Encüment Önder</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>3. Postgraduate Training And Education For Dental Surgeons Offered By The Royal College Of Surgeons Of Edinburgh Rob Chate, Hatem El-Melikawi</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>3. Is Simultaneous Sinus Lifting And Implant Placement Possible If the Residual Crest Height Is Less Than 5mm? N. Burcu Bayrak, Siddik Sinem Soydan, Seçil Çubuk, Sina Uğkan</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>3. Recuperative Mandibular Trauma Sibel Tural, Kutay Can Ergül, Mikail Kadıyov, Burak Mahir Maho, Fatih Senturk, Cem Ungör, Hakan Alpay Karasu</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>4. Extracranial Glossopharyngeal Nerve Block To Control Gag Reflex During Dental Procedures: Technical Note M. Denizhan Yıldırım, Zeynep Burcu Gönül, Aiper Akan</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>4. An Unusual Complication Of Implant Surgery: Cover Screw Fusion Burcu Özden, Burcu Baş, Deniz Yılmaz, Feyza Otel Özden, Ahmet Atilla Ertan</td>
</tr>
<tr>
<td>08:30-09:30</td>
<td>4. Revelation Of External Pin Fixation. Emad Helmy, Galal Beheiry</td>
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<tr>
<td>08:30-09:30</td>
<td>4. Extraoral Glossopharyngeal Nerve Block To Control Gag Reflex During Dental Procedures: Technical Note M. Denizhan Yıldırım, Zeynep Burcu Gönül, Aiper Akan</td>
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<tr>
<td>08:30-09:30</td>
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<td>08:30-09:30</td>
<td>4. Revelation Of External Pin Fixation. Emad Helmy, Galal Beheiry</td>
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<tr>
<td>08:40-08:50</td>
<td>5. Investigation Of The Level Of Anxiety And Fear Of Dental Patients In Our Outpatient Clinic, Cevlan Ergul, Tulin Ertan, Erbil Şahinkaya</td>
</tr>
<tr>
<td>08:50-09:00</td>
<td>6. Superoxide Dismutase (Sod) Levels In Symptomatic Impacted Third Molars, Farma Şensoy, Umut Tekin, Uğur Kisa, Nurkan Aksoy, Fethi Atı</td>
</tr>
<tr>
<td>09:00-09:10</td>
<td>7. Conservative Management Of Temporomandibular Joint Internal Derangement Syndrome, Hatem El-Mokhawi, Aamer Omran, Ibrahim Azeb</td>
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<tr>
<td>09:10-09:20</td>
<td>8. The Effect Of Warmed Local Anesthetics On Injection Pain And Anesthesia Onset, Murat Ulu, Ahmet Emin Demirkaya, F. Gölgeşan Yıldırım, Osman A. Etoğ, Alper Atıkan</td>
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<tr>
<td>09:30-10:00</td>
<td>Coffee Break</td>
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<tr>
<td>10:00-10:20</td>
<td>Presidential Lecture</td>
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<tr>
<td>10:00-10:20</td>
<td>Selçuk Basta – “New Era in Scientific Lecturing”</td>
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<tr>
<td>10:20-12:00</td>
<td>Plenary Session 1 – Trauma</td>
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<tr>
<td>10:20-10:45</td>
<td>Chairpersons: Reha Kışınıcı, Yavuz S. Aydıntuğ, Sinan Tozgoğlu</td>
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<tr>
<td>10:45-11:10</td>
<td>Vedran Uglesic – “Biomechanics of the midface”</td>
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<tr>
<td>11:10-11:35</td>
<td>Ruud Bos – “Is there future for resorbable osteosynthesis?”</td>
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<td>11:35-12:00</td>
<td>Wolfgang Puelacher – “The use of pre-shaped, bioreabsorbable implants in the reconstruction of orbital walls”</td>
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<td>12:00-13:30</td>
<td>Lunch</td>
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<td>12:00-13:30</td>
<td><strong>LUNCH AND LEARN SESSION 1</strong> ROOM A</td>
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<tr>
<td>12:00-13:30</td>
<td>Nabil Samman - &quot;Secondary surgery in cleft lip and palate - lip, nose, palate and pharynx&quot;</td>
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<td><strong>LUNCH AND LEARN SESSION 2</strong> ROOM B</td>
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<td>Ruud Bos - &quot;The coronal approach in detail.&quot;</td>
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<td>13:30-15:30</td>
<td><strong>PLENARY SESSION 2 - RECONSTRUCTION</strong></td>
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<td>Chairpersons</td>
<td>Piet Haers, Julio Acero, Ercan Durmuş</td>
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<tr>
<td>13:30-13:55</td>
<td>Peng Xin - &quot;Vascularized tissue transfer for maxillary reconstruction&quot;</td>
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<td>13:55-14:20</td>
<td>Nicholas Kalavrezos - &quot;Reconstruction of the oral cavity: A sub-site concept&quot;</td>
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<td>14:20-14:45</td>
<td>Toni Djorov - &quot;The distraction osteogenesis in mandibular defects&quot;</td>
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<td>14:45-15:10</td>
<td>Nabil Samman - &quot;Mandibular reconstruction - Current approach&quot;</td>
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<td>15:10-15:30</td>
<td>Gintaras Juodzbalys - &quot;Immediate implants in esthetic zone&quot;</td>
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<td>15:30-16:00</td>
<td><strong>COFFEE BREAK</strong></td>
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<td>16:00-17:30</td>
<td><strong>CORPORATE SESSION 1 - TISSUE EXPANDERS</strong> HALL A</td>
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<td>16:00-17:30</td>
<td>Hakan H. Tüz, Umut Tekin - &quot;Use of osmotic self-inflating hydrogel expander (OSMED) in Oral and Maxillofacial Surgery&quot;</td>
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<td><strong>AWARD WINNING INTERACTIVE QUESTIONNAIRE HALL B</strong></td>
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<tr>
<td></td>
<td>Henri Thuau, Nicholas Kalavrezos - &quot;Diagnosis and Management in Maxillo-Facial Surgery: An Award Winning Interactive Questionnaire for Residents&quot;</td>
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<td>19:00</td>
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<td>21:30</td>
<td><strong>BODY PERCUSSION</strong></td>
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<td>08:00-09:30</td>
<td>Oral Abstract Session 4</td>
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<tr>
<td>08:00-09:10</td>
<td>1. Intraroral Vertical Ramus Osteotomy (Ivor) Set Back For Mandibular Osteogenesis: Report of 2 Cases</td>
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<td>08:10-09:20</td>
<td>1. Surgical Management Of The Challenging Implants Cases: Mustafa Şiriny, Samed Noman, Gagli Beheiri</td>
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<td>2. The Surgical Predictability Of Maxillary Advancement And Impaction In Le Fort I Osteotomy</td>
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<tr>
<td>08:20-09:30</td>
<td>2. The Surgical Predictability Of Maxillary Advancement And Impaction In Le Fort I Osteotomy</td>
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<td>08:30-09:40</td>
<td>3. Evaluation Of The Effect Of Light Emitting Diode Photobiomodulation On Newly Formed Bone In Distraction Osteogenesis</td>
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<td>5. Post-Traumatic Inferior Alveolar Nerve Neuropathy In Relation To Implant Placement: Zehra Yılmaz, Nikolaos Panaras, George Psoulis, Tara Piment</td>
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<td></td>
<td>6. Conservative Approach As An Alternative Technique To Advanced Implant Surgery</td>
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<td>7. Lateral Salivary Gland Biopsy; Two Different Ionocon Techniques And Related Complications</td>
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<td>8. Management Of Maxillofacial Tumors In The Infra-Temporal Fossa</td>
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<td>9. A Comparative Evaluation Of The Effects Of Bevacizumab And 5-Fluorouracil On Prevention Of Scarring And Fibrosis In Rat Model</td>
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<td>11. Maxillofacial Reconstruction: Saeed Nezafati, Javad Yazdani</td>
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<td>Ismail Doruk Kocyigit, Fatih Mehmet Coskunsever, Evren Pala, Ercument Order, Funda Tugcu, Asriye Mocan</td>
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<td>09:00-09:10</td>
<td>7. Relapse After Maxillary Advancement In Cleft Palate Patients With Rigid External Distactor (RED)</td>
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<td>Hatam El-Mekkawi, Mohamed Hassan, Taher Taher, Gada El-Morschedy</td>
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<td>Ashraf Abdel-Fattah Mahmoud</td>
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<td>09:30-09:55</td>
<td>COFFEE BREAK</td>
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<tr>
<td>09:55-12:00</td>
<td>PLENARY SESSION 3 – TMJ Chairpersons: Ruud Bos, Ayşegül Apaydın, Umut Tekin</td>
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<tr>
<td>09:55-10:20</td>
<td>John Zuniga – &quot;Reconstruction of the temporomandibular joint with the total joint prosthesis&quot;</td>
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<tr>
<td>10:20-10:45</td>
<td>Eugene Keller – &quot;Temporomandibular custom hemi joint replacement prosthesis&quot;</td>
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<td>10:45-11:10</td>
<td>Gerhard Unsted – &quot;TMJ Arthroscopy&quot;</td>
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<td>11:10-11:35</td>
<td>Firdevs Vezirgolu – &quot;Non- cosmetic uses of botulinum toxin in oral and maxillofacial surgery&quot;</td>
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<td>11:35-12:00</td>
<td>Hatem El-Mekkawi – &quot;Pierre-Robin Syndrome; is it mandatory to do tracheostomy?&quot;</td>
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<td>12:00-13:30</td>
<td>LUNCH</td>
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<td>12:00-13:30</td>
<td>LUNCH AND LEARN SESSION 3 ROOM B</td>
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<tr>
<td>12:00-13:30</td>
<td>Andrew Heggie – &quot;Management of upper airway obstruction in micrognathic and craniofacial patient&quot;</td>
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<tr>
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<td>13:30-15:30</td>
<td>PLENNARY SESSION 4 –</td>
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<td>DEFORMITY</td>
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<td>13:30-13:55</td>
<td>Chairpersons: Eugene</td>
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<td>Keller, Sina Uğkan,</td>
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<td>Ümit Ertas</td>
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<td>13:30-13:55</td>
<td>Michael Miloro - “3D</td>
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<td>planning in orthognathic</td>
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<tr>
<td>13:55-14:20</td>
<td>Piet Haers - “Orthognathic</td>
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<td>surgery in paediatric</td>
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<td>and adult sleep apnea</td>
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<td>14:20-14:45</td>
<td>Guo Chuan Bin - “Navigational surgery in OMFS”</td>
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<tr>
<td>14:45-15:10</td>
<td>Christopher Viozzi -</td>
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<td></td>
<td>“Orthognathic surgery</td>
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<td>for sleep apnea -</td>
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<td>The Mayo Clinic</td>
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<td>Experience”</td>
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<td>15:10-15:35</td>
<td>Vitomir Konstantinovic</td>
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<tr>
<td>15:35-15:50</td>
<td>COFFEE BREAK</td>
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<tr>
<td>15:50-17:30</td>
<td>PLENNARY SESSION 5 –</td>
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<td>ESTHETICS</td>
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<tr>
<td>15:50-16:15</td>
<td>Chairpersons: Michael</td>
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<td>Miloro, Antonia</td>
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<td>Kolokhytas, Alper Alkan</td>
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<tr>
<td>16:15-16:40</td>
<td>Henri Thuau - “Facial</td>
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<td>sculpting”</td>
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<tr>
<td>16:40-17:05</td>
<td>Fouad Gareeb - “Rhinoplasty in non-caucasian noses”</td>
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<td>17:05-17:30</td>
<td>Behnam Bohluli - “Use</td>
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<td>of grafts in rhinoplasty”</td>
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<td>19:00</td>
<td>DINNER</td>
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<tr>
<td>Time</td>
<td>Session Description</td>
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<tr>
<td>08:30-09:30</td>
<td>ORAL ABSTRACT SESSION 7</td>
</tr>
<tr>
<td>08:30-08:40</td>
<td>1. Does Surgical Inserter of Symphysis Miniplates For Orthodontic Anchorage Cause Lower Lip Plosity?</td>
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<tr>
<td>08:40-08:50</td>
<td>2. The Precise Reconstruction Of Jaws Assisted With 3D Software Combining With Stereomodel</td>
</tr>
<tr>
<td>08:50-09:00</td>
<td>3. Temporomandibular Joint Ankylosis</td>
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<tr>
<td>09:00-09:10</td>
<td>4. Temporomandibular Joint Ankylosis As A Complication Of Neonatal Septic Arthritis Infections: Two Case Reports.</td>
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<td>4. Evaluation Of Efficacy Of Protolotherapy At Tmj Dislocation Fath Taskesen, Cerı Üngör, Keram Turgut Atasoy, Burak Cevizirli, Ezher Hamza Dayisoylu, Nuray Yilmaz Altintas</td>
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| 09:10-09:20 | 5. Surgical Treatment Of Laterally Displaced Post-Traumatic Temporomandibular Joint Ankylosis  
              Osman A. Etöz, Umut Demirsoy, Zeynep Burun Gönenc, Emrah Soylü, Alper Akan |
| 09:20-09:30 | 6. Botulinum Toxin For The Treatment Of Temporomandibular Disorders  
              Tarek Elsharkawy                                                      |
| 09:30-09:55 | COFFEE BREAK                                                             |
| 09:55-12:00 | PLENARY SESSION 6 – CRANIOFACIAL & CLP  
              Chairpersons: Gerhardt Undt, Onur İçten, Timuçin Baykul               |
| 10:20-10:45 | Lian Ma – “Cleft palate repair and speech results”                       |
| 10:45-11:00 | Ayşegül Schmidt – “Cleft lip and nose repair: Still a never ending  
              challenge”                                                            |
| 11:10-11:35 | Alberto Bianchi – “Simulation guided navigation in maxillofacial surgery” |
| 11:35-12:00 | Fawzy Tantawy – “Maxillofacial Osteomyelitis: An old problem with recent high incidence.” |
| 12:00-13:30 | LUNCH                                                                   |
| 12:00-13:30 | LUNCH AND LEARN SESSION 6 – ROOM A  
              Michael Miloro – “Trigeminal Nerve injuries”  
              Joseph Niamtu – “Facial Implants”                                         |
| 13:30-15:30 | PLENARY SESSION 7 – PATHOLOGY  
              Chairpersons: Alberto Bianchi, Hakki Tanyeri, Altan Varol                   |
              Nils-CladiusGellrich                                                     |
| 15:30-16:30 | EXECUTIVE BOARD MEETING                                                  |
| 20:00     | GALA DINNER                                                              |
### Sunday, 3rd June 2012

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<td>POST-CONFERENCE COURSE</td>
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<td>09:00-11:00</td>
<td>Michael Miloro, Altan Varol – “Zygomatic Implants”</td>
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PLENNARY SESSION ABSTRACTS
BIOMECHANICS OF THE MIDFACE

Vedran Uglesic, Predrag Knezevic, Lovro Gurgurevic
Maxillofacial Department, University Hospital "Dubrava", Zagreb, Croatia

Biomechanical research of the mandibular fractures fixation if well documented in the literature. Good postoperative results motivated the direct application of mandible fixation principles to the fractured midface region without additional experimental research. However, the amount and distribution of the forces in the midface region is different from those on the mandible.

The aim of the study was to determine whether the same pattern of fixation that is used in mandibular fixation can be applied in management for Le Fort I fracture.

Testing was conducted on plastic anatomic models. The validity of the experimental model was tested before the fixation techniques were compared. Standard miniplates and miniscrews were used for fixation of the maxilla. The model surface strain analysis was conducted using the noncontact object grating method, which enabled the surface strain measurement without direct influence on the measured model. Two different methods of fixation were used, standard, with 2 screws per fragment and 1 screw per fragment.

Results showed that in 2 screw pair fixation, the outer screw pair has little effect on the local strain distribution, but it lowers the contact forces along the crack. One screw pair fixation is stable enough for fixation, but it has a greater strain peak at the crack edges.

Our results showed that 1 screw pair per plate was enough for stable fixation, and 2 or more screw pairs should only be used when the bone fragment at the fracture site cannot sufficiently transmit forces along the crack.
IS THERE FUTURE FOR RESORBABLE OSTEOSYNTHESSES?

Rund Bos, Groningen University, The Netherlands

Summary:
Today, most facial skeletal fractures are fixed by use of titanium plates and screws. However, these metal systems do have some important disadvantages. They interfere with radiotherapy, computer tomography and magnetic resonance imaging and they may possibly lead to stress shielding. The stress shielding phenomenon has been well documented in long bones including the mandible, however, the clinical significance in the facial region is not clear. Complications that are associated with metal implants are infection, sensitisation, possible mutagenic effects and interference with function and/or growth. Because of these disadvantages often the metal plates and screws used for fixation are removed after bone healing during a second operation.

Bioresorbable plates and screws degrading shortly after healing time seem to be the perfect solution for most of the above mentioned disadvantages. There is no need for another surgical intervention to remove the plates and screws, reducing operation time, costs and additional surgical discomfort and risk.

Since four decades biodegradable devices are used in the medical field. Surgical sutures, mainly based on poly(L-lactide), were introduced in 1962.

Since 1966 different research groups have been developing resorbable osteosynthesis systems. They still have not replaced titanium systems and are currently used in limited numbers. Probably this is caused by insufficient clinical data in literature about the short-term results (mechanical properties) and especially about the long-term results (biore absorbability and biocompatibility) of the various bioreabsorbable osteosynthesis systems.

Current and future research will have to solve problems like limited mechanical properties, appropriate degradation, biocompatibility, sterilization, shelf life and comfortable handling before biodegradable devices will be as safe and effective as metallic ones.

The socio-economic and psychological advantages of resorbable osteosyntheses over metallic ones make it worthwhile trying hard to develop them. Taking into account the intrinsic properties of polymers it is very questionable if bioreabsorbable polymeric osteosyntheses will ever fully oust metallic osteosyntheses from the market.

THE USE OF PRESHAPED, BIORESORBABLE IMPLANTS IN RECONSTRUCTION OF ORBITAL WALLS

Wolfgang Puelacher, Department of OMFS, Leopold Franzens University, Innsbruck, Austria

During the last decades great advances have been reached concerning the treatment of Craniofacial Trauma. The treatment of orbital fractures still remains a clinical challenge.

The aims of treatment of orbital fractures are to reestablish functional orbital volume and architecture in order to provide normal eye position and allowing coordinated eye movements.

The indication for the revision of the orbit is seen, if there is dislocation of orbital walls and secondary changes like double vision and limitation of eye movements (in closed cooperation with the specialist for ophthalmology). In this endeavours we tested the use of bioresorbable implant material for orbital reconstruction.

For reconstruction of "simple" orbital fractures and smaller defect fractures the use of bioresorbable material is indicated. In cases of large orbital floor and/or the medial orbital wall defects alloplastic material or autologous cortical bone is used.

For exact planning of the operative treatment threedimensional planning procedures and intraoperative navigation after preformation of the alloplastic implants is seen an advantage. The possibilities of intraoperative navigation enhance the exactness of the positioning the preshaped orbital implants.
FACIAL TRAUMA IN THE PAEDIATRIC PATIENT

Andrew Heggie, Dept of Plastic and Maxillofacial Surgery-Royal Children’s Hospital of Melbourne, Australia

The incidence and management of cranio-maxillofacial injuries in children is not as well documented as the literature available for the adult population. There are few studies that detail the epidemiology of injury patterns as many reports include children’s facial injuries within a broad age group. There are also a number of controversies in the management of some injuries making comparisons of techniques difficult to assess with relatively limited data.

Evaluation and treatment can be more challenging due to the inability of children to give a useful history. Examination is often difficult, anatomical areas for skeletal fixation are more limited and there is a large variation in facial form depending on the stage of development. A 3 year-old patient has a broad nasal bridge with epicanthal folds and a large frontal cranium in proportion to the diminutive mid- and lower face. As the facial skeletal continues to grow antero-inferiorly, all proportions alter, and hence, the spectrum of injury is age-dependent. Fractures of the immature craniofacial skeleton often follow atypical patterns to that of the adult patient. Rather than clustered into lines of weakness, such as that represented by the Le Fort classification (I, II and III), there are patterns of injuries that demonstrate incomplete fractures, greenstick fractures and contour changes as well as oblique craniofacial injuries. The skeletal components are more elastic and transmitted soft tissue pressures can result in bony injuries such as orbital roof “blow-in” fractures as well as painful “blow-out” orbital floor disruption with muscle entrapment.

Other anatomical differences in children also affect the outcome of injury. The mandibular condyle is broader with a shorter neck and is more vascular. A crush injury of the condyle has a higher incidence of ankylosis and consequent growth disturbance. Post-traumatic deformities can thus be a combination of both the direct affects of the injury and secondary growth disturbance from both the injury and exposure for treatment. Skeletal fixation with metal plates and screws is more difficult in the presence of developing tooth germs. The fixation may also appear to move due to the deposition and resorption of bone, and in some circumstances, growth may be affected. There is a role for resorbable fixation that remains controversial, but alloplastic implants are generally contraindicated and reserved for the adult group.

Several cases of cranio-maxillofacial trauma are presented to demonstrate the differences in managing the paediatric / peri-pubertal patient. In summary, the principles of treatment are to operate earlier due to the rapidity of healing, limit surgical exposure where possible, there is a low threshold for treating minimally displaced fractures conservatively, bone grafts should be used sparingly and importantly, patients must be followed up where indicated until maturity.
VASCULARIZED TISSUE TRANSFER FOR MAXILLARY RECONSTRUCTION

Peng X, Mao C, Yu GY, Guo CB, Huang MX, Zhang L, Wang Y, Zhang Y.
Department of Oral and Maxillofacial Surgery, Peking University School of Stomatlogy, Beijing 100081, China

The experience of maxillary reconstruction with free flaps in Peking University School of Stomatlogy was introduced. All the consecutive cases of maxillary reconstruction with free flaps were reviewed. The clinic data including primary diseases, the types of maxillary defect, the selection of the free flap and perioperative complications were analyzed. Fibula flap, radial forearm flap, rectus abdominus myocutaneous flap, anterolateral thigh flap, medial sural artery perforator flap and lateral arm flap were used for maxillary reconstruction. The overall survival rate was 98.2%. All patients had oral diet with good separation of oral and sinonasal cavities, and had no difficulty in speech intelligibility. All the six types of free flaps can reconstruct maxillary defects, which can improve patients' outlook and function and contribute to the overall quality of life. The radial forearm, medial sural artery perforator flap and lateral arm flap are suitable for the elderly patients with small maxillary defects reconstruction. The fibula osteocutaneous flap is an ideal choice for bony maxillary defects reconstruction. The rectus abdominus myocutaneous flap and anterolateral thigh flap are fit for large maxillary defects.

RECONSTRUCTION OF THE ORAL CAVITY: A SUB-SITE CONCEPT

Nicholas KALAYREZOS, Head and Neck Center of University Collage, London Hospital, UK

Surgery remains the frontline treatment for oral cancer and the principles that the surgical resection are based on are:
- Exposure for adequate tumour extirpation.
- Avoidance of conspicuous skin incisions.
- Access for reconstruction of the resultant defect.

Reconstruction following surgical ablation of large oral and oropharyngeal tumours is commonly performed with free tissue transfer and to a lesser extent with regional pedicled flaps. The extent and nature of dysphagia depends mainly on the tumour site and size and less to the type of reconstruction used. Post-operative radiotherapy or chemo/radiotherapy may be necessary and this may produce a compounding adverse effect on swallowing.

The goals of any reconstructive method following ablative surgery in the mouth are:
- external wound coverage,
- creation of a stable oral cavity,
- bony restoration,
- resumption of an oral diet,
- dental restoration,
- cosmesis.

Based on that concept the the oral cavity and oropharynx are divided into four anatomical– functional sub-sites
- Lateral (lateral floor of mouth, mandibular body or buccal cavity).
- Anterior (anterior floor of mouth, inter canine segment of the mandible, labial vestibule).
- Central (hemi-, or total tongue).
- Oropharyngeal (retromolar trigone, soft palate and tonsillar fossa area).
Based on the classification of site/defect demonstrated on the figure above it has been showed that patients with central or anterior defects have much worse swallowing outcomes at the post-treatment compared to patients with oropharyngeal or lateral defects. The results will be analysed and the factors influencing them will be discussed.

**MANDIBULAR DISTRACTION OSTEOSGENESIS**

Anton Djoboj, Specialized Hospital for Active Treatment in Maxillofacial Surgery – Medical University, Sofia, Bulgaria

The distraction osteogenesis becomes an alternative of surgical orthognatic methods for corrections of anomalies and deformities with mandibular deficiency. It posses real possibilities for planned and controlled formation of autogenic bone for recovery of defects of the lower jaw as well.

**Aim and objectives**

Our main aim was to correct the mandibular deficiency and to recover the alveolar and significant mandibular defects with osteoplasty by distraction osteogenesis.

**Material and method**

We treated 29 patients by distraction osteogenesis (9 among them were with mandibular deficiency, 15 with mandibular defects from 22 mm to 120 mm and 5 with alveolar defects).

In cases with mandibular deficiency we used monofocal distraction osteogenesis with extra and intraoral devices, formed one transportation disc in cases with unilateral mandibular defects and combined distraction osteogenesis devices with titanium osteosynthesis plaques.

We created “extraoral stabilizer” for the recovery of significant mandibular defects. This stabilizer created a possibility for osteoplasty with two transportation discs, kept the joint stability and maintained the distraction and results during consolidation period.

In cases with total defects of the body of the lower jaw we simultaneously used reconstructive plaque and two distraction osteogenesis devices. We fixed them to the osteotomized mandibular segments and the endoprosthesis. Using alveolar distraction osteogenesis we made vertical alveolar augmentation for dental rehabilitation.

**Results and discussion**

We followed-up the results for a period of 1 to 8 years and estimated them clinically, radiologically and by cephalometric evaluation. In all patients with mandibular deficiency the micrognathy and facial aesthetics has been corrected at significant level.

In children the distraction osteogenesis could be started before the completion of the growth, it could be overcorrected and if necessary repeated. In adult patients the distraction osteogenesis is an alternative of some orthognatic reconstructions. The osteoplasty by distraction osteogenesis with one transportation disk predictably corrected unilateral defects of the lower jaw from 22 mm to 46 mm.

The extraoral stabilizer, created and used by us, made possible the accomplishment of the osteoplasty with two transportation disks which significantly decrease the treatment time. Defects till 90 mm have been recovered.

Simultaneously usage of a reconstruction plaque and distraction osteogenesis with two transportation disks in cases with significant mandibular defects is possible. We achieved a formation of a new bone up to 120 mm. The method eliminates the negative sides of the extraoral devices.
Osteoplasty with distraction osteogenesis could reconstruct significant mandibular defects. The distraction osteogenesis is one more possibility for mandibular recovery, alveolar augmentation and rehabilitation with intraossal dental implants.

**Key words:** distraction osteogenesis, mandibular deficiency, defect

**MANDIBULAR RECONSTRUCTION – CURRENT APPROACH**

Nabil SAMMAN, University of Hong Kong

Mandibular reconstruction must achieve three essential objectives: stability of the residual mandible after resection, aesthetic restoration of facial contour and restoration of masticatory function. The triple requirement can only be satisfied by a thorough pre-surgical planning process that involves control of the positioning of the reconstructed portion in relation to the maxilla as well as the provision of adequate bone stock for eventual dental rehabilitation.

The presentation focuses on the developments in planning that led up to the current state of the art in 3-D planning of reconstructions and illustrated by a series of personal cases.

**IMMEDIATE IMPLANTS IN ESTHETIC ZONE**

Professor Gintaras Juodzbalys, Dept. of OMFS, Lithuanian University of Health Sciences, Lithuania

**Aim:** The aims of this study were: 1) to assess the clinical criteria that are needed for develop ideal implant aesthetics during immediate implant placement and 2) to identify surgical procedures, either soft or hard tissue, that are needed to predictably achieve aesthetics for the immediate implant placement.

**Material and Methods:** Twenty-five maxillary anterior teeth from 25 patients, 15 men and 10 women (age: 18 to 51 years, mean = 32.4± 91 years) were extracted. Sockets assessment and treatment approach was made based upon classification developed by authors. Soft tissue conditions were evaluated prior to tooth extraction: quantity, quality and gingival tissue biotype. Hard tissues parameters were measured after teeth removal. Socket morphology, position and bone loss of the labial plate and labial plate width was recorded using support immersion endoscopy (Olympus, Tokio, Japan). Aesthetic outcome was evaluated at the prosthesis placement and one year after function.

**Results:** Five extraction sockets were categorized as adequate, 12 as compromised and 8 as deficient. All soft tissue parameters showed statistically significant improvement (p = 0.031) at the moment of prosthesis placement. Three parameters of extraction socket soft tissues, vertical deficiency of 2 mm, deficient quality and thin gingival biotype, had a significant effect on compromised peri-implant soft tissue aesthetic outcome after one year of function. New extraction socket classification based upon soft and hard tissue parameters, complex esthetic index (CEI) for rating the esthetics of anterior maxillary implant supported restorations and their surrounding soft and hard tissues was introduced.

**Conclusions:** Careful assessment of extraction socket parameters, both soft and hard tissues, promotes the clinicians’ ability of achieving predictable implant aesthetics during immediate implant placement.
RECONSTRUCTION OF THE TEMPOROMANDIBULAR JOINT WITH THE TOTAL JOINT PROsthesis

John ZUNIGA, Dept. of Oral&Maxillofacial Surgery, UT Southwestern Medical Center, Dallas, Texas, USA

Reconstruction of the temporomandibular joint (TMJ) has relied mostly on autogenous, allogeneic and alloplastic sources. The costochondral graft has been used for many years for TMJ reconstruction with advantages that include: (1) availability; (2) inexpensive; (3) biological healing; and (4) possible growth potential. The disadvantages are: (1) donor site and morbidity; (2) longer surgery, rehabilitation, and healing; (3) excessive or inhibited growth; and, (4) high incidence of ankylosis. Allogeneic tissues such as cadaveric costochondral or femoral head bone have been reported with advantages including: (1) availability; (2) no donor site needed; and (3) biological healing. The disadvantages are: (1) expensive; (2) potential viral transmission; (3) patient acceptance; and (4) length of rehabilitation due to prolonged healing via bone substitution. Alloplastic materials to replace the TMJ have been used since the nineteenth century, but only in the past 25 years have alloplastic TMJ prostheses been used as frequently with success, due in part, to the application to manage failed surgical patients. The advantages of an alloplastic implant include: (1) availability; (2) no donor site; (3) conformity to the normal or abnormal anatomy; (4) immediate and long-term occlusal achievement; and (5) functional rehabilitation can begin immediately. The disadvantages are: (1) expense; (2) biocompatibility; (3) length of manufacturing time; (4) longevity; and (5) inability to grow.

There are only a small number of indications for the placement of unilateral or bilateral alloplastic TMJ prosthetic systems. They include: (1) post-traumatic, post-tumor ablation reconstruction when there is or will be lose of vertical height and/or occlusal relationship due to bone resorption and/or traumatic or displacement/avulsion of the condyle(s); (2) post-traumatic or disease-related ankylosis of the condyle(s); (3) seropositive and non-seropositive inflammatory arthritides resulting in ankylosis, erosion or displacement of the condyle(s); (4) condylosis or reactive osteoarthritsis resulting in progressive condylar resorption, malocclusion, or obstructive sleep apnea; and (5) failed autogenous, allogeneic or alloplastic TMJ implants.

All the TMJ prostheses consist of a mandibular ramus component with a spherical head articulating directly against a concave fossa component. Natural translational movements of the condyle are initiated by applying the fixed center of the rotation inferiorly (about 15mm) to the natural condyle's center while the wear behavior of the articulation is minimized by using ultra-high-molecular-weight-polyethylene (UHMWPE) for the fossa component rather than a metallic countersurface.

The 14-year survival rate for the TMJ Concepts implant (described above) was 93% with 64% reduction of mean pain scores, a 52% and 44% increase in mean mandibular function and diet, a mean 74% increase in the maximum inter-incisal opening. The mean percentage of failure requiring removal of the implant is controversial, but experience and the literature report <3.21% and the mean percentage of adverse events not requiring removal <2.14%.

Data and experience indicate that there are alloplastic TMJ prosthetic systems that are safe and effective management modalities in indicated patients since they are patient fitted and composed of biologically proven compatible materials that enhance osteointegration.
TEMPOROMANDIBULAR CUSTOM HEMI-JOINT REPLACEMENT PROSTHESIS

Eugene KELLER, Dept. of Oral and Maxillofacial Surgery, Mayo Clinic, Minnesota USA

Purpose: To evaluate the clinical and functional outcomes of a custom temporomandibular hemi-joint fossa/eminence implant prosthesis.

Materials and Methods: This prospective cohort study enrolled patients with osteoarthritis of the temporomandibular joint. The primary study variables were pain experience, pain intensity, chewing ability, jaw opening, joint noise, and overall satisfaction of the surgical outcome at 3, 6, and 13 months after surgery. Pre- and postsurgical kinematic analyses measured maximum incisal opening, operated and unoperated condyle translations, and mandibular body axis rotation using mandibular kinematic data combined with patient-specific computed tomographic data. The primary analysis of interest concerned preoperative versus postoperative changes.

Results: The study sample was composed of 36 subjects (mean age, 46 years; 94% female; 40 joints). There were statistically significant improvements between pre- and postoperative measurements for each study variable. The kinematic data documented preservation or an increase of bilateral condylar motion, mandibular axis rotation, and mandibular incisor motion.

Conclusions: Temporomandibular joint hemiarthroplasty with a custom metal fossa/eminence prosthesis provides satisfactory clinical and functional outcomes when used for advanced osteoarthritis in patients with focal joint pain secondary to computed tomographically documented joint pathology.

TMJ ARTHROSCOPY

Gerhard UNDT, Vienna Austria

Arthroscopic surgical techniques have changed the therapeutic approach of functional disorders of the temporomandibular joint significantly. A wide variety of microsurgical techniques that allow precision surgery to be performed on soft and hard tissues in the temporomandibular joint, have been developed over the past 20 years. Mechanical hand-held instruments, diathermy probes, laser probes and electrically driven shavers are used to separate adhesions within the joint space and to reconstruct damaged cartilage and bone. Also arthroscopic disc fixation techniques by suturing or pinning have been described. According to large-scale international studies, the success rate of these minor surgical procedures is reported to be over 90% in terms of reduction of pain and restoration of function. In contrast with open temporomandibular joint surgery, arthroscopic surgery is an equipment dependent procedure that relies considerably on expensive and complex technology. Open surgery can be learned easily while acquisition of arthroscopic skills takes a learning curve of many years. However, the advantages of arthroscopy compared with open joint surgery are that arthroscopy is less invasive, is followed by a shorter time of hospitalization and is associated with lower morbidity.
NON-COSMETIC USES OF BOTULINUM TOXIN IN ORAL AND MAXILLOFACIAL SURGERY

Firdevs Veziroglu SENEL, Dept. of OMFS, Peking University Hospital of Stomatology China

Botulinum toxin originally came to the attention because of its ability to cause a dreaded disease called botulism. However, the ability of the toxin to cause disease is at the same time properties that can be used to treat diseases. It is the most commonly used agent in cosmetic procedures. Its mechanism of inhibiting acetylcholine release at neuromuscular junctions following local injection is unique. Other dose-dependent anti-neuroinflammatory effects and vascular modulating properties have extended its spectrum of applications in oral and maxillofacial surgery. Conditions such as temporomandibular joint disorders, chronic/neuropathic pain conditions, salivary secretory disorders, headache, muscle movement disorders, and facial nerve palsy could also be treated with this drug. An overview of the not only established and emerging applications of BTX in the field of oral and maxillofacial surgery but also mechanism of action, and side effects of the agent is presented.

PIERRE ROBIN SYNDROME; IS IT MANDATORY TO DO TRACHEOSTOMY?


1) Oral & Cranio maxillofacial Surgery Dept. Misr University for Science and Technology Teaching Hospital, 6 October City, Egypt
2) Oral & Cranio maxillofacial Surgery Dept. Nasser Institute Hospital & Research Center, Cairo, Egypt
3) School of Dentistry, Medical College of Georgia, USA.
4) Dept. of Mechanical Engineering, Alazhar University, Cairo.

Introduction
Pierre Robin triad consists of micrognathia, glssoptosis, & cleft palate causing upper airway obstruction with the consequent feeding difficulties & severe respiratory tract infection. Tracheostomy was considered mandatory in patients with severe obstruction with its consequent complications in such young age

Aim of the work:
To evaluate the effectiveness and long term benefits of early mandibular advancement by distraction osteogenesis in management of PRS patients

Patients & methods:
During the period October 2003 till March 2010, 28 cases of Pierre Robin sequence (treated by distraction osteogenesis without resorting to tracheotomy) in Oral & Cranio maxillofacial Departments of Nasser Institute and Misr University Teaching Hospitals, Egypt. Age ranged 8 days to 24 months. Patients were divided into 2 groups
1. 10 neonates (up to 28 days)
2. 18 Infants (up to 2 years).
All patients presented in prone position and had nasogastric tube for feeding with positive history of breathing difficulties & recurrent chest infection.

The surgical procedure was carried out via an intraoral approach (25 patients) & extra oral approach was used in 3 patients with microstomia necessitating oral intubation, all cases needed the use of fiber optic endoscopy for intubation.
& flexometallic (Armed) cuffed tubes. Bilaterally installed unidirectional distractors, each were fixed by four 2.0 mm pins after performing the standard osteotomy anterior to the angle of the mandible. All patients had tongue traction by a deeply placed posterior tongue suture at the end of the operation.

After 48 hours of latency distraction was started at a rate of 1 mm per 12 hours for up to 7 – 14 days. The tongue suture released gradually according to the pulse oximeter reading (above 93 %). It was removed completely after ensuring proper readings. All patients had continuous pulse oximeter reading.

The 1st group was left in neonatal ICU with the distractors till proper consolidation was evidenced radiologically. In the 2nd group distractors were replaced by rigid internal fixation with titanium mini plates on the last distraction day in four hyperactive patients. These plates were retained for 6 months then removed. The rest were treated as group one. The patients needed few days of pediatric ICU stay. All patients had minimum follow up 24 months after surgery.

Results
In all cases regurgitation stopped on the 5th – 7th day of distraction and patients were able to sleep effortlessly on their back without any respiratory distress. Feeding was possible without nasogastric tubes. The amount of actual bone gained was from 14 – 24 mm. No case needed tracheostomy.

Conclusion
Distraction osteogenesis is a safe & effective way in managing PRS patients in the early days of life. It provides correction of both airway obstruction & micrognathia without unnecessary tracheostomy.

3D PLANNING FOR ORTHOGNATHIC SURGERY

Michael Miloro, Dept. of Oral and Maxillofacial Surgery, University of Illinois at Chicago, USA

Recent advances in 3-dimensional image computing for diagnosis and treatment planning for orthognathic surgery have improved the accuracy and precision in overall treatment outcomes, with the elimination of several database variables and inaccuracies. This process requires 3D patient imaging and a computer software program that integrates all components of our current orthognathic database. Virtual surgical treatment is performed in the computer environment which allows 3D assessment of hard and soft tissue changes and the ability to view various treatment schemes in real-time, and to recognize expected surgical movements and interferences prior to the actual surgery. Based upon the integrated data and computerized plan, surgical splints are fabricated that allow the virtual plan to be brought from the computer directly into the operating room. While this technology may be useful for routine orthognathic cases, it is most appropriately applied to complex congenital, developmental, or acquired deformities with a significant asymmetrical component to the dentoskeletal problem. This lecture will discuss some of the limitations of our current diagnostic and treatment techniques in orthognathic surgery, and describe the advantages and limitations of the computer planning process, including case examples.
ORTHOGNATHIC SURGERY IN PAEDIATRIC AND ADULT SLEEP APNEA. AN OVERVIEW

Piet Haers

APPLICATION OF COMPUTER NAVIGATION SYSTEM IN ORAL AND MAXILLOFACIAL SURGERY

Chuanbin Guo, Xiaojing Liu, Guangyan Yu, Yi Zhang, Zhigang Cai, Zili Li, Xin Peng
Department of Oral and Maxillofacial Surgery, School and Hospital of Stomatology, Peking University, Beijing, China

Objectives: To investigate the value of computer aided navigation system (CANS) in maxillofacial surgery.

Patients and methods: 113 patients (M=43, F=70) were included in the study, including 67 cases of trauma, 8 cases of reconstruction, 27 cases of tumor resection, 3 cases of guided puncture and 8 case of orthognathic surgery. Data acquisition was done through CT scan. DICOM data was transferred into workstation. Virtual surgical design, such as osteotomy, reposition, fibula flap design, orbital implant construction and radiation seeds matrix design, was done using Surgicase CMF or BrainLab Iplan system. The virtual design was transferred to Brain Lab navigation system, the osteotomy, reduction, location of bone graft and custom implant were guided by navigation. Postoperative CT scan was required 48-72 hours after surgery. Preoperative and postoperative CT images were superimposed automatically in Brain-Lab I plan system, and compared both in 3D objects and 2D slices.

Results: All the cases were finished without additional complications. The accuracy between virtual design and postoperative image was among 0.2-3.2mm, which increased surgical accuracy and safety.

Conclusion: Computer assisted design is of considerable value for the systematic and accurate planning for maxillofacial surgery. Virtual plan can be carried out accurately with the assistance of CANS.

ORTHOGNATHIC SURGERY FOR SLEEP APNEA

Dr. Christopher VIOZZI, Dept. of Oral and Maxillofacial Surgery, Mayo Clinic, USA

The surgical management of patients suffering from Obstructive Sleep Apnea remains a challenge, with many possible procedures utilized independently or in combination, with limited data on efficacy, particularly over the long term.

This presentation will review the Mayo Clinic experience in the use of Maxillofacial Surgery for the management of this disease
MANDIBULAR DEFICIENCY DEFORMITIES

Vitomir Konstantinović, Clinic of Maxillofacial Surgery, Faculty of Dentistry, University of Belgrade, Serbia

Mandibular DEFICIENCY is a frequently encountered craniofacial discrepancy and can be classified into three groups: congenital, developmental, and acquired.

Usually, the majority of congenital group is associated with syndromes. Although mandibular hypoplasia is a common craniofacial anomaly, patients manifesting nonsyndromic congenital mandibular hypoplasia are a rare subgroup. The diminutive or retro-positioned mandible, while conceptually a simple problem, poses significant challenges for the surgeon pursuing the restoration of form and function. Some options for treatment are common regardless of cause; in other cases, the most accurate possible diagnosis will be critical for predicting natural course and staging treatment appropriately. Distraction osteogenesis is an important option for the treatment of mandibular hypoplasia. The technique of distraction has revolutionized the treatment of mandibular hypoplasia; however, presently large mandibular deficiency still requires orthognathic surgery which comprise of mandibular advancement with or without use of bone grafts. Microvascular grafting is also used in adults. Conversely, in paediatric reconstruction, nonvascularized rib grafts remain standard. Adequate combination of techniques allows early intervention, limits graft resorption, and improves airway control.

Ankylosis, which also cause mandibular hypoplasia is condition that cause severe facial asymmetry mainly in children because of the lack of function in temporomandibular joint/s. The most often etiologic factors associated with true ankylosis are obstetric trauma and intracapsular condylar head fractures during early childhood. The treatment goal is to establish normal jaw motion and to correct deformity. Of course, definitive surgery comprised of final correction of facial asymmetry and occlusion by means of orthognatic surgery.

More than 20 years of experiences with treatment of patients with mandibular hypoplasia will be presented.

SURGICAL APPROACHES IN FACIAL COSMETIC SURGERY

Dr. Joseph NIAMTU, Virginia, USA

Introduction: Many cosmetic surgery procedures are extremely similar to surgical approaches for routine OMS. For instance, facelift surgery is very similar to TMJ approaches, blepharoplasty is similar to orbital trauma, etc.

Materials and Methods: The author will present a multimedia presentation detailing the common cosmetic facial surgical approaches for popular procedures such as face and neck lift, blepharoplasty, Facial implants, lip shortening and reduction, and brow lifting.

Summary: Many cosmetic facial surgery procedures are very similar to commonly taught and performed OMS procedures.

Conclusion: OMS are well trained in cervicofacial surgical techniques and anatomy as well as patient care. Due to this unique education, OMS are well positioned to integrate cosmetic facial procedures in their practices at the same competence levels as plastic surgery, ENT and other head and neck disciplines.
FACIAL SCULPTING

Henri THUAU, London, UK

Principles, Methodology Facial sculpting has developed over the past few years, based on 3D facial assessment and combining various surgical modalities (bone surgery, facial implants, facial recontouring, microliposuction as well as neck lift). However, the critical aspect of this surgery is accurate planning, and whenever required, multidisciplinarity. The fundamentals of facial analysis and clinical cases will be presented and discussed.

RHINOPLASTY IN NON CAUCASIAN NOSES

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*The middle eastern noses are characterized by thick skin and thin cartilages, this type of skin is more sebaceous and has greater skin memory than thin skin which means that it does not re-drape easily over the surgically modified cartilages. It is characterized also more persistent postoperative edema. This differs from the thin skin characteristic to the Caucasian nose which is less sebaceous and always accompanied by powerful cartilages and so it has weaker postoperative memory than thick skin and so it re-drapes easily over the surgically modified cartilages and the postoperative edema will resolve earlier.*

Hence the operative techniques in rhinoplasty should differ from one kind to another to avoid disappointing results. In this presentation we will discuss the operative details which can be done in this kind of noses.

GRAFTS IN RHINOPLASTY

Behnam BOHLLULI, Dept. of Oral and Maxillofacial Surgery, Islamic Azad University, Tehran, Iran

**Introduction:** Over the past few years, aesthetic rhinoplasty has evolved from a generic, reductive operation to a highly individualized, problem-specific operation that often combines augmentation with reduction. So grafts are integral part of modern rhinoplasty and are routinely used in nearly all aesthetic nose surgeries. This article will give an overview of authors experience in different types of grafts that were specifically performed in previous year.

**Method and patients:** This was retrospectively done on 180 rhinoplasties that were done in 2011. All the graft with their specifications including type, size, donor site, recipient sites and complications were recorded and documented.

**Results:** All cases had undergone at least one type of grafts, septal cartilage was the primary site it was followed by ear cartilage, temporalis fascia and rib graft. Complications included hematoma and bruise in donor sites which were easily managed and the rate was quiet negligible.
STRATEGY FOR BONE RECONSTRUCTION IN CRANIO-MAXILLOFACIAL DEFECTS AND DEFORMITIES

Nils Cladius Gellrich, Dept. Of Oral and Maxillofacial Surgery, Hannover Medical School / Germany

Traditionally-wise, the field of bone-reconstruction of the cranio-maxillofacial skeleton belongs into the hands of the oral and maxillofacial surgeon. Through history a broad variety of technologies had been applied that included microvascular reconstruction and patient-specific implants with perfectly backwards-planned shape and volume.

However, every type of strategy has to fit accordingly to the patient’s needs and has to meet biological adequacy. This is why this presentation will focus on the different indications how and when to reconstruct which areas of the cranio-maxillofacial skeleton, taking into account that the vascularised soft tissue envelope is the number one factor of success of bony reconstruction.

Furthermore included in the presentation is the development of a complete digital workflow to introduce the idea of patient-specific bony reconstruction already prior to late surgery in midfacial and/or mandibular malignancies.

Special focus will be given to aspects of adjuvant radiotherapy, function and quality of life.

CLEFT LIP AND PALATE CARE IN PEKING UNIVERSITY SCHOOL OF STOMATOLOGY

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The incidence of cleft lip and palate in China is about 1.32% to 1.82%. Most of cases were operated by oral and maxillofacial surgeon in Dental hospital or dental department of general hospital. However, Plastic surgeon, ENT doctor, and pediatrics also treat some of cases. Cleft lip and palate treatment centers were set up one after another in China during the past 20 years and some centers in big cities such as Beijing, Shanghai, Chengdu and Xian are facilitated and functioned well.

Cleft lip and palate center in Peking university school of stomatology was set up in 1991, and has treated about over 40,000 patients. The procedure for primary cleft lip and palate care is followed as below:

- Cleft lip repair: 1-3 m
- Cleft palate repair: 8m
- Follow up: 2.5y (photo, tape recording)
- Speech training (if needed): 4.5y
- Pharyngoplasty (if needed): 5y
- Alveolar bone graph: 9-11y
- Rhinoplasty: 13y above
- Orthognatic Surgery: 16y around

Individual plan for cleft lip and palate patient with difference type. Difference intervention was made in difference age according to the, for example, the osteotomy surgery has to be done for correct displacement of premaxillary before alveolar bone graph; lip revision has to be done when lip deformity has effected the psychiatry development. Also the full recordings for hearing, maxillary growth and speech in difference stages were made. Photographs were taken

Secondary deformities of cleft lip and palate include lip and nose deformity, malocclusion maxillary hypoplasia and
velopharyngeal incompetence. Some of secondary deformities are inevitability but some of them are iatrogenic. Purpose of this part is to indentify the characteristics of secondary deformity after primary cleft lip/palate repairing, to analyze the causes of secondary deformity – inevitability or iatrogenic which is caused by surgical technique or/and surgical skill. 1000 cases of secondary deformities treated in Cleft Lip and Palate center Peking University School of Stomatlogy were analyzed. The photos were take, the evaluations were made pre-operatively. The variable deformities were classified and the percentage of different deformities is calculated. The characteristics and causes were analysis, which indicate the causes for some of secondary deformities such as small nostril, asymmetry of vermilion, severe maxillary hypoplasia in nonsyndromic cleft palate are more like iatrogenic. The part also raised issues about prevention for iatrogenic secondary deformities.

CLEFT LIP NOSE REPAIR: STILL A NEVER ENDING CHALLENGE

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According to Mulliken the ultimate solution for cleft lip / nose repair means creating reproducible nasolabial symmetry with no noticeable difference between cleft patients and a control group both in repose and in motion of the face, e. g. during speech or showing emotions.

Besides numerous techniques adjunctive procedures including presurgical orthodontics or timing of surgery are proven to be helpful. However, both are still discussed controversial until today, creating variations and modifications of the original repairs and new methods. From the surgical perspective, a presurgical well aligned alveolar arch in a bilateral cleft with a wide premaxilla is very difficult to repair. Due to the distance between the lateral segments extensive mobilisation is necessary. Postoperative tension of the lip is increased. These conditions can lead to significant disturbance of growth.

Another problem is the difficulty one can encounter in repair of an incomplete cleft lip nose: sometimes it can be more difficult to achieve a good result in incomplete clefts than in cases with wide complete clefts.

Based on immediate and long-term results in our patients we will discuss several pitfalls and difficulties in cleft lip nose repair which (super) specialist will come across every now and then. The results also put a strong emphasis on the need for interdisciplinary instead of multidisciplinary therapy in cleft lip / nose repair.
SIMULATION GUIDED NAVIGATION IN CRANIO-MAXILLO-FACIAL SURGERY

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Purpose: Navigation is a way to reach your aim, using knowledge and experience to let reality and your map meet each other. When a man sails the sea, he has a map, he plans his course and he goes, following his plan as much accurately as he can. It depends on the instruments and techniques he has to measure how far he is from his plan. For Navigation in Surgery is the same.

Computer-based surgery is an strong area of research and a concrete everyday experience, especially for cranio-maxillofacial surgeons.

Three-dimensional (3D) technologies are continuously improved and increasingly applied to many field of cranio-maxillofacial surgery for diagnosis, surgical planning and surgical aid.

We present our experience in transferring individualized 3D virtual plan of surgery in the operating room, using a Navigation system (Simulation-Guided Navigation). Our aim was to evaluate if this new method can provide an increase in intraoperative reproducibility of the preoperative 3D virtual plan. We called it Magellan Project, in honor of the great european explorer.

Methods and Materials: We applied this technique to the main fields of maxillofacial surgery: oncology, traumatology, pediatric surgery, but we predominantly applied this technique to orthognathic surgery. We studied 44 patients affected by facial deformities. All the patients have been investigated with a preoperative Cone-Beam CT of the facial skeleton and soft tissues, which let us obtain a 3D model of the deformity. An orthognathic plan was performed in conjunction with the orthodontist (3D Surgical Treatment Objective) paying attention to functional and aesthetic issues. The surgical procedure was performed virtually on the 3D model with a dedicated software, which elaborates the postoperative appearance of patient’s soft tissues. Then the virtual plan was loaded on the Navigation system. This way we were able to directly see the extent of movements applied to the mobilized segments of the facial skeleton and check their correct position intraoperatively. All the procedures were as well performed with surgical splints.

After surgery all the patients underwent a new Cone-Beam CT, which was matched with the preoperative 3D virtual planning, providing this way an evaluation of the reproducibility of the procedures.

Traumatologic patients were studied with conventional multislice CT scan, obtained by emergency department. The possibility, given by new technologies, to obtain accurate registrations of the patient even with a CT scan performed in emergency situations, let the surgeon benefit from a navigation technology without subjecting the patient to high radiation dosage. The planning is mainly based on the mirroring technique, which let us use the healthy side of the face as a mirrored template to reconstruct the wounded facial skeleton.

In maxillofacial oncology, our effort in introducing new ways to use navigation techniques is mainly addressed to bony resections and reconstructive surgery. Navigation allows the surgeon to adequately reproduce the osteotomies he planned preoperatively, using navigated instruments, and correctly build the microvascular reconstruction using a virtual plan or the native skull as a template.

Eventually, in pediatric surgery, we put our effort in developing a full “from-planning-to-surgery” workflow in distraction osteogenesis, where the distractor vector positioning is still a great issue, both for planning and for intraoperative control.
Conclusion: According to our results, we can assume that Simulation-Guided Navigation is a helpful procedure to improve reproducibility of the preoperative virtual surgical planning in every field of maxillofacial surgery, especially in orthognathic surgery, where our experience is stronger.

APPROACHES IN OMF ONCOLOGICAL SURGERY

Julio Acero, Dept. of Maxillofacial Surgery, Gregorio Marañón University Hospital, Madrid (Spain)

Management of tumors affecting the oral and cranio-maxillofacial region constitutes a major challenge. Treatment objectives include the control of the oncologic disease and the aesthetic and functional reconstruction of the case and may require adequate approaches and extensive resections. A careful planning of both the tumor approach and the reconstructive procedure is necessary in order to achieve a safe oncologic resection and a good aesthetic and functional result.

Aim of this lecture is to review the different surgical approaches allowing for the resection of tumors affecting the different areas of the oro-maxillo-facial region.

MAXILLOFACIAL OSTEOMYELITIS AN OLD PROBLEM WITH RECENT HIGH INCIDENCE, WHAT HAPPENS?

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Osteomyelitis of the jaws was relatively common before the era of antibiotic therapy and improvement of medical and dental care. In pre antibiotic era the classical presentation of jaw osteomyelitis was usually started by acute onset of inflammation followed by chronic process with wide spread of bone necrosis and large sequester formation with intra and extra oral fistula and significant facial deformities. Recently with the introduction of antibiotics the acute phase often concealed without fully elimination of infection with long course of chronic phase associated with facial pain. The introduction of recent diagnostic modalities like CT scans and bone scintography increases the chance of early detection.

The biological change of treatment policy in head and neck cancer increases as well the risk of osteo chemonecrosis and osteo radio necrosis of the jaws. Retrospective study done at the Oral and Maxillofacial Surgery Department Shebin Al Kom Teaching Hospital Egypt on 40 cases of jaw osteomyelitis presented with variety of causes and different clinical presentation according the etiology and general condition of the patients. The mortality and morbidity rates were consider and the protocol of treatment was customized according each patient condition. Further details will be discussed at presentation time.
UPDATES ON RECONSTRUCTION OF ABLATIVE AND TRAUMATIC DEFECTS OF THE ORAL CAVITY

Antonia Kolokythas, Department of Oral and Maxillofacial Surgery, Multidisciplinary Head and Neck Cancer Clinic-Cancer Center, University of Illinois at Chicago

The most current trends in reconstruction of ablative defects post resection will be discussed with emphasis on free flap reconstruction. The talk will center on use of virtual planning for accurate reconstruction of the maxillofacial skeleton using fibula free flap post cancer, and other benign pathology ablative defects. In addition the role of virtual planning for post traumatic reconstruction of the maxillofacial skeleton will be discussed. The protocol followed for successful utilization of virtual planning in reconstruction of complex maxillofacial defects will be discussed through case illustration.

SURGICAL MANAGEMENT OF MALIGNANT PAROTID GLAND NEOPLASMS: QUESTIONS AND QUANDARIES

Vladimir Popovski, Professor, University Clinic for Maxillofacial Surgery, Skopje, Macedonia

Malignant tumors of major salivary glands comprise about 3-4% of all head and neck neoplasm’s and they account for approximately 0.1% of all deaths from cancer. Between 70-85% of salivary gland tumors arise in parotid gland where 20-25% are malignant with rich variety of histological types and variable biologic courses. The management of such unpredictable malignancy, and the biological significance through regional anatomical peculiarity and collision with the facial nerve, emphasize the challenge of this surgical entity. Substantial attention have been paid to the histological varieties of the parotid gland epithelial malignancy, making this site of head and neck cancer to be dominated by classification. Until the last WHO proposal from 2005, six different classification schemes were proposed. The histological diversity and grade, together with size, local extension, and lymph node or distant metastases, are the most critical prognostic factors and still the source of the controversies for establishing the optimal treatment of the malignant parotid neoplasm’s.

Evaluation designed with comparative study through the fundamental analyze of own clinical material of eighty-one patients with a histologically proven malignant parotid tumor. Comprehensive diagnostic work-up for parotid gland neoplasm’s was included, followed by consequent choice of radical surgery and reconstructions. The analyze of entire group was concerned on the results delivered from statistical evaluation of data about localization, delay of the symptoms prior surgery, clinical symptoms, tumor extension and comprehension, surgery performed, staging and cumulative survival time. Multivariate analysis showed that tumor stage was a more prognostic variable than tumor grade. The size of parotid mass and local spread were most important factors in staging parotid malignancy.

For developing a rational therapeutic concept, surgeon have to consider the factors that may affect survival in this kind of malignancy, such are: histopathological diagnosis, incidence of metastases, pain, preoperative facial nerve paralysis, skin involvement, stage, recurrence, radiation and chemotherapeutic sensitivity. Preoperative facial nerve palsy with conspicuous parotid mass indicates malignancy, poor prognosis and high probability of cervical metastases; The significant correlation of facial nerve paralysis with regional node metastases, increase the indications for aggressive surgery and postoperative radiotherapy for achieving better local control and survival rate. A controversy of principal importance in the management of parotid malignancy was whether the facial nerve and its branches can be spared. An elective treatment of the cervical lymph nodes was appropriate only when the risk for occult metastases is high with exact preoperative assessment;
In conclusions - survival prospects of patients with malignant parotid tumors are mostly determined by its pathological grade and clinical stage. Sacrifice of the facial nerve in such patients is only required if direct infiltration is apparent. Neck dissection should be undertaken if the presence of nodal metastases is confirmed clinically or at the operation. The experience of local recurrence and distant metastases indicates the necessity for a long-term follow-up of more than ten years.

MANDIBULAR RECONSTRUCTION FOLLOWING RESECTION OF AGGRESSIVE TUMORS

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Immediate nonvascularized free bone grafts of segmental defects of the mandible generally have unacceptably high failure rates. This is attributed to the continued low grade contamination of saliva and bacteria and the possibility of intra-oral wound breakdown. A technique that has shown a high success rate is that of secondary reconstruction following segmental resection of the mandible in cases of aggressive tumors. A protocol for reconstruction of the mandible following mandibular resection is presented. In this technique, the appropriate segment of the mandible is resected and a reconstruction plate is immediately placed. Following this procedure bone graft is placed and attached to reconstruction plate. In the final surgical procedure the reconstruction plate is removed and fixtures of implants are placed. In conclusion the technique of secondary reconstruction of the mandible following segmental resection is a reliable procedure with minimal complications.
ORAL PRESENTATIONS
OP-1
THE SUCCESS RATE OF RETROGRADE FILLING MATERIALS IN RE-APICECTOMIZED TEETH USING MINERAL TRIOXIDE AGGREGATE (MTA) AND ZINC FREE AMALGAM (A COMPARATIVE CLINICAL STUDY)

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Aim of the study: To compare the success rate of root end filling material using MTA (mineral trioxide aggregate) and zinc free amalgam in re-apicectomized teeth.

Methodology: The study sample consisted of 30 patients having previously failed surgical endodontic treatment. The sample was divided into 2 groups, the 1st group treated with MTA root end filling, while the 2nd group treated with amalgam root end filling. The patients were followed up after 6 months to assess the periapical area both clinically and radiographically.

Results: There was no statistically significant difference between the success rate of MTA treated group and that of amalgam treated group, although MTA has a higher success rate than amalgam treated group. The success rate of MTA treated group was (86.6%) while the failure rate of MTA treated group was (13.3%), the success rate of zinc free amalgam treated group was (66.6%) and the rate of uncertain healing was (13.3%) while the rate of failure was (22%).

Conclusion: MTA can be a good alternative to amalgam as a retrograde filling material, but amalgam is inexpensive, available, and most of the dentist are familiar with the use of it.

Key Words: mta, success rate, retrograde, re - apicectomy

OP-2
EVALUATION OF PREVALENCE AND LOCALIZATION OF MAXILLARY SINUS SEPTA WITH CONE BEAM COMPUTERIZED TOMOGRAPHY

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Aim: Purpose of this study is to assess the localization and prevalence of maxillary sinus septa using cone beam computed tomography.

Patients and methods: This retrospective study was based on the analysis of cone beam computerized tomography (CBCT) images for maxillary sinus in patients who visited Cukurova University, Faculty of Dentistry, Department of Oral Maxillofacial Radiology for any reason between January 2010 and October 2011. After exclusion of patient with prior maxillary sinus surgery and presenting any pathologic conditions, 760 patients (1520 maxillary sinuses) were assessed. Analyses of location were made for three regions: anterior for 1st and 2nd premolar, middle for 1st and 2nd molar, posterior for 3rd molar.
Results: Sinus septa were presented in 190 maxillary sinuses (7.8%). Septa were found in 47 sinuses (24.7%) in the anterior, in 35 cases (18.4%) in the middle and in 108 cases (56.8%) in the posterior regions.

Conclusions: Anatomical variations of maxillary sinus may complicate the antral surgical procedures such as sinus lifting during implant placement.

Key Words: maxillary sinus, septa, cone beam tomography

OP-3

3D RECONSTRUCTION BY THE USE OF STEREOLITHOGRAPHIC MODELS IN MAXILLOFACIAL RECONSTRUCTION AND TRAUMA

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Stereolithographic models have an important role in contemporary oral and maxillofacial surgery. They are a useful tool to assess posttraumatic and pathologic defects requiring complicated surgery and reconstruction. Stereolithographic technology was used in the treatment planning of complex maxillofacial procedures for twelve patients where Specialized 3-D models were ordered and utilized for surgical treatment of a variety of indications including primary trauma surgery, secondary correction of posttraumatic facial and orbital deformities, and extensive jaw pathology. The use of 3-D models in Oral and Maxillofacial Surgery significantly improved predictability of clinical outcomes when compared to similar treatments without its use. Total operating time was reduced. They allowed for assessment of extensive traumatic and pathologic defects in three-dimensions prior to surgical reconstruction. 3-D Stereolithographic models can be very effectively used in oral and maxillofacial surgery for multiple indications and diverse clinical scenarios.

OP-4

TRIGEMINAL NERVE INJURIES IN RELATION TO THIRD MOLAR SURGERY

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Background and aims: Trigeminal nerve injury is the most problematic consequence of dental surgical procedures with major medico-legal implications. The incidence of lingual nerve injury (LNI) has remained static in the UK over the last 30 years, however the incidence of inferior alveolar nerve injury (IANI) has increased; the latter being due to increase in the frequency of implant placements and endodontic therapy. This study reports the signs and symptoms that are the features of trigeminal nerve injuries caused by mandibular third molar surgery (MTMS).

Methods: 120 patients with nerve injury following MTMS were assessed. Key factors assessed were size and extent of the neuropathic area, subjective function, mechanosensory function, functional problems and pain profiling. SPSS and Microsof Excel were used to analyse the data. P values less than or equal to 0.05 indicated statistical significance.
RESULTS: 53 (44.2%) IANI cases and 67 (55.8%) LNI cases were caused by MTMS. Neuropathy was demonstrable in all patients with varying degrees of paraesthesia, dysaesthesia (in the form of burning pain) allodynia and hyperalgesia. Pain was one of the presenting signs and symptoms in 70% of all cases. Significantly more females had IANI and LNI (p < 0.05). The mean ages of the two groups of patients were similar, at 37.8 years for IANI patients and 35.6 years for LNI patients. Speech and eating were significantly more problematic for LNI patients.

CONCLUSION: Chronic pain is often a symptom after MTMS-related nerve injury, resulting in significant functional problems. Better dissemination of good practice in MTMS will significantly minimize these complex nerve injuries and prevent unnecessary suffering.

KEY WORDS: lingual nerve injury, inferior alveolar nerve injury, mandibular third molar surgery, neuropathic pain, functional problems

OP-5
IMPLANT SUPPORTED FIXED RESTORATIONS IN EDENTULOUS JAWS: SIX YEARS RETROSPECTIVE STUDY

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PURPOSE: To compare the success rates, for implants placed immediately after tooth extraction and in healed sites in patients undergoing extraction of all residual teeth for rehabilitation with fixed, full-arch, implant supported prosthesis.

MATERIAL AND METHODS: A retrospective case series study was conducted of 41 patients treated from March 2006 to April 2012 by extraction of remaining teeth and implant placement in both mature bone and at the extraction site in the same procedure. After osteointegration, the implants were restored with fixed full-arch prostheses. The success rate according to Buser criteria was calculated for the immediate and nonimmediate implants.

RESULTS: A total of 82 arches were restored in 41 patients, 41 in the maxilla and 41 in the mandible. A total of 398 implants were placed, 75 immediately and 323 in mature bone. Of the 398 implants, 9 failed, all in maxilla, 2 in the immediate group and 7 in the nonimmediate group. The mean success rate was 97.74% overall, 97.4% for the immediate group, and 97.84 for the nonimmediate group.

CONCLUSIONS: Enhanced bone healing and remodeling can take place in fresh extraction socket defects associated with immediately placed implants. The results of the present study have demonstrated that immediate implant osseointegration can be as, or more, successful than nonimmediate implantation during the same healing period.

KEY WORDS: implant, immediate, full-arch, fixed, non-immediate
OP-6
COMPARISION OF TITANIUM MINI PLATE SYSTEMS AND RESORBABLE MINIPLATES SYSTEMS USING FINITE ELEMENT ANALYSES FOR THE INTERNAL RIGID FIXATION OF THE MANDIBULAR CONDYLE

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Introduction: The aim of this study is to compare the titanium and resorbable plate screw systems used for the fixation of mandibular condylar fractures using finite element analyses.

Materials and Method: Mandibular modelling was done using computurised tomography datas. Also plate and screws were created using 3 dimensional modelling software. Then these created plate and screws were placed around the fracture line. After applying masticatory forces the biomechanical properties of the titanium plate and screws, resorbable plate and screws and bone around the fracture line were evaluated.

Conclusion: In conclusion single plate fixations in not sufficient for the fixation of mandibular condylar fractures. And resorbable plate systems is not still an alternative for the fixation of unilateral condylar fractures.

Key Words: condylar fracture, finite element analyses, resorbable plates, titanium plates

OP-7
POSTGRADUATE TRAINING AND EDUCATION FOR DENTAL SURGEONS OFFERED BY THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

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The Royal College of Surgeons of Edinburgh is the oldest in the whole world, established since 1506, serving to improve the standards of treatment and education of the Medical profession, regardless of age, sex, nationality, or religion. This is a review of all the Memberships and Diplomas offered by the Royal College of Surgeons of Edinburgh. The various specialties, scope, syllables, training and the new system of OSCE examinations applied by the College recently. A brief mention of the courses offered, the examination centres and the marking system is mentioned. Details of the stages progression from MFDS part 1 & 2 to the Specialist Membership to the Fellowship by assessment is briefly described.
OP-8
IS SIMULTANEOUS SINUS LIFTING AND IMPLANT PLACEMENT POSSIBLE IF THE RESIDUEL CREST HEIGHT IS LESS THAN 5MM?

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Maxillary sinus floor elevation(SFE) is a well known method for 30 years and allows simultaneous or delayed implant placement in the atrophic maxilla. Vertical bone height is a major factor that effects the protocol selection. The aim of this study was to compare the survival rates of implants inserted with one stage sinus lifting procedure with vertical bone height 5mm.

Material and Method: Fifty-nine, ASA I patients, with a mean age of 53.98 were treated with SFE and simultaneous implant insertion. Vertical alveolar bone height was measured from the alveolar crest to the sinus floor on the panoramic radiograph. Study group and control group was consisted of implants which were inserted to an alveolus height <5mm and >5mm. The number and dimensions of the implants were recorded. The survival rates of implants were assessed with panoramic radiograph at the 6th month and last follow-up appointment. Stabile implants which provided adequate masticator and aesthetic function without infection were accepted as survive. The survival rates of two groups were statistically analyzed with Fisher’s Exact test.

Results: The study sample consisted of 70 augmented maxillary sinuses with a total of 82 implants. 51 implants were placed in study group (min 2-max 4.9 mm) and 31 implants were placed to the control group (5.0mm or higher). Two implants were lost in study group and one implant was lost in control group. The survival rate of study group was 94.2% with a follow up 3,1 years and control group was 95.8% with a follow up 5,5 years. There was no statistically significant difference between groups in terms of the implant survival rate(= .785).

Conclusion: The encouraging results of this study suggest that sinus lifting with simultaneous implant placement is giving the opportunity to perform restoration at earlier time in maxillary bone height lower than 5mm.

Key Words: sinus lifting, one stage implant placement, simultaneous implant placement, vertical bone height
OP-9
REOPERATIVE MANDIBULAR TRAUMA

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Mandibular fractures are one of the most common maxillofacial injuries. Diagnostic errors, poor surgical techniques, healing disorders, or complications may lead to the establishment of postramatic mandibular deformities. Nonunion, malunion/malocclusion, or facial asymmetry can be found early during the healing process or as long-term sequelae after the initial mandibular fracture repair. Although occasionally these problems can be solved in a nonsurgical manner, reoperations play an important role in the management of these untoward outcomes. Three cases of mandibular fractures surgically consolidated in a wrong position resulting in craniofacial disorders are reported. The inadequate surgical alignment of the healed bony segments caused malocclusions. These changed the original neuromuscular system such that compensatory mechanisms began to change the whole balance of the patient, who had mandibular crossbite, asymmetry of the face, paraesthesia, and extensive alteration of muscular, articular, and postural function. Our cases were referred from another specialty which had treated the patient for fractures of the mandible. The gross malunion and other findings in this reported cases serve to remind students and surgeons alike that principles of fracture reduction and fixation must be respected.

OP-10
EXTRAORAL GLOSSOPHARYNGEAL NERVE BLOCK TO CONTROL GAG REFLEX DURING DENTAL PROCEDURES: TECHNICAL NOTE

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The gag reflex is a normal physiological defense mechanism that acts to remove foreign bodies from the trachea, pharynx, or larynx. Gagging may present the reactions from simple contraction of palatal or circumoral musculature to spasm of the pharyngeal structures, accompanied by vomiting. There is a wide variation in the sensitivity of the oral cavity and the ability of patients to withstand intraoral stimuli. The reflex is exaggerated in some individuals, which makes dental procedures extremely difficult and causes distress to both patient and dentist. Because of their problematic gagging reflex, some individuals avoid dental treatment whilst others have to accept sedation or general anesthesia. In the literature, there have been various management modalities to control gag reflex during dental procedures such as desensitization, sedation, hypnosis, acupuncture, acupressure, combined acupuncture and acupressure and hypnopuncture. The glossopharyngeal nerve contains both motor and sensory fibers. The sensory portion of the nerve innervates the posterior third of the tongue, palatine tonsil, and the mucous membranes of the mouth and pharynx. The intraoral glossopharyngeal nerve block have been used to control postoperative pain after tonsillectomy and gag reflex and cough in awake direct laryngoscopy. The aim of this study is to present the role of extraoral glossopharyngeal nerve block as a method of controlling the gag reflex during dental procedures which is quick, inexpensive, relatively non-invasive and safe. It may seem to be an effective method.

Key Words: gag reflex, glossopharyngeal nerve block, lidocaine
OP-11
AN UNUSUAL COMPLICATION OF IMPLANT SURGERY: COVER SCREW FUSION

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Dental implant is a preferred treatment modality for partially and completely edentulous patients. Despite high survival rates, biological, technical and mechanical failures and complications may occur after implant insertion. The mechanical complications are generally related to the implant components. Fracture of dental implants, abutment screw or other components are most common seen mechanical complications that leads implant failure. Osseointegrated implant removal due to the fusion of the implant components has not been reported in the literature, yet. In this report we presented a rare implant complication in two cases due to the fusion of cover screws. Two osseointegrated implants were extracted with the surrounding bone tissue.

Key Words: Dental implants, fusion, complication

OP-12
REVEALATION OF EXTERNAL PIN FIXATION

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Ballistic injuries presents a unique challenge to maxillofacial surgeons. Management of these defects is often complicated by ischemia, necrosis and infection, these latter inherent problems render early management via open reduction and rigid fixation of limited value, hence to overcome these inherent problems necessitate limited surgical manipulation though rigidity is at most important. External bin fixation (Morris 1949) is a technique that is recently challenged by rigid internal fixation. Both monophasic and biphasic fixation might prove adequate in these patients. This study was conducted on 21 Arab revolution casualties who sustained variable ballistic injuries of the face and mandible. In this abstract we will only discuss the management of the mandibular injuries.Thirteen out of twenty one patients had mandibular segment loss, five out of twenty one patients had soft tissue avulsion. Wounds were debrided and either primary closed or approximated. Biphasic external pin fixator had been used to fix the mandibular fractures, all of them were reduced by digital manipulation and with the aid of temporary inter maxillary fixation whenever possible. All patients were followed up for six months. The clinical outcome of the study using external pin fixator showed satisfactory results regarding postoperative immediate function, mandibular contour and easy access for local wounds care. Three patient had developed localized soft tissue wounds infection treated by daily irrigation over a period of three weeks. Two patients needed a second intervention to replace a single loose screw. By the end of the follow up period for each patient we were able to remove the external pin fixator for further reconstructive surgeries if needed. External pin fixation provides adequate stabilization of facial fractures to prevent collapse and fibrosis that is so difficult to treat once established.

Key Words: external pin, ballistic, facial fracture
OP-13
INVESTIGATION OF THE LEVEL OF ANXIETY AND FEAR OF DENTAL PATIENTS IN OUR OUTPATIENT CLINIC.

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Introduction: For dental treatment success, as well as effective treatment methods, biopsychosocial approach is important to minimize the patient anxiety and fears during the treatment. In our study, we investigate the cause and severity of dental anxiety and fears of the patients.

Materials and Methods: For investigation the cause of the dental fear and anxiety of the patient a questionnaire prepared with demographic characteristics and dental anxiety scale CORAH.

Results: The study included 104 young male patients. Mean age 25.6 ± 8.4 years. 84.6% (n = 88) of them had high school or higher education. 18.3% of patients were never gone to the dentist (n = 19), who went 1-2 times a year was 34.6% (n = 36) constituted the most frequent rate. The most common cause of the patient who didn't attend to dentist was 'no problem'. 69.2 of patient responded the question 'Would you go to control two times a year do not have problems with teeth?' with 'no'. Only 6 patient's (5.8%) reason was dental fear. With 34.7 most common causes of dental fear was 'the pain' (n=72), and tooth extraction followed this reason with 12.5 (n= 20). Patients, in 12.5% (n = 13) had anxiety according to the scale, and their 6 patients (5.8%) concern the high-continent. There was no statistical difference between going to the dentist and anxiety (p <0.005). Causes of fear and the anxiety level was a significant difference in comparison (p = 0.008).

Conclusion: Determination of the dental fear and anxiety of patient, befor the treatment, will prevent the patient and the practitioner from the fear complication.

Key Words: anxiety, dental fear, corah, biopsychosocial

OP-14
RETROSPECTIVE EVALUATION OF THE MAXILLARY SINUS FLOOR AUGMENTATION WITH SIMULTANEOUS DENTAL IMPLANT INSERTION IN DIFFERENT BONE HEIGHTS

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The placement of implants into the posterior maxilla that is lacking teeth may prove to be difficult for many reasons; such as the reduction in the distance between the maxillary sinus base and the alveolar bone due to increasing pneumatization of the sinus, or an insufficient crest width. Yielding successful results over long-term applications, the use of autogenous bone grafts during augmentation of the maxillary sinus base for the purpose of implant placement is
considered to be a reliable technique. This study evaluates the success of dental implant placement with the use of the allogenic grafting technique in patients that were treated in Kirikkale University Faculty of Dentistry Department of Oral and Maxillofacial Surgery, whose cases involved serious residual bone loss. A total of 150 dental implantations, which have been placed throughout 109 sinus augmentation operations, have been included in the study. The study group consisted of 70 implantation cases, where implants have been placed into residual bone height ≤ 4mm. The remaining 80 implantation cases, where implants were placed into residual bone ≥ 4 mm, comprised the control group. 5 implants failed in the study group while 2 implants failed in the control group; yielding success rates of 92.85% and 97.5% respectively. The investigation suggest that sinus lifting and simultaneous implant placement procedure with <5 of crestal bone height is more reliable.

OP-15
ASSESSMENT OF BIOMECHANICAL STABILITY OF BIODEGRADABLE MINIPLATE–SCREW SYSTEM IN A RABBIT MODEL

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The aim of our study is to evaluate the biomechanical stability of resorbable fixation system (RFS) in a servohydraulic testing unit (STU) and 3-D finite element analysis (FEA) in bilateral mandibular vertical body osteotomies (BMVBO) immediately after surgeries, at the 1st and 3rd postoperative months in a rabbit model. 18 female New Zealand rabbits were used in the study. Stress tests were measured by applying vertical forces at the anterior incisal edge by loading 0 N/cm² force until breakage occurred. Maximum forces that hemi-mandibles could stand and the amount of deformations were recorded and analyzed with FEA and STU tests. No statistically significant difference was found between the maximum forces and deformation data in both STU and FEA tests in the immediate group. In the 1-month group, the maximum forces data in FEA were statistically greater than STU values, and deformation data in STU were statistically greater than that of FEA. In the 3-month group, there was no statistically significant difference in maximum forces data, whereas deformation data in STU was statistically greater than that of FEA. The use of STU and FEA interchangeably depended on time of testing and assessment parameters during monitoring of biomechanical stabilities of resorbable osteosynthesis systems in rabbit mandibles.

Key Words: biodegradable implant, biomechanics, finite element analysis, mandible osteotomy
OP-16
SUPEROXIDE DISMUTASE (SOD) LEVELS IN SYMPTOMATIC IMPACTED THIRD MOLARS

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Purpose: The term oxidative stress is used to designate any condition that results in an accumulation of free radicals in a tissue. Superoxide dismutase (SOD) is an antioxidant enzyme that help protect cells from the damage of free radicals. The aim of this study is to determine antioxidants defence mechanism in dental follicles (DFs) of clinically and radiologically symptomatic impacted third molars (SITMs) using SOD.

Material Methods: This study involved 58 dental follicles from 58 patients for clinically and radiologically SITMs. Fifty eight healthy gingival tissues in the same patients were obtained during surgical removal of teeth as a control group. All tissues samples were biochemically investigated for SOD as an indicator of protective effect against free radicals.

Results: Levels of SOD were significantly lower in DFs from SITMs than those from healthy gingival tissues of the same patients (p<0.05).

Conclusion: The results of our study showed that an important antioxidant defense mechanism may not also occur in DFs of SITMs.

OP-17
SURGICAL OUTCOME OF INTRAORAL AUTOGENOUS BLOCK BONE GRAFTS FOR ALVEOLAR RIDGE AUGMENTATION

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Alveolar reconstruction using autogenous bone followed by implant placement is a reliable treatment method for patients with insufficient bone. Complications and morbidity might be observed. The aim of this retrospective study is to evaluate the surgical success of alveolar bone augmentation using intraoral autogenous block bone grafts prior to dental implant placement. Forty two patients who had block bone grafting procedure from 2008 to 2012 were reviewed. All graft operations were performed under local anesthesia. Medical history, area of surgery, bone origin (donor sites) and complications were recorded. The mandibular external oblique line, ascending ramus, mandibular symphysis and maxillary tuberosity and zygomatic buttres were used as donor areas for block grafts. Thirty four onlay block grafts, 5 inlay block grafts, 5 interpositional block grafts were applied. In this study, surgical outcome of intraoral autogenous block bone grafts for alveolar ridge augmentation in our department is presented.
OP-18
A NOVEL SURGICO - ANESTHETIC TECHNIQUE FOR DIFFICULT INTUBATION OF SEVERE MAXILLOFACIAL CRASHED INJURIES: TECHNIQUE PRESENTATION

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Dental occlusion is a key point for reconstruction of maxillofacial bony compartments. On the other hand naso-endotracheal intubation is an essential route for airway management of maxillofacial traumatic patients. During surgery maxillofacial surgeons need to establish stable dental occlusion for alignment and fixation of displaced bony segments. Severe midface fracture and nasal obstruction can be a challenging situation for both anesthesiologist and maxillofacial surgeons. Oral intubation prevents checking of occlusion during surgery. Nasal intubation is common procedure for airway management during maxillofacial surgery especially for those that they need intermaxillary fixation like panfacial fractures. In some cases fiberoptic intubation is one of routine intubation procedure but nasal obstruction with bony fragments may prevent safe intubation. In many instances there is no other choice than submandibular surgical approach or tracheostomy, however both of them have their own side effects and complications. Close cooperation between anesthesiologist and maxillofacial surgeon is essential for proper performance of this technique. In this scientific presentation author will describe this technique with illustrative slides and short video clip.

Key Words: maxillofacial trauma, difficult intubation, nasal obstruction

OP-19
CONSERVATIVE MANAGEMENT OF TEMPRO MANDIBULAR JOINT INTERNAL DERANGEMENT SYNDROME

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TMJ internal derangement syndrome is common pathology which has been mentioned and investigated by many authors for a long time. Patients’ mostly young females usually present with pain and clicking in one or both joints sometimes associated with limitation in mouth opening. There is still great controversy about the management of such complaint. Surgery to the disc or other component of the joint either open or endoscopic has been advocated with limited temporary success. Recently conservative management in the form of intra-oral splint was described by some authors. There is controversy about the type of splint used. This is a study of 105 cases Males 8, Females 97, treated over the period of 9 months to 30 months (average 15 month) by lower posterior rigid acrylic bite raising appliance. According to the patient’s symptoms the appliance was adjusted every 4-6 weeks. The patient was instructed to keep the BRA all the time in the mouth even during eating and sleeping, except for few seconds after meals to clean it and restore the oral hygiene. The patient was instructed to return every 6 weeks. During the review visit the occlusal surface of the acrylic splint was reduced 0.5 mm if there was improvement in the symptoms (no pain nor clicking). This procedure was repeated again and again till complete cure as evidenced by complete loss of the occlusal wafer of the BRA. Complications were mainly attributed to poor oral hygiene consisting of erosion of the occlusal table of the teeth covered by the splint in non-compliant patients.
OP-21
CHANGES IN BODY WEIGHT, SERUM (SODIUM, POTASSIUM) AND SERUM ALBUMIN AFTER INTERMAXILLARY FIXATION IN TRAUMATIZED AND OBESE PATIENTS (A COMPARATIVE CLINICAL STUDY)

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Aims of the study: are to evaluate the effects of intermaxillary fixation (IMF) on body weight, serum electrolytes (Na+ and K+) and serum Albumin in traumatized and obese patients and to compare the changes between these two groups.

Materials and Methods: A non randomized prospective study was done. The anthropometric measurement included 4 sites of skin fold thickness (triceps, biceps, subscapular and suprailiac skin folds), upper arm circumference, body mass index and laboratory investigations to assess serum(Na+ and K+) levels and serum albumin level. The patients were divided in to 2 groups, the first group included 25 traumatized patients and the second group included 7 volunteer obese patients and IMF was placed for those patients as one of the treatment lines for their body weight reduction and were considered as the control group. The parameters were recorded for each patient in the 2 groups preoperatively, one week, three weeks and six weeks postoperatively. Paired and unpaired T tests were used in the statistical analysis, a P value < 0.05 was considered highly significant.

Results: The changes of the anthropometric measurements, body mass index, serum K+ and serum albumin were statistically highly significant in traumatized patients with body weight loss ranging between (5-8) Kg in this group. The changes of the anthropometric measurements and body mass index in the obese patients group were also statistically highly significant with a loss of (5-6) Kg in body weight in this group.

Conclusion: IMF compromises the nutritional status of the patients leading to loss of water, fat and protein in both traumatized and obese patients but the effect more pronounced in traumatized patient due to the metabolic and hormonal response to trauma together with the limited oral intake

Key Words: Intermmaxillary fixation, obesity, body weight, serum electrolyte, serum albumin
OP-22
THE EFFECT OF WARMED LOCAL ANESTHETICS ON INJECTION PAIN AND ANESTHESIA ONSET

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Warming local anesthetic solution has been advocated by many authors to reduce pain during injection whereas it has also been reported to have no benefits in reducing pain and accelerating onset of anesthesia. The aim of this prospective, randomized, single-blind study is to compare the effect of local anesthesia in body temperature and room temperature in terms of injection pain and onset of anesthesia. A total of 75 volunteer adult patients who underwent tooth extraction were included. 33 patients needed bilateral buccal infiltration while 42 patients needed unilateral buccal infiltration. In the bilateral group, warmed anesthetic solution (body temperature, BT: 37°C) was injected to one side whereas anesthetic solution at room temperature (RT, 23°C) was injected to the other side. In the unilateral group, 25 of the patients underwent buccal infiltrative injections at RT and 17 of them underwent buccal infiltrative injections at BT. A visual analog scale (VAS) was used to quantify subjective pain during injection process. Onset of anesthesia was also recorded. Statistical analyses were performed using Wilcoxon W and Mann-Whitney U test. In the unilateral group, mean onset time of anesthesia and VAS scores during injections were similar for RT and BT injections (P > 0.05). In the bilateral group, mean onset time of anesthesia was significantly reduced in BT injections than RT injections (P 0.05) while VAS scores during injections for BT injections were significantly lower than RT injections (P 0.05). At this point, our study adds to literature a new and important data about the benefits of warmed local anesthesia. In conclusion, according to results of our study, the use of warmed local anesthesia prior to injection would be more beneficial especially in patients who have dental fear.

Key Words: local anesthesia, warmed body temperature, injection pain, onset time

OP-23
THE EFFECT OF LOCALLY ADMINISTERED ALENDRONATE ON BONE FORMATION OF THE ONLAY BONE GRAFT IN A RABBIT MODEL

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One of difficult problems in bone grafting procedures is the resorption of grafted bone. Bisphosphonates such as alendronate, which has been used as a bone resorption inhibitor, reduce bone resorption when administered sistematically or locally. The aim of this study is to investigate the effect of locally administered alendronate on bone formation in a rabbit model. 28 New Zealand white rabbits were randomly divided into 4 groups. The holes were created with pie-
zosurgery on the mandible of each animal. In group I, a xenogenic bone graft soaked with the alendronate solution placed on mandible, in the group II the xenogenic bone graft soaked with saline, in the group III the autogenous bone graft soaked with the alendronate solution, and the group IV the autogenic bone graft soaked with saline was placed on the defect side. All animals were sacrificed after 4 weeks. The number of osteoclasts and the amount of new bone formation were evaluated and compared with histopathological investigation. The recipient site (Mandible) was evaluated using DEXA and transmission densitometry. Histological analyses showed that the amount of the lacunae with osteoclasts and the amount of the new bone length surrounded with activated osteoblast statistically increased in group 4 when we compared with group 2 and group 3. The bone mineral density results did not show any difference between groups. The application of the alendronate in xenogenic group increased the survival rate of the graft and the newly formed bone in the defect side. Results of the study shows that the autogenous bone grafting is the gold standard for augmentation procedures and alendronate doesn’t impact the success of the autografts.

OP-24
RETROMANDIBULAR TRANSPAROTID APPROACH FOR SUBCONDYLAN FRACTURES

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The aim of this study was to evaluate the rate of complications encountered on using retromandibular transparotid approach to access the fracture site for the open reduction and internal fixation of isolated subcondylar fractures. The parameters evaluated are: injuries to the seventh facial nerve, the occurrence of salivary fistula, infection and assessment of the surgical scar. 9 patients participated in the study. (5 male, 4 female, age range 21-56 years, mean 31 years), 4 of whom had other mandibular and/or other maxillo-facial fractures - 50% of these with dislocated condylar heads. After surgery, no intermaxillary fixation was performed. Complications included 1 salivary fistulae, which closed spontaneously after 4 or 5 weeks with a dressing and 1 case of transient facial palsy lasting 4-8 weeks. During follow-up, functional parameters considered were: restoration of original pre-injury occlusion; vertical, lateral and protrusion mandibular movements .All patients were free of pain and had no deflection or clicking upon opening or chewing. None suffered from haematoma, miniplate fractures, bone resorption or condylar necrosis.

OP-25
INTRAORAL VERTICAL RAMUS OSTEOTOMY(IVRO) SET BACK FOR MANDIBULAR PROGNATHISM: REPORT OF 2 CASES

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Orthognatic surgery is used for improvement of congenital and developmental jaw deformities. Vertical ramus osteotomy(VRO) is a preferred technique for correction of mandibular prognathism that does not cause TMJ derangement and does not require rigid fixation intraoperatively. The advantage of this technique is lower incidence of inferior al-
Eveolar nerve injury. The stability of the procedure was reported satisfactory. The technique can be performed intraorally or extraorally. In this report 2 patients that were performed intraoral vertical ramus osteotomy (IVRO) for repositioning of mandible posteriorly are presented. After a period of postoperative maxillomandibular fixation the amount of setback evaluated by the sephalometric parameters and esthetically and functionally significant improvement is observed.

**Key Words:** mandibular prognathism, intraoral vertical ramus ostetotomy, rigid fixation, orthognatic surgery

**OP-26**

**SURGICAL MANAGEMENT OF THE CHALLENGING IMPLANTS CASES**

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Challenging and difficult implants cases require meticulous planning and precise surgical execution. Many of these patients may have severe resorption of the maxillary and/or mandibular ridges from disuse atrophy or long-term denture wear. They may have lost bone, teeth, and soft tissue as a result of a traumatic injury. Bony defects, of varying sizes, can occur as a result of benign or malignant pathology of the jaws. Reconstructive surgical procedures to treat benign and malignant diseases can leave areas of abnormal bony anatomy and scarred soft tissue. Patients may have congenital or developmental growth deformities that require reconstructive procedures and dental implants. These challenging cases may require a large amount of planning and preparation. Treatment plans may require multiple sequenced procedures, sometimes using multiple and unusual approaches. We will present clinical cases demonstrating how the advanced and recent concepts are applied for management of patients present to our clinics with multifactorial reconstructive problems, both small and large. Jaw atrophy, congenital deformities, growth abnormalities, pathology and previous surgeries all can create challenging reconstructive cases for the oral & maxillofacial surgeon. Our treatment concepts for such cases include: computerized CT-guided graft and implants planning, stereolithographic models utilization, advanced grafting techniques, nerve repositioning and combined orthognathic osteotomies with grafting and implants. These techniques are beneficial and must be considered in the planning and treatment of patients who present with these challenging and difficult cases.

**Key Words:** Implant, stereolithographic, 3D planning, bone graft
OP-27
LABIAL SALIVARY GLAND BIOPSY: TWO DIFFERENT INCISION TECHNIQUES AND RELATED COMPLICATIONS

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Salivary gland biopsy is performed for the diagnosis of sicca syndrome, Sjögren Syndrome, other connective infiltrative disease, amyloidosis and sarcoidosis. This procedure could be made in any place where salivary glands are present: parotid, submandibular, sublingual, palate and lip. Labial salivary gland biopsy is the simplest procedure that still the operator has to consider it as a surgical operation with all the possible complications, trying to minimize discomfort for the patients and to obtain an adequate sample. Labial salivary gland biopsy is a surgical operation and, even though rarely, patients could suffer from several complications, such as lip numbness, pain, swelling and others. The knowledge of complications may be useful to minimize the risk, and to obtain informed consent. This present study aims to compare two different incision techniques and discussed its complications in 165 patients with suspected Sjogren Syndrome and sarcoidosis who underwent for minor salivary gland biopsy in a single center.

Key Words: Salivary gland, biopsy, incision, techniques, complications

OP-28
THE SURGICAL PREDICTABILITY OF MAXILLARY ADVANCEMENT AND IMPACTION IN LE FORT I OSTEOTOMY

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Objectives: Le Fort I osteotomy has been performed for the correction of maxillary skeletal discrepancies for over forty years. Lots of parameters may affect the surgical outcome of maxillary osteotomies. Accuracy of surgical movement is significant for ideal orthognathic treatment. The aim of this study was to evaluate and compare the amount of preoperatively planned surgical movement of the maxilla and postoperatively obtained maxillary repositioning.

Patients and Methods: Thirty-one patients (16 female/15 males), twenty-seven were treated with bimaxillary surgery and four were treated with Le Fort I surgery, were included in this study. The distribution of skeletal discrepancies was; five Class 2, twenty-five Class 3 and one open-bite skeletal deformities. Fourteen combined maxillary advancement and impaction; five isolated maxillary impaction and twelve isolated maxillary advancement surgeries were performed by the same surgical team. Evaluations were performed on preoperative and sixth month postoperative lateral cephalometric radiographs by the same orthodontist. Various measurements to horizontal and vertical reference lines were used to compare the predicted maxillary movement and postoperatively obtained maxillary position. All variables were evaluated statistically.
**Results:** The mean amount of predicted maxillary advancement was 6.13 mm and 5.30 mm of advancement was achieved. Furthermore, the mean amount of predicted maxillary impaction was 3.77 mm and 2.25 mm of impaction was obtained. 61.53% of the differences between the planned and the acquired maxillary advancement movement fell within 2 mm of the prediction. 52.63% of the differences between the planned and the acquired maxillary anterior impaction fell within 1 mm of the prediction, whereas the percentage was 26.31% for the impaction of posterior maxilla.

**Conclusion:** The difference between the planned surgical movements and the actual surgical outcome should be taken into consideration during treatment planning and final evaluation of the patient.

**Key Words:** surgical accuracy Le Fort I maxillary osteotomy surgical prediction maxillary impaction

**OP-29**

**EXPERIMENTAL RESEARCH ABOUT REUSABILITY OF DENTAL IMPLANTS**

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Dental implants are commonly used in contemporary dentistry. Many researchers are working on dental implantology and in literature there are numerous articles on this subject. However there is no study about effects of surgical removal on surface properties of a dental implant when failed and removed for any reason, and also about osseointegration of a dental implant when inserted in a jaw for a second time. In this study, implant-bone integration was investigated when a failed implant is reused for a second time and compared with the initial usage histomorphometrically. The study included total of 4 groups and in each groups 9 implants were inserted in dog jaws. In the control group implants were inserted and after 3 months period dogs were sacrificed. In second and third groups after 8 weeks the insertion of the implants, experimental periimplantitis was developed and implants were removed. In the second group the surface cleaning of removed implants were made by air-flow and citric acid. In the third group implants were sterilized in autoclave after the same surface cleaning protocol. Subsequently these implants were inserted at the other side of the same dog jaws and three months of osseointegration time was waited. In the fourth group implants which were removed from human jaws because of failure were sterilized in autoclave after the same surface cleaning protocol as group3 and then inserted in dog jaws and three months of osseointegration time was waited again. The level of osseointegration in all groups was determined by measurements of “Resonance Frequency Analysis” device and by undecalcified histomorphometrical investigations. Afterwards the results were compared statistically. According to the results; there was no statistically differences between all groups in terms of histomorphometric analysis and “Resonance Frequency Analysis” measurements.

**Key Words:** Dental implant, Osseointegration, Peri-implantitis, Re-using, Surface characteristics
OP-30
MANAGEMENT OF MAXILLOFACIAL TUMORS IN THE INFRA-TEMPORAL FOSSA

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Objective: To assess the efficacy of hemi-coronal flap as an approach in resection and reconstruction of benign and malignant tumours in infra-temporal fossa.

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

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

Results and conclusion: Primary reconstruction of infra-temporal fossa defects should be performed if possible. The temporalis muscle flap proved to be a valuable method for reconstruction, various techniques were discussed.

OP-31
EVALUATION OF THE EFFECT OF LIGHT EMITTING DIODE PHOTOBIOMODULATION ON NEWLY FORMED BONE IN DISTRACTION OSTEOGENESIS

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Objective: Photobiomodulation is a current therapeutic approach in which exposure to low level laser light is proposed to have beneficial effects on enhanced tissue regeneration and tissue growth, including effects on fibroblastic and chondral proliferation, collagen synthesis, wound healing, and nerve regeneration. We investigated the effects of light emitting diode photobiomodulation therapy (LPT) on newly formed bone during mandibular distraction osteogenesis (DO) via dual energy X-ray absorptiometry (DEXA) and histomorphometric aspect.

Study Design: 16 New Zealand rabbits were randomly divided into experimental and control groups. Mandibular distraction was performed 5 days after unilateral (left) mandibular osteotomy using a custom-made external distractor. All animals were undergo 7 mm unilateral (left) mandibular lengthening via DO at a rate of 0.5mm/12h for 7-8 days.
Starting with the DO operation, LPT applied to the experimental animals with a density of 20 mW/cm², 20 minutes each time, over a period of 21 consecutive days directly to DO gap of the left mandible with an LPT device. All animals sacrificed after 1 month of consolidation period.

Results: Bone mineral density and bone mineral content was higher in the experimental group and histologic sections also showed considerable bone formation in the experimental group.

Conclusion: LED photobiomodulation has positive effect to bone healing on newly formed bone.

Key Words: Distraction osteogenesis, light emitting, diode photobiomodulation, rabbit model

OP-32
NOVEL APPROACH TO SOCKET SEAL SURGERY: THE INVERTED PERIOSTEAL FLAP TECHNIQUE

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Objective: Conventionally, tooth extraction is performed without primary soft tissue closure, followed by extraction site healing by secondary intention. Secondary intention healing is unfavorable healing mechanism in the organism, leading to prolonged healing period, risk of bacterial contamination, soft and hard tissue loss. The aim of this study is to evaluate the efficacy of inverted periosteal flap (IPF) technique to provide primary soft tissue closure in the extraction sites.

Material and methods: Thirty adult patients with impacted mandibular third molars participated in the study. Thirty four impacted mandibular third molars were extracted. Following the conventional surgical third molar extraction, closure of postextractional site was obtained by the coronal extension of a periosteal pedicle dissected from the buccal mucopeperiosteal flap via IPF technique. Postextractional site healing was evaluated in the 2nd, 3rd, 4th, and 12th week post operation. Evaluation criteria at the different periods of examination were as follows: wound healing by primary or secondary intention, X-ray data, histological analysis, and clinical subjective and objective symptoms.

Results: At the 2nd week primary tension-free wound closure was achieved at 94 % of treated sites. Primary socket closure remained stable in the following 3rd, 4th, and 12th week. Postsurgical hematomas were observed in 6 patients. Any other unusual postoperative complaints haven’t been noted. X-ray and histological analysis revealed new formed bone under inverted periosteal membrane.

Conclusion: On the basis of this study it appears that IPF technique is an applicable approach for regeneration of the third molar postextractional sites, thus promoting healing by primary intention of the extraction sockets.

Key Words: Periosteum, tooth extraction, socket grafting, periosteal membrane, inverted periosteal flap
OP-33
A COMPARATIVE EVALUATION OF THE EFFECTS OF BEVACIZUMAB AND 5-FLUOROURACIL ON PREVENTION OF SCARRING AND FIBROSIS IN RAT MODEL.

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Our aim is to evaluate the use of combined bevacizumab with 5-Fluorouracil (5-FU) on post-operative scarring survival following experimental skin incision surgery in comparison to the agents alone. Skin incision surgery was performed on 28 female Sprague-Dawley rats. The rats were allocated to one of four treatments: 5-FU combined with Bevacizumab, SFU alone, bevacizumab alone and phosphate buffered saline (PBS). A single subcutaneous injection was administered immediately postoperatively. Histological staining determined the presence of cutaneous fibrosis and mRNA expression of collagen I and fibronectin in the tissue was quantified. Bevacizumab in combination with 5-FU resulted in a greater anti-fibrotic effect compared to monotherapy with SFU or bevacizumab alone, as evidenced by the attenuation in fibronectin and mature collagen I expression and deposition. (P<0.05) The results provide compelling evidence that combined bevacizumab and 5-FU offers superior anti-fibrotic effect over monotherapy. A synergistic effect is suggested to be present.

Key Words: bevacizumab, 5-Fluorouracil, mRNA expression, wound healing

OP-34
MANAGEMENT OF DENTOFACIAL DEFORMITIES WITH ORTHOGNATHIC SURGERY: A CASE SERIES

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Deformity refers to distortion of any part of the body and the term dentofacial is related to the dental arches and their effects on facial contours. Dentofacial deformity has been described as a deformity that affects primarily the jaws and dentition, although the mid and lower faces are also affected. Dentofacial deformities may be isolated to one jaw or may extend to multiple craniofacial structures, also include cleft lip and palate deformities. These deformities not only present an aesthetic problem for patients, they can also result in chewing or biting problems as the upper and lower teeth do not meet properly. Orthognathic surgery is a process in which dentofacial deformities and malocclusions are corrected with orthodontics and surgical operations of the facial skeleton, sometimes combined with various soft tissue procedures. It is possible to correct deformities separately in either the maxilla or the mandible with many types of surgical techniques or to do procedures concurrently on both jaws (bimaxillary operations). The treatment change the bony relations of the facial structures, soft tissues, realign the jaws into a pleasing aesthetic appearance, restore facial harmony and may alter the patient’s appearance. In this retrospective review we aimed to present the surgical operations and outcomes of orthognathic patients with different dentofacial deformities, treated in our clinic.

Key Words: dentofacial deformity, orthognathic surgery
OP-35
CONSERVATIVE APPROACH AS AN ALTERNATIVE TECHNIQUE TO ADVANCED IMPLANT SURGERY

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Purpose: To present the buccally tilted and placed implant combined with standard abutment placement for the rehabilitation of the patients with partially or totally edentulous atrophic mandibular posterior region.

Material and Method: The localization of inferior alveolar nerve and position of implant, inclination degree of implant, transversal and vertical thickness of local distances etc. were evaluated in order to eliminate the nerve injury. Subsequently, to the analysis of computerized tomographic images, buccally placed and tilted implants were inserted for each patient placed 3mm buccally away from the midcrest. 6 patients were performed implant operations and also evaluated the 1 year of follow-up period.

Result: Buccal distance at mandibular canal level was higher than lingual distance in posterior mandible at lower molar region. The mean distance of vertical gain was 4.92mm at mandibular molar regions. While the mean measurement of vertical height above mandibular canal 7.25 mm at initial evaluation prior to implant placement simulation, acquired length of implant was mainly increased up to 10.25mm. The mean inclination degree of implant fixtures was 22°. Clinical cases confirmed the surgical feasibility of this methodology.

Conclusion: The placement of buccally placed and tilted implant leaded to encourage the placement of longer implants in atrophic posterior mandible without any requirement of advanced implant surgical procedures.

Key Words: Atrophic, mandibular posterior region, buccally tilted implant, computerized tomography

OP-36
OSTEOSARCOMA OF MANDIBLE: A CASE REPORT AND REVIEW OF THE LITERATURE

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Osteosarcoma of the mandible is a rare tumour characterized by malignant cells, which produce mesenchymal bone. The main symptom is the unpain swelling and bony expansion. We report a case of a hemi-mandibular osteosarcoma. A 17- years-old male patient presented with a right mandibular retromolar and buccal mass and paresthesia on the right side of the lower lip. The first biopsy reported seメント-ossifying fibroma however histopathologic result of resected hemi-mandible was osteosarcoma. A radical surgical resection with free margins and chemotherapy was the treatment of choice. The gap was bridged with a titanium reconstruction plate. He received 6 doses of chemotherapy. The patient has recurred at the postop 2nd month at the infratemporal fossa which was cleared with chemotherapy. A second recurrence was at the mastoid region and will undergo a second surgery.
OP-37  
CORRECTION OF SEVERE OBSTRUCTIVE SLEEP APNEA WITH SURGICAL ASSISTED RAPID PALATAL EXPANSION AND MANDIBULAR DISTRACTION OSTEOSYNTHESIS

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Objective: The most favorable treatment for patients with obstructive sleep apnea (OSA) is multidisciplinary management by a team that represents various dental and medical disciplines. Prescribed therapies might include weight loss, behavior modification, oral appliances, soft tissue surgery, skeletal surgery, or some combination of approaches. When orthognathic surgery has been used, often only the anteroposterior dimension is addressed, and the transverse dimension is mostly overlooked. The treatment presented herein demonstrates the important role that transverse expansion of the maxillary arch can have for patients with severe OSA.

Material and Methods: An initial stage of maxillary transverse distraction osteogenesis was performed, followed immediately by distraction osteogenesis of the mandible. Results Following the treatment, marked enhancements in occlusion and facial morphology, and a profound improvement in the OSA were obtained.

Conclusion: This case report illustrates the tremendous functional benefit of increasing the maxillary transverse and the anteroposterior mandibular dimensions in a patient with OSA. Transverse distraction osteogenesis of the maxilla followed by mandibular advancement might be an even more effective form of treatment for patients with severe OSA than mandibular advancement alone.

Key Words: obstructive sleep apnea, distraction osteogenesis

OP-38  
POST-TRAUMATIC INFERIOR ALVEOLAR NERVE NEUROPATHY IN RELATION TO IMPLANT PLACEMENT

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Background: Inferior alveolar nerve injury (IANI) is a recognised but preventable complication of dental implant placement.

Aims: Retrospectively review demographics, pre-, intra- and postoperative management, resultant neurological deficit and quality of life measurements of IANI cases identified at a specialist nerve injury clinic; Discuss current practice improvements.
Methods: 44 implant related IANI patients were retrospectively identified and reviewed. Data were collected on a proforma regarding pre-, intra- and post-operative information, and analysed using SPSS software.

Results: 69% of patients were female. 36% recalled giving preoperative written consent and 14% were specifically warned about nerve injury. Pre-operative radiographic assessment included periapical radiograph 47%, orthopantomogram 52% and cone beam CT 11%. Intra-operative events included bleeding (18%), pain (8%) and neural stimulation (27%). The implant was removed in 41% of the cases. Of the 22%, removed within the recommended 30 hours post injury, 50% had complete resolution. 5% of the 78% who had implants removed after 30 hours showed partial resolution. Majority of patients were referred for a specialist opinion more than 6 months post injury and 7% were referred within 30 hours. 2-dimensional radiography showed overlap of the implant bed or implant and the inferior alveolar canal for 39% with contact with the roof of the canal, 16% crossing the superior border of the canal and 25% crossing the inferior border of the canal. All patients presented with demonstrable neuropathy. Neuropathic pain was present for 45% of them, causing psychological morbidity with impact on daily functions, social life and work. Post injury management included tricyclic antidepressants, cognitive behavioural therapy, sessions with liaison psychiatrist and anaesthetic patches.

Conclusions: Preoperative assessment, treatment planning and awareness of instrumentation intra-operatively, are important to avoid the potentially debilitating implications. Early specialist referral, removal of the offending implant and medical or behavioural therapy, where indicated is also encouraged.

Key Words: Inferior alveolar nerve, nerve injury, implant neuropathic pain, paraesthesia

OP-39
TITANIUM MESH IN MAXILLOFACIAL RECONSTRUCTION

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Treatment of the bony defects of face has been one of the most challenging treatments within maxillofacial surgery, particularly of extensive contour defects, very common in tumor ablation, extensive trauma and developmental diseases. Ideally reconstruction should strive to restore the maxillofacial form and quality of tissues allowing the patient to return and adapt to society. Each area to be reconstructed must be considered individually to define the characteristics needed to provide the structural bed for total functional return. Although autogenous bone is a viable treatment, its use is usually limited by the morbidity related to the donor site. Among the variety of biomaterials, the titanium mesh has the characteristics that make it a suitable material for reconstruction of facial defects. It is biocompatible, flexible and at the same time strong enough for the contour restoration. We present some clinical indications of titanium mesh in maxillofacial reconstruction and discuss about the probable complications.

Key Words: titanium mesh, facial reconstruction
OP-40
A COMPARISON OF THE LOW LEVEL LASER VERSUS LOW INTENSITY PULSED ULTRASOUND ON NEW BONE FORMED THROUGH DISTRACTION OSTEOMESIS

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Objective: To assess and compare the effects of low-level laser therapy (LLLT) and low-intensity pulsed ultrasound stimulation (LIPUS) on the bone mineral density (BMD) of bone formed through distraction osteogenesis (DO) using dual energy X-ray absorptiometry (DEXA).

Background Data: LIPUS and LLLT are non-invasive supporting treatment concepts used for wound healing. LIPUS has been used to accelerate bone healing by the therapeutic effect arising from piezo-electric and angiogenic effects on cell membranes. LLLT known as ‘photobiomodulation’ used in the treatment of soft and hard tissue injuries.

Methods: The study was conducted with 15 New Zealand rabbits randomly divided into 3 groups of 5 according to treatment, as follows: Group A: DO was performed with no further treatment; Group B: DO was performed followed by 30mW/cm² LIPUS at 1Mhz for 20 min per day during the distraction period; Group C: DO was performed followed by 25mW/cm² LLLT at 650 nm for 10 min per day during the distraction period. DEXA was used to examine the treated areas prior to surgery and at 30 and 60 days postoperatively.

Results: In the control group, the mean BMD values at both 30 and 60 days postoperatively were below the baseline level while they were above in same time intervals in LIPUS group. In the LLLT group, the mean BMD value at 30 days postoperatively was below the baseline level, whereas it was above the baseline level at 60 days postoperatively.

Conclusions: LLLT and LIPUS applied during the distraction period accelerated the DO treatment

Key Words: distraction osteogenesis, low-level laser therapy, low-intensity pulsed ultrasound stimulation, dual energy X-ray absorptiometry
OP-41
CLINICAL, HISTOMORPHOLOGIC AND RADIOGRAPHIC COMPARISON OF HIDROXYLAPATITE GRAFTS WITH COMBINATION OF HIDROXYLAPATITE GRAFTS AND PLATELET-RICH PLASMA IN HUMAN MAXILLARY SINUS AUGMENTATION OPERATION

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The sinus floor elevation is an internal augmentation of the maxillary sinus, which is intended to increase the vertical bony dimension in the maxilla in order to make the use of dental implants possible. Many techniques have been described to achieve grafting of the maxillary sinus. Recent efforts to improve wound healing have focused on autogenous sources of bioactive mediators, such as platelet-rich plasma which offer the potential to enhance the biological activity of bone replacement grafts. The aim of this study is to evaluate the produced bone’s quality, quantity, volume and period of healing process clinically, radiologically and histomorphologically. 22 sinus elevation operations under local anesthesia performed on 16 patients with no systemic illnesses which may affect healing in Dicle University, Dentistry Faculty. Before operations, panoramic graphy and conical beam 3D dental tomographies of all patients were taken. 12 of sinus elevation operations were performed by using natural mineralized hydroxyapatite. In other 10 sinus elevation operations, along with mineralized hydroxyapatite, platelet-rich plasma (PRP) mixtures produced from the patients’ own blood samples were used. Then mucoperiosteal flap was primer closed by installing a resorbable collagen membrane on bone window. Panoramic graphy and computerised tomographies of the first group of patients were taken following 8 month healing period and for the second group following 4 month healing period. After that, following bone biopsy taken through trephine frezes, dental implants were installec. At the end of 4 month healing period, biopsy samples were taken from 2 patients in the first group. The samples were evaluated histomorphologically. Resultly; In histomorphologic evaluation of biopsies taken from patient using PRP+Natural Mineralized Hydroxylapatit after 4 month were seen greater bone formation, osteoid tissue and lameller matrix. But no significant differences were statistically observed between them.

Key Words: PRP Sinus, Augmentation, Hidroxylapatit, Graft

OP-42
SURGICAL MANAGEMENT OF PEDIATRIC TUMORS OF THE JAW

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In the paediatric population, central tumours of the jaws are uncommon. This paper reviews all jaw tumours occurring between 0 and 15 years seen in our department in the last 3 years. Most tumours in the pediatric age group fall in the category of benign lesions which can be treated conservatively. Giant cell lesions of the jaws are the most common benign jaw tumours in childhood, yet they are poorly understood and their management is ill-defined. There is also a large sub-category of tumours which although histologically benign are aggressive in presentation and require wider clearance if recurrence is to be avoided. It is essential to determine the clinical features, histology and biological behavior of these lesions before a treatment plan can be formulated. A rare case of melanotic neuro-ectodermal tumour is described to illustrate this point. Malignancies of jaw bone in this age group are rare but need to be aware of their possibility when forming a clinical opinion. Some of these lesions are described, their differential diagnosis discussed and their management outlined in this paper.
OP-43
RELAPSE AFTER MAXILLARY ADVANCEMENT IN CLEFT PALATE PATIENTS WITH RIGID EXTERNAL DISTRACTER (RED)

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Background: Resultant scar after surgical repair of cleft palate causes severe retardation of forward growth of the maxilla. Standard orthognathic surgery is limited to 7-8 mm advancement and is even more limited by the diffuse scar, which also increases relapse. Maxillary advancement by Rigid External Distractor (RED) has recently become popular. Aim: The assessment of relapse following maxillary advancement by RED.

Materials and Methods: Fifteen patients with operated cleft palate and retruded maxilla were included in this study. All patients received bone graft 3-6 months prior to the maxillary advancement. After confirming maxillary continuity by CT, a Le Fort I osteotomy was carried out and an RED was installed. In 7 patients, RED was retained for 2 months after the end of distraction, and then replaced by two miniplates on each side bridging the callus. In 2 patients, the RED was removed 2 months after the end of distraction without any fixation. In 6 patients, the RED was removed 1-2 months after the end of distraction and then replaced by a face mask for 4-6 months. All patients were followed up for at least 12 months after surgery.

Results: After one year of follow up, all patients who had either RED alone or RED followed by internal fixation showed some degree of relapse. On the other hand, patients who had RED followed by face mask showed no signs of relapse.

Conclusions: To prevent relapse after maxillary advancement with RED in patients with cleft palate, the RED should be replaced by 4-6 months application of face mask.

OP-44
STEM CELL MEDIATED REGENERATION OF THE MAXILLOFACIAL BONE

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Maxillofacial structures, lost either because of trauma or disease, are usually reconstructed with advanced surgical techniques and bone grafting procedures. Current trend of functional and esthetic maxillofacial reconstruction mostly involves nonvascularized grafts, microvascular flaps from distant sites, or substitute alloplastic materials. Although these approaches are considered to be effective and reliable, every effort, that requires a donor site, is associated with risk of morbidity, delayed healing time, and sometimes extended hospitalization. Besides, in some cases the transferred tissue is insufficient to fully mimic the form and function. Recent developments in bone tissue engineering initiated new alternatives by utilizing biomaterials, gene therapy and stem cells to regenerate maxillofacial structures, aiming at achieving restitution ad integrum. Until now, much has been learned about the single use of various alloplastic grafting materials and it is well established that a grafting strategy without an osteogenic source, such as stem cells, is frequently not eligible to reach the gold standard of autologous bone grafting. Autologous stem cell transplantation
is therefore a promising approach in the treatment of maxillofacial defects. There is no established treatment modality about this area, but there are a huge number of in vitro and in vivo studies with the aim of achieving this goal. The purpose of this presentation will be to provide an overview about the current knowledge of stem cell transplantation in bone reconstruction. The fundamentals of cell transplantation, different stem cell sources, cell-biomaterial interactions and application strategies will be discussed with respect to the ongoing research from the literature and our work. The limited number of human trials and current barriers against human stem cell transplantations will be also topics of this presentation.

**Key Words:** stem cells tissue engineering maxillofacial reconstruction bone

**OP-45**
**EFFECTS OF PAMIDRONATE ADMINISTRATION ON MANDIBULAR DEVELOPMENT AND TOOTH ERUPTION IN NEW BORN RATS.**

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Bisphosphonates are successfully used in the treatment of bone diseases in children as well as in adults. Bisphosphonates firstly used in osteogenesis imperfecta, are being commonly used in Paget’s disease, resistant hypercalcemia, idiopathic or drug-induced osteoporosis. Bisphosphonates are today unprecedented drugs for the treatment of osteogenesis imperfecta and Paget’s disease, but long-term deposition in bones and retention in the body restrict their use in children. There is not much study about the effect on growth, development and tooth eruption. This study was conducted on 40 new born Spraque Dawley rats (25 males, 15 females). Rats were separated into four groups as; 14th day pamidronate group, 30th day pamidronate group, 14th day control group, 30th day control group. Rats in the pamidronate group were daily injected with 1.25 mg/g pamidronate disodium (Aredia®, Novartis, New Jersey, USA) from dorsal neck region subcutaneously. Nothing was administered in the control group. All the rats were weighed on 3th, 14th and/or 30th day from birth according to their sacrifice day. Eruption levels of incisor and molar teeth were assessed macroscopically then the mandibles were separated from symphysis region into right and left hemimandibles. Mandibular development was assessed using three dimensional volumetric tomography (3-D CT) in left hemimandibles. Reference points were used to measure vertical and horizontal development of the mandible. Right hemimandibles were processed for histological and histomorphometric examination under light microscope. As a result, loss in the body weight, retardation in mandibular development, decrease in number of osteoclasts, delay in tooth eruption, degeneration in both tooth morphology and structure were observed. We can conclude that, pamidronate administration during growth and developmental stage may adversely effect tooth eruption and mandibular development.
OP-46
SKELETAL CORRECTION OF THE PATIENTS WITH IDIOPATHIC CONDYLAR RESORPTION (ICR): REPORT OF TWO CASES

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Idiopathic condylar resorption (ICR) is a specific progressive disease that affects the TMJ. Although the certain cause of the disease is unclear; some facts may play a role developing disease like hormonal situations, trauma, parafunctional activities or orthodontics. It results facial asymmetries, TMJ dysfunctions, pain and malocclusions. These patients have typical aspects: class II malocclusion, high mandibular and occlusal plane angles and retruded mandible. Orthognathic surgery is a recently preferred treatment protocol for ICR related skeletal deformities. Active resorption of condyles should be monitored with SPECT or scintigraphy to determine whether TMJ surgery is needed. We present management of 2 female patients with ICR that underwent orthognathic surgery for correction of facial skeletal deformity. The cessation of condylar resorption was confirmed by preoperative scintigraphy scans. Bimaxillary counter-clockwise rotation with genioplasty was performed for the first patient, and BSSO with genioplasty for the other. After orthognathic surgery, correction of mandibular deficiency, improvement in the profile, function, malocclusion and face aesthetics have been achieved.

Key Words: idiopathic condylar resorption, counterclockwise rotation, scintigraphy, orthognathic surgery

OP-47
THE HISTOLOGIC COMPARISION OF PLATELET RICH PLASMA AND PLATELET RICH FIBRIN EFFECTS IN THE BONE REGENERATION IN HEALTHY AND EXPERIMENTALLY DIABETES MELLITUS IN ANIMALS

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At the present time, bone procedures play an significant role in surgery. Bone defects in various sizes occur as a result of bone loss triggering trauma, infection, bone tumours or cysts and orthognathic surgery. While defects in small sizes are repaired by self-repair capability of bone, defects in big sizes need various graft and implant materials. Beside of defect filling properties of graft and implant materials; various studies are carried on bone generation property by stimulation of peripheal tissues in large bone defects that need comprehensive repair. The mixture of graft materials with growth factors has come up for faster and more qualified results. Plasma Rich Plasma (PRP) and Plasma Rich Fibrin (PRF) are two of growth factors. In patients with systemic disorders, especially diabetes mellitus; healing in soft and hard tissues are late and complicated. Hence, graft application to the patients with diabetes mellitus is have more risk than that to healthy patients. Thrombocyte level in acquired plasma is 3-5 times of the level in normal plasma. A lot of mediators are secreted from thrombocyte α-granules by the addition of trombin to this product. The advantages of these products include easy usage, fast effect and compatibility with thrombin generation. In oral and maxillofacial
surgery, researchers try to develop bone grafting techniques as well as faster and more dense bone regeneration techniques. PRP and PRF are used routinely to improve wound healing and regeneration in head, throat and neck surgery, oral and maxillofacial surgery, plastic surgery and cardiovascular surgery. The aim of this study is to compare the histologic effects of PRP and PRF, similar except thrombocyte concentration, in the integration of bone defects with grafts and in the healing of experimentally diabetes mellitus induced and healthy animals.

Key Words: Platelet, Rich, Plasma, Platelet, Rich, Fibrin, Diabetes, Mellitus,

OP-48
AMELOBLASTOMA IN OMAN, A REVIEW OF 36 CASES

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Aim: To review the data of all ameloblastoma cases treated in the OMFS department, Al-Nahdha hospital, Oman, and to identify cases of recurrence with relevance to available data.

Method and Material: Data were retrieved from patients files for all cases of treated ameloblastoma between 1986 and 2010. Cases of recurrence were identified and studied.

Result: Ameloblastoma most commonly occurred in 3rd decade and followed by 4th decade, almost no gender predilection was seen. All the tumors were intraosseous and the majority (97%) where seen in the mandible, the body of mandible was mostly affected side (36%). Multilocular lesion were most common (66%). Majority of cases had surgical resection. 7 out of 36 had shown recurrence. A noticeable correlation seen between multilocular lesion and recurrence.

Conclusion: Ameloblastoma in Oman has figure and character comparable to that in other studies

Key Words: ameloblastoma multilocular recurrence

OP-49
A LOGARITHMIC APPROACH FOR TREATMENT OF CONDYLAR HYPERPLASIA

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Objectives: In the present study we set our experience in treatment 10 cases of condylar hyperplasia, their ages ranged from 17-35 years with a mean of 26 years.

Methods: We performed a guide where various modalities in treatment of condylar hyperplasia discussed such as condylectomy, vertical subsgmoid osteotomy and genioplasty. Many variables were considered including patient’s age, degree of chin deviation, degree of occlusal canting and patient satisfaction. Evaluation of all patients was done by both clinical and radiological methods.
**Results:** All patients were operated upon and followed up for a period ranged from 6 months up to one year. Their results were satisfactory including adequate facial contour, facial symmetry, proper occlusal relationship and accepted facial esthetics without relapse.

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

**Keywords:** Condylar hyperplasia scintigraphy orthognathic surgery

**OP-50**

**EXTENSIVE ANCHORAGES IN STATIC FACIAL REANIMATION SURGERY**

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Regardless of etiology of facial paralysis such as trauma, infection, neoplasm or iatrogenesis, Management of unilateral facial paralysis is a complex treatment. Treatment varieties include medications, physiotherapy and surgical interventions. Surgical intervention is generally divided in two categories: Dynamic and Static reanimation. The static reanimation is more practical in elder and low demanded patients. The challenging parts are stability of anchorages and acceptable satisfaction. In this article we present zygomatic arch as a stable anchorage to hold lifted facial tissues the technique and short term results and all specifications will be discussed

**Key Words:** facial paralysis cosmetic rehabilitation

**OP-51**

**DOES SURGICAL INSERTION OF SYMPHYSEAL MINIPLATES FOR ORTHODONTIC ANCHORAGE CAUSE LOWER LIP PTOSIS?**

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**Aim:** One of the complications of surgical procedures on the symphyseal region is ptosis of the lower lip which may follow wound healing. The aim of this study was to investigate whether the surgical insertion of miniplates to the symphyseal region, for orthodontic anchorage, causes ptosis of the lower lip.

**Patients and Methods:** The treatment group consisting of 4 girls, 7 boys (mean age: 11,09) with skeletal Class III malocclusion due to maxillary retrusion, received orthodontic treatment with intermaxillary Class III elastics applied via two titanium miniplates surgically placed in the symphyseal region from the bonded maxillary expansion appliances. Maxilla was expanded prior to the application of Class III elastics with a total force of 1000 grams. The second group of 6 girls and 3 boys (mean age 10,18) comprised the untreated Class III control group. Pretreatment/observation and posttreatment/postobservation lateral cephalometric radiographs were used to analyse skeletal and dentoalveolar changes in addition to the soft tissue changes of the lower lip and chin. The cephalometric measurements were evaluated statistically.
Results: The treatment/control periods were 9.4 and 7.5 months respectively. The maxilla moved forward and the mandible moved backward significantly in the treatment group (p<0.001) while the forward movement of the mandible was significant in the control group (p<0.01). No significant changes were observed regarding the exposure of the lower incisors, the thickness and length of the lower lip in both groups. Changes in the soft tissue thickness at the supramentalae region was significantly different between the treatment and the control group (p<0.01).

Conclusion: Effective dentofacial correction was achieved via symphyseal anchorage in growing skeletal Class III patients and the surgical procedure did not cause lower lip ptosis.

Key Words: Lower lip ptosis Skeletal anchorage Class III malocclusion

OP-52
DISC REPOSITIONING WITH MITEK MINI-ANCHORS IN NON-REDUCING DISC DISPLACEMENTS: COMPARISON OF PREOP/POSTOP MRI SCANS AND POSTOP PATIENT SATISFACTION

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The aim of this study is to evaluate outcome of Mitek mini anchors (DePuy Mitek, Raynham, MA) in the temporomandibular joint discectomy and patient satisfaction based on MRI findings. Eight patients suffered from significant pain and dysfunction diagnosed on MRI findings as anterior disc displacement without reduction selected for this study. Anchor stability, assessment of positional changes and roofing were evaluated by postop MRI and OPTG. Satisfaction of patients were assessed by grading their satisfaction, reduction of noises, maximum interincisal opening and degree of jaw mobility. All 8 patients noted complete absence of TMJ pain and click at 12th month following surgery except from 1 patient had joint clicking who showed remarkable important improvement of mandibular functions. The articular disk was observed at its normal position in 6 patients except one patient whose MRI confirmed postop partial roofing. OPTGs reveal neither radiologic changes around the mini anchors in the condylar head nor any positional shifts.

OP-53
MANAGEMENT OF IV BISPHOSPHONATE INDUCED OSTEONECROSIS OF THE JAWS; CLINICAL EXPERIENCE OF ORAL & MAXILLOFACIAL SURGERY DEPARTMENT OF MARMARA UNIVERSITY

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BIONJ is a serious side-effect of i.v. nitrogen-containing bisphosphonate administration frequently used in the treatment of malignancies. The risk is related to the route of administration, the potency of the bisphosphonate, and the duration of use. IV BIONJ is mostly potent, most cases can be prevented or managed if they develop. This study pre-
sents the result of a single-centre analysis of 15 patients that suffered from BIONJ between 2010-2012 in Marmara University, Department of Oral and Maxillofacial Surgery. Purpose of our study was to assess the proper treatment alternatives for each case regarding to clinical and radiological features, and to discuss outcomes of preferred surgical therapy among other surgical or alternative treatment modalities. In our patient group, all were suffering from malignant diseases. All patients who underwent resection were evaluated. In the follow-up period, clinical and radiological success criteria have met and favorable postoperative function was achieved. Importance preventive measures and a frequent recall schedule was emphasized.

Key Words: iv bisphosphonate BIONJ Resection

OP-54
THE PRECISE RECONSTRUCTION OF JAWS ASSISTED WITH 3D SOFTWARE COMBINING WITH STEREOMODEL

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Objectives: In the patients with the defections of jaws, the technique of 3D software combining with stereomodel was used for reconstruction with microvascular fibula and iliac flap in order to find an effect way to finish the operation more accurately.

Materials and Methods: All the 18 patients using this technique received CT scan before operation. The entire process of the resection and reconstruction were simulated using a 3D software to select the most reasonable plan. According to the results obtained from software, the simulated operation was performed on the stereomodels of skull and fibula/iliac formed by the rapidprototyping machine, including the shaping of titanium plates and facture of templates. The whole operation was performed followed by the designed plan.

Results: From September 2009, 18 cases were finished using this technique. The successful rate of the flap was 100%. Experience with these patients indicated that a good clinical outcome in terms of contour and occlusion. The CT scan showed the reconstructed contours of the jaws were ideal.

Conclusions: For the reconstruction of the defection of jaws, the advantages of the 3D software combining with stereomodels can be concluded as the followings: The process of the operation can be predicted and simulated, therefore the real operation would be performed more effectively. The improvement of the accuracy and stability will lead to an excellent facial appearance. The accurate location of the transferred fibula/iliac is helpful for the recovery of occlusion which is real important for the further restoration of the chewing function.

Key Words: stereomodel, 3D software, defection, jaws, reconstruction
OP-55
RISK FACTORS ASSESSMENT FOR TEMPOROMANDIBULAR DISORDERS

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Temporomandibular disorders (TMDs) affect more than one third of the population and may be associated with significant morbidities. Nevertheless, the etiology of these disorders is poorly understood, and there’s a great deal of inter-individual variability in the signs and symptoms of the affected individuals.

**Aims:** This study aims, the first is to evaluate the potential etiological risk factors that may lead to the development of TMD’s. The second aim is to investigate the most common symptoms reported by individuals suffering from or are at risk of developing TMD’s. The third aim is to look for the common oral manifestations in patients with TMDs.

**Material & Methods:** This study is a survey-based study accompanied by a clinical oral screening examination for 1361 participants. The clinical questionnaire contains two axes; the first is somatic evaluation, and the second is psychological evaluation via the Hospital Anxiety & Depression (HAD) scale. Then all participants were subjected to a quick oral screening examination.

**Results:** more than one third of the participants reported at least one symptom of TMD’s, with morning headache being the most common with a prevalence of 41.7%. There was a clear statistical significance (p = 0.000) between the presence of parafunctional habits especially nocturnal bruxism and the presence of TMD symptoms. More than half (67%) of the participants (919) reported an elevated HAD scale > 11. About a fifth of the latter (170) individuals also reported presence of parafunctional habits especially nocturnal bruxism, this was also clearly associated with TMDs symptoms.

**Conclusion:** TMD symptoms were highly prevalent among the studied multi-ethnic population. There appears to be a significant relationship between the elevated HAD scale value and the incidence of parafunctional habits, which in turn have a strong association with the presence of TMDs.

OP-56
THE EFFECTS OF ADJUNCTIVE PARATHYROID HORMONE INJECTION ON BISPHOSPHONATE RELATED OSTEONECROSIS OF THE JAWS: PRELIMINARY RESULTS OF AN EXPERIMENTAL STUDY

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Bisphosphonate-related osteonecrosis of the jaws (BRONJ) is a serious and challenging complication of chronic bisphosphonate uptake in patients with osteoporosis, malignant hypercalcemia and skeletal related bone metastasis.
As parathyroid hormone has anabolic effects on bone turnover, its adjunctive use may be beneficial on resolution of BRONJ. 36 female Sprague-Dawley rats were used in this study. They were randomly divided into four groups; Z (zoledronate), ZE (zoledronate+teeth extraction), ZEP (zoledronate+teeth extraction+parathyroid hormone) and C (control). Z, ZE and ZEP groups were injected with zoledronate for 8 weeks at a dose of 0.1mg/kg, 3 times a week. Subsequently, ZE and ZEP groups were received teeth extraction under ketamine anesthesia. ZEP group was injected with parathyroid hormone for 8 weeks at a dose of 30μg/kg, 5 times a week. C group was not given any injection. At the end of this period, rats were sacrificed and mandibles were evaluated histopathologically. Studies analysing the effects of the possible treatment modalities such as parathyroid hormone application that can be used therapeutic approaches for the cases of BRONJ may be beneficial for further researches.

Key Words: bisphosphonate related osteonecrosis of the jaws BRONJ Parathyroid Hormone Bone Healing Rat

OP-57
TEMPOROMANDIBULAR JOINT ANKYLOSIS

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Purpose: The aim of this study is to evaluate the management of the Temporomandibular joint ankylosis and report of the initial experiences.

Patients and methods: We studied 8 patients with TMJ ankylosis. All patients underwent ankylosis surgery. The pre-auricular approach with the additional deep subfascial approach was applied to 8 patients. We evaluated the type of ankylosis, mouth opening before and after the surgery, type of surgical technique, complications and life quality of patients.

Results: All patients except one showed appreciable improvements in mouth opening and excursion of the jaw. There was a complication temporary involvement of the facial nerve, which improved with time.

Conclusion: Masticator complex should be considered completely before surgery. Muscle atrophy, coronoid process hyperplasia and related problems could be one of the possible reasons of the restricted mouth opening with ankylosis.

Key Words: Temporomandibulat joint ankylosis, facial nerve injury
OP-58
SINGLE-NEEDLE TMJ ARTHROCENTESIS VS. TWO-NEEDLE TMJ ARTHROCENTESIS WITH HYALURONIC ACID INJECTION FOR MANAGEMENT OF TMD: COMPARATIVE STUDY

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Aim: Compare the effectiveness of single-needle (SN) tempromandibular joint (TMJ) arthrocentesis and injection of Hyaluronic acid given only once under local anesthesia to the classical two-needle (TN) TMJ arthrocentesis and injection of HA under general anesthesia (GA) for patients with the arthralgic subdivisions of tempromandibular joint disorders (TMD).

Method and Material: Patients with TMD were sub classified as per (RDC/TMD) into myogenic, disc displacement with reduction, (DDwR) disc displacement without reduction (DDwoR), arthralgia or osteoarthritis. Myogenic TMD patients were excluded from the study, all other patients were included. Patient’s pain was assessed as per the Visual analogue scale (VAS) of pain. Patient’s jaw dysfunction was assessed as per Helkimo index for jaw dysfunction. Only patients with sever pain and patients with moderate/sever dysfunction were offered TMJ arthrocentesis. Patients were divided into two groups. First group received SN arthrocentesis given under LA with injection of HA given only once. Second group had TN arthrocentesis under GA with injection of HA. Pain and jaw dysfunction were assessed at 1 month, 3 months and 6 months intervals. Improvement was considered if pain and dysfunction were reduced from being sever/moderate to be mild or none. None of the patients received occlusal splint and all procedures perfumed by the same surgeon.

Results: the male/female, age group and TMD sub classifications distributions were similar in both groups. 55 patients participated for first group and 50 for second group. Forty patients had improved of pain and jaw dysfunction (73%) in first group. 35 patients had improvement of pain and jaw dysfunction (70%) in second group.

Conclusion: single-needle arthrocentesis under LA with HA injection can do as good as two-needle arthrocentesis under GA with HA injection.

Key Words: Single-needle, tmj arthrocentesis, two-needle, tmj arthrocentesis, TMD, hyaluronic acid injection
OP-59
EVALUATION OF THE EFFECT OF TOOTH EXTRACTION ON BISPHOSPHONATE RELATED OSTEONECROSIS OF THE JAWS

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Introduction: Bisphosphonates are a group of medications that are effective in inhibiting bone resorption. Bisphosphonate-related osteonecrosis or osteomyelitis of the jaws (BRONJ) was first described by Marx and Stern in 2003. It is an important possible late adverse effect of bisphosphonates, and the pathogenesis of this new phenomenon remains unclear. Invasive dental procedures increases the risk of BRONJ 7-21 times accordig to previous reports.

Methods: 36 female Spraque-Dawley rats were used in this study. They were randomly divided into four groups each including 9 rats . Z; zolendronate group were injected with zolendronate for 8 weeks, ZE (zolendronate + extraction) ; left mandibular first molars were extracted of each rat after zolendronate therapy for eight weeks , C1; control group-1 were injected with saline solution for 8weeks and C2; control group that was not given any injection. Z group and ZE received injection of zolendronate at a dose of 0.1 mg/kg, 3 times a week. 8 weeks after teeth extraction rats were sacrificed . later on posterior mandibles of each rat were dissected and examined histopathologically.

Conclusion: Invasive dental procedures such as tooth extraction may a possible cause of bisphosphonate related osteonecrosis of the jaws.

Key Words: bisphosphonate, tooth extraction

OP-60
TEMPOROMANDIBULAR JOINT ANKYLOSIS AS A COMPLICATION OF NEONATAL SEPTIC ARTHRITIS INFECTIONS: TWO CASE REPORTS

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Temporomandibular joint (TMJ) ankylosis as a complication of infection is a known but extremely rare presentation, with scientific literature reporting very few published cases. Septic arthritis infections occurring in a neonate with subsequent involvement of the TMJ region could lead to ankylosis as a result of this unusual infection process, which is often caused by staph. aureus bacteria. TMJ ankylosis occurring in paediatric patient can cause severe functional disability and also interfere with the harmony of facial growth. In this presentation we report two clinical cases of unilateral TMJ ankylosis occurring in paediatric patients (aged 15 months and 5 years) as a complication of neonatal septic arthritis. The clinical presentation in both patients was limited mouth opening and deviation of the jaw to the ankylosis side. The scientific literature indicates the relative rarity of paediatric TMJ ankylosis and highlights that the
surgical management is challenging. Our first presented case was diagnosed at age of 15 months and operated at age of 16 months, which according to published scientific English-literature, represent the youngest child to undergo release of TMJ ankylosis due to infection. In our experience, both patients had fiber-optic guided general anaesthetic intubation and subsequently underwent gap arthroplasty and interpositional temporalis muscle fascia graft, which resulted in achieving an immediate increase of mouth opening. Postoperatively, both patients underwent immediate active jaw physiotherapy with initial successful outcome.

OP-61
EVALUATION OF EFFICACY OF PROLOTERAPY AT TMJ DISLOCATION

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Objective: Prolotherapy, rehabilitation of ligaments or tendons by induced proliferation of cells by using dextrose, is a non-invasive and effective method for treatment of TMJ dislocation. Our objective is to evaluate the efficacy of intraarticular injection of dextrose to the TMJ for treating acute or chronic luxation of TMJ.

Materials and Methods: In this study, 11 patients (2 acute, 9 chronic luxation) with TMJ dislocation are evaluated retrospectively. All patients consisted of women with an average age of 28.4, are treated with injection of 2 mL of 10% dextrose solution into upper joint space following local anesthesia with 2mL articaine superior and inferior capsular attachments of TMJ.

Result: All patients showed significant decrease in pain on eating and speaking functions. None of the patients shown to be having TMJ locking. Maximal mouth opening decreased in all patients and clicking sound represented no significant change.

Conclusion: Prolotherapy is an effective and conservative method for management of both acute and chronic TMJ dislocations.

Key Words: prolotherapy, tmj luxation, dextrose injection
OP-62
SUBMANDIBULAR GLAND TRANSPLANTATION IN PATIENTS WITH SEVERE DRY EYE SYNDROME

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Purpose: The dry eye syndrome (keratoconjunctivitis sicca) is a relatively common disease. The number of patients with severe dry eye syndrome has increased in recent years throughout the world.

Materials and methods: In this case report, management of 3 patients (2 female and 1 male) with keratoconjunctivitis sicca (KCS) by submandibular gland transplantation is presented. Patients with severe to absolute aqueous tear deficiency had detailed pre-operative ophthalmologic examination. A submandibular gland is transplanted into the temporal fossa and anastomosed to the superficial temporal artery and vein, and its excretory duct is implanted into the upper conjunctival fornix.

Result: The transplantations were all successful. The symptoms of xerophthalmia disappeared and the discomfort resulting from bright light and wind was also relieved. These patients stopped applying artificial tears.

Conclusions: Transplantation of submandibular gland in patient with KSC removes the objective symptoms and improves health quality of life.

Key Words: dry eyes, submandibular gland transplantation

OP-63
SURGICAL TREATMENT OF LATERALLY DISPLACED POST-TRAUMATIC TEMPOROMANDIBULAR JOINT ANKYLOSIS

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Temporomandibular joint (TMJ) ankylosis is a severe and an inconvenient problem for the patients, leads to decrease in mouth opening (MO) and facial deformities which usually occurs after trauma to mid-facial area. In the literature there are different surgical techniques for reaching to the TMJ and the surgical treatment for ankylosis of TMJ. Gap arthroplasty, interposing arthroplasty, and TMJ reconstruction with autogenous or alloplastic materials can be used for the treatment of ankylosis of TMJ. This paper presents a patient with post-traumatic ankylosis of TMJ with
lateral displacement. Al Kayat and Bramley incision was performed for surgical access to the left TMJ. It was noticed that fibro-osseous ankylosis was in left TMJ due to trauma. Gap arthroplasty, re-arrangement of the condylar fossa and condylar head were done. MO was calculated 16mm pre-operatively. Post-operative MO was calculated just after the surgery and after 30 days of physiotherapy and was 36mm. To prevent re-ankylosis, the temporalis myofascial flap was used to fill the lateral space. Temporalis myofascial flap was used in the present case, because of the good blood supply, proximity to the operative site and can be harvested for a large amount. We conclude that after release of TMJ ankylosis, reconstruction with interposition of temporalis myofascial flap followed by physiotherapy is a successful strategy for the management of post traumatic TMJ ankylosis.

Key Words: TMJ, post-traumatic ankylosis, myofascial flap

OP-64
CLINICAL AND RADIOLOGICAL EVALUATION OF DERMIS-FAT GRAFTS AFTER TEMPOROMANDIBULAR JOINT DISCECTOMY

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Purpose: The aim of this study was to compare the preoperative and 1-year postoperative clinical findings of the patients after unilateral temporomandibular joint (TMJ) discectomy with inter-positional abdominal dermis-fat graft

Patients and method: Fourteen patients underwent unilateral discectomy and dermis-fat grafting between 2008-2010 years. Preoperative and 1-year postoperative clinical parameters such as maximum mouth openings (MMO) and lateral movements (LM) of the mandible were recorded.

Results: All of the 14 patients showed improvement in mandibular mobility and function. There was a significant increase in the MMO and LM during the follow-up period. Pain levels at follow-up were significantly lower than the preoperative levels. The radiological presence of fat was found within the joint or surrounding the condyle in all 14 operated joints. The graft material found within the radiologically defined joint space was mainly grey (probably fibrotic or granulation tissue) in 4 joints. 10 joints showed heterogeneous material composed of fat interspersed with grey tissue.

Key Words: Temporomandibular joint discectomy, dermis-fat grafting
OP-65
ANESTHESIOLOGICAL CONSIDERATIONS IN CLEFT PALATE REPAIR SURGERY

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Orofacial malformations often are associated with an affected upper airway, especially in presence of typical syndromes, like Pierre-Robin-Sequence or Goldenhar syndrome. Furthermore, the operative repair of these orofacial malformations lead to additional postoperative affections of the upper airway. These may be swelling or bleeding, but also the intended constriction of the previously wide oronasal cave. The latter leads to discomfort for the then crying child, which again leads to an increase of salival secretion and/or bleeding. Beyond this salivation and bleeding can be strengthened by the endotracheal tube, if extubation occurs too late in excitation or the awake patient. Thus, laryngospasm and stridor with or without respiratory distress, followed by arterial hypoxaemia, are often seen typical anaesthesiological complications in the immediate postoperative period of cleft repair surgery. Reintubation, if necessary, often leads to prolonged respirator therapy on PICU, with the endotracheal tube working as a possibly damaging foreign body in the very neighborhood of the fresh wound. This may be associated with a higher risk of an insufficiency of the sutures, and negative operative results. So all efforts should be made to chose the right time for extubation, to extubate a child with dry mucous membranes with no bleeding, and to keep the child extubated. For this the anaesthesiologist should be very experienced with the overall pediatric difficult airway, the performed ENT- and orofacial surgical procedures, and the therapeutical options of the management of the complications mentioned above. The close co-operation with the surgeon, the co-operative arrangement about the ongoing therapeutical decisions, and the avoidance of postoperative need for respirator therapy as a primary goal, are crucial for both surgical success and cosmetic results.

Key Words: anesthesia, complications, airway, obstruction, cleft lip/palate, repair, interdisciplinary co-operation

OP-66
BOTOX INJECTION FOR OROMANDIBULAR DYSTONIA

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Oromandibular dystonias are rare neuromuscular conditions which are being seen infrequently in OMFS clinics. Patients will present with constant painful jaw shift which is difficult to reduce spontaneously or manually. The diagnosis of oromandibular dystonia and its management are challenging. Diagnosis is established clinically and radiographically. They present with facial asymmetry and unilateral occlusal cross-bite. Radiographically the condylar head will be outside the glenoid fossa. Botox injections has been reported to be effective on managing such condition. We would like to present our experience with 3 cases of Oromandibular dystonia treated with botox injection with variable outcomes.
OP-67
THE USE OF BOTULINUM TOXIN FOR THE TREATMENT OF TEMPOROMANDIBULAR DISORDERS

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TMD problems are characterized by pain in the preauricular region that is commonly aggravated by jaw function. The pain is often accompanied, either singly or in combination, by limitation of jaw movement, joint sounds, palpable muscle tenderness, or joint soreness. TMDs are limited to pain and dysfunction arising in and from the masticatory musculoskeletal system. Botulinum® toxin A (BTX-A) is a new neuromuscular blocker that has recently been used successfully for the treatment of TMDs. The aim of this study was to evaluate the response of patients with temporomandibular disorders to intramuscular injection of Botulinum toxin type A (Botox). This study enrolled a total of 40 female patients between the ages of 15 and 30 years. Both masseter and temporalis muscles were injected regardless of whether the disease was unilateral or bilateral. The masseters received 50 units each of BTX-A as Allergan BOTOX divided evenly over five sites. Similarly, the temporalis muscles were injected with 25 units each divided over five sites. All injections were percutaneous and intramuscular as verified by electromyographic guidance (EMG). Assessments were carried out at 1, 3, 6, & 12 months bringing the total number of assessments to five (including the initial assessment).

Conclusion: 1. This study revealed that Botulinum toxin type A (Botox) was safe and efficacious for the management of patients with muscular TMD. 2. Although the study was uncontrolled, the results strongly suggest that Botox reduces the severity of symptoms and improves the functional abilities for patients with TMD and that these extend beyond its muscle-relaxing effects.

OP-68
ANESTHESIOLOGICAL HANDLING AND POTENTIAL COMPLICATIONS IN CHILDREN WITH CLEFT LIP AND/OR PALATE AND ASSOCIATED MALFORMATIONS

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Cleft lip and/or palate are among the most common craniofacial anomalies and according to the literature 10% were accompanied by additional congenital malformations. A successful and safe treatment requires a multidisciplinary team. The aim of this retrospective, non-randomized study is to show that infants with cleft lip and/or cleft palate, whether isolated or associated with other anomalies require designated centers or hospitals with intensive care units and pediatric anesthesiologists. 342 newborn infants with isolated cleft lip (CL), cleft lip with cleft palate (CLP) or isolated cleft palate (CP) were assessed between 2006 and 2008. In 19% of the cases, associated congenital anomalies were present. It was shown that 49% of these patients with congenital anomalies transferred to ICU after surgery. 43.7% of them had Robin Sequence, 34.3% had congenital malformations of the atrial or ventricular septum, 9.3% had both Robin Sequence and congenital malformations of the atrial or ventricular septum, 6.2% had rare congenital malformations, like Kabuki-Make up-syndrome or Peters-Plus-syndrome, 3.1% had undescended testicles and 3.1% had chromosome abnormalities. Most problems pre- and post-operative in infants with Robin Sequence were due to difficult airway management. Monitoring as a precautionary measure was found necessary in all infants with cardiac malformations. Even if CLP was the only malformation, 10% had to be monitored by ICU due to either hypotrophy, premature birth or a body weight below 2500 g, all posing an increased risk for post-operative complications. Among the rarer conditions leading to ICU-treatment were bronchospasm and laryngospasm after extubation (>1%).

Key Words: cleft lip and/or palate, associated malformations, difficult airway management, intensiv, care
POSTER PRESENTATION
P-001
EVALUATION OF SUCCESS RATE OF PERIODONTAL LIGAMENT INJECTION FOR EXTRACTION OF MANDIBULAR PRIMARY MOLARS

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Abstract Background and Aim: Inferior alveolar nerve block is a common technique for anesthetizing of the primary mandibular molars. A number of dis advantages has been associated with this technique. Periodontal ligament injection could be considered as an alternative method for inferior alveolar nerve block. The purpose of this study was to evaluate the clinical effectiveness of periodontal ligament injection for extraction of mandibular primary molars.

Methods and Methods: This study was performed on 35 mandibular primary molars that must be extracted due to different reasons. The teeth were anesthetized with periodontal injection. Signs of discomfort included hand, body tension and eye movement indicating pain, verbal complaint and crying (SEM scale). were evaluated blindly by a dental assistant who was not informed about study design.

Results: Based on the results of this study, 16 samples were first primary molars and 19 samples were second primary molar. Success rate of periodontal ligament injection for extraction of first primary molar and second primary molar was 90.24 and 87.20 respectively.

Conclusion: Results showed that periodontal ligament injection can be used for extraction of mandibular primary molars.

Key Words: Evaluation, extraction, periodontal ligament injection, primary molar

P-002
EVALUATION OF HEAD AND FACE TRAUMATIC LESIONS IN EPILEPTIC PATIENTS

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Abstract Background and Aim: Epilepsy is such a disease that can cause traumatic lesions in head and face during seizures grand mal, injuries of some soft tissues, also result in traumatic lesions in hard tissues and fracture and erosion of teeth. The aim of this study was to evaluate these lesions among patients referred to Iranian Center of Epilepsy.

Materials and Methods: The design of study was descriptive- cross sectional. A total of 110 epileptic patients (male and female with different age range) were considered in this study. The sample size was selected randomly from patients referred to Iranian Center of Epilepsy. These patient were examined and head and face lesions in every patient was recorded. Finally the data was analyzed with was chi- square test.
Results: Based on the results of this study, 24.6% of the patients showed head and face lesions. The most common region was lower lip. No significant difference was observed in traumatic lesions between male and female with chi-square test. There was a statistical significant different between patients with different level of literacy, it means such lesions in patients with low level of literacy is 2.7 times more than patients with high level of literacy.

Conclusion: Although the epileptic patients are under control and treatment, it seems that prevalence of traumatic lesions in these patients is more than others.

Key Words: Epilepsy Traumatic lesions Seizure

P-003
MANDIBULAR INTRAOSSEOUS LIPOMA: A CASE REPORT AND REVIEW OF LITERATURE

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Lipoma is a benign tumor consisting mainly of mature adipose tissue and represent the most commonly diagnosed mesenchymal neoplasm. Intraosseous lipomas are exceedingly uncommon and are considered among the rarest benign primary tumors of bone. There are few documented cases of intraosseous lipomas in the jaws. In this report the authors aimed to report a rare case of intraosseous lipoma of the mandible and to discuss the most important features of the lesion. A 48-year-old female patient presented an asymptomatic radiolucent lesion in mandibular incisors area with no clinical alteration. After the surgical treatment of the lesion the histopathological exam revealed a encapsulated lesion predominantly composed of mature adipose tissue and some areas of dystrophic calcification confirming the diagnosis of intraosseous lipoma. There was no sign of recurrence that could be observed after six months of follow-up.

Key Words: Lipoma Mandible Oral Pathology

P-004
AUTOTRANSPLANTATION OF IMPACTED TOOTH AS AN ALTERNATIVE TO DENTAL IMPLANTOLOGY: A CASE REPORT

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Autotransplantation is the transplantation of organs, tissues from one part of the body to another in the same individual. Dental autotransplantation is an effective treatment method, especially in young patients with missing teeth or tooth agenesis. In our report we present a 20-year-old female patient who applied our clinic for the extraction of her mandibular first molar which has endo-perio lesion. In this case we planned to transplant the impacted mandibular third molar of the patient in the alveolar socket of infected tooth. The treatment protocol consisted in prophylactic antibiotic
regime 3 days before operation, tooth extraction of the first mandibular molar, curetage of the apical granuloma, surgically extraction of impacted third mandibular molar, repositioning of impacted third mandibular molar in occlusion with a resilient splint. After 8 weeks the splint was removed, clinical and radiological examinations were taken 1, 3, 6, and 12 months after the surgery. There was not any symptom of infection or inflammation but in 1 year follow-up root resorption of the transplanted tooth is observed in radiographic examination.

P-005
NEW METHOD OF FIXATION IN SURGICAL TREATMENT OF FRACTURE OF CONDYLAR PROCESS OF MANDIBLE WITH DISPLACEMENT

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25-30% of total amount of mandibular fractures are the fractures of condylar process. Nowadays surgical treatment of these fractures with displacement is a difficult and actual problem. Due to anatomical and topographical features application of surgical treatment methods, used in fractures of other parts of mandible (body, angle, mental), causes complexities at the high fractures of the condylar process. Known methods of fixation (titanic wire suture, mini plates, Kirschner’s wire, etc.) are not suitable in this case, because at the high fractures of condylar process with displacement it is impossible to drill a small fragment and fixate by mini plate to it by means of screw. Considering all these complexities some authors (A.V. Vasilyev, 2001; F.T. Temirxanov, H.B. Yurmanov, 2003; I.H. Matros-Taranes and others, 2004) replanted an condylar head, screwed one end of mini plate on it and then placed and fixed another end of the plate to a ramus of mandible. This operation is traumatic and leads to the resorption of an condylar head through replantation. For surgical treatment of high condylar fractures we have invented a device – a simple itanium plate. The upper part of the plate is bent according to a neck of condylar process and there are sharp teeth on its end. The fracture fragments are visualized by means of submandibular approach and reposed. The fragment of the fracture is fixed into bended part of the plate and the plate is pressed to the bone. The lower part of the plate is screwed to a ramus of mandible. Thus, without any manipulation with a small bone fragment it is possible to fix it in between the plate and to a big bone fraction. It is easy and convenient to carry out this operation and to fix the plate to fragments.

P-006
NASOPALATINE DUCT CYST: A CASE REPORT AND REVIEW OF THE LITERATURE

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Nasopalatine duct cyst also termed as incisive canal cyst, arises from embryologic remnants of nasopalatine duct. In this report a case of a nasopalatine duct cyst in a 29-year-old female is presented with review of literature. The patient applied our clinic because of the swelling in the anterior maxilla. The maxillary anterior teeth were tested vital and in the panoramic radiographs heart-shaped radiolucent lesion is observed. The lesion is enucleated in the operation and in the histopathological examination it is reported that even if cyst epithelium has appearance of radicular cyst the typical radiologic and clinical findings are characteristic for inflammatory nasopalatine duct cyst.
P-007
BILATERAL DENTIGEROUS CYST IN A NON-SYNDROMIC YOUNG PATIENT: A CASE REPORT

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Dentigerous cyst is the most common type of developmental odontogenic cyst. Cysts involve impacted, unerupted permanent teeth, supernumerary teeth, odontomas, and, rarely, deciduous teeth. It is therefore important to perform radiographic examination of all unerupted teeth. Bilateral dentigerous cysts are rare and generally occur in association with a developmental syndrome or systemic disease, such as mucopolysaccharidosis and cleidocranial dysplasia. These lesions can also be found in children and adolescents and show a male predilection. In 75% of the cases, they are located in the mandible. The most frequently involved teeth are the mandibular third molars and maxillary canines. Elimination of the associated tooth and enucleation of the lesion are considered as a definitive therapy in the management of dentigerous cysts. This case report describes of bilateral dentigerous cysts associated with lower jaw impacted third molars in a 20-year-old young patient.

Key Words: Bilateral dentigerous cyst non-syndromic mandible enucleation

P-008
GLANDULAR ODONTOGENIC CYST: A REPORT OF TWO CASES

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The glandular odontogenic cyst (GOC), described in 1987 and recognized by the World Health Organization in 1992, is a rare developmental cyst having an aggressive behavior and accounting for 0.012% to 1.3% of all jaw cysts. It chiefly occurs in the fourth and fifth decades of life. There does not appear to be strong evidence of a male or female sex predilection, but the GOC may be slightly more common in men. The majority of cases involve the mandible (%80) but, in contrast to many odontogenic lesions, the GOC is more common in the anterior portion of the jaws. Clinically GOC is generally painless, slow growing and its size can vary less than 1 cm in diameter to large dimensions. Radiographic margins may be well defined and sclerotic. More aggressive lesions have shown an ill-defined peripheral border. Multilocular and unilocular examples occur with equal frequency. It has been suggested that the rate of recurrence increases with the radiographic complexity of the cyst. Histopathologically, a cystic cavity lined by a nonkeratinized, stratified squamous, or cuboidal epithelium varying in thickness is found including a superficial layer with glandular or pseudoglandular structures. Conservative treatment options include enucleation, marsupialization, curettage with or without peripheral ostectomy, curettage with Carnoy solution, cryotherapy. The rate of recurrence of GOC depends on the different treatment options. Aggressive nature of the lesion has been reported, as supported by the fact that 25 to 55% of cases recur following curettage. In the present report, the clinical, radiological, histopathological features, treatment protocols and follow-ups of two cases of GOC which are uncommonly seen in maxilla will be presented.

Key Words: odontogenic cyst
P-009
TREATMENT OF AN EXTRAORAL FISTULA CAUSED BY MANDIBULAR DECIDUOUS LATERAL TOOTH WITH DENS INVAGINATUS: CASE REPORT

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Dens invaginatus (DI) also known as dens in dente is a rare developmental anomaly that may occur in deciduous, permanent or supernumerary teeth that is characterized by a deepening or invagination of the enamel organ into the dental papilla before calcification of the dental tissues. The reported incidence of DI is between 0.04% and 10% in the general population with only few cases with this anomaly in a deciduous teeth. The failure to diagnose the DI in the child’s first visit may lead to carious lesions, pulp necrosis, malformation resulting in delayed eruption of the involved tooth and acute dento-alveolar abscess. The aim of the current report is to present the surgical removal of a deciduous lateral tooth with DI that lead to an extraoral fistula at submental region. A 5-year-old boy referred to our clinic with pain, swelling and extraoral fistula at submental region. Ortopantograph revealed mandibular left deciduous lateral incisor with enamel invagination extending from the cingulum to the apical region and deciduous left molars with excessive carious lesions. Since the particular tooth lead to periapical abscess and extraoral fistula formation, the treatment choice was extraction of the deciduous mandibular lateral incisor followed by curettage of the residual cavity to remove the granulation tissues under local anaesthesia and the primary closure of the surgical wound was achieved. Because of the excessive carious lesions deciduous left molars were also extracted. There are different types of treatment choices for invaginated teeth such as early detection and sealing of the coronal defect, endodontic treatment or extraction. Early diagnosis is crucial to avoid the complications that may occur. However in our case extraoral fistula caused by mandibular deciduous lateral tooth with DI was diagnosed late so the treatment choice was extraction.

Key Words: Extraoral fistula dens invaginatus

P-010
THE EFFECT OF SYNTHETIC TISSUE FLUID ON THE MICROLEAKAGE OF GRAY AND WHITE MINERAL TRIOXIDE AGGREGATE AS A ROOT END FILLING MATERIAL (IN VITRO STUDY)

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Background: The success of endodontic surgery has been shown to depend partly on apical seal. Gray mineral trioxide aggregate (GMTA) produces twice hydroxyapatite as much as white mineral trioxide aggregate (WMTA) when suspend in phosphate buffered saline (PBS) solution. The aim of this in vitro study was to compare the sealing ability of gray and white mineral trioxide aggregate as root end filling material after immersing in synthetic tissue fluid (STF).

Methodology: Fifty five single-rooted extracted maxillary anterior human teeth were divided into two experimental groups of 20 teeth each, plus three groups of five teeth each for two negative and one positive control. Root canal of the teeth were cleaned, shaped, and laterally compacted with gutta percha. The root ends were resected and 3 mm deep preparation was made. The root-end preparations were filled with GMTA or WMTA as per in the experimental groups. Leakage was determined using a dye penetration method. Data was analyzed using the ANOVA method at the 0.05 level of significance.
Results: The mean dye leakage was $0.40 \pm 0.1$ mm for GMTA and $0.50 \pm 0.1$ mm for WMTA group respectively. There was no significant difference between two experimental groups ($p=0.14$).

Conclusion: In spite of different property of GMTA and WMTA in synthetic tissue fluid, there were not any significant differences between microleakage of GMTA and WMTA.

Key Words: Gray mineral trioxide aggregate microleakage white mineral trioxide aggregate

P-011
ODONTOGENIC KERATOCYST: A REVIEW OF THE LITERATURE AND A CASE REPORT

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Background and Aim: Odontogenic keratocyst (OKC), is a noninflammatory odontogenic cyst that arises from the dental lamina. Radiographically, the lesion is most often unilocular or multilocular radiolucency surrounded by smooth or scalloped margins with sclerotic and keratinized borders. The most common location of an OKC is the posterior body of the mandible and ramus mandibulae. The aim of this study is to present clinical and radiological features and the surgical management of a patient with odontogenic keratocyst. Case report Our patient is a 34-year-old man with no systemic disease. The patient applied to our faculty with pain and difficulty in opening his mouth. There was a swelling at the right preauricular area. The orthopantomography revealed large multilocular, radioluscent lesions, surrounded with radiopaque border, at the posterior area and the ramus of right mandible. Some biopsy material was obtained for the histopathologic examination and OKC was reported. The surgical approach was preferred and total curettage of the lesion was applied. After the operation, the patient was followed up periodically.

Discussion and conclusion: Odontogenic keratocyst (OKC) is an aggressive cystic lesion most frequently present in the second, third and fourth decades of life at the posterior mandible, with a slight male predominance. The findings of our patient was in line with literature, he was a 34-year-old man and his lesion was in the posterior part and the ramus of the right mandible. OKC has a propensity for recurrence if not adequately removed. Numerous published reports have shown recurrence rates ranging from 3 to 60%. In order to diagnose the recurrence, periodic control radiographs were taken after the operation of our patient and no evidence of recurrence was found in 6 months after the operation.

Key Words: Odontogenic keratocyst mandible panoramic radiography dental volumetric radiography
P-012
INTERPRETATION OF RADIOGRAPHIC CRITERIANS FOR 3. MOLAR SURGERY

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Difficulty of third molar removal has a wide spectrum from simple extraction to complex surgical removal. Simple extractions can be performed by general dental practitioners but complex surgery should be referred to specialists. Referrals for dentoalveolar surgery are commonly made according to the difficulty of the operation. The purpose of this study was to investigate whether judgements made by the clinicians according to radiographic parameters are comparable. One hundred panoramic radiographs were obtained from the patients applied to Oral and Maxillofacial Surgery Clinics, Dental School of Suleyman Demirel University. Each radiograph was examined for the radiographic characteristics related to third molars by two senior surgeons with similar experience of at least 10 years (in order for inter-observer reliability measures), a postgraduate trainee with a 2-year experience in dentoalveolar surgery, postgraduate trainee with no experience in dental alveolar surgery yet, and a general dental practitioner independently. In addition, one of the senior surgeons re-examined the radiographs at one-month interval to measure intra-observer variance. Angulation, depth of impaction, ramus position, root morphology and proximity of the tooth to inferior alveolar canal were recorded during the radiographic examination. All participants predicted the difficulty of the operation as easy, moderate or difficult. Among the observed variables, depth of impaction was the most agreed parameter whereas relation to the alveolar canal was the least agreed parameter. As a result, agreement on the prediction of the difficulty of operation was very high in the same centre. However when it was compared to another centre the agreement was poor.

Key Words: 3.molar, radiographic parameters

P-013
LARGE DENTIGEROUS CYST WITH DISPLACED IMPACTED TEETH. REPORT OF TWO CASES AND REVIEW OF THE LITERATURE

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Dentigerous cysts are the most common benign developmental cysts of the jaws, most frequently associated with impacted mandibular third molar teeth and impacted canines. They are usually characterized as unilocular radiolucent lesions. Buccal bony expansion is the most common clinical feature. The treatment modalities range from marsupialization to enucleation of the lesion, extraction of impacted teeth and are based on the involvement of the lesion with the adjacent structures. The purpose of this presentation was to report two cases of large dentigerous cysts with displaced impacted wisdom teeth, who referred to Istanbul University Faculty of Dentistry Department of Oral and Maxillofacial Surgery Clinics. Our first patient was a 17 years old boy, that suffers from a large dentigerous cyst associated
with displaced upper wisdom tooth located in right side of maxilla posterior region. Second patient was a 15 years old girl with a large dentigerous cyst located in right side of mandible posterior region associated with displaced impacted lower wisdom tooth. Marsupialization was chosen for first treatment intervention to decrease the dimensions of cysts. After this we provided enucleation procedure and removed impacted teeth. Long-term follow-up revealed good healing of the bony lesion.

**Key Words:** Dentigerous cyst, impacted teeth, marsupialization.

**P-014**  
**DELAYED DIAGNOSIS OF AN ORAL SQUAMOUS CELL CARCINOMA CASE**

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Squamous cell carcinoma (SCC) is the most frequent malignant neoplasm affecting the mouth. This neoplasm is generally more frequent in male than in female. In general, SCC affects subjects after their fifth decade of life. Except for carcinoma of the lip vermilion, the most common sites of oral SCC are the tongue and floor of mouth, followed at a lower frequency by the soft palate, gingiva and buccal mucosa. The etiology of SCC remains unknown, but predisposing factors such as smoking associated with heavy alcohol use are well known. The clinical characteristics of SCC vary from case to case and include the exophytic (verrucous or papillary), endophytic, ulcerated, leukoplasic, erythroplastic or erythroleukoplastic forms. Depending on their extent and/or location, these lesions may cause painful symptoms and resorption of adjacent bone seen as a “moth-eaten” appearance on radiographs. In advanced stages, it is aggressive and it has easy access to infratemporal fossa. Treatment is primarily surgical. Radical neck dissection, or its modification, is the standard treatment for the metastatic lymph nodes. Radiotherapy is usually not the preferred modality of treatment for early gingivobuccal complex cancer. It is used either postoperative adjuvant treatment or as definitive treatment for advanced cancer with or without chemotherapy. Chemotherapy has been used as neo-adjuvant, adjuvant or palliative treatment. Five year survival rates for oral and oropharyngeal squamous cell cancer is around 50%. Thus, the early diagnosis and treatment of carcinoma by health care providers is essential in achieving a good prognosis. Authors report here an extreme case of SCC involving the maxillary and nasal regions.

**Key Words:** Squamous cell carcinoma dental diagnosis
P-015

BONE TISSUE REGENERATION IN CELLULOSE / HYDROXYAPATITE SCAFFOLD

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Nowadays much attention is focused on polymer-ceramic three-dimensional scaffolds for bone tissue regeneration in defect size. For a successful performance the ideal scaffold should be a 3D interconnected porous structure able to promote cell adhesion, proliferation and vascularisation, while enabling a controlled supply of bioactive substances that might influence the behaviour of incorporated or ingrown cells. In this work cellulose-based porous composites with hydroxyapatite for the bone scaffold were investigated. The composites were fabricated by saponification of diacetylecellulose adding hydroxyapatite. After the reaction the obtained gel of regenerated cellulose was homogeneously immobilized with hydroxyapatite. In order to create suitable matrix the composites were freeze-dried. It was found out that the conditions of lyophilisation highly influenced the morphology of the matrix. The porosity of the scaffolds was up to 75 % with pores of different sizes up to 770 μm. The results of bioactivity test in vitro showed that bone-like apatite appeared onto the surface after 7 days of immersion in simulated body fluid. Furthermore, the behaviour of MG-63 human osteoblastic-cells on investigated cellulose matrix was examined. It was found that the scaffolds are not cytotoxic and induce the growth of the cells. From the obtained results it could be concluded that prepared scaffolds have a great potential for bone tissue ingrowth in vivo. Attained results substantiate the suitable application of cellulose/hydroxyapatite scaffolds in bone tissue engineering applications.

Key Words: Bone engineering, Bone scaffold, Osteoblasts, Cytotoxicity, Hydroxyapatite

P-016

CAN THE GLANDULAR ODONTOGENIC CYST RAISE ODONTOGENIC TUMOR? A CASE REPORT

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First described in 1987, the glandular odontogenic cyst, also known as sialo-odontogenic cyst, is a rare, locally aggressive cyst with some histological features that suggest a mucus-producing salivary gland tumor. The cyst is mostly seen in mandible (85%), especially the anterior region. The mean age is 50 years. In radiography, most cases are multilocular with a sclerotic margin. The cyst is lined by squamous epithelium of varying thickness and consists of cuboidal cells. Mucous cells are clustered around mucin pools. A 47 year old male patient was referred to our clinic with a swelling complaint in the left maxilla. Clinical examination showed an expansion in the vestibular sulcus of the left maxilla, from the first premolar to the second molar. A yellow clear fluid was noted with needle aspiration. Panoramic radiograph demonstrated a unicocular radiolucent lesion with sclerotic margins between the apices of the first premolar and the second molar teeth extending to the left maxillary sinus. The lesion was enucleated and involved teeth were
extracted. Histopathological analysis proved the lesion to be glandular odontogenic tumor. Histologically the lesion was multilocular and lined by nonkeratinized epithelium with focal thickenings. Epithelial cells assumed a swirled appearance and consisted of mucous cells with the formation of pseudoducts. The presence of many primitive odontogenic epithelium islands in the cyst wall pointed to the possibility of odontogenic tumor transformation. Therefore the patient is followed closely.

Key Words: glandular odontogenic cyst odontogenic tumor

P-017
NASOLABIAL CYST: A CASE REPORT

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Nasolabial cysts are rare developmental cysts that occur in the upper lip lateral to the midline. Its pathogenesis is unclear although it has been suggested that these cysts develop from the epithelium of nasolacrimal duct. Most commonly seen in adults, there is a significant female predilection. In most cases there are no radiographic changes since the nasolabial cyst arises in soft tissues. A 43 year old female patient was referred to our clinic with a history of swelling for the last two years in the left nasolabial sulcus area. Extraoral examination showed a swelling in the left nasolabial sulcus extending to the left alae of nose, with no clinical findings in intraoral examination. Panaromic radiography showed no pathologic changes. MRI showed a mass of 4x5x7 cm in the soft tissue extending to the floor of the nose. The complete surgical excision was performed via an intraoral approach. The histopathological analysis demonstrated the lesion to be a nasolabial cyst. There were no recurrences.

Key Words: nasolabial cyst odontogenic cysts

P-018
KISSING MOLARS
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The term 'kissing molars' as first described by Van Hoof in 1973 refers to teeth which have occlusal surfaces contacting each other in a single follicular space and roots pointing in opposite directions. Kissing molars are an extremely rare condition. Unfortunately, because of the rarity of this clinical finding, it is difficult to propose clinical procedure protocols. Extractions of kissing molars are challenging, and in asymptomatic patients, a close observation without surgery is advisable. We were able to find 5 patients with this condition in the literature. Here we report 3 new cases of kissing molars; two of them involving between third and forth molar, one of them between second and third molar.

Key Words: Kissing molars impacted molar
P-019
LARGE RADICULAR CYST OF THE MANDIBLE: CASE REPORT
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The radicular cyst variously known as periapical, apical periodontal, dentoalveolar or root-end cyst is an inflammatory jaw cyst at the apices of teeth with infected and necrotic pulps. A radicular cyst arises from the epithelial residues in the periodontal ligament as a result of inflammation, usually following death of the pulp. Radicular cysts are the most common odontogenic cystic lesions of inflammatory origin and are managed either by surgical enucleation or by marsupialization. We illustrate the possibility of complete healing of a cystic periapical lesion of huge proportion in permanent dentition of a 38 year-old male patient under general anesthesia with conservation of vital structures and without using any bone substitute.

P-020
THE EVALUATION OF THE EFFECT OF VIBRATION ON PAIN AND ANXIETY DURING DENTAL ANAESTHESIA
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Objectives: Many dental patients experience fear and anxiety concerning the pain resulting from injection of local anesthetics. The aim of this study was to evaluate the efficacy of vibration on pain and anxiety during dental injection.

Material and Methods: Pain levels and anxiety during dental injection were measured within a sample of 50 patients. While conventional anesthesia was done in one side of the patient, dental injection accompanied with vibration device (DentalVibe, Bing Innovations, Crystal Lake, USA) was used on the other side. Type of treatment and dental anesthesia, amount of anesthetic fluid and location of injection were also collected. Visual Analog Scale (VAS) was used to evaluate the pain levels and state-trait anxiety inventory test was utilized for anxiety scores.

Results: Dental anaesthesia accompanied with vibration device revealed better results than conventional methods on pain and anxiety.

Conclusion: This present study shows that vibration can be used to decrease pain and anxiety during dental local anaesthetic administration.
CONCRESENCE ASSOCIATED WITH DENTIGEROUS CYST: A CASE REPORT

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Introduction: Concrescence is an uncommon abnormality of teeth, a disturbance characterized by the uniting by cementum of the roots of two adjacent and independently formed teeth. Rarely do the roots of these adjoining teeth coalesce along their entire length; rather, a small portion of one tooth root fuses with that of the adjacent tooth. In such instances, the union is between the roots of the third molar and the roots of either a second molar or a supernumerary tooth. A developmental cyst of odontogenic origin, the dentigerous cyst, arises as a sequela of degeneration of epithelial cells derived from the reduced enamel epithelium. Since the mandibular third molar is very frequently unerupted, it is not, uncommon for the dentigerous cyst to involve this tooth, but it also has been reported to develop around supernumerary teeth and odontomas.

Case report: A 47-years-old male patient came to the Department of OMFS, Marmara University, Dentistry Faculty, with a complaint of painful swelling in his left molar region of the mandible. Radiographic examination revealed two impacted molar teeth which are attached to the roots with a well-defined radiolucency. The surgical procedure was done under local anesthesia (Articaine) and sedation (Midazolam+Fentanyl). The cyst was enucleated and the cavity curetted. Two impacted molars, attached to the cyst wall were removed. The histopathologic diagnosis was dentigerous cyst.

Discussion: Although it is not uncommon for disturbances of development to affect the teeth, it is unusual to observe several disturbances around a single tooth. The disturbances included a supernumerary fourth molar mesial to the third molar.

Conclusion: Our case has been presented to illustrate the occurrence of several developmental disturbances involving a mandibular third molar. Furthermore, a dentigerous cyst was found to be completely encircling the crown of the unerupted third molar. In addition, the root of the supernumerary tooth was attached to the root of the third molar, producing an anomaly known as concrescence.

Key Words: concrescence supernumerary teeth dentigerous cyst enucleation distomolar
P-022

AN UNUSUAL RADICULER CYST IN MAXILLA: A CASE REPORT

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Introduction: Radicular cysts are common inflammatory cystic lesions known as periapical cysts or apical periodontal cysts, arising from epithelial residues in infected and necrotic teeth pulps. They are generally asymptomatic, grow slowly, and rarely become large enough to extensively erode adjacent bony structures. They are usually detected in routine dental radiographs, as a round or oval, unilocular or multilocular, well-circumscribed radiolucency attached to the root of a permanent or deciduous tooth.

Case report: A 21 years old male patient was suffering from bleeding, pain and swelling on his right maxilla. A cystic lesion was detected in radiography. Under general anesthesia the lesion lying from central teeth to the third molar in proximity with maksiler sinus, floor of nose was excised. The pathological decision was radicular cyst. Followup results were successful.

Discussion: Odontogenic cysts are classified into 2 main groups. The first group including radicular cyst is a respond to inflammation. The second group lesions are developmental origin. Radicular cysts arising from infected necrotic teeth pulps cause slowly progressive painless swelling which occur often in the mandibular bone with no symptoms until they become large and infected. Histopathologic examination and differential diagnosis of the radicular cyst must be done. Treatment of radicular cyst generally includes apical resection of the factor tooth or teeth and the enucleation of the cyst. In our case, the cyst was totally eksized.

Conclusion: As radicular cysts are inflammatory jaw cysts occurring at the apices of teeth associated with infected and necrotic pulps, many cases can be prevented by well done dental treatment because they develop as a consequence of advanced carious lesions. Radicular cysts develop slowly and rarely become large enough to extensively erode adjacent bony structures. Long-term follow-up is necessary because, the reossification of the cyst after surgery, approximately takes two years.

Key Words: Radicular cysts Odontogenic cysts infected necrotic teeth pulp inflammatory radiolucency
P-023
MANDIBULAR AGGRESSIVE FIBROMATOSIS: A CASE REPORT

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Fibromatoses (Desmoid tumors) are histologically benign fibrous neoplasms arising from the musculoaponeurotic structures throughout the body. This tumor has been considered locally aggressive because of the infiltrative growth pattern, but it does not metastasize. Fibromatosis is a relatively well-known and frequently reported entity when cases involving the total body are considered; however, fibromatosis of the oral cavity is uncommon and is even more rare when it involves the mandible. A 64-year-old female patient was referred to our clinic because of increasingly growing painless mass which involved the entire right alveolar ridge of the mandible. Local excision with wide margins of the tumor was performed. The patient was followed-up and showed no signs of recurrence 24 months post-surgery. The most effective treatment method of these rare lesions of the oral cavity is complete surgical excision with wide margins considering the possibility of recurrence. Additionally, it should always be kept in mind that these lesions formed in the oral cavity always invade the jaw bones except gingival fibromatoses.

P-024
EVALUATION OF NEUROSENSORY ALTERATIONS VIA CLINICAL NEUROSENSORY TESTS FOLLOWING ANTERIOR MAXILLARY OSTEOTOMIES

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Neurosensory deficits are the most common complication following orthognathic surgery procedures. Among these procedures, LeFort I and sagittal split ramus osteotomies were widely studied. However, there’s a lack of data about the neurosensory alterations resulting from anterior maxillary osteotomy (AMO). The aim of this paper is to evaluate the neurosensory alterations in cutaneous regions including: lower eyelid, cheek, nose, upper lip and vestibular and palatal mucosal areas by using simple clinical tests following AMO performed with Bell’s incision technique and in this manner to properly inform the patients about the extent of sensory loss and its rate of recovery following AMO operations. 24 sides of 12 patients patients (8 females and 4 males) with a mean age of 14.20±1.86 years (range 12 to 17) were examined. Pin prick sensation, light touch sensation, static and dynamic two point discrimination tests were used. Following AMO, vestibular mucosa, upper lip, nose and cheek were the most commonly affected sites respectively. No alterations were detected in lower eyelid and palatal mucosa. The neurosensory deficits in cheek, nose and upper lip resolved 10 days after surgery. The vestibular mucosa showed normal sensation on the 30th day examination. With the knowledge of the current study, it can be concluded that, following AMO, neurosensory alterations can occur, however, will resolve spontaneously in 30 days.

Key Words: Anterior segmental osteotomy infraorbital nerve pin prick sensation light touch sensation two point discrimination
P-025
BILATERAL MANDIBULAR CEMENTOOSSEIFYING FIBROMA IN EDENTULOUS REGIONS: A CASE REPORT

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Introduction: Cementoossifying fibromas are benign non-aggressive fibroosseous lesions of the jaw, which arise from the periodontal ligament. Generally they are aseptymatic, small and incidentally diagnosed with routine dental radiographs. Histopathologically these are composed of fibrous tissues with calcified structures resembling bone and cementum. Surgical treatment choice can be resection or tracing with follow up radiographs.

Case report: A 45 years old male patient referred to our clinic with purulence direnage from right side of his mandibular edentulous alveolar crest where a tooth extraction had been made. In the panoramic radiography there was bilateral radiopaque lesions in basis mandibula. Under local anesthesia the mouth of the fistula and chronic inflammatory tissue and a piece of lesion lesion has been excised. The pathology report was cementoossifying fibroma. The remaining of the lesion was not resected in order to keep the residual ridges of mandible for a successful prosthetic rehabilitation.

Discussion: Cementoossifying fibromas are rare fibro-osseous tumours that arise from mesenchymal blast cells that exist in the periodontal membrane surrounding the teeth. Thus, these blast cells can have the ability to induce tumours composed of cementum, fibrous tissue or lamellar bone. They occur mainly in the mandible and maxilla, rarely in the ethmoid sinus or nasal cavity. Differential diagnosis of the lesion must be made with morphological and clinicoradiological findings.

Conclusion: Since cementoossifying fibromas do not invade the surrounding tissues, they can be resected easily. Collaboration of radiologists, pathologists and clinicians is needed to diagnose and distinguish a cementoossifying fibroma from ossifying fibroma, fibrous dysplasia. Purposing resection to prevent relapses can be considered but remaining bone mass in jaws for a proper prosthetic rehabilitation must always be in surgical plan. Unlike the clinical and radiological findings of these lesions, cementoossifying fibromas have well-demarcated borders and can be removed easily.

Key Words: Cementoossifying fibroma fibroosseous lesion blast cells ossifying fibroma tumour
P-026
SERIAL AND IMMEDIATE SCREWLESS IMPLANT PLACEMENT IN HEAMOPHILIAC PATIENT: REPORT OF A CASE

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Introduction: Hemophilia is the most common inherited bleeding disorders. Hemophiliac patient should be considered as special patients and also adults with congenital bleeding disorders from a particular group of patients with an increased risk of excessive bleeding after dental procedures. Hemophilia A is more common than hemophilia B, representing 80 to 85% of the total population. The Bicon Dental ImplantTM system (Bicon, LLC, Boston, MA) is a screwless implant system and also usually uses short implants (<8 mm).

Case Report: A 43-year-old male patient was referred to our clinic with complaining dental pain and having tooth extraction difficulty because of his severe bleeding disorders. The patient had acquired severe Factor VIII deficiency (Hemophilia A) and type I diabetes mellitus diseases. According to the patient history, he had gone various medical center to extract his teeth and to take dental treatment, unfortunately he could not achieved any success. We examined the patient clinically and radiographically then we made a treatment plan with taking informed consent form. According to the consultation of the patient with a hematology and an endocrinology clinic, we made replacement of 3.000 Unit Factor VIII to the patient and we also regulated blood sugar levels in patient with insulin dose adjustment before the surgical treatment. We extracted five teeth and replaced six screwless dental implant in anterior region of the maxilla immediately. We encountered secondary bleeding complication but fortunately it had been treated uneventfully.

Conclusion: There seems to be little agreement as to the treatment strategy of acquired Factor VIII deficiency. In our case, the use of Factor VIII concentrates was very useful in the initial treatment of bleeding symptom. Also the same procedures should be done in the postoperative period may be otherwise encountered as we had severe bleeding complication.

Key Words: Screwless implant Hemophilia Immediate placement

P-027
HALLERMANN-STREIFF SYNDROME: A CASE REPORT

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Hallerman Streiff Syndrome (HSS) is, which is also known as the François dyscephalic syndrome, firstly, was defined by Aubry in 1893 and after that, was described completely in 1948 by Hallermann and in 1950 by Streiff. HSS a rare congenital disorder characterized by craniofacial malformations, dental anomalies, sparse hair, eye abnormalities (specifically cataracts), degenerative skin changes, and short stature. As a result of many life-threatening complications,
such as respiratory and cardiac difficulties, many patients die in infancy. Of interest to dentists and oral and maxillofacial surgeons are the deficient mandible with a narrow, highly arched palate and multiple missing and sometimes poorly formed teeth. In this article, a case that 7 year-old boy who was treated is presented.

P-028
FRACTURE RELATED TO TOOTH IMPLANT-ABUTMENT COMBINATION OF POSTERIOR IMPLANT: A CLINICAL CASE REPORT

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This clinical report describes a patient situation in which fracture related to occlusal overload occurred with a posterior implant. The initial clinical presentation of patient appeared to be screw loosening, but upon further examination, abutment screw fracture was identified. Several factors are described that have been implicated in the etiology of implant screw fractures, including occlusal overload, implant location, inadequate fit of the prosthesis, too long free-ending parts of the superstructure, parafunction, metal fatigue, implant diameter, manufacturing defects. Fracture of the implant abutment screws is a complication which can render an implant useless. Ways of removing a fractured implant abutment screw piece are, inter alia, the use of a self-made screwdriver and the use of a service set available for the specific implant system.

Key Words: dental implant screw fracture dental prosthesis repair kit

P-029
DISTRACTION OSTEONEogenesis WITH A RIGID EXTERNAL DEVICE FOR THE CORRECTION OF MAXILLARY HYPOPLASIA

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The patient was a 13 years 4 months old girl with a severe skeletal Class III malocclusion. The chief complaints were mid-face deficiency, maxillary retrusion and facial aesthetic developed due to severe burn trauma. The patient had a concave profile. Intraorally she had impacted second premolars and Angle Class II molar relationship on the both sides, with an overbite of 5mm and a negative overjet of 12 mm. Arch length discrepancy was -34mm in maxilla and 9mm in mandible. Steiner cephalometric analysis showed that; SNA angle was 65, ANB angle was -15,5°, GoGnSN angle was 32,5°. Treatment progress involved; rigid external distraction followed by fixed orthodontic appliance treatment with extraction of upper second premolars and all of third molars for the establishment of a stable occlusion. After distraction period, SNA angle was 87 and with an improvement of 23,5 ANB angle was 8. Superimposition of cephalometric films indicates that 24mm advancement of maxilla is obtained. The skeletal disharmony was corrected; the unaesthetic profile and the patients self esteem were significantly improved by distraction osteogenesis and fixed orthodontic treatment.

Key Words: MAXILLARY HYPOPLASIA DISTRACTION OSTEONEogenesis RIGID EXTERNAL DEVICE
P-030
PIEZOELECTRIC BONE SURGERY VERSUS TRADITIONAL ROTARY INSTRUMENTS IN IMPACTED THIRD MOLAR SURGERY: COMPARISON OF POSTOPERATIVE RECOVERY

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Objective: The aim of this study was to evaluate and compare the use of piezoelectric surgery and rotary instruments in the impacted lower third molar surgery.

Materials and Methods: Twenty-six healthy patients with symmetrically impacted mandibular third molars were included. In the first operation, buccal osteotomy was performed with a round burr (Rotary group). In the second operation, piezoelectric surgery was used for bone removal (Piezo group). Duration of surgery, pain, trismus and cheek swelling were evaluated.

Results: The mean duration of surgery was significantly longer in the piezo group (p=0.003). On the second postoperative day, the mean VAS pain scores during rest and chewing and on the seventh postoperative day during chewing were significantly higher in the rotary group. On the seventh postoperative day, the number of analgesic tablets taken in the piezo group was significantly lower than the rotary group (p=0.013). The mean facial swelling in the rotary group was significantly higher than the piezo group on the second (p<0.001) and on the seventh (p=0.003) postoperative days. Trismus was significantly higher in the rotary group on the second and seventh postoperative days.

Conclusion: Piezoelectric bone surgery is an alternative method to reduce morbidity and to improve recovery after impacted third molar surgery.

Key Words: piezoelectric impacted third molar recovery

P-031
THE EFFECT OF CORONOIDOTOMY IN RELAPSE PREVENTION OF INTRAORAL VERTICAL RAMUS OSTEOTOMY

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Intraoral vertical ramus osteotomy (IVRO) is one of the main techniques used to treat mandibular prognathism. This study aimed at evaluating the effect of coronoidotomy in relapse prevention of IVRO. 60 candidates of the IVRO with mandibular prognathism were recruited in Imam Reza Hospital during a 21-month period. These patients randomized to two groups: the case group underwent the IVRO plus coronoidotomy and the controls underwent the IVRO.

The relapse amount was reevaluated one year after surgery and compared between the two groups. Significant relapse considered as amounts > 30% of the primary setback. Follow up was accomplished in 27 patients in the case group, 12 males and 15 females with a mean age of 21.6±2.9 years and in 29 controls, 13 males and 16 females with a mean age of 20.7±3.5 years (p>0.05). The mean relapse rate was 2.1, 1.9 and 1.8 mm in the B, menton and pogonion points and 1.7 and 1.3 degrees for the ANB and SNB angles in the cases group, respectively. The corresponding readings were 2.5, 2.3 and 2.3 mm and 1.9 and 1.4 degrees in the controls, respectively. The mean relapse amount was significantly lower for the pogonion point in the cases group and the differences were insignificant just in a borderline manner in the B and menton points, as well. A significant amount of relapse was detected in 44.4% to 70.4% of the
cases in different points and in 62.1% to 72.4% of the controls, with no significant difference. There was a significant positive correlation between the amount of relapse and the primary setbacks in both groups. According to our results, the IVRO plus coronoidotomy is slightly superior to the single IVRO in treating mandibular prognathism. Further studies are recommended in this regard.

**Key Words:** Prognathism Osteotomy Relapse

P-032

ASSESSMENT OF THE LOW-LEVEL LASER THERAPY (LLLТ) EFFECTS ON TEMPOROMANDIBULAR PAIN RESISTANT TO CONVENTIONAL THERAPY

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**Objectives:** to investigate the effectiveness of low – level laser therapy in the treatment of Temporomandibular disorders , which are resistant to conventional treatments.

**Methods:** 40 patients with temporomandibular joint pain which were resistant to conventional treatments , were chosen. They were treated with LLLT, with a 890 nm and 10j/paint derive. All patients were treated with twelve sessions of low – level laser therapy. Pain , maximum mouth opening and quality of life were assessed.

**Results:** significant reduction in pain was observed. Maximum mouth opening and quality of life were significantly improved.

**Conclusion:** low- laser later therapy can be considered as an alternative physical modality in the management of temporomandibular joint pain, which is resistant to conventional treatments.

**Key Words:** low-level laser therapy temporomandibular disorders Maximum mouth opening
P-033
COMPARISON OF THE EFFECT OF CELECOXIB AND NAPROXEN ON POSTSURGICAL SWELLING AND PAIN FOLLOWING IMPACTED THIRD MOLAR REMOVAL

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Background: Surgical removal of impacted third molar is one of the most common operation in minor oral surgery and surgical removal of third molar is normally followed by an Inflammatory reaction characterized by pain, swelling and trismus.

Purpose: This study evaluated the efficacy of the Naproxen and celecoxib on the pain and swelling that occurs after impacted third molar surgery.

Methods: 71 patients with mesioangular impaction attended this study after filling out a consent form and doing measurements, the patients underwent surgery. The amount of the pain was measured with VAS system and the amount of the swelling was calculated by measuring pre and post-operative facial size with specific landmarks.

Results: 84.5% of patients completed the study and 15.5% of them missed. The drugs of Naproxen and celecoxib significantly reduce the pain and swelling in comparison with control group (p<0.05) but No significant differences in pain and swelling was observed between celecoxib and Naproxen (p>0.05).

Conclusion: Anti-inflammatory drugs reduce the swelling approximately 9-17% and despite using these drugs the swelling is observed. The efficacy of the NSAID'S on reduction of the pain is more than swelling.

Key Words: Pain swelling naproxen

P-034
PLEOMORPHIC ADENOMA OF THE PALATE. A CASE REPORT

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Pleomorphic adenoma (PA) is the most common mixed benign tumor of the salivary glands that has elements of both epithelial and mesenchymal tissues. Approximately 80% of these tumors arise in the parotid gland, whereas 7% arise in the minor salivary glands. The most common sites for minor salivary gland where pleomorphic adenoma arises are the palates followed by lips and cheek. PA appears as a painless firm mass and, in most cases, does not cause ulceration of the overlying mucosa. The aim of this case report was to present the diagnosis and treatment of pleomorphic adenoma that was detected on junction of soft and hard palate in a 43-year-old female patient.
P-035
CBCT AND MRI FINDINGS OF NASOLABIAL CYST: A CASE REPORT

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Introduction: Nasolabial cysts are rare primarily soft tissue lesions located adjacent to the alveolar process above the apices of the incisors. Their pathogenesis is still unknown. They may be fissural cysts arising from the epithelial rests in fusion lines of the glotular, lateral nasal, and maxillary processes.

Case Report: A 40 year old male was referred to Faculty of Dentistry University of Kocaeli for his right paranasal swelling which was suspected to be a dentoalveolar abscess. The patient was evaluated clinically and radiologically. Panoramic and periapical radiographs did not show any significant changes in the bone. Cone beam CT and MRI scans were performed. CBCT findings revealed an erosion at the labial aspect of the alveolar process. MRI showed a well-defined mass with smooth contours and signal characteristics were consistent with a cystic lesion. Based on radiographic and clinical findings, the lesion was suspected to be a nasolabial cyst. The cystic lesion was removed completely by surgical resection. The histopathological examination of the surgical specimen revealed a cyst internally lined by pseudostratified ciliated epithelium with Goblet cells. In adjunct with the clinical presentation and the radiological findings the case was diagnosed as a nasolabial cyst.

Conclusion: The clinicians should be aware of nasolabial cyst, a non-odontogenic rare entity. CBCT and MR images demonstrate nasolabial cysts and are useful for diagnostic and surgical treatment planning.

Key Words: nasolabial cyst CBCT

P-036
ORAL OSTEOLIPOMA: A CASE REPORT

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Lipoma is the most common benign tumour, which has been described in many sites and has a higher incidence in the trunk and proximal parts of the extremities. It is rare in the oral and maxillofacial regions. Oral lipomas predominantly affect the buccal mucosa, tongue and lips. The histological characteristics vary and variants include angiolipomas, myxolipomas, angiomylipomas, myelolipomas, chondroid lipomas and osteolipomas. Lipomas are tumors formed by mature adipose cells and osteolipoma is very rare histological variant of lipoma. As with many tumors, the etiology of lipomas remains obscure. Chronic irritation, trauma, and spontaneous development have been mentioned. Further indistinct etiology of osseous/chondroid change in lipoma has been discussed and most researchers mentioned that their origin is from different types of undifferentiated mesenchymal cells. Usually the chosen appropriate treatment is surgical excision and recurrences have not been reported yet. In this study we aimed to present clinical and histopath-
hological features of a case diagnosed as an osteolipoma. A 46 year old male patient was referred to the İnönü University Faculty of Dentistry Maxillofacial Surgery Department by Faculty of Medicine with a history of multiple myeloma for oral examination. Intraoral examination showed a mobile, soft, handle mass. He alleged that the tumor had been present for the past 15 years. The lesion was completely excised and sent to the Department of Pathology for examination. The definitive diagnosis reported by the department of pathology was osteolipoma. After 8 month follow-up there was no evidence of recurrence.

**Key Words:** osteolipoma oral metaplasia buccal mucosa

**P-037**  
**PERIPHERAL OSSIFYING FIBROMA: A CASE REPORT**

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The peripheral ossifying fibroma is reactive gingival overgrowth occurring frequently in the anterior maxilla. It arises from the periodontal ligament and is more common in children and young adults. The lesion affects females more often than males. Treatment requires proper surgical intervention that ensures thorough excision of the lesion including the involved periosteum and the periodontal ligament. We report in this poster presentation the clinical case of a 22-year-old male with a large peripheral ossifying fibroma in the posterior maxilla showing significant growth and interference with occlusion. The lesion was excised under general anesthesia. No complication or recurrence has been determined after 6 months follow up.

**Key Words:** peripheral ossifying fibroma periodontal ligament general anesthesia

**P-038**  
**EFFECT OF DIFFERENT INTENSITIES OF PULSED ELECTROMAGNETIC FIELD THERAPIES ON BONE FRACTURE HEALING IN RATS**

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Bone healing is a complex process including osteoblastic and osteoclastic activities in the advantage of bone formation. Accumulating studies have illustrated the effect of various methods on acceleration of bone healing. Pulsed electromagnetic field (PEMF) therapy is one these methods used to accelerate bone healing. The aim of this study was to evaluate the effects of different intensities of PEMF application on bone healing in rats. In this prospective, randomized and single blind study, 12-months-old Wistar albino rats (n=40) were divided into four groups as control (n=10),
0.2mT (n=10), 1mT (n=10) and 2mT (n=10) groups. To evaluate bone healing, fracture was created with dental fissure bur on rat femurs with osteotomy and fixed with miniplates and screws. Three different intensities of PEMF as 0.2mT (2 Gauss), 1mT (10 Gauss) and 2mT (20 Gauss) at 15 Hz frequencies were applied 1 hour/day for three-weeks according to their protocol. At the end of 4th-week, rats were sacrificed and femurs were removed. Histopathological and histomorphometrical analysis were performed. In histopathological analysis parameters were scored between 0-3 according their percentage rates. Results of histopathological evaluation showed statistically significant decrease (p=0.025) in inflammation (score 0 =21.4%) in 0.2mT group when compared to control group (0%) and increase in new bone formation (score 3 =21.4%) compared to control group (10%). In histomorphometric analysis, the only statistically significant difference was determined in 1mT group in which osteoblast number (28.00 ± 8.84) was significantly increased (p=0.018) when compared to control group (16.90 ± 8.44). It was concluded that 1mT group may be the most effective intensity of PEMF application in terms of acceleration of bone fracture healing. Additionally, when statistically decrease in inflammation and increase in new bone formation as histopathologically are considered, it is worth performing this research on higher number of animals in 0.2mT group.

**Key Words:** bone healing histomorphometry pulsed electromagnetic

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**P-039**

**DISTRIBUTION OF DENTAL IMPLANTS IN A PART OF TURKISH POPULATION ACCORDING TO AGE, SEX AND LOCALIZATION**

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Dental implant therapy is to be used commonly with a wide surgical and prosthetic options in Turkish population. The aim of this study is to report the distribution of age, sex and the localization of implants placed for missing tooth/teeth in Turkish population treated in Oral and Maxillofacial Surgery Department, Suleyman Demirel University between 2008 and 2011. A retrospective review of the patients which underwent implant surgery for replacement of missing tooth/teeth over a 3 years period at oral surgery department was carried out. Data analysis included age, sex and the region of the implants placed. A total of 492 implants was placed in 183 patients in different regions of maxilla and mandible. 87 (47.5%) of patients were male and 96 (52.5%) of patients were female with an age range of 18-82 years. Higher amount (35%) of patients were in 40-49 age interval. The posterior region of mandible was the highest tooth missing and implant placed area (36.8%). In Turkish population implant therapy is used in wide age range of patients with tooth/teeth loss. Male/female percentage rates are not significant between implant therapy patients. Localization rates are similar with literature reported before in this study.

**Key Words:** implant Turkish population distribution
P-040
MARSUPIALIZATION: A CONSERVATIVE APPROACH FOR TREATING DENTIGEROUS CYST IN 14 CHILDREN

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Dentigerous cyst is the one of the most common odontogenic cysts of the jaws and account for approximately 20-24% of the jaw cysts. They develop around the crown of an erupted tooth by expansion of the follicle when fluid collects or a space is created between the reduced enamel epithelium and the enamel of an impacted tooth. They are usually single in occurrence and located in the mandible. Marsupialization or decompression of the cystic lesions of the jaws is the technique that relieves the pressure within the cyst and causes some decrease in size of the lesion, so that subsequent total enucleation or curettage could be performed. The optimal treatment modality for the dentigerous cyst in children is marsupialization because of the mixed dentition. Children have much greater capacity to regenerate the bony structures than those of adults. Additionally, the teeth with open apices have a greater eruptive potential. We report a series of 14 pediatric dentigerous cysts and a review of the related current literature.

Key Words: Dentigerous cyst marsupialization

P-041
EFFECTIVENESS OF INTRALESIONAL STEROID INJECTION THERAPY ON GIANT CELL GRANULOMA LESIONS: REPORT OF EIGHT CASES

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Objectives. The aim was to evaluate the effectiveness of the long-term administration of intralesional steroid injection for treatment of central giant cell granuloma (CGCG) in a retrospective case study.

Study design. The medical files of 8 patients (4 male, 4 female; ages 12-48 years) with CGCG of the jaws treated with 6 weekly intralesional steroid injections were reviewed for lesion-related parameters, outcome, and adverse effects of therapy. These eight patients were managed by using the protocol outlined by Terry and Jacoway. For this purpose, 3.5 ml of triamcinolone acetonide (Kenacort-A, Bristol-Myers Squibb S.p.A, Turkey) and 3.5 ml marcaine 0.5% with adrenaline 1/200,000 at the dose of 7 ml of the solution were mixed. Small amounts of steroid were injected into different areas of the lesion. This procedure was repeated on a weekly basis for six weeks. Following the medical treatment there was a decrease in tumour size that was observed clinically.

Results. Five lesions were located in the mandibular body and ramus region and 3 in the maxilla. Mean lesion size on radiography was 2-5 cm (mean 3.7). The duration of steroid treatment was 6 weeks. Five patients (cases 1,3,5,7 and
8) completely cured with steroid injections only. Two patients (case 2 and 4), the lesion was not totally resolved but it became much smaller. One patient (case 6), there is not respond to steroid treatment. There were no recurrences 1-7 year (mean 51 months).

Conclusions. Intralosomal steroid injection appears to be safe and effective for the treatment of CGCG and might be considered an alternative to surgery. Further controlled studies are needed to corroborate these findings.

Key Words: central giant cell granuloma intralosomal steroid injection

P-042
RADIOLOGICAL AND HISTOLOGICAL OBSERVATION IN A WOMAN PATIENT OF FIBROUS DYSPLASIA

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Background and objectives: Fibrous dysplasia (FD) is a condition in which normal medullary bone is replaced by an abnormal fibrous connective tissue proliferation in which new, nonmaturing bone is formed. This disease most commonly present as an asymptomatic, slow enlargement of the involved bone. The aim of this report is to present a case of fibrous dysplasia in a 49-year-old female patient.

Methods: In addition to clinical examination, the patient was imaged using panoramic radiography, Cone Beam CT, scintigraphy and histological examination.

Conclusion: Radiological and histological examinations is important in dental practice and clinicians must be watchful of the presence of clinical and radiological abnormalities.

Key Words: computerized tomography, cone beam fibrous dysplasia, histology, panoramic radiography, scintigraphy

P-043
OSTEOMA OF THE MAXILLARY SINUS: A CASE REPORT

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Osteoma is a benign osteogenic tumor arising from the proliferation of cancellous or compact bone and frequently seen in second and third decades of life, with male/female ratio of about 2:1.3. Osteomas are slow-growing, usually asymptomatic, and generally discovered accidentally during radiographic evaluation for other disorders. It is commonly seen in the crano-facial skeletal structures, especially in the nasal and paranasal regions. In 95% of cases, the osteoma is situated in the fronto-ethmoidal region, involving the frontal sinus in 60-70% and ethmoid sinus in 20-30%, while it is rarely found in the nasal cavities, with the exception of the sphenoid sinus. The entity is particularly uncommon in the maxillary sinus, accounting for only 5% of cases. There are three accepted theories of the aetiology of paranasal sinus osteoma: development, trauma and infection. No single theory adequately explains all osteomas. The management of osteoma requires surgical removal to avoid the risk of short or long term complications or to solve any prob-
lems that may already exist. Surgical approach may vary from external approach to endoscopic approach. We present a 60 year old women operated because of thyroid cancer earlier with a osteoma of the maxillary sinus and reviewed related current literature.

Key Words: osteoma maxillary sinus

P-044
EOSINOPHILIC ULCER OF THE TONGUE

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Eosinophilic ulcer of the oral mucosa is a benign, rare, self limiting and generally asymptomatic lesion that shows spontaneous regression if the aetiological factor is eliminated. Mucosal trauma and local immn reaction are possible pathogenic mechanisms. Eosinophilic ulcer is characterised by an ulcer with an indurated border, commonly occurring on the tongue but also on any region of the lips and oral mucosa. We present a 52 year-old- woman who was admitted for a month history of a rapidly expanding ulcerated nodule on her lateral border of the tongue. The histopathology of the excision specimen was consistent with an eosinophilic ulcer of the oral mucosa. Clinical and histopathological findings of the case is presented because of its rare occurrence as well as clinical resemblance to squamous cell carcinoma of the tongue.

Key Words: Eosinophilic ulcer benign squamous cell carcinoma

P-045
COMPLETE HEALING OF LARGE CYSTS OF THE JAWS ONLY BY MARSUPIALIZATION

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Marsupialization has been used as a more conservative form of treatment for large cysts to minimize the cyst size and prevent further extensive surgery. It is a surgical technique by which a window is opened in the wall of the cyst to decrease the inside pressure and enable the cavity to shrink slowly. When the cyst comes to a sufficient size, complete enucleation or curettage may be performed for total removal. Complete healing of large lesions in the jaws only by marsupialization is rare. In this poster presentation, two cases of large cystic lesions of the jaws are presented both were treated only by marsupialization. No further surgical intervention was needed for both cases. In this poster presentation, two cases of large cystic lesions of the jaws are presented both were treated only by marsupialization. Cases have been followed-up for two and one year postoperatively.

Key Words: jaw cyst; marsupialization cone beam CT
P-046

A CASE REPORT OF COMPOUND ODONTOMA ASSOCIATED WITH AN UNERUPTED MAXILLARY CENTRAL INCISOR

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Aim: The aim of this paper is to report our experience in the surgical treatment of radiological and histologically confirmed compound odontome obstructing path of eruption of central incisor and the spontaneous eruption of the central incisor after surgical treatment in an 8-year-old boy.

Case Report: A 8-year-old male patient referred to Pediatric Dentistry Department with a complaint of delayed eruption of maxillary right permanent central incisor which had become bothersome since the contralateral left central incisor had erupted a year earlier. Examination revealed a healthy looking young boy who was in early mixed dentition stage and had skeletal pattern class I and class I molar relationships. The maxillary right primary central incisor was retained. Periapical radiographic evaluation of upper anterior segment revealed presence of multiple irregular masses of calcified tooth-like structures juxtaposed between the root of maxillary right primary central incisor and crown of unerupted permanent maxillary right central incisor. A diagnosis of compound odontome associated with unerupted permanent maxillary right central incisor was therefore made based on clinical examination and radiographic evaluation. After that the patient referred to Oral and Maxillofacial Surgery Department.

Conclusion: Odontomes are infrequently observed and when detected are quite amenable to conservative management. Their early detection will reduce the possibility of development of malocclusion and or pathological changes in the region odontomes are located. In our case the compound odontome was asymptomatic and attention was only drawn to the lesion as a result of investigation of the concern about noneruption of maxillary right central incisor.

P-047

TRAUMATIC FIBROMA EXCISION OVER ORIFICE OF THE STENSON'S DUCT USING AN EPIDURAL CATHETER: A CASE REPORT

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A fibroma is a benign non-tender soft tissue mass that forms in areas of repeated local trauma such as the buccal mucosa adjacent to the occlusal plane. Traumatic or irritation fibroma is a healed end product of an inflammatory hyperplastic lesion and is not a true neoplasm. 45-year-old male patient presented with an irritation fibroma of the left buccal region involving the Parotid duct (Stenson’s duct) orifice. There was a history of a chronic bite of an oral mucosa. The 16 gauge epidural catheter was passed through parotid papilla intraorally and was secured to the oral mucosa. The fibrom was excised around the catheter. The healing period was uneventful. The aim of this report is to present the use of an epidural catheter for the protection of the patency of the Stenson’s duct during surgical excision of a lesion.

Key Words: Fibroma, Epidural, Catheter, Stenson’s, Duct, Excision
A Rare Case of an Iatrogenic Nasal Foreign Body in an Adult

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Foreign bodies are frequently encountered among children and mentally challenged patients, however, in adults, they are occurring rarely. In adult, they are caused mostly by accidental aspiration and swallowing of foreign objects. Although foreign bodies of the nose (FBNs) in adults are uncommon, iatrogenic FBNs are even seen rarely. 34-year-old male patient was admitted to our department with a foul fetor, halitosis and difficulty in breathing who had a history of septoplasty one year ago. On examination by anterior rhinoscopy and nasal endoscopy in the nasal cavity, parts of an X-ray film which was adapted to septum and grayish-black rhinoliths was found. We believed that this X-ray film pieces was placed during the septoplasty surgery by ENT surgeon and was left there. Iatrogenic X-ray film pieces were removed under local anesthesia by using nasal endoscopy. The patient made a full recovery with a complete resolution of his symptoms. The aims of this report are to show a very rare case of iatrogenic FBNs that made by an ENT surgeon and to show that foreign bodies in the nose can cause halitosis surgeons need to take this into account in their differential diagnosis.

Key Words: Iatrogenic Foreign body Nose Halitosis

Retreating After Conservative Management of Mandibular Odontogenic Keratocyst: A Case Report

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Introduction: Odontogenic keratocyst is locally aggressive in behavior, has high recurrence rate, and characteristic histological appearance. The radiographic appearance is a unilocular or multilocular well circumscribed radiolucent lesion with scalloped and corticated margins. Frequently an impacted tooth involves the cyst. Radiographically, displacement of impacted or erupted teeth, root resorption, root displacement, or extrusion of erupted teeth may be evident. Keratocysts exhibit ortho and parakeratinization. Clinically, the parakeratinized lesions are called as keratocystic odontogenic tumor and characterized by aggressive growth and a tendency to recur after surgical treatment.

Case report: After a right mandibular third molar extraction the wound was not healed well and after dental radiography, a cystic lesion was detected at a dental clinic. After that marsupialization was done and the biopsy report was odontogenic keratocyst. When the patient referred to our clinic there was an infection and obturator on right lower molar area. After the antibiotic therapy as the lesion keeps huge mass in mandibula, retreatment of marsupialization was aimed. In surgery there was infected tissues and corrupted cyst epithelium. Marsupialization was abandoned and the whole lesion was enucleated. There was no loss of sensation after surgery due to neighboring inferior alveolar canal and the reossification was rising.
Discussion: Therapies, such as decompression and marsupialization, enucleation with or without curettage, to aggressive treatments which include peripheral ostectomy, cryotherapy with liquid nitrogen, and application of Carnoy’s and jaw resection have been reported. The eradication of the cyst and the reduction of risks of recurrence and surgical morbidity are main goals of all techniques.

Conclusion: If the surgical choice of healing the odontogenic keratocyst is marsupialization, as in our case, follow up period with oral and radiological examination becomes very important. If no improvement is observed during marsupialization, enucleation of the lesion with long term follow up should be considered.

Key Words: Odontogenic keratocyst high recurrence rate keratinization marsupialization enucleation

P-050
EFFECT OF SUBMUCOSAL ADMINISTRATION OF TRAMADOL ON POSTOPERATIVE PAIN AFTER THIRD MOLAR SURGERY

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Purpose: The aim of this study was to evaluate the effects of submucosal administration of tramadol (centrallyacting-opioid) on acute postoperative facial pain, visual analogue scale values and nonsteroidal analgesic drug usage after extraction of submerged third molar teeth.

Methods: This prospective randomized double-blind placebo controlled study, included 60 American Society of Anesthesiologists(ASA) I-II patients having impacted third molar extraction operation. Patients were divided in to two groups after extraction of impacted third molars under local anesthesia. Inthetreatmentgroup, 1mg/kg tramadol was administered to patients submucosally after extraction, and in the control group, 2 ml saline was administered to patients submucosally. The evaluations of the VAS scores were done at 30. min, 1., 2., 4., 6., 12., 24. and 48th hours after extractions. The time at which the first analgesic drug was taken, total analgesic dose that was used and adverse drug reactions were also evaluated.

Results: In the treatment group, postoperative 30. min., 1., 2., 4., 6. and 12. hour VAS values were statistically lower than observed in the control group (p< 0.05). Time to the first analgesic drug in the treatment group was longer than that was recorded for the control group S (p<0.01) and in the treatment group total analgesic dose was statistically lower than that of the control group (p<0.01).

Conclusion: We conclude that postoperative submucosal administration of tramadol to operation area is a reliable and effective method for the prevention of acute postoperative facial pain after surgical removal of impacted third molars.

Key Words: Tramadol, postoperative analgesia, impacted third molar surgery
P-051
LOW LEVEL LASER THERAPY (LLLT) AND PRF USAGE FOR PREVENTING AND TREATING BISPHOSPHONATE-ASSOCIATED OSTEONECROSIS

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Bisphosphonate-associated osteonecrosis was first reported in 2003 and is getting common. Size of lesions, symptoms, and duration of time between starting bisphosphonates and the development of bone necrosis vary. There is currently no effective treatment. We describe our preliminary results with a patient whose maxilla was affected by bisphosphonate-associated osteonecrosis of the jaws and was in the follow-up period for 2.5 years and had needed two more dental extractions. At first combined antibiotics were prescribed, in addition hyperbaric oxygen therapy (HBOT) was recommended and both had no effect on the osteonecrosis. Sequesteration was formed after 2 years following the usage of aluminium gallium arsenide laser and LLLT and PRF combination was used for prevention of further osteonecrosis formation.

P-052
TREATMENT OF DENTIGEROUS CYST ASSOCIATED WITH ECTOPIC THIRD MOLAR IN THE MAXILLARY SINUS: A REPORT OF 3 CASES

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Dentigerous cysts are benign odontogenic cysts that are associated with the crowns of permanent teeth. Dentigerous cysts surrounding impacted teeth often displace teeth into ectopic positions. In the maxilla, these teeth are often displaced into the maxillary sinus. Dentigerous cysts are odontogenic lesions arising from the crown of impacted teeth. The pathogenesis of these cysts is unknown. They are believed to originate from the follicle of the unerupted tooth. Maxillary canine and mandibular third molar are involved most frequently. Dentigerous cysts surrounding impacted teeth often displace these teeth into ectopic positions. In the maxilla, these teeth are often displaced into the maxillary sinus. The dentigerous cyst progresses slowly and may exist for several years without being noticed. When the maxillary sinus is invaded, symptoms usually occur late in the process. The sequelae of these cysts and ectopic teeth vary, from obstruction of the sinus to blindness. The standard treatment for a dentigerous cyst is enucleation and extraction of the cyst-associated impacted tooth. In this presentation we report 3 cases of dentigerous cysts associated with an ectopic third molar in the maxillary sinus and their surgical treatments.

Key Words: dentigerous cyst ectopic molar maxillary sinus
P-053
A PARTIALLY ERUPTED COMPOUND ODONTOMA ASSOCIATED WITH AN UNErupted MANDIBULAR CANINE: A CASE REPORT

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Odontomas are benign tumors of odontogenic origin. The causation of an odontoma is unknown, but it is believed to be hereditary or due to a disturbance in tooth development triggered by trauma or infection. Odontomas may be either compound or complex form. They are the most common type of odontogenic tumors. They usually remain asymptomatic and are diagnosed on routine radiographs. Clinically, they are often associated with delayed eruption or impaction of permanent teeth and retained primary teeth. Although these tumors are seen frequently, erupted odontomas are rare. The purpose of this report is to present a rare case of compound odontoma that partially erupted in to the oral cavity and it’s surgical treatment.

Key Words: compound odontoma unerupted permanent canine

P-054
THE TUNNEL TECHNIQUE: A DIFFERENT APPROACH TO SYMPHYSEAL BLOCK GRAFTING PROCEDURES

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The tunnel technique is an approach to alveolar ridge augmentation in partially edentulous patients that uses bone blocks immobilized with titanium screws prior to implant placement. The technique consists of creating the tunnel, exposing the crestal defect, harvesting the graft, and final adaptation and stabilization of the graft in the defect site. Patient reported no temporary or permanent lower lip paresthesia. There were also no infections reported in the donor site. This method eliminates the need for a membrane because the integrity of the periosteum is preserved, and it greatly reduces patient discomfort since only one surgical field is needed. Together with adequate graft stabilization, this surgical approach decreases shearing forces, permits unimpeded capillary ingrowth, minimizes hematoma and dead-space formation, and maximizes the viability of the graft.
P-055
STAFNE BONE CAVITY IN THE POSTERIOR MANDIBLE: A CASE REPORT

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Stafne bone cavities are asymptomatic lingual bone depressions of the lower jaw that are frequently caused by soft tissue inclusion. Sublingual salivary glands are thought to be responsible for this lesions. However, other structures such as lymphoid or vascular tissues might be associated with stafne bone cavities. The common variant of Stafne bone cavities exists at the third molar region of the mandible below the inferior dental canal and has been mostly diagnosed incidentally during routine radiographic examination. The anterior variant of a Stafne bone cavities is relatively uncommon and is located in the premolar region of the mandible. The anterior variant located at incisors area is very unusual, with around 50 cases reported in the English-language literature. This presentation describes a case of Stafne bone cavity in a 62-year-old man mistaken for periapical pathologic defect and referred for treatment. In addition to clinical examination, the patient was imaged during conventional periapical, panoramic radiography, and computed tomography. The differential diagnoses, treatment choices, and pathogenesis of these bone cavities area also discussed after the case presentation.

Key Words: stafne bone cavity

P-056
TREATMENT OF PATHOLOGICAL FRACTURE IN A PATIENT WITH BISPHOSPHONATE RELATED OSTEONECROSIS OF THE MANDIBLE

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Bisphosphonates are a new class of agents that have been increasingly recommended to use in osteoporosis, Paget’s disease, malignancy, osteolytic bone metastases, and osteolytic lesions of multiple myeloma. A growing number of cancer patients receiving intravenous bisphosphonate therapy have developed exposed and necrotic bone of the jaw. This condition may remain asymptomatic, or may result in pain or exposed maxillary or mandibular bone. This complication may occur spontaneously or after simple dentoalveolar surgery. The patient who had a history of stage IV breast cancer with bone metastases that had been treated with zoledronic acid which is an intravenous bisphosphonate. The patient suffered from pain in left mandible with a history of tooth extractions in relevant area. The American Association of Oral and Maxillofacial Surgeons (AAOMS) categorized the clinical manifestations (pain, infection, fistula, radiological evidence) and treatment strategies for bisphosphonate-related osteonecrosis into 4 stages (stages 0–3). Antibiotherapy was administered to patient due to stage 1 bisphosphonate related osteonecrosis of the mandible. Although antibiotherapy and surgical sequestrotomies, patient steped up to stage III and pathologic fracture occured. In this report the surgical treatment of stage III bisphosphonate related osteonecrosis of the mandible with debridement...
of necrotic bone and immediate reconstruction with a reconstruction plate and bone graft is presented. Zolendronic acid has become standard regimen for patients with breast cancer and appears to be more problematic, awareness of this complication and its clinical significance is critical.

Key Words: Bisphosphonate osteonecrosis pathologic fracture

P-057
THIRD MOLAR REMOVAL: CAN DIFFICULTY BE ESTIMATED PREOPERATIVELY?

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Third molar removal is the most common surgical procedure in oral and maxillofacial surgery. Difficulty of the operation is related to clinical and radiological factors. Evaluation of these factors enables surgeons to design an appropriate operative technique. Also helps to predict possible complications and to take precautions preoperatively. The aim of this study was to investigate whether residents are able to estimate degree of difficulty of third molar removal to the same extent as senior surgeons. A total of 200 patients were included in our study, two residents and two senior surgeons extracted 50 mandibular third molars each. Clinical and radiological factors were recorded preoperatively. Difficulty of the operation was estimated. Actual difficulty was graded according to the length of operation; easy (10 min or less), moderately difficult (10-20 min), difficult (20 min or more). Kruskal Wallis test was used to determine the effect of clinical and radiographical criterias on difficulty of the third molar surgery. In more than half of the cases residents and senior surgeons predicted the difficulty of the surgery accurately. Between the senior surgeons 57% agreement was found while the residents' agreement was 52%. No significant difference was found in estimation accuracy between senior surgeons and residents. As a result, pre-operative assessment of surgical difficulty for third molar removal was unreliable in this study.

Key Words: Third molar removal Clinical criteria Radiographic criteria Difficulty

P-058
ASSESSMENT OF HEAT GENERATION DURING IMPLANT INSERTION

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Aim: The aim of this study was to measure the heat generated during insertion of an implant at speeds of 30 rpm, 50 rpm, 100 rpm and with manual. Materials and Methods: A total of 64 uniform fresh bovine femoral cortical bones were used in the present study. After drilling of the cortical bone, three different implant insertion speeds (30 rpm, 50 rpm, 100 rpm) and manual insertion of the implant were evaluated for two different implant diameters (4.1 mm and
4.8 mm). The temperature was measured with 2 teflon-insulated, type K thermocouples. Thermocouples were read by a Four Channel, Handheld Data Logger Thermometer. The initial temperature, the maximum temperature and the time of insertion were recorded. Results: The highest thermal change for 4.1 mm diameter implant was found at speed of 100 rpm, and the lowest thermal change was 3.69°C±0.85°C at speed of 30 rpm. There was a statistically significant difference between 100 rpm and the other three insertion procedures. The highest thermal change for 4.8 mm diameter implant was found at speed of 100 rpm, and the lowest thermal change was 4.48°C±0.85°C at speed of 30 rpm. There wasn’t statistically significant difference among manual, 30 rpm and 50 rpm; however there was a statistically significant difference between 100 rpm and the other three insertion procedures. Discussion: Implant insertion with manual or at speeds of 30 rpm and 50 rpm did not generate a heat that can cause bone damage. However, insertion of an implant at 100 rpm speed is not recommended.

**Key Words:** dental implant heat generation temperature evaluation thermocouple

**P-059**

**PARADENTAL CYST: A CASE REPORT**

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Paradental cyst was first described by Main who used the term “inflammatory collateral cyst”. The World Health Organization’s classification of odontogenic cysts has included the paradental cyst under inflammatory cysts, along with the conventional radicular cysts. The etiology of these cysts is still debated but it is believed that they originate from the reduced epithelium of enamel or from the inflammatory proliferation of epithelial cell rests of Malassez that come from the superficial mucosa of a tooth in eruption (pericoronitis). The aim of this report is to present a case of paradental cyst affecting the buccal aspect of mandibular third molar of 34 years old man. The difficulty of diagnosis, treatment and controversies regarding terminology are also discussed.

**Key Words:** inflammatory collateral cyst paradental cyst third molar

**P-060**

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

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Alveolar inferior nerve transposition is an option for prosthetic rehabilitation in cases of moderate or even severe bone reabsorption for patients that do not tolerate removable dentures. The purpose of the present report is to describe an alveolar inferior nerve transposition with involvement of the mental foramen for implant placement. The surgical
procedure was performed under local anesthesia, by the inferior alveolar, lingual and buccal nerve blocking technique. Centripetal osteotomy was performed, and bone tissue was removed, only leaving the nerve tissue free in the foramen area distal part. The procedure was concluded, by making use of a delicate resin spatula to manipulate the vascular-nervous bundle. The drilling sequence for placing the dental implants was performed, and autogenous bone was harvested using a bone collector attached to the surgical suction appliance. Inferior alveolar nerve transposition, followed by implant placement presented excellent results, with complete recovery of the sensitivity, seven months after the surgical procedure. It is concluded that inferior alveolar nerve transposition can be safely and predictably performed with low risk to the mental nerve sensibility. Each patient should be advised of the chance of permanent nerve deficit throughout the distribution of the mental nerve. Alternative restorative solutions should also be considered.

Key Words: dental implant, alveolar, inferior nerve reposition, Paresthesia, Mandibular nerve surgery

P-061
AMELOBLASTIC FIBRO-ODONTOMA: A CASE REPORT

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Ameloblastic fibro-odontoma is a rare benign odontogenic tumour occurring in patients less than 20 years old. Ameloblastic fibro-odontoma is a lesion similar to ameloblastic fibroma, but also with inductive changes and formation of dentin and enamel. The tumour is usually asymptomatic, slow growing, tends to produce a swelling. Its usual location is in the posterior premolar-molar region, most frequently in the mandible, and almost always tends to be associated with the crown of an unerupted tooth. Radiographically, the ameloblastic fibro-odontoma exhibits unilocular or multilocular radiolucent appearance with varying levels of radiopacity depending on the extent of mineralization. It is well encapsulated and there is little tendency to local invasion. The prognosis is excellent and recurrences have been rarely described. A 12-year-old boy was referred to the Department of Oral and Maxillofacial Surgery of Cumhuriyet University Faculty of Dentistry, for complaint of right first molar of mandible. A routine intraoral examination showed a swelling in the right third molar region of mandible. Panoramic radiograph and CT images was obtained, which revealed well-circumscribed, radiolucent lesion of the mandibular right third molar region. After 3 years of follow-up period, well-circumscribed radiolucent lesion with small radiopacities were excised under local anesthesia. The specimens obtained from excisional biopsy were diagnosed as ameloblastic fibro-odontoma. No recurrence was observed.

P-062
THE EFFECT OF LOW LEVEL LASER TREATMENT ON NEUROSENSORY RECOVERY


Objectives: Damage to the trigeminal nerve may result from third molar odontectomy, endosseous implant procedures, orthognathic surgery, tumor resection, preprosthetic surgery, and local anesthetic administration. There are several
methods can be used for the treatment of longstanding sensory aberrations such as multitude of surgical modalities, pharmacologic therapy transcutaneous electric nerve stimulation, acupuncture. Besides these treatment modalities, low level laser (LLL) therapy can be also used for nerve injuries. The purpose of this study was to determine the benefit of LLL therapy on neurosensory recovery.

**Material and methods:** Eleven patients that were received LLL postoperatively at 1 week, 1 month and 3 month due to the post-surgical sensory abnormalities were included in this study. Neurosensory function were tested by using visual analog scale.

**Results:** In all patients, sensation alterations were changed in positive manner over time. Neurosensory return was detected in four patients.

**Conclusions:** LLL therapy may be a useful noninvasive technique to treat the sensory nerve impairment following oral surgery.

**Key Words:** low level laser neurosensory nerve impairment paresthesia

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P-063

**PRF APPLICATION IN A RESIDUAL CYST CAVITY AFTER THE ENUCLEATION OF THE CYST: A CASE REPORT**

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Enucleation is the most preferred treatment choice for mandibular cysts. The remaining cavity can be filled with different materials to accelerate the bone healing. Platelets play a crucial role in homeostasis and wound healing. Platelet growth factors are a well-known source of healing cytokines, which is usable for clinical applications. Numerous techniques of autologous platelet concentrates have been developed and used in oral and maxillofacial surgery. Platelet-rich fibrin (PRF) may be considered as a second-generation platelet concentrate. It is an autologous fibrin matrix used to enhance bone regeneration. PRF is not only a platelet concentrate but also an immune node able to stimulate defense mechanisms. It can be easily and rapidly prepared. It is also an immunologically safe material. Because of the abilities listed above we used PRF material to get accelerated wound and bone healing of a bone defect residual to odontogenic cyst enucleation. The present case report aimed to investigate the clinical and radiological effectiveness of autologous PRF in the treatment of bone defects, residual to cyst enucleation.

**Key Words:** Platelet rich fibrin Odontogenic cysts Bone defects
P-064
A TRICKY PROBLEM: POSTOPERATIVE UNILATERAL POSTERIOR OPEN BITE SHORTLY AFTER BIMAXILLARY ORTHOGNATHIC SURGERY OF AN ADULT CLASS III MALOCCLUSION

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Major complications after maxillary orthognathic surgery are fortunately uncommon when executed properly. One of these complications is an unilateral posterior open bite shortly after bimaxillary surgery. This report presents the treatment of a patient 22 year old with Class III skeletal malocclusion, having narrow maxilla, accentuated no open bite on the both side and negative overjet on the vertical plane. Clinical examination also revealed maxillary hypoplasia with mandibular prognathie, increased lower one third of the face, decreased upper front face length, concave profile and a mild facial asymmetry with mandibular deviation to the left side. The treatment was performed in three phases: presurgical orthodontic preparation, orthognathic surgery and orthodontic finishing. In second phase; shortly after fixing with maximum intercuspidation at both sides, an open bite has occurred on the left side. It is supposed to breaking off the upper left premolars and molars’s brackets during fixation and also closing force by intraoral elastics shouldn’t hang on to brackets.

Key Words: Class III malocclusion orthognathic surgery posterior openbite

P-065
THE INFLUENCE OF PROSTHETIC ATTACHMENT TYPE ON THE STRESS DISTRIBUTION AROUND DENTAL IMPLANTS INSERTED IN MANDIBLES RECONSTRUCTED WITH AUTOGENOUS BONE GRAFTS

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Treatment procedures of oral cancers often involve total or partial resection of the affected region and immediate or delayed reconstruction of the maxillo-mandibular complex. In such cases, discontinuity bone defects of the mandible can be restored with autogenous bone grafts. In order to optimize functional and aesthetic outcomes after reconstruction, implant supported prosthetic rehabilitation with various connection element designs is a particularly effective treatment option. The aim of this study is to examine the stress distribution around dental implants which have ball, bar or locator type attachments inserted into virtually reconstructed mandibles using fibular or iliac crest bone grafts. Twelve three dimensional virtual models of the mandible were created using the data acquired from computed tomography scans of a cadaveric mandible. In the experimental group, anterior segments of the mandible were removed and reconstructed either by fibula or iliac bone grafts. Standard dental implants were inserted in bone grafts and were connected to a complete denture model either with bar, ball or locator type attachments. Principal stresses at the bone implant interface were calculated using finite element analysis method. The thickness of the cortical bone, the degree of vertical load displacement and the type of prosthetic attachment influenced the position and the magnitude of the stress distribution around dental implants. Fixtures inserted in fibular bone grafts revealed higher yield of stress whereas those embedded in iliac bone represented lower strains with respect to the attachment type. Within the limits
of these simulations, it can concluded that the type of autogenous bone and the type of prosthetic attachment are important factors that determine the stress load around dental implants in the reconstructed mandible.

**Key Words:** oral cancer mandibular reconstruction finite element analysis autogenous bone graft dental implant

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**P-066**

**CLINICAL AND EXPERIMENTAL USE OF GROWTH FACTORS IN ORAL AND MAXILLOFACIAL SURGERY**

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Growth factors are proteins that bind to receptors on the cell surface. They assume an important role in morphogenesis and repair of tissue and organs by activating cellular proliferation and/or differentiation. Some of the growth factors are involved in the repair of mesenchymal tissues, while others in bone regeneration. The aim of this article is to provide a comprehensive overview concerning the current status of the applicability of growth factors in oral and maxillofacial surgery. Pubmed and MEDLINE databases are investigated using the terms “growth factors, bone, grafts”. There are at least six growth factors included in bone regeneration that have been used in maxillofacial reconstruction, particularly in animal models. Among these, fibroblast growth factor (FGF), produced by osteoblasts and deposited in the bone matrix, increases proliferation of mesenchymal cells and supports the differentiation of cartilage and bone cells. Insulin-like growth factor (IGF) increases proliferation of osteoblasts, chondroblasts, and fibroblasts. Platelet-derived growth factor (PDGF) organizes cells for the repair of mesenchymal tissues such as bone, cartilage, and connective tissue. Vascular endothelial growth factor (VEGF) takes part in angiogenesis during tissue repair and inflammation. Transforming growth factor (TGF) takes place in remodeling and repair of cartilage tissue as well as soft tissue regeneration. Bone morphogenetic proteins (BMP) have been demonstrated to influence bone formation and vascular ingrowth into various scaffolding. Experimental repair of alveolar bone defects, sinus floor augmentations and mandibular reconstructions have been successfully performed using these molecules. However, the biologic effects of growth factors cannot always be expected because of their poor in vivo stability, unless a drug delivery system is designed. Only when used in conjunction with other growth factors, there becomes an increase in bone regeneration. Thus, growth factors likely will be most useful in combination with cell-based therapies and scaffolds. On the other hand, limited availability and high costs urged researchers for novel methods such as Platelet-rich plasma (PRF) which contains a wide diversity of growth factors.

**Key Words:** growth factors bone grafts soft tissue blood
P-067
LOW-LEVEL LASER THERAPY VS PULSED ELECTROMAGNETIC FIELD ON NEONATAL RAT CALVARIAL OSTEOBLAST-LIKE CELLS

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To compare the effects of pulsed electromagnetic field (PEMF) and low-level laser therapy (LLLT) on osteoblast cells in a cell culture model. Fifty thousand neonatal rat calvarial osteoblast-like cells per milliliter were seeded and 0.06 mT PEMF, 0.2 mT PEMF, and LLLT at 808 nm were applied for 24 h and 96 h on the cells. To evaluate cellular proliferation and differentiation, specimens were examined for DNA synthesis, alkaline phosphatase (ALP) activity, cell numbers, and viability of the cells. Morphological appearances of the cells were observed using scanning electron microscopy after 24 and 96 h of incubation. At 24 h and 96 h, the control group had a higher cell proliferation than 0.06 mT and 0.2 mT PEMF groups (p<.001). At 96 h, 0.2 mT PEMF group had higher cell proliferation rate than 0.06 mT PEMF and LLLT groups (p=.001). The cell count and cell viability in 0.2 mT PEMF group were higher than the 0.06 mT PEMF and LLLT groups, although these differences were not statistically significant at 96 h (p>.05). At 24 h and 96 h, cell viability in the control group was higher than the test groups. Alkalene phosphatase levels of the groups were comparable in both time intervals (p>.05). O.2 mT PEMF application on osteoblast-like cells led to cell proliferation and differentiation better than 0.06 mT PEMF and LLLT at 808 nm, although a remarkable effect of both PEMF and LLLT could not be detected. The ALP activity of 0.2 mT, 0.06 mT PEMF, and LLLT were comparable.

Key Words: Pulsed electromagnetic field Low-level laser therapy osteoblast-like cells cell proliferation and differentiation alkaline phosphatase activity

P-068
STYLOHYOID LIGAMENT CALCIFICATION CALLED EAGLE’S SYNDROME: REPORT OF A CASE

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The styloid process projects down and forward from the inferior surface of the petrous bone. Elongation and calcification of the stylohyoid apparatus is probably related to Eagle’s syndrome and may cause such symptoms as facial pain and dysphagia in patients. Palpation of the styloid process in the tonsillar fossa and infiltration with anesthetic are also used for making a diagnosis. The pathogenesis of this abnormality is unknown. In addition, the possible causes of elongation of the styloid process, the following may be cited: history of trauma, styloid ligament calcification, and formation of bony tissue in the insertion of the styloid ligament. This paper presents a case report of a female pa-
tient with a history of facial pain and dysphagia that was not diagnosed in any other clinic as Eagle’s syndrome before. Radiographic examination demonstrated bilateral elongated, excessively ossified styloid processes. The patient refused the surgical or any other treatment option. She is now under regular control period.

Key Words: Stylohyoid process Eagle’s syndrome Dysphagia

P-069
KAPOSİ SARCOMA: A RARE ENTITY OF GINGIVAL INVOLVEMENT

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Kaposi’s sarcoma (KS) is an angioproliferative disorder characterized by proliferation of spindle-shaped cells, neoangiogenesis, inflammation and edema, categorized as an intermediate neoplasm due to the absence of conventional features of malignancy. Kaposi’s sarcoma (KS) is a multifocally developing tumour which predominantly affects the skin but also, in some cases, visceral organs and lymph nodes. Oral mucosal lesions are very rare and may present a diagnostic challenge. Classic KS, typically occurs in elderly men aged 50–70 years of Mediterranean or Eastern European origin. Up to one-third of these patients with classic KS develop a second primary malignancy, most often non-Hodgkin’s lymphoma. Classic KS is rarely aggressive and is limited to the skin, lacking visceral involvement as seen in AIDS related cases. The case of a 73-year-old HIV-negative, non-immunocompromised man with a solitary Kaposi’s sarcoma of the gingiva is reported in this paper.

Key Words: Kaposi Sarcoma oral involvement non- HIV

P-070
CONGENITAL MAXILLARY DOUBLE LIP: REPORT OF A CASE

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A double-lip is an anomaly which may be either congenital or acquired and may occur either isolated or as a component of Aschen’s syndrome. It consists of a fold of excess or redundant hypertrophic tissue on the mucosal side of the lip. Treatment of congenital double lip is indicated when the excess tissue interferes with mastication or speech or leads to such habits as sucking or biting the redundant tissue or is of esthetic concern to the patient. Surgical intervention produces good functional and cosmetic results. In this report, we describe a case of isolated congenital maxillary double lip treated with surgical excision. Good esthetic and functional results were obtained at the postoperative period.
P-071
USE OF RECONSTRUCTION PLATE AFTER TUMOR RESECTION: TWO CASES REPORTS

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The management of a mandible defect caused by tumor, trauma, or infection is a great challenge for surgeons because of the complexity of mandible anatomy and function. Oncologic and trauma management, including the management of malformations, of the maxillary and mandibular region often causes considerable aesthetic and functional problems. Reconstruction of maxillofacial defects may be performed either by using an osteoplasty combined with osteosynthesis or alloplastic bridging of the defect using a reconstruction system without bone. Reconstruction plates provide mechanical stabilization and inhibit the dislocation of the mandibular stumps due to scars. Also reconstruction plate provides a solution for safe and rapid mandibular reconstruction for patients with poor prognosis or poor condition. This method also preserves the possibility of secondary reconstruction. The aim this case report is to present the treatment of a patient who had mandibular reconstruction with AO/ASIF stainless steel reconstruction plates after oncologic resection was evaluated.

Key Words: Reconstruction Plate Mandible resection Tumor

P-072
IMPLANT PLACEMENT FOLLOWING RESIDUAL CYST ENUCLEATION: A CASE REPORT

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A residual dental (or radicular) cyst arises from epithelial remnants stimulated to proliferate by an inflammatory process originating from pulpal necrosis of a non-vital tooth that is no longer present. The natural history begins with a non-vital tooth which remains in situ long enough to develop chronic periapical pathosis such as a dental (radicular) cyst. Eventually the tooth is extracted with little regard to the periapical pathosis which remains within the jaw bone as a residual dental cyst. Over the years, the cyst may either regress, remain static or grow in size. The replacement of missing teeth with implant bone restorations has become a treatment modality accepted by the scientific community for fully and partially edentulous patients. Recent developments in oral implantology involve the use of immediate implant placement technique that significantly reduces waiting time. The purpose of this case report is to present residual cyst enucleation with implant insertions. The patient was a 65-year old female with residual cyst in anterior maxilla. The surgical procedure involved a cyst enucleation followed by two immediate implants were placed the beside enucleated area and three months after surgical treatment removable total prosthesis was provided. both implants were monitored clinically and radiographically during the following 6-month period. Implant stability was considered adequate. Neither clinical nor radiological complications were present throughout the postoperative 6-month period.

Key Words: Residual Cysts Maxilla Dental Implants
P-073
CHONDROSARCOMA OF THE MAXILLA: A CASE REPORT

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Chondrosarcomas are malignant tumours arising from cartilage cells that tend to maintain their essentially cartilagenous nature throughout their evolution. It is the most common bone tumor, representing 10-20% of primary bone tumors. Chondrosarcoma of the head and neck region is a rare disease, compared with the pelvis, ribs, femur and humerus, representing approximately 0.1% of all of head and neck neoplasms. Most chondrosarcomas of the head and neck region occur in the maxilla; others are found in descending order of frequency in the body of the mandible, the ramus, the nasal septum, and the paranasal sinuses. This report describes an unusual case of chondrosarcoma in a 57 years old woman who presented with pain and swelling in the right maxilla. Computed tomography demonstrated a hard tissue mass in the right maxilla without causing erosion of the adjacent bony structures. The patient did not have any systemic disease and was not currently taking any medications. Extraoral examination did not reveal any obvious facial swelling, asymmetry or cervical lymphadenopathy. Intraoral examination revealed an exophitic nodular and tendered lesion with smooth surface. Histopathological examination revealed chondrosarcoma. The patient was advised to undergo surgery, and the tumor was resected by segmental maxillectomy. There was no evidence of disease at the 24 months follow-up.

Key Words: Chondrosarcoma maxilla bone tumors

P-074
INTRANASAL TOOTH IN A BILATERAL CLEFT LIP AND PALATE PATIENT: A CASE REPORT

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Intranasal teeth are uncommon. The clinical manifestations of an intranasal tooth are quite variable. The diagnosis is not difficult to make, a complete workup that included radiological investigations is important before any surgery is attempted. Intranasal tooth can be completely asymptomatic, sometimes a variety of nasal signs and symptoms may be associated, ranging from mild nasal congestion to recurrent epistaxis and purulent rhinorrhea and it can cause problems such as nasal obstruction and speech problems. As a consequence, surgical removal is often required. We present an case of an intranasal tooth in a bilateral cleft lip and palate patient who was operated in another center before.

Key Words: intranasal tooth bilateral cleft lip and palate nasal obstruction
P-075
KARTAGENER’S SYNDROME IN A ORTHOGNATHIC SURGERY PATIENT: A CASE REPORT

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In 1933, Kartagener described a syndrome characterised by the triad of findings of situs inversus, bronchiectasis and chronic sinusitis. Situs inversus, can be seen in about 50% of cases. This syndrome is a rare, ciliopathic, autosomal recessive genetic disorder that causes a defect in the action of the cilia lining the respiratory tract and fallopian tube. It was not until 1976 that the cellular basis of the disease was described. Patients usually present with chronic recurrent rhinosinusitis, otitis media, pneumonia and bronchiectasis caused by pseudomonal infection. Associated findings are nasal polyposis, conductive deafness, absence of frontal sinus development and aeration of mastoid cells and less commonly several congenital cardiac and other defects. Diagnosis can be made by tests to prove impaired cilia function, biopsy and genetic studies. Treatment is supportive. We present a case of 20-year-old woman with Kartagener’s syndrome and she was operated with orthognathic surgery.

Key Words: kartagener’s syndrome chronic sinusitis orthognathic surgery

P-076
EFFECTS OF LOW INTENSITY PULSED ULTRASOUND ON AUTOGENOUS BONE GRAFT HEALING

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Objective Pulsed ultrasonic waves have been shown to accelerate bone healing. The aim of this study was to evaluate the effects of low-intensity pulsed ultrasound on bone healing. Study Design Thirty-two femurs from 16 skeletally mature male Wistar albino rats were used. Two defects were produced into the each femur with a 3 mm diameter trephine bur and then autogenous cortical grafts were placed in one of the defects. The animals in the experiment group received daily ultrasound treatment of, 20 min/day, for 15 days. All of the subjects were sacrificed on the 18th postoperative day. Results DEXA values and biochemical markers in the experimental side was statistically significant higher than in the control side at the early period of the bone healing. Conclusion Low-intensity pulsed ultrasound treatment accelerates bone healing in both the bone defects and bone defects filled with cortical autogenous block graft.

Key Words: ultrasound autogeneous graft bone healing
P-077
LIP REVISION IN A CLEFT LIP AND PALATE PATIENT: A CASE REPORT

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Secondary deformities of the bilateral cleft lip and palate are unfortunately very common and severe cases can involve scar contracture, vermilion deficiency, and a tight upper lip. Many patients with a repaired cleft lip and palate require lip revision surgery for optimum esthetics. The decision for lip revision surgery in patients with repaired cleft lip and palate is based on surgeons’ subjective evaluation of lip disability. An objective evaluation would be highly beneficial for the assessment of surgical outcomes. Because the decision for lip revision is based on subjective clinical criteria, clinicians may disagree on whether these surgeries should be performed. To establish more reliable, functionally relevant outcome criteria for evaluation and treatment planning, a clinical trial currently is in progress. In this report, we present cleft lip and palate patient who was operated in another center before and lip revision was made from us.

Key Words: lip revision cleft lip and palate surgery

P-078
MANDIBULAR CORPUS FRACTURE WITH NON-DISPLACED CONDYLAR FRACTURE: A CASE REPORT

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Introduction: With regard to the anatomical sites, mandibular and zygomatic complex fractures account for the majority of all facial fractures and their occurrence varies according to the mechanism of injury and demographic factors, particularly, gender and age. In the literature, the authors describe a simple method, with the use of commercial cable ties, to obtain maxillary-mandibular fixation (MMF). This technique can be effectively employed to treat certain mandible and non-displaced condylar fractures.

Case report: In this paper, we present a 28-year-old male patient with left mandibular corpus fracture including non-displaced right condylar fracture and their conservative treatment (MMF). The patient was followed-up about three and half weeks and then the MMF was removed. The left mandibular corpus fracture and also right mandibular condyle fracture healed in three weeks uneventfully. The patient is now under regular control sessions.

Conclusion: The management of fractures to the maxillofacial complex remains a challenge for oral and maxillofacial surgeons, demanding both skill and a high level of expertise. Many mandible fractures can be treated effectively with closed methods like MMF technique which we used at our case.

Key Words: Corpus Fracture Condyle Fracture Trauma
P-079
HUGE LIPOMA OF THE RIGHT PAROTID GLAND: A CASE REPORT

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Lipomas are rarely found in the parotid gland region. Therefore, they are not often considered in the differential diagnosis of parotid tumors. The parotid lipoma is a slow growing, asymptomatic, freely movable and relatively rare soft mass. Because of these properties, preoperative diagnosis is generally difficult. We presented a case of slow-enlarging mass of the parotid region in a 44-year-old male, which proved to be a lipomatous tumour of the parotid gland. The preferred treatment is complete surgical excision which will minimize the possibility of a recurrence and will also lead to a definitive diagnosis. The huge tumor was placed in the superficial lobe of the gland, and a superficial parotidectomy was performed, with preservation of the facial nerve. There was no complication and recurrence of the tumors after a mean follow-up of 10 months.

Key Words: parotid gland lipoma facial nerve

P-080
MULTIPLE SEBACEOUS CYSTS IN SCALP: A CASE REPORT

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The term sebaceous cyst has fallen into disuse; current terms include epidermal cyst, keratin cyst, epithelial cyst and epidermoid cyst. Sebaceous cysts are asymptomatic, slowly enlarging, firm-to-fluctuant, dome-shaped lesions that frequently appear on the trunk, neck, scrotum or behind the ears. Sebaceous cysts are often arise from a ruptured pilosebaceous follicle. Sebaceous cysts are benign lesions of the skin, and cosmetic reasons for removal of cysts in an exposed area are often mentioned. Three main techniques are used to excise sebaceous cysts; conventional wide excision, minimal excision and punch biopsy excision. The minimal excision technique for sebaceous cyst removal is less invasive than complete surgical excision. In this report, multiple sebaceous cysts are at the head is presented.

Key Words: multiple sebaceous cyst epidermal cyst epidermoid cyst
P-081
CONSERVATIVE TREATMENT OF A LARGE DENTIGEROUS CYST IN A 8-YEAR-OLD GIRL: A CASE REPORT.

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Dentigerous cysts are benign odontogenic cysts that are associated with the crowns of permanent teeth. They are usually characterized as unilocular radiolucent lesions and are rarely seen during childhood. The purpose of this article was to report the case of a 8-year-old girl with a dentigerous cyst associated with the tooth buds of premolars. The therapeutic approach included extraction of the second primary molar involved and marsupialization of the lesion. After 12 months of follow-up, spontaneous eruptions of the impacted premolars were noticed. In conclusion, marsupialization might be the first treatment option for conservative management of dentigerous cysts in children.

Key Words: cysts marsupialization

P-082
HISTOLOGICAL EVALUATION OF THE CHANGES IN TEMPOROMANDIBULAR JOINT CAPSULE AND RETRODISCAL LIGAMENTS FOLLOWING AUTOLOGOUS BLOOD INJECTION

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Introduction: In recent years, autologous blood injection to the temporomandibular joint (TMJ) as a treatment of chronic recurrent TMJ dislocation has been reintroduced. However, the effects of blood injection on components of the TMJ is not fully understood. The purpose of this article is to evaluate the effects of autologous blood on changes in TMJ capsule and retrodiscal ligaments.

Material and methods: A total of 16 healthy adult country bred pig were used in this study. Four milliliters of autologous blood were injected into the upper joint space and 1 mL was injected around the capsule. This procedure was then repeated on the opposite side only by using 5 mL of 0.9% saline. The TMJ capsules and retrodiscal ligaments were examined four weeks after injection.

Results: Histological examination of the retrodiscal ligaments in blood injected TMJ’s revealed fibrotic changes in 81.25% of the group. Besides that, histological examination of the capsular area in blood injected TMJ’s revealed fibrotic changes in 56.25% of the studied group. In saline injected joints, no alterations were detected either in ligaments or in capsules.
Conclusion: There are few clinical studies, case series and/or case reports on the autologous blood injection and its mechanism of action is still unclear. Fibrosis inducements rates of the retrodiscal ligaments in this study were similar to the previously reported clinical studies and case series. However, further studies adressing the mechanism of this safe and simple technique are needed.

Key Words: autologous blood temporomandibular joint dislocation fibrosis

P-083
FUSION OF THE MANDIBULAR SECOND AND THIRD MOLARS WITH A SUPERNUMERARY TOOTH: REPORT OF A CASE

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Introduction: Developmental dental abnormalities are the most important part of dental morphological variations. Fusion is commonly identified as the union of two distinct dental buds which occurs in any stage of the dental germinal structure. On some occasions, two independent pulp chambers and root canals can be seen. However, fusion can also be the union of a normal tooth bud to a supernumerary tooth germ.

Case Report: A 37-year-old female patient was referred to our state dental hospital with requesting dental implant treatment for her left mandibular first molar region. The patient did not complain of previous painful symptoms in that region and her medical and dental histories were unremarkable. Clinical and Panoramic x-ray examination of the patient revealed an unusual view in the mandibular molar region. Then the patient was sent to Con Beam Computerized Tomography examination that brought out the fusion of the second and third molars with a supernumerary tooth which was in bifurcation area of the second molar tooth in the bucco-lingual position.

Conclusion: Case history and clinical and radiographic examinations can provide the information required for the diagnosis of such abnormalities. Our case presents an unique feature of like these fusion phenomenons because of including three teeth that connection with their pulpal chamber and canals.

Key Words: Fusion Unusual development Cone Beam Computerize Tomography
P-084
SEVERE CHRONIC SINUSITIS DUE TO MAXILLARY SINUS ANTROLITH: A CASE REPORT

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Antroliths are uncommon calcified masses found in maxillary antrum. Maxillary antrolith is a mineralized mass very rarely found in the maxillary sinus formed by exogenous or endogenous origin. Endogenous antroliths may form around blood, mucus, pus, red blood cells, or white blood cells. Exogenous antroliths may develop around a foreign body such as a tooth, tooth root, button. These mineralized bodies have been variously described as rhinoliths, antral rhinoliths, antral stones, antral calculi, antroliths, sinoliths, maxillary sinus stones and antro-rhinoliths. Antroliths can be classified into endogenous and exogenous antroliths. In this report, chronic sinusitis due to maxillary antrolith and its treatment with Caldwell-Luc operation is presented.

Key Words: chronic sinusitis antrolith Caldwell-Luc

P-085
SIALOLITHIASIS IN THE WHARTON'S DUCT: A CASE REPORT

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Sialolithiasis is the most common disease of the salivary glands. It accounts for more than 50% of disease of the large salivary glands and is thus the most common cause of acute and chronic infections. It is a condition characterized by the obstruction of a salivary gland or its excretory duct due to the formation of calcareous concretions, resulting in salivary ectasia and even determining the subsequent dilatation of the salivary gland. Submandibular gland and its duct appear to be the sites most susceptible to this disease. More than 80% occur in submandibular gland or its duct, 6% in the parotid gland and 2% in the sublingual gland or minor salivary glands. The sialolith usually measure from 1 mm to less than 10 mm. Clinically they are round or ovoid, rough or smooth and of a yellowish colour. Treatment of salivary stones includes both surgical and nonsurgical techniques. In this report, we present large sialolithiasis in the Wharton’s duct.

Key Words: submandibular gland wharton’s duct sialolithiasis
P-086
TREATMENT OF BILATERAL TEMPOROMANDIBULAR JOINT ANKYLOSIS WITH TEMPORALIS MUSCLE FLAP AND GAP ARTOPLASTY: A CASE REPORT

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Temporomandibular joint ankylosis is a disorder that leads to a restriction of the mouth opening from partial reduction to complete immobility of the jaw. Ankylosis of the TMJ involves fusion of the mandibular condyle to the base of the skull. It is most commonly associated with trauma, local or systemic infection or systemic disease, such as ankylosing spondylitis, rheumatoid arthritis, or psoriasis. TMJ ankylosis is a very painful condition with deficient esthetics that leads to malnutrition of the patient due to inability. Management of TMJ ankylosis is mainly through surgical intervention. It is necessary to use an interpositional material to prevent TMJ re-ankylosis after arthroplasty, and this particular aspect of the treatment has been the suspect of numerous discussion. A variety of interposition materials have been used, including temporalis muscle and fascia, dermis, auricular cartilage, fascia lata, fat, lycocrane, silastic, silicone, and various metals. The most commonly used interposition material is temporalis muscle flap. In this report, bilateral temporomandibular joint ankylosis treated with gap arthroplasty and temporalis muscle flap is presented.

Key Words: bilateral temporomandibular joint ankylosis temporalis muscle fascia flap treatment

P-087
DETERMINATION OF A SAFETY ZONE FOR TRANSBUCAL TROCAR PLACEMENT: AN ANATOMICAL STUDY

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Aim: The identification of a safe and accurate technique for facial incisions used for transbuccal approaches to the mandibular angle fractures remains still challenging. An alternative way of safely and accurately placing the buccal skin incision was described in the current cadaveric study.

Material and methods: 32 dissections were performed on 16 bilateral embalmed adult cadaveric heads. In order to identify a safety zone for transbuccal trocar placement, a triangle shaped zone created by following three lines was determined. The branches of the facial nerve in this zone were reflected by sharp and blunt dissections.

Results: Among 32 sides, marginal mandibular branch was encountered in 2 and marginal mandibular branch and buccal branch of the facial nerve were found in 2 of the predetermined triangle. In 28 of 32 specimens, the marginal mandibular branch was encountered out of the triangle and deep to the platysma muscles.

Conclusion: The triangle determined in present anatomosurgical study presents an easy identifiable and safe zone for trocar placement.

Key Words: facial nerve trocar buccal branch marginal mandibular branch
P-088
AN UNUSUAL AMELOBLASTIC FIBRO-ODONTOMA OF THE POSTERIOR MANDIBLE: A CASE REPORT

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Ameloblastic fibro-odontoma (AFO) is a rare benign mixed odontogenic tumor, which is defined by the World Health Organization (WHO) as a neoplasm composed of proliferating odontogenic epithelium embedded in cellular ectomesenchymal tissue that resembles dental papilla, with varying degrees of inductive change and dental hard tissue formation. Clinically, AFO appears as a painless slow growing and expanding tumour. Radiographs show a well-defined radiolucent area containing various amounts of radiopaque material of irregular size and form. It can be seen equally in both jaws. AFO is mostly diagnosed in first two decades, with no significant gender predilection. Because of tumor encapsulation and the general lack of invasive capacity, the treatment of AFO is conservative and requires a long-term follow up. This case report presents a 5 years old patient with an unusual ameloblastic fibro-odontoma located in the posterior mandible. Treatment procedure (long-term follow-up, clinical and histological findings) is discussed with the literatures.

P-089
EYE PROSTHESIS SUPPORTED WITH EXTRAORAL IMPLANTS: 4 CASE REPORTS

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The loss of an eye because of tumoral resections can be a very traumatic event in a patient’s life medically and emotionally. Replacement of the eyes, ears, nose, and larger areas including combined midface defects, which frequently have no other option available, has been done successfully by using implant supported prosthesis. Extraoral cranial implant-retained prosthetic reconstructions have been proved to be highly successful and for the retention of facial prosthesis, implants might be used for better support, stability, and retention. The aim of this case reports was to evaluate the orbital prostheses and the use of extraoral implants in 4 patients with orbital defects. In this study, patients were satisfied with the treatment result, due to the retention, esthetics, and adhesive-free method to anchor their ocular prostheses. Patients who have been rehabilitated in such a way are ready to be integrated again in society.

Key Words: extraoral implants eye prosthesis
P-090
DISTRACTION OSTEONEGENESIS IN MANAGEMENT OF IN A SEVERE MANDIBULAR DEFICIENCY

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Objective: Distraction osteogenesis is an alternative treatment method for the correction of mandibular hypoplasia. In this case report, distraction with an intraoral device was performed to gradually lengthen the corpus of a patient who had a severe hypoplastic mandible.

Materials and methods: The patient underwent bilateral extraoral corpus distraction osteogenesis. After seven days of latency period, distraction was performed 0.5 mm twice a day. Subsequent consolidation period was 12 weeks.

Results: The patient’s mandible was elongated successfully. Cephalometric analysis revealed that ANB angle decreased from 9° to 3° and overjet of 13 mm decreased to 1.5 mm. Posterior airway space (PAS) also increased due to advancement of the mandible. In radiographic image evaluation it was determined that the distances from condyliion to gonion and from gonion to pogonion increased.

Conclusion: Satisfactory results from both aesthetic and functional standpoints were obtained by distraction osteogenesis of corpus.

Key Words: distraction osteogenesis sagital split

P-091
TREATMENT OF CLEFT PATIENTS WITH MAXILLARY HYPOPLASIA WITH INTRAORAL DISTRACTION OSTEONEGENESIS

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Patients with cleft lip and palate (CLP) usually present with collapsed maxillary dental arch and impaired forward growth of the maxilla as a result of scar tissue from the early surgical repair of CLP(1). In many cases, these problems require orthodontic treatment combined with orthognathic surgical procedures such as LeFort I osteotomy or distraction osteogenesis. We performed intraoral distraction osteogenesis on 3 patients who had varied dentofacial clefts/fissures. Treatment options including conventional LeFort I osteotomies and distraction osteogenesis for correcting the maxillary and midface deficiency. Distraction osteogenesis was successful in all three cases resulting in a mean sagittal bone gain of 12.0 mm (range 11–25 mm) at the level of distractor fixation. All patients were kept under orthodontic supervision during osteodistraction. The final occlusal relation was satisfactory. Maxillary distraction osteogenesis with rigid intraoral distraction permits full correction of the midfacial deficiency, including both the skeletal and especially soft-tissue deficiencies. The surgical procedure is less traumatic than conventional osteotomies and there is no donor site morbidity.

Key Words: distraction osteogenesis
P-092
CLOSURE OF ALVEOLAR CLEFTS WITH MANDIBULAR SYMPHYSEAL BONE GRAFTS AND WITH PLATELET-RICH FIBRIN UNDER LOCAL ANESTHESIA: THREE CASE REPORTS

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Alveolar cleft is the major problem during the formation of the ideal dental arch and dental reconstruction in cleft lip and/or palate (CLP) patients. Alveolar reconstruction of bony defects in alveolar cleft patients is a widely accepted treatment regimen for which multiple donor sites can be used. The objectives of alveolar repair and bone grafting are as follows: providing a continuous and stable maxillary dental arch, closure of oronasal fistulae, adequate bone for tooth eruption or orthodontic movement, and nasal base support, improving facial aesthetic. Platelet rich fibrin (PRF) is a strictly autologous fibrin matrix containing a large quantity of platelet, leukocyte cytokines and is widely used to accelerate soft and hard tissue healing. Three male patients consulted our clinic with unilateral alveolar cleft. After clinical and radiographic examinations, it has been determined that unilateral alveolar cleft could be treated with mandibular symphyseal bone graft combined with platelet rich fibrin. After surgery, perforation of alveolus was closed and bone formation between maxillary segments was provided.

Key Words: alveolar cleft platelet rich fibrin

P-093
KISSING MOLARS

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Kissing molars are an extremely rare condition. They are impacted permanent molars that have occlusal surfaces contacting each other in a single follicular space with roots pointing in opposite directions. Unfortunately, because of the rarity of this clinical finding, it is difficult to propose clinical procedure protocols. The term ‘kissing molars’, first described in 1973, refers to contacting occlusal surfaces of the impacted mandibular second and third molars. However, this term has also been used to describe a similar appearance with other impacted molars. A 22-year-old male reported to the Department of Oral and Maxillofacial Surgery with a complaint of a swelling over the left lower side of the face. Her past medical history was unremarkable and she had undergone extraction of multiple carious teeth. Intraorally, an expansion of the buccal cortical plate and a soft swelling was palpable over the residual alveolar ridge in the region of the lower left second molar. A panoramic radiograph showed an impacted mandibular second and third molar with a single follicular space. The traditional treatment is the removal of the third molar by conventional access but repositioning of the surgical flap to the distal face of the first molar can predispose to complications such as pericoronitis and delayed healing of the attached gingiva. Impacted permanent molars have been widely reported; however, the phenomenon of ‘kissing molars’ or ‘rosette formation’ is not well reported. This may occur in isolation, or in addition to other features. This case report highlights the necessity for dental professionals to be vigilant for dental anomalies, which can be signs of various medical conditions and which may require further investigation.

Key Words: kissing molar impacted molar
P-094
DENTIGEROUS CYST WITH IMPACTED MAXILLARY CANINE: CASE REPORT

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Dentigerous cyst is the most common type of odontogenic cysts, accounting for about %24 of all lesions. It develops around the crown of unerupted tooth by expansion of its follicle, reduced enamel epithelium and the enamel of an impacted, embedded or unerupted permanent tooth. Dentigerous cysts are usually associated with mandibular third molar followed by maxillary canines. Patients with dentigerous cysts have no painful symptoms unless there is an acute inflammatory exacerbation and hence are detected only by routine radiographic examination. If the cyst reaches a size greater than 2 cm in diameter, swelling, mild sensitivity, tooth mobility and displacement may be observed. In our case, extensive swelling and pain was observed after an acute inflammation. After antibiotic prescription, enucleation was done.

P-095
THE METHOD OF PARTIAL RESECTION OF VOMER TO THE REPOSITIONING OF THE PROTRUDING PREMAXILLA IN A BILATERAL CLEFT LIP AND PALATE PATIENT: A CASE REPORT

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Prominent premaxilla is one of the problems encountered when dealing with bilateral complete cleft lip and palate patients. Patients have premaxillary displacement in up to three dimensions. As a result of intrinsic anatomical aberrations such as the absence of alveolar and palatal hard and soft tissue or contraction resulting from orthodontic and facial orthopedic treatment alone sometimes fails to resolve this problem. Surgical management of the premaxilla in patients with bilateral clefting has been a controversial and perplexing problem. Various invasive and non-invasive techniques have been developed. The premaxillary protrusion in bilateral cleft lip and palate, complicates the treatment severely. In the treatment of a protruded premaxilla associated with complete bilateral cleft lip and palate, some patients require surgical setback of premaxilla with osteotomy as functional and aesthetic treatment. We present a case of protruded premaxilla was repositioned with partial vomer resection via kirschner wire.

Key Words: protruded premaxilla partial vomer resection bilateral cleft lip and palate
P-096
PLATELET RICH FIBRIN (PRF): SEVERAL CASES IN ORAL SURGERY

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The purpose of the present study was to assess the course of bone regeneration and healing process by using PRF as a filling material (matrix) and PRF membrane. PRF is a fibrin matrix polymerized in a tetramolecular structure with the incorporation of platelets, leukocytes, cytokines, various polypeptide growth factors and circulating stem cells which are the key elements in wound healing, particularly in bone regeneration. In oral surgery, PRF may act as a graft and membrane material with better healing and better functional outcome. This study quantified bone formation alterations in 55 patients, associated with 3 alveolar cleft reconstruction, 15 implant placement, 10 sinus floor augmentation, 12 cyst enucleation, 7 alveolar bone augmentation, 8 socket preservation. Standardized panoramic radiographs were recorded at operation and after various healing terms. Rapid bone healing was observed clinically in most cases and follow-up period has still continue. PRF allows a significant postoperative protection of the surgical site, elimination of techniques, less surgical time, less potential healing difficulties associated with other type of membranes and seems to accelerate the integration, maturation and remodeling. PRF can be useful in bone regenerative therapy both matrix and membrane forms and have still to be clinically tested.

Key Words: PLATELET RICH FIBRIN GROWTH FACTORS BONE REGENERATION

P-097
TREATMENT OF ADULT CLASS III MALOCCLUSION REQUIRING BIMAXILLARY SURGERY WITH SINGLE-JAW SURGERY

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Orthognathic surgery has been used routinely to treat skeletal deformities for the last 40 to 50 years. Adult Class III malocclusion is one of the most difficult anomalies to understand. The choice of treatment in adult Class III malocclusion often poses a tricky problem for the clinicians. Faced with the option of either orthodontic camouflage or orthognathic surgery, theirs clinical experience is of paramount importance, especially in borderline cases. The purpose of this case report is to present patient Class III malocclusion cephalometrically requiring bimaxillary surgery with single-jaw surgery. A 22-year old male patient referred Gulhane Military Medical Academy, Department of Orthodontics. Intraoral, extraoral and cephalometric analysis were done. After preoperative orthodontic treatment, only Le Fort I osteotomy was applied. When choosing single-jaw surgery, our aim was to protect the posterior airway space (PAS). Significant reduction in profile concavity is achieved by combined orthodontic and surgical treatment, Le Fort I osteotomy of the malocclusion.

Key Words: Class III malocclusion orthognathic surgery Le Fort I osteotomy
P-098
COMPARISION OF TITANIUM MINI PLATE SYSTEMS AND RESORBABLE MINIPLATES SYSTEMS USING CONVENTIONAL BIOMECHANICAL TESTS FOR THE INTERNAL RIGIT FIXATION OF THE MANDI

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The aim of this study is to compare the titanium and resorbable plate screw systems used for the fixation of mandibular condylar fractures using conventional biomechanical tests.

Methods: 30 synthetic polyurethan models were used for conventional biomechanical tests. Fracture lines were created for each model. 3 groups were created according to fixation method. In Group A; models were fixed by using single titanium miniplate, in Group B; models were fixed by using double titanium miniplate and in Group C; models were fixed by using single resorbable plates. Masticatory forces were applied to the model and the biomechanical properties of the titanium plate and screws, resorbable plate and screws and bone around the fracture line were evaluated.

Conclusion: For the fixation of the mandibular condylar fractures, single plate fixation is not sufficient for both titanium and resorbable plates. Double titanium plate fixation is the most reliable and stable method for the fixation of condylar fractures.

P-099
EFFECT OF TWO FLAP DESIGNS ON POSTOPERATIVE PAIN AND SWELLING AFTER IMPACTED THIRD MOLAR SURGERY

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Objective: The aim of this study was to evaluate two flap designs (envelope and modified triangular flap) for postoperative pain and swelling after mandibular impacted third molar surgery.

Study design: Thirty patients who had symmetrical bilateral fully impacted mandibular third molars were selected. Left teeth were approached with an envelope flap, and right teeth were removed using a modified triangular flap. Postoperative pain and swelling was evaluated until the seventh day by using two verbal rating scales.

Results: Statistical analyses showed that there were no significant differences between two incision techniques regarding postoperative pain and swelling (p > 0.05).

Conclusion: There is no significant difference between the envelope and modified triangular flap regarding postoperative pain and swelling after impacted third molar surgery.
P-100
MAXILLARY FIBROUS DYSPLASIA (A CASE REPORT)

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SUMMARY: Fibrous Dysplasia is a developmental, localized, benign skeletal disorder in which normal bone is replaced by a variable amount of structurally weak, fibrous and osseous tissue. Its etiology is not fully understood. Fibrous dysplasia has two clinical forms; monostotic and polyostotic. Monostotic form is the type that most often involves the jaws. Fibrous dysplasia involves the maxilla more frequently than the mandible and occurs more frequently in the posterior aspect. Radiographic features of fibrous dysplasia vary depending on the stage of development and amount of bony matrix within the lesion. Increases in bone formation within the lesion create a radiographic appearance that is referred to as ‘ground glass’ or ‘orange peel’. In this report, monostotic fibrous dysplasia, whose diagnosis is made with clinical and radiographic information, is presented.

P-101
MUCOEPI DERMOID CARCINOMA WITH AN ATYPIC LOCATION: A CASE REPORT

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Mucoepidermoid carcinoma (MEC) is the most common malignant tumor that involve the major and minor salivary glands. 60 to 90% of MEC occur in parotid gland and the palate is the second most common site. The lower lip, floor of mouth, tongue and retromolar region are uncommon locations for salivary gland neoplasia. Intraosseous tumors also may develop in the jaws. The tumor occurs a wide age range, extending from the second to seventh decades and both genders are equally affected. MEC is composed of a mixture of mucus-producing cells and squamous cells. MEC was graded based on combined structural and cellular parameters into low (LG), intermediate (IMG) and high (HG) grade categories. Here we describe a low grade MEC in a 69 year-old woman in retromolar region with its therapy and two year follow up.

Key Words: mucoepidermoid carcinoma salivary gland tumor retromolar region
P-102
COMPLEX ODONTOMA ASSOCIATED WITH AN IMPACTED THIRD MOLAR: A CASE REPORT

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Odontomas are benign tumors of odontogenic origin consisting of enamel, dentin, cementum, and pulpal tissue. These tumors are characterized by slow growth over a period of years, and tend to remain asymptomatic. On the basis of gross, radiographic, and microscopic features, two types of odontoma are recognized: the compound and the complex. Compound odontomas consist of multiple miniature or rudimentary teeth whereas complex odontomas appear as amorphous conglomerates of hard tissue. The compound type is approximately twice as common as the complex type. A 22-year-old man was referred to our clinic with complaint of pain and swelling in the left mandibular region. The diagnosis of compound odontoma was confirmed with clinic, radiographic and histopathologic findings. Compound odontoma were enucleated under general anesthesia.

Key Words: Complex odontoma hard tissue enucleation

P-103
TREATMENT OF SUBLINGUAL RANULA BY MARSUPIALIZATION: A CASE REPORT

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The term ranula generally applies to a bluish translucent cystic mass in the floor of the mouth. Ranula arises from obstruction of excretory ducts or extravasation and subsequent accumulation of saliva from the sublingual gland. There are variable surgical treatments for ranula including simple excision, marsupialization and total excision of sublingual gland via an intraoral or cervical approach. In this case we report the treatment of a patient with sublingual ranula using marsupialization.

Key Words: ranula sublingual gland marsupialization
P-104
PROSTHETIC REHABILITATION OF A PATIENT WITH ILIAC GRAFT AFTER MANDIBULECTOMY AND PARTIAL GLOSSECTOMY

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Mandibular reconstructions improve esthetic and function of patients with mandibular oncologic defects. After reconstruction, patients need to have prosthetic rehabilitation for mastication, swallowing, speech, psychological and esthetic. This clinical report describes the prosthodontic rehabilitation of a woman patient with iliac graft after mandibulectomy and partial glossectomy. Before the prosthodontic rehabilitation tongue that was attached to the mandibula was reconstructed. A surgical plate that was composed by prosthodontists was inserted during the operation in order to reshape sulcular region. Prosthetic rehabilitation was completed with a maxillary and mandibular telescopic overdentures. Surgical and prosthetic complications were not detected and the patient presented significant improvements in oral function and psychosocial activities.

Key Words: mandibulectomy glossectomy iliac graft telescopic overdenture

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P-105
RECONSTRUCTION OF DENTIGEROUS CYST DEFECT BY GUIDED TISSUE REGENERATION USING MINIPLATE

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Dentigerous cysts are the most frequent type of developmental odontogenic cysts which is derived from the epithelial remnants of the tooth-forming organ with epithelial lining. Frequently, the most affected teeth are late erupting such as the mandibular third molar or the maxillary canine. They are generally asymptomatic and examine on routine dental radiographic examination. In this report a 44 year-old male who has a dentigerous cyst in right posterior mandibula and his surgical management of dentigerous cyst with enucleation and miniplate osteosynthesis is presented.

Key Words: Dentigerous cyst enucleation mini-plate
P-106
RECONSTRUCTION OF MANDIBULAR AMELOBLASTOMA WITH ILIAC CREST FLAP; REHABILITATED WITH IMPLANT SUPPORTED OVERDENTURE PROSTHESIS: A CASE REPORT

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Ameloblastoma is a slow growing benign tumor that, usually diagnosed after the tumour achieved considerable size to cause facial disfigurement and functional deterioration. The smaller lesions of ameloblastoma in the mandible are treated by conservative approaches. However, larger lesions require radical surgical procedures resulting in large tissue defects. Loss of mandibular support to the teeth, tongue and lip causes dysfunctional mastication, swallowing, speech, airway protection and oral competence. The iliac crest is an excellent and reliable flap for mandibular reconstruction, eminently suited to osseointegration, due to the large amount of cortical bone. The aim of this paper is to represent clinical results of the multidisciplinary treatment of patient with advanced stage ameloblastoma, including tumor resection, simultaneous reconstruction with iliac crest flap, followed by placement of endosseous dental implants and prosthodontic rehabilitation.

Key Words: ameloblastoma iliac crest flap implant

P-107
BILATERAL MANDIBULAR DISTOMOLAR TEETH: A CASE REPORT

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Supernumerary teeth are additional teeth besides the normal complement of teeth. Although this problem seems to be caused by genetic or environmental factors, their etiology is unknown. Some theories have been purposed for this problem. They are usually seen in the maxilla anterior on the midline and molar regions. They affect both the sexes but are more common in males, with the male to female ratio of 2:1. The aetiology is unknown. They may be single, multiple, unilateral or bilateral erupted or unerupted and in one or both jaws. The term distomolars refers to a supernumerary tooth are located distally to the third molars that might be erupted or unerupted. Supernumerary distomolars are more common in the maxilla than in the mandible. In this report an 18 years old female patient with bilateral mandibular distomolars is presented.

Key Words: Bilateral Mandible Distomolar Teeth
P-108

A STUDY ON THE INCIDENCE, CLASSIFICATION, ASSOCIATED PATHOLOGIES AND TREATMENT OUTCOMES OF KISSING MOLARS

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Objective: Kissing or rosetting of molars, which refers to contacting occlusal surfaces of the impacted permanent mandibular second, third and very rarely fourth molars, is a rare phenomenon. The aim of this study is to assess the dental involvement type, associated pathologies and treatment outcomes of kissing molars.

Material and methods: We analyzed 9 patients with kissing molars (KM). According to the dental involvement, we classified KM into the 6-7, 7-8 and 8-9. In addition, associated pathologies were also evaluated.

Results: The study group consisted of 9 patients (5 female and 4 male) with a mean age of 27.4. Among 9 patients, 1 presented with rosetting of 6-7, 6 with rosetting of 7-8 and 2 with rosetting of 8-9. Three of the kissing molars presented with dentigerous cyst formation and 2 with granulomatous changes of the adjacent dental follicle. Following the surgical removal, 3 patients presented with mild paraesthesia of the lower lip, which resolved 3 to 6 months following the operation.

Conclusion: KM is a rare phenomenon. Early surgical therapy is essential thus the condition could cause serious complications including formation of pathologies such as dentigerous cyst or destruction of the adjacent bone.

Key Words: kissing molar dentigerous cyst

P-109

STAFNE BONE DEFECTS: REPORT OF THREE CASES

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Stafne bone defects (SBDs), also known as lingual salivary gland depression, static bone cavity, idiopathic bone cavity, latent bone cyst, stafne bone cyst/cavity, were first described in 1942 by Edward Stafne. They are well-circumscribed ovoid radiolucent bone defects usually located lingually on the posterior region of the mandible below the inferior alveolar canal. We report three stafne bone cavity cases located on the posterior region of the mandible with review of the literature. In our cases, no surgical intervention was advocated. In addition, other mandatory dental procedures were done. The patients were informed about the lesion. The patient’s follow up was uneventful.

Key Words: Stafne bone defect mandible salivary gland
P-110

BILATERAL GLANDULAR ODONTOGENIC CYST: REPORT OF AN UNUSUAL CASE

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Glandular odontogenic cyst (GOC) is a recently recognized rare developmental odontogenic cyst and accounting for 0.012% to 1.3% of all jaw cysts. It also has the propensity to grow to a large size and tendency towards recurrence. Aggressive nature of the lesion has been reported, as supported by the fact that 25 to 55% of cases recur following curettage. GOC can be easily misdiagnosed microscopically as a central mucoepidermoid carcinoma. A case of bilateral GOC in the mandibular corpus, in a 39-year-old male is presented here. Clinical, histological and imaging features were evaluated. Due to the high tendency of recurrence and the aggressive potential of GOC, careful clinical and radiological evaluation must be carried out.

Key Words: Glandular Odontogenic Cyst Sialo-odontogenic Cyst Jaw Cyst

P-111

RADICULAR CYST ASSOCIATED WITH AN INTRUDED PRIMARY SECOND MOLAR FOLLOWING TRAUMA

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Radicular cysts are common in inflammatory odontogenic cysts arising from epithelial residues (i.e. rest of Malassez) due to periapical periodontitis following death and necrosis of pulp. They are usually encountered in association with permanent teeth; however, occurrence in relation to deciduous teeth seems to be very rare. Radicular cyst arising from deciduous teeth is exceedingly rare accounting for <1% of all radicular cysts. Assuming that the developmental mechanisms of radicular cysts are identical in the primary and permanent dentition, the low frequency in the former is yet to be clarified. We present additional rare case of a radicular cyst associated with an fully intruded decayed primary second molar with a trauma history.

Key Words: Primary molar Radicular cyst Enucleation
P-112
ATYPICAL LOCALIZED THE SIMPLE BONE CYST

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A 47-year-old female patient was admitted to a special center with history of difficulty in swallowing one and a half months ago. In radiological examination, the lesion was observed that localized closely to mandibular foramen into the left mandibular ramus region. The appearance of this lesion had a mixed radiolucent and radiopaque. This lesion was measured 1x1 cm in size. The lesion was curetted with intraoral approach under the general anesthesia. The operation area was primarily closed after hemostasis. The histopathological examination of the sample was evaluated as a simple bone cyst. The patient was kept on follow up four months.

Key Words: Cyst bone cavity

P-113
BILATERAL RADICULAR CYSTS OF ANTERIOR MAXILLA: AN UNUSUAL PRESENTATION

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Radicular cysts are one of the most common pathologies in maxillofacial region. This inflammatory cysts develop as a sequel of nonvital pulp that stimulates epithelium at the apex to form a epithelium lined cyst. These cysts are frequently encountered in permanent dentition at any age, but seldom seen in deciduous dentition. On radiographic examination, these lesions are typically evident as well circumscribed radiolucent images that are associated with the apex of causative tooth. Radicular cysts are slow growing painless lesions and may not cause any clinical sign until they expand to a deformity-forming size. In the anterior maxilla, virtually all radicular cysts represent as bony swellings on vestibular side, and as the size increases, thinning or perforation of the buccal plate may be seen. In this presentation, we describe a case of palatally-expanded bilateral radicular cysts in anterior maxilla and surgical handling of the lesions. Identifying three-dimensional properties of the lesion is of paramount importance with a thorough clinical and radiographic examination for planning surgical approach.

Key Words: radicular cyst anterior maxilla palatal
P-114
REGENERATED BISPHOSPHONATE INCLUDED OSTEOONECROSIS OF THE JAWS: CLINICAL DATA OF ELEVEN CASES

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Bisphosphonates (BPs) are compounds used drugs in the treatment of various metabolic and malignant bone diseases. Recently, there have been reports of bisphosphonate related osteonecrosis of the jaws (BRONJ) in cancer patients receiving concomitant anticancer therapy (chemotherapy, steroid therapy, or head and neck radiotherapy) and an Intravenous (IV) BP. BRONJ is defined as an unexpected development of necrotic bone cavity. In the treatment of osteonecrosis, medical and surgical treatment methods can be used. Commonly treatment protocols such as, debridement and sequestrectomy were used. This report consist of 11 individuals (6 males and 5 females) receiving IV BP and having exposed bone in their jaws concerning to BPs. The purpose of this article is to present data from 11 cases receiving IV BP and have regenerated BP-induced BRONJ.

Key Words: Bisphosphonates osteonecrosis regeneration

P-115
ORAL PREGNANCY TUMOR: A CASE REPORT

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Oral pregnancy tumor (PT) is a benign, tumor-like, hyperplastic inflammatory lesion arises in response to local irritation, trauma or hormonal factors. PT tend to occur frequently during the second and third trimester among 5% of the pregnancies. Lesions have tendency to bleed and they are indistinguishable from oral pyogenic granulomas in males and in non-pregnant females, clinically and histopathologically. The increased incidence of these lesions during pregnancy may be related to elevated levels of estrogen & progesterone hormones. Treatment considerations during pregnancy are variable. For PT, conservative approach and follow up is recommended. In absence of significant esthetic or functional problems or both, the lesion should not be excised because it has tendency for a spontaneous regression after delivery. If patients has esthetic or functional problems treatment choice is surgical excision and follow up. This case report presents clinical, histopathological findings and surgical treatment of PT of a 24 year-old woman in the 33 th week of pregnancy. The patient is kept under observation through recall check-ups during the pregnancy and regular follow up revealed no recurrence of the lesion after delivery.

Key Words: pregnancy tumor pyogenic granuloma
P-116
KERATOCYSTS TREATED WITH MARSUPLIALIZATION

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Keratocysts are benign odontogenic cysts that are associated with crowns of teeth. Twelve patients between the ages of 12 and 54 with biopsy-proven DC (5 mandibular and 7 maxillary) measuring between 2 and 8 cm were treated by marsupialization consisting of excision of the overlying mucosa and the opening of a 1-cm window into the cystic cavity and where possible, suturing of the cyst lining to the oral mucosa. The cavities were kept open either by vigorous use of a home syringe by the patient or by suturing into place the flap and short length of a nasopharyngeal airway. Once the cyst had largely filled in histologic material was taken from the base of the residual depression and studied by light microscopy and bcl-2 expression. In all cases, the histologic material obtained after marsupialization showed normal epithelium only with no signs of cystic remnants, daughter cysts, or budding of the basal layer of the epithelium. At initial biopsy bcl-2 was expressed in the keratocyst lining but not in the histologic material obtained after marsupialization. Follow-up time ranged from a minimum of 1 years to a maximum of 2.5 years.

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THE EFFECTS OF A NEW MOUTHWASH ON IMPACTED MANDIBULAR THIRD MOLAR SURGERY REGARDING POSTOPERATIVE PAIN AND TRISMUS

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Most patients have pain, swelling and dysfunction related to inflammation for a short, predictable period after third molar surgery. Because these are common complications that are confronted after molar surgery; recovery after third molar surgery is often used as a model for studying the efficacy of analgesics and anti-inflammatory mouthwashes affecting bone and connective tissue. A new mouthwash contains supplements such as L-arginine, zinc sulphate, vitamin C, trisodium citrate, potassium benzoate which are known to be efficient on wound healing, anticoagulation and can work as antimicrobial, anti-inflammatory and bacteriostatic agent. The aim of this clinical study is to assess the efficacy of this mouthwash for patients undergoing the surgical removal of impacted mandibular third molar teeth compared with a control group with a content of 0.15% benzylamine hydrochloride mouthwash. The study consist of 30 patients with impacted mandibular third molars. All patients were given antibiotics prophylaxis. Patients were equally and randomly divided between Nilera Group (Nilera Diş Duşu®, Nilera İlaç Eczacılık Kozmetik Ürünleri San. ve Tic. A.Ş.,İstanbul) and 0.15% benzylamine hydrochloride group (Tantum Verde Gargara® Santa Farma, İstanbul). Patients used either of these mouthwashes 3 times daily for 7 days after impacted mandibular third molar surgery. Pain was evaluated using VAS score and trismus was measured with maximum mouth opening. The evaluation of trismus and pain were recorded for all patients on the day of surgery, 2 and 7 days after the surgery. As a result we can conclude that Nilera mouthwash can be used to control pain and trismus after impacted third molar surgery.

Key Words: impacted molar, L-Arginine zinc sulphate benzylamine hydrochloride
P-118
EXPERIENCE ON TREATMENT OF IRRITATION FIBROMAS OF THE ORAL CAVITY USING DIODE LASER 12 CASES

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The irritation fibroma is a benign proliferation that occurs as a response to local irritation. Fibroma is an elevated lesion that ranges in size from a few milimetres to a few centimetres and has normal mucosal color, although it may appear to be more pale than the normal mucosa. Fibroma excision is a procedure usually done for aesthetic and functional reasons. The role of the laser surgery in the oral cavity is well established. Intraoperative and postoperative clinical findings are excellent due to sufficient cutting abilities, the good coagulation effect and the extremely small zone of thermal necrosis to surrounding tissues, relatively bloodless surgical and postsurgical course, minimal swelling and scarring. For such reasons diode laser has been proven as an alternative solution to conventional electrosurgery and scalpel. We present 12 patients with irritation fibromas treated with diode laser (810 μm). Laser excision is a modern approach for treating oral soft tissue lesions and should be considered as an alternative to conventional scalpel surgery.

Key Words: irritation fibroma diode laser excision

P-119
DENTAL IMPLANT PLACEMENT WITH THE GUIDELINE OF A STENT IN MAXILLA

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Dental implants present a functional and aesthetic solution for partial and total edentulism. The surgical installation of dental implants in such alveolar ridges may be challenging, since drilling into the ridge is invariably a "blind" procedure. For this purpose different kind of techniques like 3D planning, surgical guides, stents etc. are used by oral maxillofacial surgeons. Furthermore, the stent can be used with the entire series of surgical drills, thereby minimizing the chance of inadvertently enlarging the implant site as a result of free hand use of the handpiece. A case is presented where a surgical stent is used so as to position the dental implants accurately. The aim of the present article is to report and discuss a case in which dental implants were inserted by the guideline of a stent.

Key Words: Dental implant stent maxilla
P-120
BOTRYOID ODONTOGENIC CYST WITH EXTENSIVE CLEAR CELLS. HISTOPATHOLOGIC FINDINGS AND RECONSTRUCTION WITH PLATELET RICH FIBRINE

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Botryoid odontogenic cyst is an unusual multicystic variant of the lateral periodontal cyst. In this report, clinical and histopathological features of a case of botryoid odontogenic cysts (BOC) found in mandibular anterior region of a 51 year-old male is presented. There was a unilocular radiolucency on residual alveolar crest of the mandibular para-symphysial region. Histologically, there was extensive clear cells within the cyst lining. Plaques and epithelial rests scattered among within the fibrous connective-tissue wall. In this case report, an unusual type of botryoid odontogenic cyst and reconstruction of the cyst cavity with platelet rich fibrin (PRF) is presented.

P-121
REPOSITIONING OF THE MENTAL NERVE IN CASE OF SEVERE MANDIBULAR ATROPHY: CLINICAL CASE REPORT

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Following tooth extraction, cortical bone suffers greater resorption on the vestibular area and patients typically present narrow and low alveolar crests. In case of moderate to severe mandibular atrophy; the bone height between alveolar crest and mental nerve is too small and sometimes under pressure patients feel pain. Repositioning of the mental nerve is an effective preprosthetic surgery procedure in patients with hyperesthesia caused by a dental prosthesis. As well as this surgical repositioning of the mental nerve facilitates the placement of implants in overdenture prosthesis and pain of the patient can be prevented. We present two cases of severe mandibular atrophy in which mental nerve repositioning, implant placement and prosthetic rehabilitation was carried out. Nerve repositioning may constitute a treatment alternative in patients with a consequent risk of mental nerve damage during the placement of dental implants.

Key Words: Mental nerve Hyperesthesia Dental Implant Mandibular Atrophy
P-122
REVIEW OF DIFFERENT METHODS FOR ANESTHETIZING OF MANDIBULAR PRIMARY MOLARS

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Background and Aim: Effective pain control in children is fundamental for the accomplishment of most dental procedures. Pain control during dental treatment is effective in cooperation and patient’s compliance. The aim of this article is to review various methods for anesthetizing of mandibular primary molars.

Methods and Materials: All articles related to anesthesia of mandibular primary molars between 1995-2012 were collected and evaluated.

Results: Inferior alveolar nerve block is a common technique for anesthetizing of primary mandibular molars. This technique has some disadvantages for children, specially the lengthy duration of the anesthesia increases possibility of post operative trauma. Infiltration anesthesia, periodontal ligament anesthesia and intra osseous can be used as alternative techniques. These techniques have advantages and disadvantage.

Conclusion: Several techniques can be used for anesthetizing of mandibular primary molars. Clinician selects favorite methods depend of dental procedure, child’s age and patient’s cooperation.

Key Words: Anesthesia primary molar Mandibular

P-123
DENTIGEROUS CYST OF MANDIBLE BY ONLY MARSUPIALIZATION TREATMENT: A CASE REPORT

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Dentigerous cysts are the most common of all developmental odontogenic cysts of the jaws and account for approximately 20-24% of the jaw cysts. Dentigerous cysts are seen as a well-defined radiolucent lesion of alveolar bone in preadolescents and inhibits the eruption of the involved permanent tooth. It is characterized by a unilocular radiolucent lesion that encloses permanent tooth buds or, under certain circumstances, displaced tooth buds. Buccal bony expansion is the most common clinical feature. The other clinical feature is root dilacerations. The risk of cyst formation around the crowns of unerupted mandibular first premolars, maxillary incisors, or mandibular second molars is significant. The two main methods of treating a dentigerous cyst are removal and marsupialization. Excision is indicated when there is no likelihood of damaging anatomic structures, such as apices of vital teeth, the maxillary sinus, or inferior alveolar nerve. Marsupialization can maintain the impacted tooth in the cystic cavity and promote its eruption. Marsupialization is especially useful for dentigerous cysts with teeth displacement, large cysts and child. In this report, dentigerous cyst in mandible and its treatment with marsupialization in a child is presented.

Key Words: Dentigerous cyst marsupialization child
P-124
OSTEOGENIC POTENTIAL OF STEM CELLS FROM TWO DIFFERENT SOURCES: BONE MARROW AND DENTAL PULP

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The reconstruction of maxillofacial defects using stem cells is a promising area of bone tissue engineering. Different sources of stem cells can be used for these osteogenic purposes due to their ability to undergo multilineage differentiation. Among them, the bone marrow stem cells (BMSCs) are the most frequently used type of cells used in bone applications. In recent years, stem cells have been also found in the dental pulp. The hard tissue forming potential of dental pulp stem cells (DPSCs) has been already shown. The aim of this study was to compare the osteogenic potential of BMSCs and DPSCs in a rodent model. For this purpose, bone marrow and dental pulp tissues were harvested simultaneously from five male Sprague Dawley rats (6-8 weeks). The stem cell characteristics were confirmed using flow cytometry. The osteogenic potential of stem cells (passage 1 and 4) was evaluated in various differentiating media (complete medium, fibroblast growth factor (FGF) and bone morphogenetic protein-2 (BMP-2)) using ALP activity and bone nodule formation under light microscopy. It was found that at the passage 1 DPSCs exhibit an ALP activity similar to BMSCs. After the passage 4, the ALP activity of DPSCs was significantly reduced compared to BMSCs either with complete medium or FGF+BMP-2 administration. DPSCs were found to deposit increased bone nodules following the simultaneous delivery of FGF-2 and BMP-2. It was concluded that DPSCs have the potential to undergo osteogenic differentiation, however this ability reduces with passaging. Dual delivery of FGF-2 and BMP-2 into the culture medium might be beneficial for the enhancement osteogenic activity of DPSCs if a transplantation for hard tissue regeneration will be planned.

Key Words: dental pulp bone marrow stem cell growth factor characterization

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TREATMENT OF EOSINOPHILIC GRANULOMA OF THE MANDIBLE: A CASE REPORT

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Eosinophilic granuloma is a subtype of langerhans cell histiocytosis was first described in 1940. According to the Histiocyte Society, eosinophilic granuloma represents the chronic localized form of this histiocyte disorder and is commonly found in the jaws and shows as a well defined radiolucency resembles to odontogenic cyst or tumours. Treatment modality differs from aggressive curettage to spontaneous regression in the literature. Recurrence rate of the disease is low. In this case report, 34 year-old male patient applied to Department of Oral and Maxillofacial Surgery of Dental School of Erciyes University in 2007, with intense pain in the left mandibular anterior region with a pathological fracture. In radiographic examination, a well-defined radiolucency was observed in the left mandibular anterior
region. Treatment plan consisted of reconstruction of the mandible with reconstruction plate after the local aggressive curettage. After 1 year from the surgery there was no recurrence and bone healing was observed. Three dental implant was placed in interferomental region for prosthetic rehabilitation after removal of the reconstruction plate. In the present report, patient with eosinophilic granuloma was treated successfully and no recurrence was observed over 5 years following period.

**Key Words:** Eosinophilic granuloma pathological fracture dental implant langerhans cell histiocytosis

**P-126**

**A RARE VARIANT OF DEVELOPMENTAL ODONTOGENIC LESIONS: THE LATERAL PERIODONTAL CYST.**

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The lateral periodontal cyst (LPC) is an uncommon type of developmental odontogenic cyst that typically occurs along the lateral root surface of a vital tooth. It represents near 0.4% of all odontogenic cysts and 0.7% of all cysts of the jaw bones. The lesion is usually asymptomatic and it is detected during a routine radiographic examination. The aim of this report is to describe a case presenting with complaints of pain and swelling in the anterior mandible that is localized between the lateral incisor and the cuspid. Panoramic radiography revealed a radiolucent, a well-circumscribed unilocular lesion, less than 1 cm in diameter, between apical thirds of the teeth in the aforementioned region. Vitalometric examinations of the teeth surrounding the lesion were positive. The patient was operated under local anesthesia and the lesion was removed with enucleation. Healing was uneventful. Microscopic examination of the surgical specimen revealed a thin wall of fibroblasts and collagen fibers which is lined by a thin layer of epithelium consisting of squamous cells rich of glycogen, leading to a final diagnosis of LPC. The location and radiographic appearance of LPCs are not pathognomonic. Therefore, the odontogenic keratocyst, mental foramen and radicular cyst should be included in differential diagnosis. Although it is curable by enucleation alone and recurrence is considered to be unusual, the definitive diagnosis can be established only after histopathological analysis.

**Key Words:** lateral periodontal cyst developmental odontogenic cyst differential diagnosis

**P-127**

**MAXILLARY DENTALVEOLAR SEQUESTRATION RELATED WITH STEVEN JOHNSON SYNDROME: A CASE REPORT**

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Steven Johnson's Syndrome (SJS) is a serious systemic disorder in which there are vesicobullous lesions involving the skin and mucous membranes. SJS leads to occurrence of immune response to an antigen or drugs. Generally it is misdiagnosed as an allergic reaction. It is a self-limiting condition which responds to immediate management or may result in fluid loss, sepsis and death. SJS symptoms are non-specific upper respiratory tract infections, which may be
associated with fever, sore throat, chills, headache, arthralgia, vomiting and diarrhoea, and malaise. Mucocutaneous lesions are usually not pruritic. Oral lesions may be severe enough that patients may not be able to eat or drink. In this case report, 68 year-old male patient with SJS is presented. Diagnosis of the lesion, treatment concept and the survive was discussed in the light of the literature.

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IS MANDIBULAR ANTERIOR AREA A SAFE ZONE FOR IMPLANT PLACEMENT?

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During implantology procedures, one of the most serious complications is temporary or permanent damage of the inferior alveolar nerve (IAN), which may result in sensory disturbances. Mandibular incisive nerve is described as a terminal branche of the IAN, and provides innervation to the lower anterior teeth and canines. The incisive nerve and canal is located in the interforaminal area. Although numerous studies report IAN damage during implant placement, few reports in the literature describes sensory disturbances, such as neuropathic pain, related to mandibular incisive nerve damage. The purpose of this retrospective clinical study was to evaluate the risk of neuropathic pain caused by implant placement in the interforaminal region of the mandible. Panoramic radiographs of patients who were treated with dental implants in the Department of Maxillofacial Surgery, Faculty of Dentistry at Erciyes University, between 2007 and 2012, were examined. 55 patients with suspected relationship between mandibular incisive canal and dental implant were included into this retrospective study. Computed tomographies (CT) were taken from 10 patients who have postoperative neuropathic pain. Relationship between dental implant and mandibular incisive nerve was evaluated using a 3D software programme. Mandibular incisive nerve perforation by at least one implant was observed in all 10 patients. Descriptive analysis were also provided. In conclusion, neuropatic pain may occur after implant placement in the interforaminal region due to the perforation of the incisive canal and nerve. According to the results of this retrospective study, the incisive canal and nerve perforation should be considered as a complication of implant surgery in the mandibular anterior area.

Key Words: Mandibular incisive nerve dental implant neuropathic pain

P-129
THE MANAGEMENT OF SEVERE TRAUMATIC OSTEOMYELITIS OF THE MANDIBLE

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Osteomyelitis is an inflammatory process involving cortical and cancellous bone, the major predisposing factor for osteomyelitis of the jaw odontogenic infections and fractures. The cause of most fracture gap infections is either a lack of or inadequate primary management. In this case report we presented a 35 year old male patient with infected bilateral mandibular fractures. After the trauma he had no treatment for the fractures in the state hospital. Ten days
later he referred to our clinic with pain, a large swelling and an extra oral fistula on the left side of the mandibula. In the radiographic examination bilaterally mandibular fractures were seen, the one on the left side was dislocated and seriously infected. Firstly the infection was treated by drainage of the infection and using antibiotics. The mandibular fractures were treated with open reduction under general anesthesia. Diagnostic errors can result in delayed treatment and, therefore patients with history of trauma in the head and neck region should be properly assessed and evaluated for proper diagnosis and treatment.

Key Words: osteomyelitis mandibular fracture trauma

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RETROSPECTIVE ANALYSIS OF JAW CYSTS IN KIRIKKALE POPULATION

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Cysts are the most common entities of the osteogenic lesions affecting the jaws. They are classified traditionally into two main groups: developmental (odontogenic and non-odontogenic) cysts, inflammatory cysts and pseudocysts. It is described as pathologic cavity or sac with in the soft and hard tissues that may contain fluid, semi-fluid or gas. The aim of this presentation was to assess the frequency, localization and demography distribution of all histologically diagnosed cysts in the Kirikkale population and to compare the data with the currently published similar studies in the literature. This retrospective study data contains 125 jaw cyst which were diagnosed and operated in the years between 2008-2012 in Kirikkale University Dentistry Faculty Department of Oral and Maxillofacial Surgery. The classification of the WHO(2005) was used to evaluate the histological data. In this study, radicular cyst and the anterior part of the maxilla were found the most common diagnose (%71.2) and the most common localization (%44.8). Age and sex data showed similar prevalence to the current literature.

Key Words: jaw cysts pathology radicular maxilla

P-131
MAXILLARY MYXOMA: REPORT OF A CASE

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Myxomas are rarely seen, slowly growing and benign neoplasms. These neoplasms frequently occur in myocardium but when they appear in osseous sites, they are usually found in mandible and maxilla. Odontogenic myxoma commonly occurs in the second and third decade, and the mandible is involved more commonly than the maxilla. The lesion often grows without symptoms and presents as a painless swelling. Radiologically their appearance may vary from an unicystic unilocular radiolucency to a large multilocular expansive lesion. Treatment options may differ from enucleation to radical resection. In this poster a unilocular maxillary myxoma which was noticed coincidentally in a panoramic radiograph was presented. The radiological findings as well as treatment with enucleation and curettage were reported.
MULTILOBULAR AND MIXED RADIOLUCENT LESIONS OF THE PERIAPICAL REGION: THE CEMENTO-OSSEOUS DYSPLASIA

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Osseous dysplasias are idiopathic processes located in the periapical region of the tooth-bearing jaw areas, characterized by the replacement of normal bone by fibrous tissue and metaphasic bone. There are different types of osseous dysplasias such as periapical osseous dysplasia, focal osseous dysplasia, florid osseous dysplasia and familial gigantiform cementoma. The aim of this report is to describe a 28 year-old female patient referred to our clinic for the radiolucent lesion detected coincidentally. The patient was asymptomatic at the time of examination. Panoramic radiography disclosed a ring shaped radiolucent lesion consisting of two lobes about 0.5 cm diameter surrounded with lightly ossified sclerotic margin in the location of mandibular left first molar tooth which had been extracted six years ago. Patient was operated under local anesthesia. The lesion was removed with curetage. Histopathological characteristics of the lesion revealed a mixture of woven and lamellar bones together with cementum-like particles, leading to a final diagnosis of cemento-osseous dysplasia. Unusual characteristics of such lesions have been discussed with special emphasis to the reliability of the imaging devices and distinctive surgical modalities.

Key Words: cemento-osseous dysplasia benign lesion osseous dysplasia radiolucent lesion of the jaws

NASAL TOOTH: TREATMENT WITH TRANSCYSTIC APPROACH

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Nasal teeth are quite rare form of supernumerary teeth. Although a nasal tooth is not difficult to diagnose, it is easily missed due to the lack of symptoms and the variable clinical presentation, and a diagnosis is often made incidentally during routine clinical or radiological examinations. A 45 year-old woman was referred to Erciyes University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery with a history of slow growing expansion in anterior maxillary region. In panoramic view a large, uniloculer, with well defined margin related with maxillary cystic lesion was detected. Beside this lesion a foreign body was defined just above the lesion. In computed tomography scans foreign body was seen in the nasal cavity at inferior left meatus under inferior nasal concha over the maxillary cyst. Under general anesthesia intranasal tooth was extracted from maxillary cyst cavity and then the cyst was enucleated. Intranasal tooth is mainly related to cleft palate, maxillofacial trauma, previous odontogenic or rhinogenic infection, and hereditary factors including Gardner’s syndrome and cleidocranial dysostosis. None of the significant causative factors were identified in the present case. The most common surgical approaches for the treatment of nasal tooth include the transnasal and transpalatal approaches and endoscopic nasal surgery. This presentation describes a case of the tooth in the nasal floor, with a residual cyst in the adjacent maxilla and the treatment with transcystic approach.

Key Words: nasal tooth ectopic tooth nasal cavity
P-134
CYSTADENOMA; UNCOMMON ENTITY OF THE LOWER LIP

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Cystadenoma is a rare, painless benign epithelial tumor of the salivary glands which characterized by intraluminal papillary proliferation of the lining epithelium and shows predominantly unicyclic or multicystic growth. Cystadenomas has generally shown to occur in the fourth to seventh decade of the life. Cystadenomas are diagnosed as 45% of all tumours in the parotid gland and 7% in the submandibular gland. More than half of all minor cystadenomas occurred in the lip and buccal mucosa. In oral mucosa, these tumors produce smooth-surfaced nodules that resemble mucoceles. This case report describes the case of a cystadenoma in the lower lip of a 54-year-old male patient and discusses the differential diagnosis of this rare entity.

P-135
IMPLANTED IMPRESSION MATERIAL INTO THE ODONTOGENIC CYST: A FOREIGN BODY IN MAXILLA

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Foreign bodies are often encountered by oral and maxillofacial surgeons. Accidental entry of foreign bodies into the orofacial region could be due to trauma, therapeutic interventions or iatrogenic. Various foreign bodies and locations have been reported, for example, impression material in the maxillary sinus, wood and tooth fragments in the orbit. Foreign bodies sometimes migrate within the tissues and become symptomatic after a certain period of time. They are capable of inducing a reparative granuloma formation, suppuration or chronic inflammation. Infection is more frequent, however and sometimes foreign bodies may also lead to an aseptic foreign body reaction. Both types of inflammation demand complete surgical removal of the retained foreign body in order to cure the symptoms. The removal of foreign bodies is often a surgical challenge due to a combination of difficulty in access and close anatomical relationship to vital structures. To prevent complications, foreign bodies should be diagnosed and removed on time. Considering the clinical features, particularly the location, the absence of complaint, and the radiographic aspects, many other lesions could be considered such as a odontogenic cysts or tumours. We report surgical treatment of 38 year old patient with a synthetic foreign body (impression material) which is implanted in existing radicular cyst in maxillary premolar.

Key Words: Foreign impression material
P-136
THE DOMESTIC PIG: A USEFUL MODEL TO STUDY TOOTH GERM STEM CELL DRIVEN CRANIOFACIAL REGENERATION

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The transplantation of osteogenic cells to achieve bone regeneration is a promising area of bone tissue engineering. Effective and easily obtained cell source is the most important parameter for the establishment of an optimal bone regeneration using cell-driven technologies. We have previously isolated and characterized mesenchymal stem cells (MSCs) from human tooth germs (hTGSCs). One plausible direction of differentiation of hTGSCs is the osteogenic one, since these stem cells mostly display characteristics of mesenchymal origin. Before the establishment of human trials for bone regeneration there are several questions that need to be elucidated. The domestic pig can be used as an experimental model for the isolation and transplantation of TGSCs due to its anatomical, physiologic, and metabolic similarities with humans. Also, the diphyodont and heterodont dentition of the pig resemble that of humans which makes it a good candidate to study tooth morphogenesis and dental stem cell-mediated tissue engineering. In this study, we have isolated and cultured TGSCs from human and porcine species. The stem cell characteristics of both cell types were compared using flow cytometry. Under specific culture conditions, both TGSCs differentiated into osteogenic, adipogenic and chondrogenic cells. The results of this study have shown that TGSCs from the pig is a suitable model for stem cell mediated craniofacial regeneration due to its similarities with human TGSCs and its hard tissue forming potential.

Key Words: tooth germ stem cell porcine bone differentiation

P-137
REHABILITATION OF ATROPHIC JAWS WITH DENTAL IMPLANTS FOLLOWING ILIAC CREST RECONSTRUCTION

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Full mouth rehabilitation for a patient with atrophic jaws is complex and often requires a comprehensive multidisciplinary approach. The prosthetic rehabilitation of an atrophic jaw is usually unsatisfactory due to the lack of support tissues, mainly bone and keratinized mucosa for treatment with osseointegrated implants or even conventional prosthesis. Resorption of mandible and maxilla results progressive loss of alveolar bone volume and as a result, removable prosthesis become nonretentive and unstable. The prosthetic instability leads to social and functional limitations and chronic physical trauma decreasing the patient’s quality of life. When bone support or volume is so lacking that aug-
mentation procedures are required, bone grafting and implant supported prothetic rehabilitation can be considered as a treatment option. This present study describes the surgical management of 3 cases with severe alveolar bone loss in which autogenous bone graft harvested from the iliac crest were applied previous to the placement of osseointegrated dental implants. All of our cases were treated with an implant fixed prosthesis and no complications observed in follow up sessions.

**Key Words:** atrophic jaws dental implant reconstruction iliac crest

**P-138**  
**CLINICAL EVALUATION OF 22 CHILDREN WITH MESIODENS**

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**Introduction:** Supernumerary teeth are defined as any tooth or odontogenic structure that is formed from a tooth germ in excess of the usual number for any given region of the dental arch. Supernumerary tooth is one of the developmental problems in children. Supernumerary tooth present in the midline of the maxilla is called "mesiodens". Mesiodens present classical oral complication such as impaction of adjacent teeth, crowding, diastema formation, rotation, displacement of teeth, and occlusal interference. The treatment modality is extraction or surgical removal of mesiodens and further observation till the permanent incisors erupt.

**Materials and Methods:** Twenty two patients with mesiodens were included in the present study. Age, sex distribution, number of mesiodens per patient, shape, size, direction of the eruption and the relationship with permanent incisors were documented. Mesiodens were extracted with/without surgical approach.

**Result:** The results showed that males were affected approximately 6 times more than females; Most of the mesiodens were conical in shape (79.2%) the others were tuberculate (20.8%). Of the 22 children, 20 (90.09 %) had one mesiodens and 2 (9.91%) had two mesiodens bilaterally to midline. Eleven mesiodens out of the 24 (45.8%) were fully impacted. The most common complication caused by mesiodens was delayed eruption of the permanent incisors and there were such 12 cases (54.5%).

**Conclusion:** Mesiodens as the most prevalent form of supernumerary teeth in permanent dentition is not a rare condition. Extraction of mesiodens in the early mixed dentition helps spontaneous alignment of the permanent dentition in childhood.

**Key Words:** Supernumerary teeth complications
P-139
ARTROGRYPOSIS MULTIPLEX CONGENITA IN ASSOCIATION WITH TEMPOROMANDIBULAR JOINT DYSFUNCTION: CASE REPORT

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Arthrogryposis Multiplex Congenita (AMC) is a rare congenital stiff joints syndrome and affects skeletal muscle development. Joint contractures and deformity of the shoulders, elbows, hips and knees are characteristic features of this syndrome. The other findings of this syndrome are, cylindrically shaped extremities and increase in fibrous tissue content of the muscles. Limited jaw opening, micrognathia, weakness of the masticator muscles, cleft palate may occur in maxillofacial involvement of the syndrome. Involvement of temporomandibular joint is common complication which limits mandibular opening. Thirteen years old patient was referred to our clinic for limited mouth opening. After multidisciplinary evaluation, we have concluded that the temporomandibular joint hypomobility may be associated with AMC.

Key Words: Arthrogryposis Multiplex Congenita temporomandibular joint

P-140
CORONOIDECTOMY IN THE TREATMENT OF MOUTH RESTRICTION CAUSED BY GUNSHOT INJURY

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Zygomatico-coronoid fibrous ankylosis of the mandible is a complication which rarely occurs. A rare case of zygomatico-coronoid ankylosis caused by a gun-shot is described. A 22-year-old man was hit in the face with a bullet, resulting in restricted mouth opening, difficulty chewing, and pain when opening the mouth. The clinical examination revealed a perforating wound in the right zygomatic region. A computed tomographic scan revealed an ankylosis of the right coronoic process with the bullet stopping in the intact right coronoic process. Treatment was unilateral coronoidectomy associated with physiotherapy and was successful. Details of the clinical signs, computed tomography, treatment, and follow-up are presented.
P-141
CRYOSURGERY FOR TREATMENT OF ORAL LESIONS

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Oral mucosa, because of its characteristics of humidity and smoothness, is an ideal site for this technique. It shows a very good esthetic result and it may be either the first choice or an alternative option to conventional surgery. The aim of this study is to review of treatment of oral lesions with cryosurgery.

Methods and Materials: All articles related to cryosurgery in treatment of oral lesions between 1980-2011 were collected and evaluated.

Results: Cryotherapy is the deliberate destruction of tissue by application of extreme cold. It is well received by patients due to a relative lack of discomfort, the absence of bleeding and minimal to no scarring after healing. It has many applications in oral medicine and clinical oral pathology, and is extremely useful in patients for whom surgery is contra-indicated due to either age or medical history. This treatment required no sophisticated equipment and gave very satisfactory results. There was no intra- or postoperative bleeding, no surgical defects, minimal scarring, and no infection following treatment. The results demonstrate that this is an atraumatic form of therapy in comparison to conventional surgery. It can be performed under local anesthesia, and requires no hospitalization.

Conclusions: Cryosurgery is a very safe, easy to perform, and relatively inexpensive technique for treating various oral lesions in an out-patient clinic.

Key Words: Cryosurgery Oral lesions Treatment

P-142
TREATMENT OF CHIN PTOSIS WITH SUTURE ANCHOR: REPORT OF TWO CASE TEXT

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Chin ptosis is an unesthetic soft tissue deformity that defines the droop of the soft tissues of the mandibular symphyseal region. The four types of ptotic chin are developmental, dynamic, illusory, and iatrogenic chin ptosis. When extensive soft tissue reflection and improper wound closure is used in the intraoral approach to the menton for placement of implants or ossous genioplasty, iatrogenic ptosis can occur. The principle of the repair of iatrogenic ptosis is resuspension of the detached mentalis to a level below the attached gingiva. Ptotic chin can be seen in people of any age. It is generally seen in older patients. In young people, it is seen as a familial trait. Various techniques have been defined to repair ptosis of the chin. The suture anchors are commonly used in orthopedic surgery to repair tendons. In our two cases, we used an suture anchor technique to reattach the mental muscle to the chin area. In one patient, botulinum toxin A injection was also administered. In conclusion, iatrogenic chin ptosis can be treated successfully with suture anchor.

Key Words: chin ptosis treatment suture anchor
P-143
MANAGEMENT OF CENTRAL GIANT CELL GRANULOMAS OF THE JAWS IN CHILDREN: CONSERVATIVE SURGICAL APPROACH

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Introduction: Central giant cell granuloma (CGCG) is a benign aggressive destructive osteolytic lesion of osteoclastic origin. The aetiology of giant cell granuloma is undefined; some authors describe it as an inflammatory proliferation, some lesions have been reported to behave as a neoplastic process in an aggressive fashion. CGCG of the jaw bones can be classified as non-aggressive or aggressive due to criteria of clinical signs and symptoms, radiological and histological features. The aggressive type lesions of CGCG require wide resection that leads to major defects in the jaws. This form of surgical treatment can cause aesthetic and functional problems in childhood. In this study we aim to figure out the outcome of children’s who underwent conservative surgical approach of CGCG.

Material and Method: 21 children, aged between 3-13 years old were included in this retrospective study. CGCG’s were surgically removed (by enucleation followed by curratage of the bone). Gender, age, location of the lesion, size of the lesion, clinical and radiological findings recorded.

Results: Out of 21, 12 lesions were located in the maxilla and 9 lesions located in the mandible. Most affected site of the maxilla was anterior with 5 cases. 11 of the lesions were aggressive type and 10 of the lesions were non-aggressive type. Most of the cases were unilocular and the maximum size of the lesions was 4x5x4 cm. Expansion of the bone cortex detected in 8 cases and root resorption was recorded in 3 cases. In two cases recurrences were detected. The patients were followed up between 8 months to 71 months.

Conclusion: Conservative surgery, without extensive bone removal, as the treatment of choice for giant cell lesions in children was successful without recurrence in our 19 cases of all 21. Follow-up should be long-lasting to secure bone healing and unaffected jaw growth.

Key Words: central giant cell lesions children conservative surgery

P-144
GLANDULAR ODONTOGENIC CYST WITH RARE CLINICAL CHARACTERISTICS: A CASE REPORT

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The glandular odontogenic cyst (GOC) is a rare developmental cyst of the jaws first described in 1988 by Gardner et al. This cyst has an uncertain histogenesis and was recently listed by the World Health Organization as a developmental odontogenic epithelial cyst. The “glandular odontogenic cyst” (GOC) has two clinically important attributes: it has
“a high recurrence rate” and it displays “an aggressive growth potential”. The most common location of GOC is the anterior mandibular region in approximately 85% of the cases, especially beyond the midline. GOC occurs mostly in middle aged men. Most GOCs in the literature are reported in patients over 30 years of age, with a mean age of 45.7 years. Clinically and radiographically, GOCs cannot be distinguished reliably from lateral periodontal cysts or BOCs. Recommendations for treatment have been debated in the literature and are not supported by randomised clinical trial data. Our aim is to present a glandular odontogenic cyst with different clinical characteristics. Oposite of literature our patient is a teenage female. Cyst was also located on posterior maxillary region. Due to controversies on treatment options, we tried a conservative option because of the age of the patient and localisation of the cyst.

**Key Words:** Glandular Odontogenic Cyst Maxilla

**P-145**
CONSERVATIVE TREATMENT OF UNICYSTIC AMEBOBLASTOMA: REPORT OF TWO CASES

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Ameloblastoma is a common aggressive benign odontogenic tumor of the jaws. The unicystic ameloblastoma is less aggressive than the other types of ameloblastomas (solid or multicycstic ameloblastoma), and usually occurs in a younger population (third decade). It was most commonly encountered in the posterior mandible and is commonly associated with impacted teeth. Treatments can be varied, depending on the histologic type and the location site, as marginal resection, segmental resection, enucleation, curettage, marsupialization, cryotherapy, or a combination of these techniques. In spite of these treatment modalities identified in the literature, there is still controversy about the therapy, either its clinical presentation or its histopathologic characteristics especially in younger ages. We describe here, two cases of unicystic ameloblastoma treated conservatively with marsupialization. The size of the defect reduced in one patient, in the other, the lesion reexpanded after 8 months while marsupialization therapy continued. The tumors were enucleated at the end of marsupialization therapy. In conclusion, the size of unicystic ameloblastoma may be reduced with marsupialization thus avoiding to damage the vital anatomical structures during enucleation. This conservative approach may be considered as an alternative treatment modality, especially in younger patients.

**Key Words:** unicystic ameloblastoma conservative treatment ameloblastoma

**P-146**
STEP-BY-STEP APPROACH BALL ATTACHMENT

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Two implant-supported overdentures have become the treatment of choice in restoring complete edentulism, but the
types of attachment to assure durable retention are a subject of debate. Either splinted attachments (bar) or unsplinted attachments (single attachments, ball attachments, magnets and locators) have been used to improve overdenture retention. Ball-retained overdentures are a favorable and an affordable treatment options for patients who are dissatisfied with conventional mandibular complete dentures such as the retention and stability. The aim of this presentation is to present step-by-step surgical and prosthetic procedures for the fabrication of a ball-retained mandibular overdenture supported by two implants and to provide information on post operative follow-up process.

Key Words: dental implants ball attachments overdentures edentulism retention

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FIBROUS DYSPLASIA OF THE JAWS

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Background: Fibrous dysplasia (FD) is a benign, uncommon but important lesion affecting the maxillofacial region because it can cause severe deformity and asymmetry of face and jaw bones. It is slowly progressing pathological disorder of bone usually with a slowly progression, that develops over several years and presents with deformity or mild symptomatology. FD results from a localized change in normal bone metabolism that results in the replacement of all the components of cancellous bone by fibrous tissue containing varying amounts of abnormal appearing bone. The disease is rare and its etiology is unknown. Fibrous dysplasia has 2 basic clinical forms; monostatic and polyostatic

Objective: This case series are based on patients assessed with different complaints diagnosed as fibrous dysplasia and confirmed with histopathological report and the diagnostic and therapeutic difficulties encountered in this disease Materials and Methods: Data were collected retrospectively for all patients who were treated due to different complaints diagnosed as fibrous dysplasia radiologically and histopathologically. Herein for illustration of the diagnostic and therapeutic difficulties encountered in this disease we report 19 cases of fibrous dysplasia with different pretreatment complaints and their surgical treatment procedures.

Results: Patients were evaluated according to their complaints, lesion duration, type of surgery and follow up period recorded.

Conclusions: Clinical and radiological signs of fibrous dysplasia are not sufficient. Histopathological examination is needed. Because fibrous dysplasia is a slowly progressing pathological disorder of bone patients are unaware of the disease until it gives symptoms such as pain, deformity and swelling.

Key Words: fibrous dysplasia bone disorder mandible maxilla
P-148
PLEOMORPHIC ADENOMA OF THE HARD PALATE: REPORT OF FOUR CASES

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Pleomorphic adenoma is the most common tumor(50%) of the major and minor salivary glands. Seventy percent of the tumors of the minor salivary glands are pleomorphic adenomas and the most common intraoral sites is the palate, followed by the upper lip and buccal mucosa. Pleomorphic adenoma is mostly seen in women and is most prevalent in fourth through sixth decades of life. It appears as painless swelling with a slow growing of salivary gland. Although a benign tumor, it was reported recurrence and malign degeneration. The treatment of pleomorphic adenoma is surgical excision. The aim of this report is to present the diagnosis and treatment of four cases of hard palate pleomorphic adenoma. Complete surgical excision was performed in all cases.

Key Words: Pleomorphic adenoma palate salivary neoplasms

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NONSYNDROMIC MULTIPLE SUPERNUMERARY MOLARS: A CASE REPORT

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Supernumerary molars are an uncommon developmental anomaly that can appear in any area of the dental arch. Supernumerary molars are divided into two types, depending on their location: distomolars and paramolars. Distomolars are supernumerary teeth that are distal to the third molars, however paramolars were no more than a mesially displaced distomolar. Multiple supernumerary teeth are frequently seen in people with other associated diseases or syndromes. Conditions commonly associated with hyperdontia include cleft lip and palate, tricho-rhinophalangeal syndrome, cleido-cranial dysplasia, and Gardner’s syndrome. In this study, we present an unusual case of multiple supernumerary molars without any associated systemic condition or syndrome.

Key Words: Supernumerary teeth distomolars paramolars
P-150
ASSESSMENT OF REFERRED PATIENTS WITH COMPLICATIONS AFTER SURGICAL PROCEDURES

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Background: The management of complicated extraction or surgical dental operations presents a significant surgical
challenge, and potential complications must be weighed against the potential benefits of surgical approach.

Objective: The purpose of this study was to evaluate the variety and frequency of patients referred with complications,
including osteomyelitis, displacement of tooth during extraction, mandibula fracture, infection, fracture of mandible
due to biphosphonate usage, paresthesia of inferior alveolar nerve, and needle fracture during inferior alveolar nerve
block anesthesia.

Materials and Methods: This retrospective study includes 70 patients who were referred due to complications resulted
during extraction or surgical dental operation over a 24-month period.

Results: A total of 70 patients referred for treatment of their complications. Twelve cases out of 70 were infected due
to unextracted fractured root, 11 out of 70 had paresthesia of inferior alveolar nerve, 10 out of 70 showed oro-antral
fistulae formation following maxillary molar tooth extraction and the frequencies of the other complications confronted
are mentioned.

Key Words: oral surgery complications

P-151
A RANULA CAUSING DIFFICULTY IN SPEECH, MASTICATION AND SWALLOWING: CASE REPORT

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Ranulas develop from extravasation of mucous after trauma to the sublingual gland or obstruction of the ducts. Ranula
is confined to the floor of the mouth and slowly enlarges to form a painless fluctuant swelling in the floor of the oral
cavity. It may be seen at birth or in later life. It is commonly seen in young adult. Several methods of treatment for
ranulas have been reported including excision of the ranula, marsupialization, excision of the lesion with sublingual
gland and cryosurgery. A 26 year-old female suffered from left swelling in the floor of the mouth that had been enlarg-
ing slowly over the past 3 weeks. She experienced increasing difficulty in speech, mastication and swallowing. The
lesion was treated with marsupialization. No complication was observed during the postoperative period. The healing
was uneventful.

Key Words: Ranula sublingual gland marsupialization
P-152
DESMOPLASTIC FIBROMA OF THE MANDIBLE: REVIEW OF THE LITERATURE AND PRESENTATION OF A RARE CASE

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Desmoplastic fibroma (DF) of the bone, also known as desmoid tumour, is a rare non-metastasizing but locally aggressive tumour. It is usually seen in young patients and involves mandible and long bones. In this case report, we present imaging findings and surgical excision of a histopathologically proven desmoplastic fibroma involving the left mandibular region in a 30-year-old patient. The lesion in a mixyoid structure was excised under general anesthesia. During surgery, relevant tooth(#47) was extracted. There was no post-operative complications after surgery and no recurrence. The radiograph, CT imaging features, radiological and pathological differential diagnosis of the case are described, and literature is briefly reviewed.

Key Words: desmoid tumour desmoplastic fibroma mandible

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ARTERIOVENOUS MALFORMATIONS IN THE DIFFERENTIAL DIAGNOSIS OF PALATAL SWELLINGS

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The differential diagnosis for palatal swellings includes malignant tumors, foreign body reactions, fibroma, hemangioma and palatal abscess. Arteriovenous malformations (AVM) are rare lesions which can easily be misdiagnosed yet produce the very dramatic clinical presentation of severe life threatening oral bleeding. Their real importance lies in their potential to result in exsanguinations which usually follows an unrelated treatment, such as tooth extraction, surgical intervention, puncture wound or blunt injury in involved areas, with the dentist unaware of the existence of the AVM. In this report we presented a case of a 58 year old male with a palatal swelling of 4x3cm in diameter. Clinical and radiological diagnose was made as pleomorphic adenoma however histopathological examination after incisional biopsy revealed AVM. AVM should always be kept in mind in the differential diagnosis of palatal swellings.

P-154
BISPHOSPHONATE-RELATED OSTEONECROSIS OF JAW : CASE SERIES

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Bisphosphonates are widely 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 of bisphosphonates is the occurrence of osteonecrosis of the jaws. Bisphosphonate-related osteonecrosis of jaws (BRONJ) adversely
affects the quality of life, producing significant morbidity in afflicted patients. The risk of developing osteonecrosis of the jaw in patients using intravenous bisphosphonates (BPs) is higher than using oral bisphosphonates. The devastating complications still require caution. We present case series of severe infection and osteonecrosis in different side of jaws related with bisphosphonate usage.

Key Words: BRONJ Bisphosphonate

P-155
A RARE CASE REPORT: INFECTIOUS COMPLEX ODON TOMA

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Odontomas are slow growing benign odontogenic tumors, considered to be developmental anomalies resulting from the growth of differentiated epithelial and mesenchymal cells. Clinically, odontomas are frequently associated with eruption failure of permanent teeth; symptomless swelling of the jaw or mild pain on palpation may be present, depending on the size, the type and the location. A 80-year-old female without systemic disease was referred to our department due to pain and swelling in the left side of her face. On the clinical examination, a diffuse hard swelling was found in the right mandibular body area covered with tense, red colored skin associated with cellulitis. Under local anesthesia the lesion was exposed and was taken out after sectioning. The wound was closed with 3-0 silk. Healing period was uneventful. The excised lesion revealed hard, yellowish-brown and dental-like tissue. Histopathological report confirmed the diagnosis of complex odontoma. The present case was a complex odontoma that occurred in the posterior mandible. Associated with the odontoma, this case exceptionally presented cellulitis in the buccal space with no intraoral symptoms of infection. It is likely that resorption of the edentulous part of the alveolar ridge in addition to trauma caused by denture played a role in the infection. Reported cases of odontomas with subsequent infection alike the present case are rare however careful evaluation needs to be made wherever incidental findings on routine radiological studies are diagnosed. The treatment of choice is usually surgical removal of the lesion in all cases, followed by histopathological study to confirm the diagnosis.

Key Words: odontoma complex infectious dental odontogenic tumour

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CURRENT SURGICAL PROCEDURES FOR HEMOPHILIC PATIENTS: CASE SERIES AND LITERATURE REVIEW

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Hemophilia is a hereditary disorder of coagulation results in deficiency of factor VIII (Hemophilia A) or factor IX (haemophilia B). The disease is almost exclusively see in males while females are asymptomatic carries. Like every
part of the body, hemophilia has effects on the oral region also. Excessive bleeding after dental procedures are one of the most frequent complications occurring in these patients. The association of general anti-hemorrhagic treatment with local haemostatic measures for bleeding control is mandatory with these patients. The therapy protocol is the result of an interdisciplinary collaboration, between a hematologist and an oral surgeon, in order to control and to reduce the severity of postoperative bleeding. The aim of this study is to present current surgical approach procedures to hemophilia patients with case series and literature review.

Key Words: Hemophilia surgical procedures

P-157
AESTHETIC AND FUNCTIONAL REHABILITATION WITH IMPLANT SUPPORTED MAXILLARY OVERDENTURE AND IMPLANT RETAINED FIXED FULL ARCH MANIPULAR RESTORATION: A CASE REPORT

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Limitations such as severely resorbed jaws, unfavorable jaw relations, and financial restrictions prevent sometimes the placement of sufficient number of implants to accommodate a fixed prosthesis. Therefore an alternative treatment method is required for edentulous patients with compromised oral function. When the lost soft-tissue counture are required as facial or lip support, the bar retained overdentures are one of the most common treatment prescription compared to other overdenture alternaties, in exescevisly resorbed jaws. Especially, totally edentulous patients, both of antagonist In particular, arches restored with fixed prostheses oral conditionis more critical for overdenture biomechanics. The aim of this case report was to describe the rehabilitation of an excessively atrophic edentulous maxilla with an implant-retained overdenture and Implant retained fixed full arch restoration for the rehabilitation mandibular jaws. A 56-years old Caucasian female patient applied to our clinic with the complaint of full mouth edentulism leading to disability in chewing. The clinical and radiographic examination of the patient demonstrated that there was adequate bone volume for mandibular and examination revealed excessive maxillary bone loss. Four implants were inserted in the edentulous anterior maxillary area and 8 implants in the mandibular using a two-stage surgical protocol. After 5 months of healing period, the implants were connected with a custom-made bar for maxilla and implant retained fixed full arch prosthesis was fabricated for the mandible. After the delivery of the prosthesis the patient was periodically evaluated clinically and radiographically at 3rd, 6th, 9th and 12th months. The one year follow-up period of the patient did not reveal any vehement complication

Key Words: OVERDENTURE IMPLANT EDENTULOUSNESS AESTHETICS FUNCTION
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SINUS LIFTING AND ASSESSMENT OF VERTICAL DIMENSION GRAFT RESORPTION VIEWED FROM DIGITAL ORTOPANTOMOGRAPHY

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Objective: The performance of implant surgery in the posterior maxillary region often poses a challenge due to insufficient available bone. Sinus floor elevation was developed to increase the needed vertical height to overcome this problem. However, grafting materials used for the sinus lift technique eventually show resorption. The aim of this study was to compare and evaluate changes in height of the grafting materials after carrying out maxillary sinus elevation at University of Süleyman Demirel Faculty of Dentistry Department of Oral and Maxillofacial Surgery between 2010 and 2011.

Material and Methods: 20 randomly selected cases with resorbed alveolar bone in maxillary posterior region underwent sinus lift procedure between 2010 and 2011. The bone height was observed in postoperative digital orthopantomographs.

Results: In 20 patients (10 men-10 women), 25 sinus lifts were performed using 13 lateral sinus floor elevation procedure (LSFE) and 12 osteotomiesinus floor elevation procedure (OSFE). The average height of grafting material measured soon after surgery was 6.67 mm (9.19 mm in LSFE and 3.31 mm in OSFE). The average resorption was 1.16 mm (1.46 mm in LSFE and 0.84 mm in OSFE) until prosthetic loading (2 to 6 months).

Conclusions: Routinely used digital orthopantomograph showed that graft resorption occurs. For this reason, before sinus lifting an average of 1.46 mm resorption should be kept in mind.

Key Words: sinus lift resorption orthopantomograph

P-159
AMELOBLASTOMA OF THE JAWS: CLINICAL EXPERIENCE AND LITERATURE REVIEW

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Ameloblastoma is an uncommon odontogenic tumour of the mandible and maxilla. It occurs with equal frequency in both sexes and has its peak incidence in the third and fourth decade of life. In the World Health Organization Classification of Odontogenic Tumours a distinction is made between benign and malignant ameloblastoma. Within the group of benign ameloblastomas four subtypes are recognized: solid/multicystic, desmoplastic, unicystic and extraosseous/peripheral type. Malignant ameloblastomas are classified into two main subtypes; the metastasizing ameloblastoma and ameloblastic carcinoma. A thorough understanding of its clinicopathological behaviour is essential to avoid recurrence associated with inadequately treated disease. The mainstay of treatment is surgery, which varies from conservative treatment such as enucleation and/or curettage to en bloc resection. Currently, wide resection and
immediate reconstruction is the treatment of choice in cases. In this retrospective review, surgical treatment procedures, histological features and surgical outcomes of 63 ameloblastoma cases, were discussed in company with the current literature.

Key Words: ameloblastoma jaws

P-160
OTALGIA ASSOCIATED WITH TMD

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Objective: To investigate the association of otalgia and temporomandibular joint closed lock.

Materials and Methods: This study involved in 57 joints in 57 patients (49 females and 8 males) who had signs and symptoms of temporomandibular joint closed lock and otologic complaints. All patients were unassociated with macrotympanum. All patients were examined clinically regarding their TMD problems. Pretreatment data included past medical and dental history, history of the TMD problems and evaluation of clinical signs or symptoms. The patients were also questioned about otological complaints including otalgia, tinnitus, vertigo and hearing loss.

Results: The patients ranged in age from 17 to 60 years. Painful locking and limited mouth opening (20-35 mm) ranged from 2 days to 2 years. Forty patients stated that they had no otologic complaints, 17 reported at least 1 otologic complaint. 17 reported otalgia and 8 of them also reported tinnitus. Vertigo were noted in 5 patients. Complaint of hearing loss were not noted in patients.

Conclusion: In conclusion, otologic complaints are commonly seen in patients with TMD closed lock. After ruling out primary otalgia, the patients with secondary otalgia should be referred to an oral surgeon to rule out TMD which cause aural symptoms. In this way, the number of unnecessary visits to a physician and unnecessary treatment costs would be reduced.

Key Words: temporomandibular joint TMD closed lock otalgia

P-161
MANAGEMENT OF SIALOLITHIASIS: A CASE REPORT

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Various parotid gland diseases are observed clinically, including inflammation, salivary lithiasis, and benign and malignant tumors. Salivary lithiasis is a condition characterized by the obstruction of salivary gland or its excretory duct by a calculus or sialolith. It may present with the symptoms of swelling, pain, and infection of affected gland, resulting in salivary ectasia and even provoking the subsequent dilatation of the salivary gland [1.sial:1] Sialolithiasis accounts for 30% of salivary diseases and it most commonly involves the submandibular gland (80% to 95%) and less frequently
the parotid (5% to 20%) [1,sial:2]. Sialolithiasis usually appears between the age of 30 and 60 years, and [1,sial:3] it has a predisposition for male patients, particularly in the case of parotid gland lithiasis [1,sial:4]. The aim of this case report is to present the treatment of a edentulous 60 year-old male patient with parotid gland lithiasis accompanied with acute pain and unilateral inflammation.

Key Words: sialolithiasis salivary gland infection

P-162
DEEP NECK INFECTION AFTER THIRD MOLAR EXTRACTION: REPORT OF A CASE

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Odontogenic and oropharyngeal infections are relatively common in the cervicofacial region. In rare cases, odontogenic or peritonsillar abscesses may spread through the deep fascial cervical spaces and lead life-threatening complications. Odontogenic infection is the most common cause of deep neck infections and it accounts for 43% of the cases. Early diagnosis, immediate antibiotic treatment and surgical drainage are the basis of therapeutic success. Deep face and neck infections are potentially life threatening complications if they are not diagnosed in time and then treated quickly. This case report reveals an unusual case of deep neck infection that caused by the seconder infection of an impacted tooth root following dental extraction and focuses on radiological features of abscess progression through the cervical spaces.

Key Words: Deep neck infection third molar extraction cervical spaces

P-163
INTRAOSSEOUS LIPOMA OF THE MANDIBULA- A CASE REPORT

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Intraosseous lipoma is a rare benign neoplasm of the bone. We report a case of intraosseous lipoma localized in the mandible of a 33 year-old female patient. The patient, who had no systemic health problem, was referred to our clinic with the complaint of a painless swelling. Intraoral examination revealed painless palpable swelling in the vestibular region of the right mandible between the canine and the first molar tooth. The swelling was hard upon palpation and it was covered by normal mucosa. Radiographically the lesion, extending from the apex of the canine to the first molar, was observed as slight radiolucency with well-defined borders and presenting some radiopaque areas. Volumetric CT images revealed an expansile lesion 1x1 cm in size which was localized in the right corpus of mandible. The lesion had caused destruction of the lateral cortex of the mandible and the lesion was incorporated into the soft
tissues along with nervus mentalis around foramen mentale. Inside the lesion, bony structures were observed. Curetage of the lesion under local anesthesia was performed. Bone margins were removed to avoid possible recurrence. During the surgery, the 3rd and 4th teeth of the right mandible were also extracted. Macroscopically, the tumour contained hard tissue particles and it was surrounded with pink-white fibrous tissue. The lesion had eroded the cortex of the bone and it was in relation with n. mentalis. Histological analysis confirmed the diagnosis of intraosseous lipoma. No sign of recurrence was observed after three years of follow-up. Paresthesia in the lower lip has healed significantly since the surgery.

**Key Words:** intraosseous lipoma neoplasm mandibula

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**TWO CASES OF MANDIBULAR AMELOBLASTOMA TREATED BY A CONSERVATIVE AND A RADICAL SURGICAL PROCEDURE**

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Ameloblastoma is a benign but locally invasive tumour of the odontogenic epithelium. It represent 1% of all cysts and tumours of the oral and maxillomandibular region and constitute about 10% of all odontogenic tumours of the mandible. Its pathogenesis remains unclear. Clinically ameloblastomas may be relatively asymptomatic and can be detected incidentally on radiological imaging. When symptoms are present, patients often complain of a slow-growing submucosal mass, loose teeth, malocclusion, paresthesias and pain. Neglected ameloblastomas may become enormous and cause severe facial disfigurement and functional impairment. The mainstay of treatment is surgery, which varies from conservative treatment such as enucleation and/or curettage to en bloc resection. Large ameloblastomas may be excised in a single procedure whereas neglected giant ameloblastomas have previously been managed with multiple procedures. In this report we present a 58 year old male patient with a giant neglected ameloblastoma in bilateral parts of corpus mandible who was treated radically with partial resection and a 18 year old female patient with a large ameloblastoma in the corpus and ramus of the left mandible who was treated conservatively with curettage and rehabilitated with dental implants.

**Key Words:** ameloblastoma giant partial resection curettage
P-165
CEMENTO-OSSIFYING FIBROMA IN THE MANDIBLE AND MAXILLA

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Introduction: The fibro-osseous lesions are a numerous and heterogeneous group of tumours of the jaws and they pose difficulties in classification, diagnosis, and treatment. Among these lesions, the cemento-ossifying fibroma (COF) is probably the most frequent fibro-osseous lesion seen by oral pathologists and, perhaps, it has had more synonymous than any other jaw lesion. It is a benign, well-defined unilocular or multilocular fibro-osseous tumour with a slowly progressing enlargement of the affected bone; complete surgical resection is necessary to prevent recurrence.

Case report: A 16-year-old systemically healthy male patient referred to Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, complaining of an asymptomatic growth on the right side of his face. At the time of the first visit, the lesion had been present for the previous 8 months, progressively increasing in size without pain. Radiographic examination presented a well-defined, flecked with multiple small radiopacities both maxilla and mandible. Cytological biopsy was done by an intraoral vestibular approach. Cytological examination was given as cemento-ossifying fibroma. Under general anaesthesia, the lesion was surgically removed, related teeth were extracted and resection of the underlying bone was performed. The recovery was uneventful and no recurrence was detected clinically or radiologically at 2-years follow-up. The surgical specimen was submitted for histopathological study and a report of COF was given, which was compatible with the earlier biopsy report.

Conclusion: This report emphasises as in our case, the lesion’s clinical, radiographic, and histologic criteria often overlapped with other fibro-osseous lesions. Because of this, diagnosis of the COF may be difficult and in such cases treatment alternatives should be planned by taking in consideration the local aggressive tumours.

Key Words: cemento-ossifying fibroma fibro-osseous lesion maxilla and mandible

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CONSERVATIVE SURGICAL TREATMENT OF UNICYSTIC AMELOBLASTOMA RELATED TO AN IMPACTED MOLAR TOOTH IN THE MANDIBLE: CASE REPORT

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Ameloblastoma is a slow-growing, persistent and locally aggressive neoplasm of epithelial origin accounting for 10% out of 30% of all odontogenic tumors. According to the World Health Organization, ameloblastomas are classified into the following types: conventional, unicystic, and peripheral. Unicystic ameloblastoma (UA) refers to those cystic
lesions that show clinical, radiographic, or gross features of a mandibular cyst, but on histological examination show a typical ameloblastomatous epithelium lining part of the cyst cavity, with or without luminal and/or mural tumor growth. Unicystic ameloblastoma is a rare type of ameloblastoma, accounting for about 6% of ameloblastomas. It usually occurs in a younger age group, with about 50% of the cases occurring in the second decade of life. More than 90% are located in the mandible. Between 50 and 80% of cases are associated with tooth impaction. According to the histological classification of Pindborg and Reichart; subgroups 1 and 1.2 can be treated conservatively. In this paper we report the conservative surgical treatment of a unicystic ameloblastoma case which has presented on the left posterior mandible of a young female.

Key Words: Unicystic Ameloblastoma, Mandible, Odontogenic Neoplasm

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TREATMENT OF TWO PATIENTS WITH ACUTE AND CHRONIC TEMPOROMANDIBULAR JOINT (TMJ) DISLOCATION

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Temporomandibular joint (TMJ) dislocation, a common condition that may occur in an acute or chronic form, refers to the excessive forward movement of the condyle beyond the articular eminence with complete separation of the articular surfaces and fixation in that position. (4) It is characterised by inability to close the mouth with or without pain. (1) Dislocation has to be differentiated from subluxation which is a self reducible condition. Various treatment modalities ranging from conservative techniques to surgical methods have been used. Acute dislocations can be reduced manually or with conservative approach and chronic cases can be reduced by surgical intervention. (1) Manual reduction, with or without pharmacological assistance, is the treatment of choice and should be performed as early as possible. Treatment of prolonged mandibular dislocation is different due to the morphological changes of the joint and associated structures. Basically, two types of surgery may be indicated: elimination of the articular eminence (eminectomy) or reestablishment of a new condyle-ramus relationship, that can be achieved by condilotomy. (X) This case report presents the treatment of two patients with acute and chronic TMJ dislocation.

Key Words: TMJ DISLOCATION ARTICULAR EMINENCE

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MENTAL NERVE PARESTHESIA ASSOCIATED WITH A MANDIBULAR DENTIGEROUS CYST: A CASE REPORT.

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Dentigerous cyst is the second most common type of odontogenic cysts, accounting for about 24% of all lesions. It develops around the crown of unerupted tooth by expansion of its follicle, reduced enamel epithelium and the enamel of an impacted, embedded or unerupted permanent tooth. Apart from the developmental origin of dentigerous cysts, an inflammatory origin has also been suggested. It is more commonly seen in mandibular third molar and maxillary
canine region and is rarely associated with other teeth. This report describes the case of a 45 year old male with a large dentigerous cyst from inflammatory origin, associated with mandibular first and second incisor teeth that caused paresthesia of the mental nerve.

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ORTHODONTIC ERUPTION OF MANDIBULAR CANINE ASSOCIATED IN WITH A DENTIGEROUS CYST IN AN ADULT: A CASE REPORT.

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The dentigerous cyst is the second most common odontogenic cyst of the jaws. It is most frequently associated with mandibular third molars and maxillary canines and is rarely associated with other teeth. It is usually detected by routine radiographic examination. Dentigerous cyst is a radiolucent well-defined odontogenic lesion that surrounds the crown of an unerupted tooth and prevents its eruption. Dentigerous cysts are more common in males and frequently occur during the second and third decades of life. This case report describes the surgical and orthodontic management of an impacted tooth in a large dentigerous cyst in a 40 years old man. In the initial stage of treatment, the cyst was marsupialized over 1 years. During the decompression of the cyst, the impacted tooth was erupted into proper occlusion by orthodontic treatment.

Key Words: dentigerous cyst mandibular canine marsupialization orthodontic eruption

P-170
SURVIVAL OF SHORT IMPLANTS (< 10 MM) IN PATIENTS- AN EVALUATION OF 52 CASES STUDIED BETWEEN 2001 AND 2011

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The aim of this report is to demonstrate a method to reconstruct vertically insufficient dimension situations such as anatomical structures in the mouth as maxillary sinus and inferior alveolar canal that restricts the use of long implants in maxillary and mandibular alveolar processes with short implants with an observation period of at least 1 year. Patients referred between 2001 and 2011 for implant surgery were studied. Only study applications shorter than 10 mm followed for more than 1 year were included. Site of implant placement whether maxilla or mandibula was taken into attention. All implants were placed into healed sites. Cases requiring sinus lift operation or augmentation were excluded. 52 cases meeting the above criteria were studied. Implants were maintained from a variety of companies with different surface characteristics. All of the studies involved mucoperiosteal flap reflection for implant placement. Follow up duration varied from 1 year to over 10 years. No significant difference in estimated failure rate was seen for different implant companies nor for the surface characteristics.

Key Words: implant short implant failure rate success rate
P-171
ANORGANIC BOVINE-DERIVED HYDROXYAPATITE VERSUS β-TRICALCICM PHOSPHATE IN SINUS AUGMENTATION. A COMPARATIVE HISTOMORPHOMETRIC STUDY

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Introduction: The aim of this clinical study was to compare the biological performance of the new BHA graft material and the well known synthetic β-TCP material in sinus augmentation procedure.

Materials and Methods: The study consisted of 23 patients (12 male and 11 female) who were either edentulous or partially edentulous in the posterior maxilla and required implant placement. A total of 23 two-step sinus grafting procedures were performed. BHA was used in 13 patients and β-TCP was used in 10 patients. After average of 6.5 months of healing bone biopsies were taken from the grafted areas. Undecalcified sections were prepared for histomorphometric analysis.

Results: The mean new bone formation was 30.13±3.45% in BHA group and 21.09±2.86% in β-TCP group (p=0.001). The mean percentage of residual graft particle area was 31.88±6.05% and 34.05±3.01% for BHA group and β-TCP group, respectively (p=0.047). The mean percentage of soft tissue area was 37.99±5.92% in BHA group and 44.86±4.28% in β-TCP group (p=0.011).

Conclusion: Both graft materials demonstrated successful biocompatibility and osteoconductive in sinus augmentation procedure. However, BHA appears to be more efficient in osteoconduction when compared to β-TCP.

Key Words: anorganic bovine-derived hydroxyapatite beta tricalcium phosphate sinus augmentation histomorphometry

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ODONTOGENIC AND NONODONTOGENIC JAW CYSTS: EXPERIENCE IN 18 CASES

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Objectives: We retrospectively evaluated the patients with jaw cysts treated at our center.

Patients and Methods: The study included 18 patients who underwent surgery for odontogenic or nonodontogenic jaw cysts.

Results: The most common presentation was a swelling in the jaw with or without dental problems. Involvement was in the mandible in twelve patients, and in the maxilla in six patients. The lesions consisted of ten radicular, four dentigerous, one nasoalveolar, two residual cysts, and one keratocyst. Marsupialization, curettage, extensive burring, enucleation, were performed depending on pre- and intraoperative findings.
Conclusion: A good preoperative assessment, complete removal of the cystic lesion, and close radiographic follow-up are essential for a successful outcome in jaw cysts.

Key Words: jaw cyst Odontogenic nonodontogenic

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A MULTIDISCIPLINARY APPROACH TO A TRAUMA PATIENT

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A 28-year-old female patient was referred to our clinic with traumatic injury after a suicide attempt. Due to trauma, the patient had multiple bone fractures and the anterior region of the maxilla was intruded into the nasal cavity. The two maxillary central incisors were missing and the lateral incisors were intruded. After the endodontic treatment of the lateral incisors, orthodontic brackets were placed in both dental arches and repositioning of the lateral incisors through dental traction by orthodontic devices was aimed. The treatment strategy proved unsuccessful since the lateral incisors revealed to be ankylosed, and surgical treatment of the intruded anterior segment was considered. Anterior segmental osteotomy of the maxilla was performed under general anaesthesia. Anterior alveolar segment, confined by the mesial bone of the canines, was tracted downwards and lateral incisors were brought into occlusion. PRF (platelet rich fibrin) was used between the anterior alveolar segment and the nasal floor. The healing was uneventful. After the 6-month period, a conventional bridge was placed including the canines and lateral incisors. Later, the lateral incisors and the left canine were extracted due to root fracture following root resorption. The patient received immediate implant therapy replacing the missing right lateral incisor, left lateral incisor and left canine. Implant-supported zirconia-based restoration was designed for prosthetic rehabilitation.

Key Words: trauma segmental osteotomy implant orthodontic treatment PRF
P-174
BILATERAL SAGITTAL SPLIT OSTEOTOMY SETBACK SURGERY OF A PATIENT WITH PROGNATHIE INFERIOR

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The correction of Class III skeletal malocclusions is one of the most difficult problems in orthodontics. The combination of orthodontic and surgical approaches appears to be the only appropriate treatment option for Class III skeletal malocclusions with severe mandibular prognathism in adults. Orthognathic surgery has optimized the treatment of maxillomandibular malformations and the aim of the surgical correction is to provide good functionality and to improve facial symmetry and esthetics. However, the diagnosis and management of these cases may be difficult because these skeletal problems are 3-dimensional (3D) and multifactorial, affecting the skeleton and dentition. The objective of this case report is to present the management and treatment outcome of a patient with Class III skeletal pattern characterized by prognathie inferior (SNA: 80°, SNB: 86°, ANB: 6°)

Key Words: orthognathik surgery prognathie inferior BSSRO

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ABSENCE OF THIRD MOLARS IN RELATION TO FACIAL MORPHOLOGY

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Aim: The aim of this study was to examine whether there is a relationship between skeletal jaw morphology and third molar development.

Materials method: Records of 108 patients over 15 years old who applied to the Department of Orthodontics were evaluated. Skeletal parameters on vertical and sagittal plane were calculated using lateral cephalograms. Posterior facial height to anterior facial height ratio and a classification as normodivergent, hypodivergent and hyperdivergent were used for the evaluation of vertical skeletal relationship. Sagital skeletal classification (I, II, and III) was determined according to the Wits and ANB angle was used for sagittal skeletal relationship. The presence of third molar germs in maxilla and mandible was examined on panoramic radiographies. The relationship between the third molar agenesis and skeletal jaw relationship in both vertical and sagittal plane was investigated.

Results: There was no statistical correlation between third molar agenesis and gender differences (19.85% for female 14.55% for male) The results showed that agenesis of the third molar depends on sagittal skeletal plane. The prevalence of third-molar agenesis in Class III malocclusion was significantly higher than Class I or Class II malocclusion. (P <.05). There was no statistical correlation between third molar agenesis and vertical classification
Conclusion: Third molar agenesis is related to sagittal skeletal jaw relationships in both maxilla and mandible.

Key Words: agenesis third molar facial morphology

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EVALUATION OF ALVEOLAR RESORPTION AND IMPLANT FAILURE IN DENTAL IMPLANTS WHICH HAVE TWO DIFFERENT SURFACE CHARACTERISTICS (A RETROSPECTIVE STUDY)

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129 dental implants were inserted to 50 patients in our clinic between 2009 January and 2011 december who were consulted us for rehabilitation of tooth loss by dental implants. 85 of implants used in this research were coated by SLA(Sand-blasted, Largegrit, Acid-etched)(IMPLANTİUM) and 44 of them had ZirTi surface (Zircioniun Sand-Blasted Acid Etched Titanium)(SWEDEN-MARTİNA). In this research alveolar resorption around dental implants and implant failures were evaluated for both two implan surface characteristic just before prosthetically restored. 85 SLA surfaced implants placed to 33 patients, nine of them had alveolar resorption around dental implants and one of them failed before loading. 44 ZirTi surface implants placed to 17 patients and eight of them had alveolar resorption around dental implants and none of them has failed.

Key Words: Implant Surface Failure Resorption

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COMPLEX ODONTOMA: A CASE REPORT

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Odontoma, was defined as the odontogenic tumor tissue with exchange suffered. It contains; enamel, dentin, cementum and connective tissue structures. Complex odontoma is a rare benign odontogenic tumors. Usually discovered incidentally during radiological examination. 33-year-old male patient came to Ankara University Faculty of Dentistry, Oral and Maxillofacial Surgery Department, presented with right upper premolar area a slight swelling. Under local anesthesia, the lesion was totally removed from the right maxillary premolar region. Hemostasis satisfies the region was closed primarily. The histopathological examination was concluded that the mass of complex odontoma. Routine inspections of the patient without any problems, tumor recurrence was observed. As a result, odontomas, although odontogenic benign tumors, because of they may interfere with erupting teeth, diastema qualified to occur, possibly even a small cystic odontoma would become to, shall comply with surgically removed.

Key Words: odontoma complex
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FLORID CEMENTO-Osseous Dysplasia: A Case Report

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Florid cemento-osseous dysplasia (FSOD), occurring as a result with mature bone with the bone matrix is replaced by fibrous connective tissue, a rarely lesion seen benign non-neoplastic changes. The aetiology is unknown but is thought to result from periodontal ligament, reactive or dysplastic change. 35-year-old female patient presented with pain in the lower left impacted teeth, came to Ankara University Faculty of Dentistry, Oral and Maxillofacial Surgery Department, in 2010. In Radiographic evaluation of peripical lesions on radiographs that radiopaque image, the patient's panoramic radiographs were evaluated and radiopaque lesions have been identified localized region of the mandible bilaterally. With clinical, radiographic, and histopathologic findings were diagnosed in accordance with florid cemento-osseous dysplasia. Reached in this case presented with clinical and radiographic findings are compatible with the results of histopathological examination of pre-diagnosis, panoramic radiographs is a useful diagnostic method for discriminating between FSOD'ın mature stage confirmed that the lesions.

Key Words: Florid dysplasia cemento-osseous dysplasia Florid cemento-osseous dysplasia

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Administration of Roxithromycin in the Treatment of Chronic Suppurative Osteomyelitis of Mandible: Case Report

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Chronic suppurative osteomyelitis of the mandible (CSO) is considered difficult to treat and can lead to pathologic fracture of jaws. CSO can be treated by a combination of medical therapy and deccortications. In this report, the clinical effect of roxithromycin - a 14 membered macrolide- on treatment of chronic suppurative osteomyelitis -also considered to be a biofilm disease- will be presented. The clinical efficacy of roxithromycin treatment was examined in two patients with chronic suppurative osteomyelitis. First two weeks penicillin-clavulanic acid 2000 mg and 500 mg omit-dazole were applied due to staphylococcal and anaerobic etiologic factors of osteomyelitis as an empirical antibiotic treatment approach. After initial empirical osteomyelitis therapy, roxithromycin was administered orally at 150 mg twice in a daily dosage for 2-3 months. Healing efficacy determined by routine radiographic assessment and clinical symptoms such as pain, swelling and trismus decreased properly during roxithromycin treatment. Healing was uneventful and radiographically evident. Adverse drug reactions were not seen due to long term medical therapy. Although effectiveness and mechanism of roxithromycin are not fully determined, our results have showed that 2 or 3-month treatment with roxithromycin might be necessary to improve the clinical condition of patients with chronic suppurative osteomyelitis that surgical approach may be needless owing to minimally dislocated bone fragments and green stick fractures.

Key Words: roxithromycin Chronic suppurative osteomyelitis
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EVALUATION OF ALVEOLAR RESORPTION AND IMPLANT FAILURE IN IMMEDIATE DENTAL IMPLANT SURGERY WITH TWO DIFFERENT SURFACE CHARACTERISTICS (A RETROSPECTIVE STUDY)

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43 immediate dental implants were inserted to 20 patients between 2009 January and 2011 December who were consulted us for rehabilitation of teeth loss by dental implants. 15 of implants used in this research were coated by SLA (Sand-blasted, Largegrit, Acid-etched) (IMPLANTIUM) and 28 of them had ZirTi surface (Zirconium Sand-Blasted Acid Etched Titanium)(SWEDEN-MARTINA). In this research alveolar resorption around dental implants and implant failures were evaluated for both two implant surface characteristic just before prosthetically restored. 15 SLA surfaced implants placed to 10 patients, two of them had alveolar resorption around dental implants and none of them failed before loading. 28 ZirTi surface implants placed to 10 patients and seven of them had alveolar resorption around dental implants and one of them has failed before loading.

Key Words: Implant Surface Failure Resorption Immediate

P-181
ACCESSORY MAXILLARY OSTIA: AN ENDOSCOPIC CADAVERIC STUDY

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Objective: Endoscopy is now being used for diagnosis and surgical treatment of disorders of the nose and paranasal sinuses. Maxillary ostia is exits behind the upper part of the medial wall and often at intersection region of the rear lower infundibulum and lower front surface of the ethmoid bulla. Accessory ostium exists at the 25-30% of the general population instead of the natural ostium. The accessory ostium is located 5-10 mm superior to the attachment point of the inferior choora, it opens to the lateral nasal wall or less frequently to the infundibulum. The accessory ostium located posterior, may seen during direct nasal examination, is round and parallel to the vertical plane. Material and Method: To determine the incidence and location of the accessory ostium 29 formaldehyde fixed adult cadaver was examined with endoscope. Results: The accessory ostium is encountered at 8 cases (13.8%). These are located at rare-middle, front-middle and rear in 2 (0.03%), 3 (0.05%), 3 (0.05%) cases respectively. Conclusion: Recognition of the maxillary ostia is tedious while performing endoscopic procedures which accounts for a high rate of orbital complications for a novice performing surgery in this region. It is therefore imperative to keep the landmarks in this regions which may be obliterated by disease. Radiologist should be aware of this entity as it can appear as communication between the maxillary sinus and nasal cavity on sinus imaging examinations.

Key Words: Accessory maxillary ostia endoscopic study cadaveric study
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TWO DIFFERENT METHODS FOR TEMPOROMANDIBULAR JOINTankylosis: THREE CASE REPORTS

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Temporomandibular joint (TMJ) ankylosis refers a bony or brous adhesion of the anatomical joint components by an ankylosic mass and is characterized by difficulty or inability to open the mouth resulting in facial symmetry/deformity, malocclusion and dental problems. The operative management of TMJ ankylosis is challenging and common treatments of TMJ ankylosis include gap arthroplasty (GA) and resection of the ankylosis and reconstruction of the ramus-condyle unit with a costochondral graft or prosthetic joint. The aim of this study was to present the treatment of three patients with TMJ ankylosis by using gap arthroplasty and ankylosis resection and ramus-condyle unit reconstruction with a costochondral graft.

Key Words: TMJ ankylosis arthroplasty

P-183
NONSURGICAL CLOSURE OF OROANTRAL COMMUNICATIONS USING OCCLUSAL SPLINTS

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Oroantral communication (OAC) is an opening between the maxillary sinus and the oral cavity. The extraction of maxillary molar teeth is the most common cause of OAC. OACs may close spontaneously, especially when the defect has a size smaller than 2-3 mm, whereas larger openings require surgical closure. Various methods for the closure of OACs have been reported. This study presents non-surgical closure of acute OACs in diameters of 2 to 10 mm, immediately after tooth extraction. 15 patients treated with the diagnosis of acute OAC at the department of Oral and Maxillofacial Surgery, Faculty of Dentistry at Erciyes University. OACs were debrided and irrigated with saline in all patients, and a hemostatic agent was placed into the extraction socket. A gauze had been sutured over the socket and remained for 24 hours. Second day, the gauze was removed, and a soft occlusal splint was placed for hermetic closure of the opening. A standard postoperative medication was prescribed to all patients. The occlusal splint was used continuously until the completion of epithelisation. All patients with OAC, except one, healed and the opening closed spontaneously. In conclusion, this technique safe and predictable method for the closure of OACs as a nonsurgical method.

Key Words: Oroantral communication non-surgical closure occlusal splint
P-184
SINUS FLOOR ELEVATION WITH AUTOGENOUS BLOCK BONE CYLINDERS, A PILOT STUDY

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Posterior maxilla is one of the most problematic area in terms of dental implant treatment because of the bone quantity and quality of this region. Long-term edentulousim causes both alveolar crest atrophy and sinus pneumatization which give rise to horizontal and vertical bone defects and implant treatment becomes complicated. Several types of techniques were identified to resolve this kind of problems. The most commonly used method is the modified Caldwell-Luc technique which was described by Tatum and Boyne. This method can be performed with the bone window removal, sinus membrane elevation and sinus grafting by different graft materials. The most important factor in the success of sinus floor augmentation operation, residual bone height of the region. Alloplastic or xenograftic graft material are contraindicated for sinuses which have few millimeters residual bone height because of increased graft volume and minimal bone at the recipient site which is vital for regeneration and primary stability. Nonetheless the complication rate of the open sinus floor elevation procedures are relatively high. The use of autogenous bone cylinders in the augmentation of the maxillary sinus floor was first described by Fugazotto. In such cases, intraoral autogenous block grafts for sinus floor augmentation allows both autogenous bone regeneration by transferring cellular active tissue and increases the local bone density by using corticocancellous blocks. In this pilot study the results of autogenous bone cylinder grafting of 6 sinuses at 5 patients will be reported.

Key Words: Maxillary sinus Autogenous bone graft

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EVALUATION OF ALVEOLAR RESORPTION AND IMPLANT FAILURE IN DENTAL IMPLANTS WHICH HAVE TWO DIFFERENT SURFACE CHARACTERISTICS WITH SINUS LIFTING

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25 dental implants were inserted to 15 patients in our clinic between 2009 January and 2011 December who were consulted us for rehabilitation of tooth loss by dental implants. 17 of implants used in this research were coated by SLA(Sand-blasted, Largegrit, Acid-etched) (IMPLANTIUM) and 8 of them had ZirTi surface (Zirconium Sand-Blasted Acid Etched Titanium)(SWEDEN-MARTINA). In this research alveolar resorption around dental implants and implant failures were evaluated for both two implant surface characteristic just before prosthetically restored. 17 SLA surfaced implants placed to 9 patients, none of them had alveolar resorption around dental implants and none of them failed before loading. 8 ZirTi surface implants placed to 6 patients and none of them had alveolar resorption around dental implants and none of them has failed.

Key Words: Implant Surface Failure Resorption Sinus Lifting
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TREATMENT OF LARGE RADICULAR CYST IN THE MAXILLARY SINUS OF A MENTALLY RETARDED PATIENT

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Radicular cysts (RCs) are also known as periapical cysts or apical periodontal cysts, the most common inflammatory jaw cystic lesion. RC occurs infected and necrotic in teeth pulps. It causes slowly progressive painless swelling and rarely filled the maxillary sinus. There are no symptoms until they become large. If infected, the swelling becomes painful and may rapidly increase in size. Recommended treatments have included enucleation, curettage, decompression, marsupialization, localized en bloc resection. In mentally retarded patients may not have perform oral hygiene procedures and are dependent on the help of their relatives or people who provide them with personal care. And prolonged discharge and overnight hospital observation may be needed because of disorientation and poor cooperation. In the present study we describe a mentally retarded patient with a large RC with maxillary sinus involvement who treated enucleation under general anesthesia.

**Key Words:** Radicular cyst Maxillary sinus Mentally retarded

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CASE REPORT: A LARGE RADICULAR CYST INVOLVING THE ENTIRE MAXILLARY SINUS.

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Cysts of the maxillary sinus of odontogenic origin have been well-documented in the literature. Radicular cysts (RCs) are the most common inflammatory jaw cystic lesions that occur infected and necrotic in teeth pulps. They account for more than 50% of all odontogenic cysts. Radicular cysts cause slowly progressive painless swelling. There are no symptoms until they become large sizes. Presented here is a case of an unusually large lesion, which involved the entire maxillary sinuses, destructured lateral wall of sinus and expanded laterally. The patient management comprised surgical enucleation of cyst under general anesthesia without any postoperative complications.

**Key Words:** radicular cysts RCs jaw cyst maxillary sinus
P-188
POSTOPERATIVE NOISEA AND VOMITING IN ORTHODONTIC SURGERY

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Objective: Postoperative nausea and vomiting (PONV) are the most common postoperative complications after surgery
and general anesthesia. PONV may lead to significant morbidity including wound dehiscence, esophageal rupture, de-
layed hospital discharge, and poor patient satisfaction. The objective of this study is to determine the frequency of
PONV in the first 24 hours, and to present the prophylactic regimen for PONV in patients who underwent orthodontic
surgery.

Patients and methods: We conducted a retrospective analyses of 29 consecutive patients, between January 2011 and
April 2012, who underwent maxillary and/or mandibular osteotomies at the Department of Oral and Maxillofacial
Surgery, Faculty of Dentistry at Erciyes University. Patient, anesthesia and surgery related factors that were considered
to have a possible effect on the prevalence of PONV were evaluated, and prophylactic regimen for PONV was also
described in patients who underwent orthodontic surgery.

Results: Mean age was 23.24 (n=29). Among the patients 34.5% (n:10) experienced PONV during the first 24 hours
after surgery. The PONV were seen mostly between the ages 17-21 years; in 33.3 % of the patients with postoperative
pain; in the patients who were undergone surgical operations those took 210-300 minutes. Antiemetics and proton
pomp inhibitors were administered postoperatively.

Conclusion: We found PONV had a high prevalence among patients undergoing orthodontic surgery. Further studies
are needed to develop effective protocols for preventing this common and unpleasant problem.

Key Words: Nausea Vomiting Orthodontic surgery

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BENIGN FIBRO-OSSEOUS LESIONS OF THE JAWS: CLINICAL CASE SERIES

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Fibro-osseous lesions occur by replacement of the normal bone composition by a tissue composed of collagen fibers
and fibroblasts containing various amounts of calcified tissues which may be bony or cementum like in appearance.
Depending on the proportions of soft and mineralized tissue, they may be predominantly radiolucent, mixed radi-
dense-radiolucent, or mainly radiodense. Fibro-osseous lesions of the jaws usually present a diagnostic dilemma for
the oral pathologist because histologically, all of these lesions are composed of benign fibrous connective tissues in
which bone and G or cementum-like tissue exist. They are often seen in children and young adults and their predilection
sites are maxilla and mandible. Recently these lesions are classified by five topics: Bone dysplasias, cemento-osseous
dysplasias, inflammatory/reactive processes, metabolic diseases (hyperparathyroidism), neoplastic lesions (Ossifying fibromas). This poster presents the clinical and radiological appearance and treatment protocol of 8 cases including focal cemento-osseous dysplasia(1), ossifying fibromas(5) and fibrous dysplasias(2). Female/male ratio was 7:1, maxilla:mandible was 3:1 and mean age was 44.1. The aim of this report is discussing the characteristics features of this benign lesions of the jaws

Key Words: fibro Osseous fibrous dysplasia ossifying fibroma

P-190
DISPLACED LOWER THIRD MOLAR TOOTH INTO THE SUBMANDIBULAR SPACE: TWO CASES REPORT

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Lower third molar teeth can be dislodged into fascial tissue spaces when they are extracted or elevated out of their sockets. We present two cases report on a lower right wisdom tooth dislodged into the submandibular space on its removal from the socket and the subsequent management of this rare complication. The accidental displacement of a lower third molar during attempted extraction is a rare but potentially serious complication. Retrieval should be effected as soon as possible. Because of differences in the direction of displacement, the size of fragment, delay in retrieval, and tissue reactions, no one technique is uniformly applicable. The modified method we suggest appears to save time and have few complications.

Key Words: malpractice complication lower third molar extraction fascial tissue

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OSTEOCHONDROMA OF THE TEMPOROMANDIBULAR JOINT: REPORT OF A CASE

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Condylar hiperplasia is an uncommon malformation of the mandible created by excessive growth of one of the condyles. The cause of this hyperplasia is unknown, but local circulatory problems, endocrine disturbances, and trauma have been suggested as possible etiologic factors. This condition is distinguished from the benign tumors osteochondroma and osteoma. Osteochondroma (OC) is the most common benign tumor of the axial skeleton, although it is rarely found in the craniofacial regions. OC is a very slow growing asymptomatic lesion that is usually solitary. OC
occurring in the mandibular condyle or condylar process may result in morphologic and functional disturbance, including facial asymmetry and temporomandibular joint (TMJ) dysfunction. In this presentation a osteochondroma in a 23-year-old patient at the left mandibular condyl which is seen very rarely will be presented.

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AN UNUSUAL RADIOPAQUE IMAGE ON ORTHOPANTOMOGRAPHY: A CASE REPORT

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The vast majority of the vascular lesions seen at maxillofacial region are vascular malformations. Some vascular malformations may not become clinically evident until the puberty or later. Maxillofacial arteriovenous malformations encompass the overlying soft tissues and deep bony segments. Arteriovenous malformations of the oral region are some of the most challenging rare lesions in the maxillofacial region. Most patients present with minor bleeding episodes or hemorrhages after tooth extraction. A 21-year-old male patient was admitted to oral surgery clinic with a complaint of an expansion on his right cheek area. Clinical examination showed that the patient had a history of previous dental treatment. Radiographic examination revealed radiopaque substance over the right mandibular bone area. Under local anesthesia surgical removal of the substance was planned to determine the etiology of the soft tissue expansion. After removal of the most of the radiopaque substance, surgery was terminated because of the highly vascular character of the area and intense hemorrhage. Postoperative angiographic examination revealed a vascular malformation of the maxillofacial region. In this presentation, we aimed to show that the image of the suspicious radiopaque substance overlaid upon bone and soft tissue on radiography could be the embolization material left from the previous interventions that as an indicator of vascular malformation like in this case. Surgeons should take this into their considerations and be careful before any surgical intervention.

Key Words: Vascular Malformations Embolization Arteriovenous Radiography

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NEUROFIBROMATOSIS TYPE 1 ASSOCIATED WITH A CENTRAL GIANT CELL GRANULOMA OF THE MANDIBLE: REPORT OF CASE

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Neurofibromatosis type 1 (NF1) known as Von Recklinghausen disease is one of the most common autosomal dominant disease affecting multiple system including, neurologic, skeletal, visceral and vascular system. Clinical findings are, cafe au lait macules, neurofibroma, optic glioma, lisch nodules, freckling in axillary or inguinal regions or osseous lesions. Central giant cell granuloma (CGCG), is the benign bony lesion which usually located in jaws. CGCG lesions occur in patients with known genetic defects such as NF1. An association of NF1 with CGCG of the jaws was rarely documented in the literature. In this case report, the patient with NF1 who has CGCG in mandible is presented.
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MANAGEMENT OF AN UNUSUAL MANDIBULAR DENTOALVEOLAR FRACTURE: A CASE REPORT.

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The purpose of this case report was to describe the management of a trauma induced mandibular dentoalveolar fracture of symphysis region of a 10 year old boy. The child presented with a large soft tissue laceration in submental region and a dentoalveolar fracture with in anterior incisors of mandible as a result of a bicycle accident. Treatment involved suture of the soft tissue lacerations and repositioning and splinting of the fractured fragment. After a 1 year follow-up, clinical and radiographic evaluation revealed that the incisors presented satisfactory esthetic and functional demands. The patient’s esthetic and functional expectations were successfully achieved.

Key Words: dentoalveolar fracture dental trauma

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IDIOPATHIC LEUKOPLAKIA OF GINGIVA: A RARE CASE REPORT

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White lesions of the oral cavity are not uncommon though majority of them are benign. This case report documents a rare case of idiopathic leukoplakia of gingiva with no apparent etiology. Initial examination revealed a non-scrappable linear white lesion on the marginal and papillary gingiva of lower left molar teeth region. Incisional biopsy was taken for pathologic evaluation. Patient was treated with routine oral hygiene procedures and excision of the lesions. The histopathological results demonstrated hyperparakeratinized/orthokeratinized hyperplastic oral epithelium with orthokeratin-filled clefts and with no dysplasia. This paper reports a rare case of idiopathic leukoplakia of gingiva which was non-dysplastic in nature and there was no recurrence even after a year of follow-up.

Key Words: leukoplakia white lesion oral mucosa
P-196
RADIOGRAPHIC EVALUATION OF MAXILLARY SINUS PNEUMATIZATION AFTER MAXILLARY POSTERIOR TOOTH EXTRACTION

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Sinus pneumatization arises after extraction of maxillary posterior teeth. The extension of the sinus has become greater following extraction of teeth which were covered by superiorly curving sinus floor, extraction of several adjacent posterior teeth, and extraction of second molars. Maxillary Sinus pneumatization following teeth extraction may require many treatment plans such as sinus lifting and alveolar grafting procedures to obtain sufficient alveolar bone height for implant surgery. The aim of this study was to identify sinus pneumatization and to help in determining proper time for preprosthetic surgery following extraction of maxillary sinus related teeth. We evaluated 75 teeth extraction related with maxillary sinus floor. Several panoramic radiographs were evaluated before and after extraction of the posterior maxillary teeth. The radiographs were divided into 5 groups according to duration after extraction. Two reference points (the first point corresponds to nasal spine while the second point corresponds to the most inferior point of the floor of the maxillary sinus wall) were determined on digital panoramic radiographs before and after teeth extraction and the distance between both aforementioned points were calculated. The amount of pneumatization was found to increase after extraction with time. The pneumatization within the first 6 months was limited. However a sudden increase in pneumatization after 6th month which was highest between 18th and 24th months was observed. Mean pneumatization amount was found to be highest in the 1st molar group. In conclusion According to the results of the present study, it should not be waited to more than 6 months after tooth extraction for preprosthetic surgery in posterior maxillary region as long as physiological healing of extraction socket is allowed.

Key Words: sinus pneumatization tooth extraction maxillary sinus

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ENUCLEATION OF A DENTIGEROUS CYST OF MANDIBLE AND SIMULTANEOUSLY REHABILITATION WITH DENTAL IMPLANTS: A CASE REPORT

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A dentigerous cyst is a bening odontogenic cyst that arises from the dental follicle of an unerupted or developing tooth. Dentigerous cysts are the second most common odontogenic cysts of the jaws after radicular cysts. Radiographically, the dentigerous cyst appears as a well-circumscribed, demarcated, unilocular, usually symmetric radiolucency attached at an acute angle to the cervical area/cementoenamel junction of an unerupted or impacted tooth but some are multilocular and have a scalloped margin or discontinuity. The border of the lesion may be radiopaque. The patient does not usually report pain or discomfort. A 51-year-old male patient rehabilitated with dental implants simultaneously after enucleation of dentigerous cyst will be presented. A routine panoramic radiograph revealed a well-defined radiolucency associated with an impacted third molar on the right posterior mandibular region. The lesion was enucleated
and the tooth was extracted. The second molar which was related with the lesion was also extracted and simultaneously two dental implants were placed on the same region. The patient had an uneventful recovery and one year follow up radiographs revealed excellent bone formation around the implants.

Key Words: Dentigerous cyst mandible enucleation simultaneously rehabilitation dental implant

P-198
ABNORMAL RELATIONSHIP BETWEEN INFERIOR ALVEOLAR NERVE AND MANDIBULAR TEETH: THE ROLE OF 3-D IMAGING IN IMPACTED TEETH

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Removal of impacted teeth is one of the most common operations performed in oral surgery. A well recognized serious complication of mandibular impacted tooth extraction is injury to the inferior alveolar nerve (IAN). We identify 2 case of an abnormal relationship between inferior alveolar nerve and mandibular teeth. The et examination revealed that IAN passes through inside the root of premolar tooth in the first case and the root of the impacted 3rd molar root in the second case the teeth in relation with IAN were succesfully removed without nerve damage. The aim of this report was to present that the important role of 3-d imaging in impacted teeth. At the same time CT examination is usually reserved for complex surgical extraction of impacted teeth in relation with IAN. Its use is recommended in cases where the alveolar nerve passage is not clearly noticeable with the conventional imaging, did in present cases.

Key Words: inferior alveolar nerve impacted teeth 3-D imaging

P-199
REPAIRING OF THE MAXILLARY SINUS LATERAL WALL PERFORATION USING NON-RESORBABLE MEMBRANE PRIOR TO SINUS AUGMENTATION AND SIMULTANEOUS IMPLANT PLACEMENT: A CASE REPORT

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An uncommon complication of tooth extraction on posterior maxilla is perforation of sinus lateral wall after extraction. The aim of this case report was to evaluate the effect of guided bony regeneration (GBR) using non-resorbable membrane over the lateral wall of the maxillary sinus perforation healing prior to sinus augmentation using cancellous bovine bone graft material. A fifty-two old woman presented to our clinic for the implant treatment right and left posterior edentulous maxilla. The clinical and radiographic examination of the patient revealed the perforation of the lateral wall of right maxillary sinus and an inadequate maxillary bone volume for multiple implant placement. Muco-periostal flap was elevated and expanded polytetrafluoroethylene (e-PTFE) membranes were placed on the perforation defects
of lateral sinus wall. Computed tomography was performed after 6 months healing period and new bone formation was observed. e-PTFE membrane was removed and sinus augmentation procedures were performed to facilitate simultaneous placement of two implants using natural bovine cancellous bone mineral particles (Bio-Oss, Geistlich Sons Ltd. Wolhusen, Switzerland). Final fixed prosthesis were inserted after 8 months of second stage surgery. All the implants survived successfully after a mean follow-up of 10 months. GBR with the non-resorbable titanium reinforced polytetrafluoroethylene membrane can effectively treated perforation of the lateral sinus wall and stimulate new bone formation.

**Key Words:** sinus augmentation simultaneous implant

**P-200**

**AGGRESSIVE B CELL LYMPHOMA**

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**Introduction:** The lymphoproliferative disorders, divided into Hodgkin’s (HL) and non-Hodgkin’s (NHL) lymphoma, represent a heterogeneous group of lymphoid malignancies with different patterns of biological behavior and response to treatment. 2008 World Health Organization classification system groups lymphomas according to the cell type defines phenotypic, molecular, or cytogenetic characteristics. three major groupings were established as the B-cell, T-cell, and natural killer cell neoplasms In this classification several types of aggressive B-cell lymphoma have a phenotype resembling terminally differentiated B cells. Cytologically, the cells have immunoblastic or sometimes plasmablastic features, however they display a plasmacytic phenotype.

**Case report:** A 32-year-old systemically healthy male patient referred to Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, complaining of an asymptomatic growth on the right mental region. Its learned that the lesion had been present for the previous 5 months, progressively increasing in size without pain. Extra oral examination revealed the presence of hard and well defined swelling at mental region. Fine needle aspiration cytology was done. The FCNA report suggestive of Tiroisit cells. MRI scans showed lesion at mental region. Intraroral vestibular approach was used for Cytological incisional biopsy. Cytological examination was revealed as aggressive B cell lymphoma. The patient referred to oncologist, underwent chemotherapy. The treatment was completed at 6 months.

**Conclusion:** Diagnosis of the aggressive B cell lymphoma may be misleading by fine needle aspiration cytology and in such cases treatments should be planned in consideration of local aggressive tumours.

**Key Words:** LYMPHOMA B CELL AGGRESSIVE
P-201
NEW BONE FORMATION TECHNIQUE FOR MAXILLARY SINUS AUGMENTATION AND IMPLANT PLACEMENT USING PERIPHERAL VENOUS BLOOD WITHOUT GRAFT MATERIAL: A CASE REPORT

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Restoration of lost dentition in the severely atrophic posterior maxilla has been successfully treated with various sinus augmentation techniques such as using bone grafts and bone substitutes are frequently used to enable placement of dental implants. The use of graft material is anticipated to be necessary; however, recent studies have demonstrated that the mere lifting of the sinus mucosal lining and simultaneous placement of implants result in bone formation. The aim of this study was to evaluate whether sinus membrane elevation and the simultaneous insertion of titanium implants without additional grafting material constitute a valid technique for bone augmentation of the maxillary sinus floor. A 30-year-old female patient presented to our clinic with lost dentition in the left posterior maxilla. The sinus lift was performed where a replaceable cortical window was removed from the maxillary anterior sinus wall. The sinus membrane was elevated superiorly and two implants were placed simultaneously in the residual subantral bone to maintain the space under the sinus membrane for blood clot and bone formation. The collected peripheral venous blood was applied to support the sinus membrane over the implant apex, the cortical window was thereafter not replaced and the incision closed. The remaining bone height was recorded during surgery as well as perforations of the sinus mucosal lining. Computed tomography (CT) was performed after 6 months healing period. Comparisons of pre- and postoperative CT radiography clearly demonstrated new bone formation and new sinus floors were found within the compartment created by the sinus membrane elevation procedure. All implants remained stable during the study period in clinical evaluations therefore definitive fixed prosthesis inserted. The study showed that sinus membrane elevation without the use of additional graft material was found to be a predictable technique for bone augmentation of the maxillary sinus floor.

Key Words: sinus augmentation venous blood simultaneous implant

P-202
THE TREATMENT TECHNIQUE OF TEMPOROMANDIBULAR DYSFUNCTION IN AN ANTERIOR OPENBITE PATIENT BY SELECTIVE GRINDING AND SPLINT THERAPY: A CASE REPORT

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The occlusal factors such as the presence of uncured malocclusions, discrepancies between intercuspal position and retruded contact position greater than two millimeters, retrusive and nonworking side interferences and loss of posterior teeth were considered to be the primary causes of temporomandibular disorders (TMD). Occlusal disharmony has often to be corrected by selective grinding, should it be in temporomandibular joint pain-dysfunction cases. The aim of this case report was to evaluate specific conservative treatment of TMD by occlusal adjustment using selective grinding in 39 old-male patient. Partial or complete resolution of the pain, joint sounds, headache, and neck pain symptoms were evaluated.

Key Words: temporomandibular joint occlusion grinding
P-203
PRESENTATION OF TONGUE BITE INJURY ASSOCIATED WITH CONVULSIVE EPILEPTIC SEIZURES AND ITS SURGICAL TREATMENT: A CASE REPORT

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Epilepsy is a neurological disorder in which clusters of nerve cells or neurons in the brain sometimes signal abnormally. In epilepsy patient has recurring seizures that are episodes of disturbed brain activity causing strange sensations, emotions, behaviour and convulsions. Although the type of the seizure depends on the part of the brain affected, common symptoms are anxiety, tremor, tonic and clonic spasms, unconsciousness, fainting, excess saliva secretion, tirocleusia. Tongue biting is also an important complication of this disorder which may affect function, cause discomfort and have dangerous outcomes. In this study, we represented a patient with laceration at lateral side of tongue due to biting during repeated convulsive epileptic seizures.

Key Words: epilepsy tongue biting seizure

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P-204
ANTERIOR MAXILLARY SEGMENTAL DISTRACTION FOR CORRECTION OF MAXILLARY HYPOPLASIA

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Introduction: Distraction osteogenesis is a biologic process of new bone formation between the surfaces of bone segments that are gradually separated by incremental traction. This clinical case report describes the use of distraction osteogenesis to treat a premaxillary crowding.

Case: A 17-year-old male patient was referred to our department for treatment of crowding. Clinical and radiographic measurements showed that anterior maxillary advancement and elongation of maxillary dental arch were needed. It was planned to use distractor for the treatment. After anterior maxillary segmental osteotomy, patient was treated using bilateral internal distraction device. Photographs and radiographs were taken to review the improvement in facial profile and occlusion after distraction.

Results: Dental crowding and malocclusion were corrected by orthodontic treatment. The maxillary dental arch length was greatly increased by 10 mm and anterior maxillary advancement was obtained.

Conclusion: These results show that anterior maxillary segmental distractors can effectively correct the hypoplastic maxilla and severe dental crowding. With distraction osteogenesis, dental crowding can be corrected without requiring tooth extraction.

Key Words: Distraction osteogenesis Maxillary hypoplasia
P-205
SPLIT OSTEOLOGY AND SOCKET LIFTING COMBINATION FOR IMPLANT PLACEMENT IN THE ATROPHIC MAXILLA

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Alveolar ridge atrophy has a variety of causes, such as periodontal disease, trauma and development anomalies. Bone resorption after tooth loss has been shown to have a certain pattern in which the labial aspect of alveolus is primary resorbed, which first reduced its width and later height. Treatment of the atrophic jaws has been a challenge in implant dentistry. The placement of endosseous implants in the atrophic jaws is frequently limited by the shortage of alveolar bone height and width. Thus, alveolar ridge augmentation is required to restore a favorable interarch relationship, creating a healthy environment to allow placement of endosseous implants of maximal size at an optimal axial inclination with optimal load distribution aesthetics. Bone grafting, guided bone regeneration and bone splitting are currently performed for narrow ridge in conjunction with the placement of dental implants. Sinus augmentation is the most common surgical procedure for gaining bone volume in the posterior maxilla. In the poster presentation a 50 year old male patient is presented with atrophy of the alveolar rim in the posterior jaw, which had inadequate width and height for implant placement. In the posterior parts of the maxilla a segmental split osteotomy, socket lifting and six dental implants placement were performed at the same session without using any graft materials.

Key Words: Atrophic Maxilla Split Osteotomy Socket Lifting

P-206
PSEUDOARTHROSI: A RARE CASE REPORT

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Introduction: Pseudoarthrosis is a fracture that hasn’t united in the stipulated time in which such fractures usually unite and has no chance of union without intervention. There is movement of a bone at the location of a fracture resulting from inadequate healing of the fracture. Case report: A 44 years-old female patient referred to our clinic for treatment of dental caries. In the radiographic examination coincidentally a fracture line on left ramus of the mandible is established. The patient had a trauma history when she was three years old and had two operations under general anesthesia. Condylar ankylosis of left TMJ and pseudoarthrosis at the fracture line observed in CT scan. Maximum mouth opening was measured 35mm. The patient has Class II malocclusion and bimaxillar prognatism in clinical examination. In conclusion the patient didn’t accepted any treatment because she has no complain about masticatory function and esthetic appearance and underwent periodic follow up examinations.

Key Words: Temporomandibular joint ankylosis pseudoarthrosis
P-207
MARSUPLIALIZATION: CONSERVATIVE TREATMENT OF MANDIBULAR PREMOLAR ASSOCIATED WITH DENTIGEROUS CYST IN THE CHILDREN MIXED DENTITION.

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A 10-year-old healthy boy came to the Gülhane Military Medical Academy for a dental check-up. Oral examination showed a buccal bony expansion confirmed on the occlusal radiograph over the right second mandibular premolar region. The panoramic and periapical radiographs revealed a unilocular radiolucency under the primary right mandibular second molar area. The primary right mandibular molar was extracted followed by tissue biopsy and marsupialization under local anesthesia at the Department of Oral and Maxillofacial Surgery. The cysts were diagnosed as DCs based on the clinical, radiographic, and pathological findings. The marsupialized wound was sutured and packed with iodoform gauze for a week. The conditions of the impacted tooth, including tooth depth, the level of dental root formation, tooth inclination, and eruption space for the tooth were evaluated before marsupialization by panoramic radiograms that were taken at the first visit to the hospital. The impacted premolar was not erupting following marsupialization, the orthodontic traction of the impacted premolar was considered to provide the ideal dental arch. No recurrence was found in the final panoramic radiograph. The right mandibular second premolar was aligned in an acceptable position 32 months later. Dentigerous cyst is the most common type of developmental odontogenic cyst. It must be differentially diagnosed among the radicular cyst, odontogenic keratocyst, ameloblastoma, odontogenic fibromyxoma, and odontoma. Several treatment options include complete enucleation and marsupialization. If preservation of the displaced teeth is desirable, and in a young patient where the lesion is isolated, marsupialization is a rather conservative treatment option. In our case, we chose conservative treatment based on the age of the patient and the strategic value of the associated teeth. In the follow-up appointments, the right mandibular premolar erupted into proper position and new bony regeneration was found in the panoramic and periapical radiographs.

Key Words: Marsupialization dentigerous cyst

P-208
BROWN TUMOR IN ASSOCIATION WITH SECONDARY HYPERPARATHYROIDISM: A CASE REPORT

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Secondary hyperparathyroidism in association with terminal renal failure remains the main cause of morbidity in patients treated with hemodialysis. Treatment of secondary hyperparathyroidism – and consequently of brown tumor – consists of the corresponding dialysis, reduction of P in food, phosphate binders, calcitriol, and finally surgical parathyroidectomy. We are describing the case of a 38 years old male patient who developed severe secondary hyperparathyroidism and a brown tumor, involving mandibular corpus, for 2 years. Chronic renal failure was controlled initially with peritoneal dialysis for 4 years and afterwards with hemodialysis for 10 years. Radiographical examination showed evidence of bone resorption on the left mandibular premolar and molar region. Parathormon level was 709 pg/mL (normal 15-65 pg/mL). The tumor was surgically curetted. In the surgical procedures, dark reddish-brown and compact elastic tumor mass was removed. The wound was packed for healing by secondary intention. Ten months later, the lesion was recurred and curetted again. Six months after the second surgery tumor was reoccurred and treated
in the same way. In the last 6 months there is no recurrence of the brown tumor and the PTH level is approximately 400 pg/mL. The most useful therapy for patients with brown tumors is surgical excision of bone lesions and surgical or medical therapy for HPT. Unless hormone levels recover, there is a risk of recurrence. Patients should be followed up long-term.

Key Words: Brown tumor Recurrence HPT

P-209
EVALUATION OF LENGTH OF STYLOID PROCESS AND THE CORRELATION BETWEEN LENGTH, CLINICAL SYMPTOMS AND SURGICAL INDICATIONS IN TURKISH POPULATION

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Eagle’s syndrome occurs when patients have an elongated styloid process or calcified stylohyoid ligament. This condition may cause throat pain or foreign sensation, dysphagia, as well as patients may have neck pain with radiation to the ipsilateral ear. Those symptoms can be confused with those attributed to some of facial neuralgias. This condition can be diagnosed radiological and by clinical examination. Computered tomography and 3D CT are very useful to show length of styloid process. In this study we aimed to evaluate length of styloid process according to the age and gender in Turkish population and to investigate relationship between anatomical shape, length and clinical manifestation of this condition. The length of styloid process of 500 patients has been measured by dental volumetric tomography with on demand 3D application-DVR 2012 program and the surgical indications were indicated according to the length and clinical symptoms.

Key Words: Eagle’s syndrome styloid process pain

P-210
CHERUBISM: CASE REPORT WITH REVIEW OF THE LITERATURE

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Cherubism is a nonneoplastic fibro-osseous disease involving the mandible and maxilla and characterized by bilateral, painless enlargements of the jaws that are said to give the patient a cherubic appearance. It is genetically inherited albeit non familial cases have been reported. The pathogenesis of cherubism remains controversial. The lesions are not distinctive histologically and are difficult to differentiate from other giant cells lesions. The diagnosis is dependent on the clinical findings and radiological examination. Recommended therapy ranges from radical surgical reconstruction to an attitude of wait and see. However functional or emotional disturbances demand surgical intervention so cu-
rettage in the beginning of resorption phase has been preferred. This report presents the clinical, histological, radiological findings and surgical treatment of a 11 year-old girl with cherubism and briefly review the literature.

Key Words: cherubism surgical treatment child

P-211
ENDOSCOPICALLY ASSISTED CYST ENUCLEATION IN MAXILLARY SINUS

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The effectiveness of endoscopic sinus surgery for treating sinus diseases are well established. The purpose of this study is to determine the efficacy of the assistance of endoscopic sinus surgery in the treatment of developmental and inflammatory cysts which related and localized in maxillary sinus. Four radicular cyst and three odontogenic keratocyst were operated with the assistance of endoscopy in the years between 2010 and 2012 in Kırıkkale University Dentistry Faculty OMS department and GATA Haydarpaşa Training Hospital Dental Clinic OMS department. There were no complications and post-operative period were uneventful. Follow-up period varies from 2-16 months, and no recurrence has been noted in any of the cases. Endoscopically assisted maxillary cyst enucleation appears to be a simple and highly effective surgical treatment for the treatment of jaw cysts that extend to the maxillary sinus due to its visual performance.

Key Words: Endoscopic maxillary sinus cyst enucleation

P-212
OSTEONECROSIS AFTER SELF TOOTH EXTRACTION RELATED WITH BISPHOSPHONATE MEDICATION

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Introduction: Osteonecrosis of the jaw is a rare pathologic condition, could caused by having head and neck radiotherapy, chemotherapy, periodontal disease, bone surgery and trauma. Bisphosphonate related osteonecrosis of the jaw is a clinical condition characterized by the presence of pain, mucosal swelling, areas of exposed and necrotic bone, tooth mobility, erythema, and ulceration, abscesses and fistulas in the maxillofacial region.
Case report: 65 years old male patient was receiving treatment for renal cell carcinoma. In the fourth treatment year, he had lost his kidney and bone metastasis was occurred. Chemotherapy and radiotherapy was begun with Zometa medication. The patient admitted to our clinic with pain, infection and exposed maxillary alveolar bone. In patients medical history he told that he extracted his own maxiller tooth and after than the wound was not healed. Antibiotic medication with hyperbaric oxygen therapy was begun immediately. Secestrotomy was administered. The healing process was rapidly improving.

Discussion: Bisphosphonates are a class of drugs commonly prescribed for bone diseases due to their osteoclast inhibition property. They are widely used in the management of bone diseases including osteoporosis, Paget’s disease, hypercalcemia related to malignancy and in the prevention of skeletal complication from bone metastasis.

Conclusion: The main disease theories are based on the suppression of bone remodeling, the angiogenesis inhibitory properties of the bisphosphonate and the infectious process are factors that could be related to bisphosphonate related osteonecrosis of the jaw. Improving angiogenesis and oxygenation with hyperbaric oxygen therapy and low level laser therapy can boost healing.

Key Words: Osteonecrosis jaw bisphosphonate medication drug

P-213
TREATMENT OF MULTIPLE KERATOCYSTIC ODONTOGENIC TUMOURS IN YOUNG PATIENT WITH GORLIN-GOLTZ SYNDROME

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Gorlin-Goltz (GG) or Gorlin syndrome also known as nevoid basal cell carcinoma syndrome is an inherited autosomal dominant condition. The first recognition of GG syndrome reported in 1960 by 2 scientists, Gorlin and Goltz. Diagnosis has been confirmed by a genetic study, which was always required. The GG syndrome differentiated by various signs and symptoms. The major diagnostic character include multiple keratocystic odontogenic tumors (KCOT) of the maxilla and mandible, multiple cutaneous basal cell carcinomas, muscular and skeletal abnormalities( palmar pits, calcification of the falk cerebri, parietal and temporal bossing, a low-set posterior hairline) and mental retardation can represent signs linking to GG syndrome. In the present study, we report on the occurrence of KCOTs of the bilaterally maxillary sinus and right mandible in a young patient with GG syndrome.

Key Words: Gorlin-Goltz syndrome keratocyst jaw
P-214
COMPLEX ODONTOMA: A CASE REPORT

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Odontomas are hamartomatous lesions or malformations resulting from growth of completely differentiated epithelial and mesenchimal cells. These cells form variable amounts of enamel, dentine and pulpal tissues of odontoma. Odontomas are classified as compound and complex odontomas depending on the radiographic and morphologic apperance. Compound odontomas are composed of miniature tooth structures, whereas complex odontomas have amorphous patern. Odontomas are usually asymptomatic. However, they may be associated with pathologies such as malformation, impaction, eruption disturbances, malpositioning, cyst formation, displacement or resorption of adjacent teeth. This case report presents an complex odontoma interfering with eruption of left lateral incisor of a 7 year-old girl.

Key Words: odontoma complex odontoma compound odontoma

P-215
HORIZONTALLY IMPACTED MAXILLARY SEGMENTAL TEETH DUE TO CHILDHOOD TRAUMA: DIAGNOSSIS AND THE TREATMENT

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Traumatic injury to a primary tooth has the potential to damage the underlying permanent tooth germ. It may lead to developmental disturbance of permanent dentition or in some cases impaction of the permanent teeth. Impaction of the permanent teeth generally occurs in the third molars, canines and premolars, but rarely affects the permanent incisors. A 15 year old boy was referred to our clinic for unerupted permanent left maxillary central and lateral incisors where a small portion of the tooth was seen in the oral cavity. Trauma to the primary maxillary anterior teeth may affect the eruption of the underlying permanent teeth. The diagnosis can be made with a thorough history and appropriate radiographs. The purpose of this paper is to report impaction of permanent maxillary central lateral incisor and canine in a 15-year-old boy with a history of trauma at an early age.

Key Words: trauma impacted implant
P-216
CBCT FINDINGS OF MAXILLARY FOLLICULAR AMELOBLASTOMA: A CASE REPORT

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Introduction: Ameloblastoma is a benign, locally invasive tumor arising from the odontogenic epithelium. Although ameloblastoma is the most common odontogenic tumour, maxillary ameloblastoma is a rare entity. It is thought to be a more aggressive lesion than a mandibular one due to cellular characteristics and the anatomical structure of the maxilla.

Case Report: A 70 year old man presented to Faculty of Dentistry, University of Kocaeli, with a chief complaint of an asymptomatic, slowly enlarging swelling in his right maxilla. CBCT findings revealed multilocular appearance in anterior part of the maxilla with buccal cortical expansion and destruction. After radiographic and clinical examination, a marginal resection was performed on teeth 13 to 21 and right maxillary sinus was kept intact. The histopathological examination of the surgical specimen revealed follicular ameloblastoma.

Conclusion: The maxillary ameloblastoma is reported to have a low prevalence than their mandibular counterpart. In this case report, clinical, radiological and histopathological features of a rare tumor is presented.

Key Words: CBCT maxillary ameloblastoma follicular ameloblastoma

P-217
GIANT COMPLEX ODONTOМА: A CASE REPORT

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Odontomas are the most common type of odontogenic tumors which are mostly asymptomatic. The complex and compound odontomas are the histological subtypes. The complex type comprises a mixture of odontogenic tissues without dental organization. In this presentation, a case of complex odontoma in the region of the lower right first, second and third molars in a 17-year-old boy has been reported. The tumor, which produced no clinical symptoms, was discovered on routine dental radiographs. Radiographically, the lesion was seen as amorphous, solitary mass of calcified material with impacted teeth. The tumor was surgically removed, conservative enucleation was achieved and the diagnosis was confirmed by histologic examination. Routine follow up was done for more than 4 years and no recurrence was seen.

Key Words: Odontogenic Tumors Complex Odontoma Enucleation
P-218
TRAUMATIC BONE CYST: REPORT OF A CASE

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Traumatic bone cyst (TBC) was first described as an intraosseous pseudocyst devoid of an epithelial lining, either empty or filled with serous or sanguineous fluid. The lesion more frequently observed among young patients during the second decade of life. TBC usually appears as an asymptomatic lesion diagnosed accidentally during routine radiographic examination. TBC often appears as a unilocular radiolucent area, with scalloped but well-defined margins, usually located between the roots of lower molars and premolars, but rarely extending into the cortical bone. The lesions exhibit different clinical behavior and require distinct treatments. Thus, biopsy and histopathological examination are necessary to establish a final diagnosis. When an empty cavity or a cavity with scarce hemorrhagic material is observed during a surgical biopsy procedure, the hypothesis of TBC may be strongly suggested. The need for surgical intervention in TBC has been discussed by some authors. It is well documented that TBC may self-heal and that a non-interventionist follow-up protocol could avoid unnecessary extensive surgical access. Conservative approach is mainly recommended for small lesions when patients are willing to collaborate with clinical and radiographic assessment during 1 year after initial presentation. A 16 year old female patient referred to Selcuk University Dentistry Faculty Department of Oral and Maxillofacial Surgery clinic because of the lesion at symphysis area. The lesion was well defined and radiolucent. Teeth were vital which were related with lesion. The lamina dura observed around teeth. Odontogenic cysts, ameloblastomas, giant cell granulomas, traumatic bone cyst considered during diagnosis. The lesion is diagnosed with traumatic bone cyst when empty bone cavity observed during surgery. Although it has different treatment options curettage of bone walls is applied and the lesion cavity sutured primarily. In this case report importance of differential diagnosis, examination and the treatment options of traumatic bone cyst is presented.

Key Words: traumatic bone cyst vital teeth empty bone cavity

P-219
EVALUATION OF PLATELET RICH FIBRIN INFLUENCE IN DECREASING OF PERIODONTAL DISEASE AFTER IMPACTED LOWER THIRD MOLAR

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One of the most common problems after impacted third molars surgery is periodontal problems. These problems occur as "a pocket in the distal second molar teeth," "lost connection" or "Lack of appropriate amount of bone formation". To solve this problem, various methods are used, include: The use of demineralized bone. The use of platelet rich plasma. The purpose of this study is to survey PRF impact on periodontal problems after impacted third molars surgery. In this perusal, 35 patients with impacted mandibular third molar were selected. Periodontal indicators were measured in 3 points "distal, distobuccal, midbuccal", and surgery was performed on both sides. After surgery on one side, PRF was placed. All periodontal evaluation was repeated after 6 and 12 weeks.

Key Words: prf third molar periodontal disease
P-220
EVALUATION OF PLATELET RICH FIBRIN INFLUENCE IN DECREASING OF DRY SOCKET AFTER SURGICAL REMOVING OF THIRD MOLAR

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The aim of this study was to evaluate the rate of PRF in reducing of dry socket prevalence Method and Material: In this study, 46 patients with bilateral mandibular impacted third molars were selected. (29 females and 17 males) The surgical removal of wisdom teeth was done for them. Afterward, on one side, PRF was placed, and patients 48, 72 and 96 hours later were examined. Signs and symptoms of dry socket were evaluated. This study demonstrates the use of PRF during surgery, a significant decrease in the incidence of dry socket after surgery. On the side which PRF was placed, there were no cases of dry socket. While on the other side, 3 dry sockets were observed.

Key Words: PRF dry socket third molar

P-221
EFFECTS OF ANKAFERD BLOOD STOPPER AND CELOX TO TISSUE FACTOR ACTIVITIES ON WARFARIN TREATED RATS

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Abstract Aim: Ankaferd Blood Stopper (ABS) and Celox are two new promising local haemostatic agents which has many studies showing their mechanism of haemostasis but has non for biochemical reaction of tissue. Aim of this study is to evaluate these two different new generation haemostatic agents on warfarin treated rats focusing to short term soft tissue healing.

Methods: 12 systemically warfarin treated and 12 systemically normal Wistar – Albino rats are selected for the trial. Rats in warfarin group has been started treating intraperitonally 0,1 mg/kg warfarin and rats in control group has been started treating 1ml/kg saline 3 days earlier to surgical procedure and continued until sacrifice. All rats had 3 incisions on dorsal dermal tissue which was applied Celox, ABS or non before suturing. 6 of each group were sacrificed on day 4, and the other 6 were sacrificed on day 8. PT and TF are evaluated lately by commercial assay kit and Quick Method respectively.

Results: Both haemostatic agents has shown satisfactory results on haemostasis. Dosage of warfain has raised PT level to desired points. Celox has shown better TF activity than ABS.

Conclusion: ABS seems to be better at early stage healing clinically, and Celox seems to be much more effective at haemostasis clinically and biochemically.

Key Words: Warfarin Ankaferd Blood Stopper Celox Tissue Factor (TF) Prothrombine time (PT)
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EFFECTS OF ANKAFERD BLOOD STOPPER IN SOFT TISSUE HEALING ON WARFARIN TREATED RATS

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Abstract Aim: Ankaferd Blood Stopper (ABS) is a new promising local haemostatic agents which has many studies showing their mechanism of haemostasis but has non for biochemical reaction of tissue. Aim of this study is to evaluate this new generation haemostatic agent on warfarin treated rats focusing to short term soft tissue healing.

Methods: 12 systemically warfarin treated and 12 systemically normal Wistar – Albino rats are selected for the trial. Rats in warfarin group has been started treating intraperitonially 0,1 mg/kg warfarin and rats in control group has been started treating 1ml/kg saline 3 days earlier to surgical procedure, one day passed the day on surgery performed and continued until sacrification. All rats had 2 incisions on back dermal tissue which was applied ABS or ‘nothing’ before suturing. 6 of each group are sacrificed on day 4, and the other 6 are sacrificed on day 8. PT and collagen rate values are evaluated.

Results: Ankaferd Blood Stopper has shown satisfactory results on haemostasis. Dosage of warfain has raised PT level to desired points.

Conclusion: ABS seems to be better at early stage healing clinically andcaused no epithelisation troubles clearly.

Key Words: Warfarin Ankaferd Blood Stopper Collagen rate Prothrombine time (PT)

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GIANT MUCOCOELE OF MAXILLARY SINUS: A CASE REPORT

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Mucocoeles are slow-growing and locally aggressive lesion of paranasal sinuses. Generally they come into being as a result of the the blockage of the ostium. Mucocoeles of paranasal sinuses are most commonly occur in frontal and ethmoidal sinuses. Although they have benign characteristic, maksiyillary sinus mucocoeles causing bone destruction and they can expand in huge sizes. Symptoms have a connection with this expansive lesion are generally secondary to its pressure effect on neighboring structures. Computerized Tomography is the principal device for the diagnosis. The treatment of maxillary sinus mucocoeles is surgical. In this case report, we present a 39-year-old man with giant mucocoele of the left maxillary sinus. There was no bone destruction and clinical symptoms. Surgical approach was achieved under local anesthesia. There was uneventful healing for short term following period.
A 2-YEAR RETROSPECTIVE CLINICAL STUDY OF THE MIS IMPLANTS

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A total of one hundred twelve MIS Implants System (israel) placed in from 2008 to 2010 were investigated with several identified risk factors (sex, systemic disease, smoking, alcohol, reason of tooth loss, length, arch (maxilla or mandible), replace tooth type (incisor, canine, premolar or molar) Kennedy classification, prosthodontic type, prosthodontic design, opposite dentition, abutment type, occlusal material, occlusal unit, splint to tooth, cantilever, other surgery). Clinical examination (mobility, percussion, screw loosening, discomfort, etc.) and radiographic examination data were collected from patient records. The presence of systemic diseases and combination of other surgical procedures may be associated with increased implant failure.

Key Words: implant systemic disease

TEMPOROMANDIBULAR JOINT ANKYLOSIS FOLLOWING ERUPTED UPPER AND LOWER THIRD MOLAR EXTRCTIONS: A CASE REPORT

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Ankylosis is a serious disorder of temporomandibular joint that effect quality of patient’s life adversely. Trauma, local or systemic infection or systemic diseases are etiologic factors of this disease. Clinically complete ankylosis is defined as a condition when maximum interinsical distance is less than 5 mm but in unilateral cases the mandible can be forced to open because of its elasticity and the minimal mobility of the cranial sutures. In this report an unique unilateral TMJ ankylosis case that occurred following the extraction of asymptomatic upper and lower erupted third molars was presented. Case Report A 41- year- old woman referred to our clinic with a complain of mouth opening restriction for two years following lower and upper left third molars extraction. In patient’s history there was swelling and severe pain on preauricular region one week later from extraction. Patient took antibiotics and swelling and pain were recurred a few times. In clinic examination the maximal interinsical distance was 15 mm and mandibular deflection was occured to left side. In radiographic assay left condylar process degeneration was observed. TMJ gap arthroplasty was performed with preauricular approach. Fibrotic tissues were removed, condylar process was smoothed and also coronoidectomy was performed. Maximal interinsical distance was 41 mm intaoperatively. Postoperative aggressive physical exercise was recommended for adaptation of the muscles. In histologic evaluation degeneration areas on condylar process and focal necrosis on coronoid process were observed. In control sessions of the third month mouth opening was 35 mm and there was no pain on preauricular region. Conclusions Following the third molar extraction, infection may spread to TMJ region and may lead to TMJ ankylosis. In this case report surgical management of condylar and coronoid process degeneration was performed and TMJ ankylosis was eliminated successfully.

Key Words: TMJ ANKYLOSIS TOOTH EXTRACTION CORONOIDECTOMY CONDYLECTOMY
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EFFECT OF TOPICAL APPLICATION OF TRAMADOL ON POSTOPERATIVE PAIN AFTER THIRD MOLAR SURGERY

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The aim of this study was to evaluate the effect of topical application of tramadol (centrally acting opioid) on acute postoperative facial pain, visual analogue scale scores and non steroidal analgesic drug usage after extraction of submerged third molar teeth. This prospective randomized double-blind placebo-controlled study, include 60 ASA I-II patients having impacted third molar extraction operation. Patients were divided in to two groups after extraction of impacted third molars under local anesthesia. In group T, after extraction 1mg/kg tramadol was applied to patients topically after extraction, and in group S, 2 ml saline was applied to patients topically. The evaluations of the VAS scores were done in 30th minutes, 1, 2, 4, 6, 12, 24, 48th hours after extractions. In Group T, postoperative 30, min., 1, 2, 4, 6, and 12, hours VAS scores were statistically lower than Group S (p<0.05). In Group T first drug taking time is longer than Group S (p=0.0001<0.01) and in Group T total analgesic dose is statistically lower than Group S (p=0.0001<0.01). We conclude that postoperative, topical application of tramadol to operation area is a reliable and effective method to inhibit acute postoperative facial pain after surgical removal of impacted third molars.

Key Words: tramadol postoperative analgesia impacted third molar

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ASSESSMENT OF COMBINED LOCAL ANESTHESIA AND TRAMADOL FOR PAIN AFTER SURGICAL EXTRACTION OF THIRD MOLARS

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Purpose: The aim of this study was to assess the clinical efficacy of combined treatment with local anesthetic and tramadol for the relief or prevention of postoperative pain after the surgical extraction of third molars.

Patients and Methods: Sixty patients undergoing the extraction of impacted mandibular third molars were included in the study. The patients were randomly divided into 2 groups: local anesthetic alone (LAA) and local anesthetic plus tramadol (LAT). The patients in the LAA group received 5 mL of a local anesthetic and saline combination comprising 2 mL of local anesthetic and 3 mL of saline. The patients in the LAT group received 5 mL of a local anesthetic, tramadol, and saline combination comprising 2 mL of local anesthetic and 1 mg/kg tramadole and saline.

Results: The pain scores on the VAS at 30 minutes and 1, 4, 12, and 24 hours after surgery were significantly higher in the LAA group than in the LAT group (P = .0001, P = .005).
Conclusion: The combination of a local anesthetic and tramadol during surgical extraction of third molars can produce good local anesthesia while affording a comfortable procedure for the surgeon and patient and providing good postoperative analgesia with less postoperative pain.

Key Words: tramadol local anesthetic submerged third molars

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TRANSMIGRATION OF IMPACTED MAXILLARY CANINES: TWO CASE REPORT

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Transmigration is a term that intraosseous movement of impacted canines crossing the midline. This is a rare phenomenon and its etiology is not clear. Transmigration occurs almost exclusively with mandibular canines but also develops rarely in maxillary canines as well. Canine impaction is more prevalent in the maxilla than in the mandible, but canine transmigration is more frequent in the mandible. Transmigration is often asymptomatic and it is often discovered at the radiological examination incidentally. Because of this, early radiographic examination and detection of transmigration is significantly important for treatment planning and prevention of more complicated situations. In this report 62 years old male and 29 years old female patient with transmigrant maxillary canines are presented.

Key Words: Transmigration Maxillary canines Impacted teeth

P-229
ACUTE FETAL DISTRESS FOLLOWING TOOTH EXTRACTION AND ABSCESS DRAINAGE IN A PREGNANT PATIENT WITH MAXILLOFACIAL INFECTION

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Tooth extraction is a relatively safe procedure during pregnancy. However, when it is associated with maxillofacial infections, serious complications may occur. Recently, oral infections had been implicated in the adverse pregnancy outcome, such as preeclampsia, premature delivery, and growth retardation. In theory, extraction of an infected tooth may act as a portal of entry both for bacterial agents and cytokines, and set the stage for systemic inflammatory response culminated in fetal distress which implies that the viability of the fetus is compromised. A case of 28 year old 9 months pregnant otherwise healthy woman with the complaint of facial swelling, and dental pain is presented. Her oral examination revealed submandibular abscess formation related to the mandibular third molar tooth on the left. Eight hours after the extraction and abscess drainage, the patient applied to the emergency room with the complaint
of high fever, and the decreased perception of fetal movement. At initial evaluation, blood pressure was 100/90 mm Hg, heart rate was 90, fever 38.7. Ultrasound examination revealed 35 weeks old, singleton fetus with normal growth. Amniotic fluid volume and placental image were normal. Cardiotocography showed severe persisted late decelerations with decreased variability denoting fetal distress. And, the patient was immediately taken into operation and male fetus was delivered with cesarian section. The baby was admitted to intensive care unit. At 12th day of his admission, the baby was external with good condition. In conclusion, oral and maxillofacial surgeons must understand and consider the serious complications of the maxillofacial infections in this particular patient population. Also, the occurrence of acute fetal distress in an otherwise uneventful pregnancy, after the treatment of a maxillofacial infection, may point out to different implication of interaction between systemic inflammatory response, oral cytokines and pregnancy.

Key Words: Fetal distress syndrome, Pregnancy, Submandibular abscess

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3 MM : IS IT ENOUGH WIDTH FOR PLACEMENT AN IMPLANT? A CASE REPORT

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This report details surgical procedures for ridge expansion by means of splitting the crest of an edentulous ridge. Implant rehabilitation of the edentulous maxilla may be somewhat problematic because of anatomic situations involving insufficient horizontal bone thickness. One approach in this situation is localized ridge augmentaion with the split crest technique. Split crest ostotomy and implant placement performed together in the same session in 2-4mm wide alveolar bone proved to be highly successful. The split crest ostotomy technique compared to the alternative which is onlay block bone grafting that could cause donor-site morbidity, extra time for healing required for implant placement after grafting and costs more. As a result, the split crest ostotomy technique and implant placement is a very successful and cheaper method in patients with narrow alveolar bone.

P-231
AN UNUSUALLY POSITIONED MANDIBULAR THIRD MOLAR: A CASE REPORT WITH CBCT FINDINGS

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A 33 years old male presented a solid mass localized on his right cheek. He had complaints during mastication and medically healthy otherwise. His medical history revealed mandibular angular fracture due to traffic accident. During intraoral examination a solid mass was palpated in the mucobuccal fold at the buccal aspect of the left lower second molar. In radiological examination the lower third molar was superimposed on the second molar. Further investigations were carried out by CBCT scan and surgical extraction was performed according to these findings. In this case unusually displaced the lower third molar and the possible causes are discussed with clinical and radiological findings.
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CLINICAL APPLICATION OF THE COLORADO-MICRODISSECTION NEEDLE IN ORAL AND MAXILLOFACIAL SURGERY

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Maxillofacial procedures commonly require trans-facial approaches that require sharp and blunt soft tissue dissection. Generally the steel scalpel incisions are used for cutaneous incisions to optimize surgical access and aesthetic results. Electrocautery is used as mono or bipolar cautery mainly for subcutaneous and deep-layer dissections. Monopolar cautery is very useful for tissue cutting and desiccation. This study investigates the usefulness of Colorado Micro Dissection Needle (Colorado Biomedical Inc., Evergreen, CO, U.S.A.) We report our experience in Colorado-microdissection needle electrocautery to approach surgical field of 16 patients including Weber Ferguson access, lip-split, submandibular, bicoronal and preauricular.

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BONE SPLITTING TECHNIQUE USING CREST-CONTROL BONE SPREADING SYSTEM

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Endosseous implants have been used successfully for many years. For a successful treatment horizontal dimensions and vertical heights of bone are important. Insufficient bone sizes, causes some difficulties at the implant treatment. Several techniques have been developed for the repair of alveolar bone resorptions such as bone grafting, alveolar distraction osteogenesis. Applicability of these techniques, success rates and treatment costs are significant. When the vertical height is adequate but the horizontal width is inadequate the split crest technique is applied successfully for many years as an alternative technique instead of autogenous grafting and guided bone regeneration. In this presentation the advantages and disadvantages of this technique is discussed a case which performed by using crestal control split system.
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COMPLICATED IMMEDIATE IMPLANT PLACEMENT AND IMMEDIATE LOADING: REPORT OF FOUR CASES

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Immediate implant placement and immediate loading are common procedures in implant surgery, but there are so little reports in the literature about complicated operations. With the rapid development of implant dentistry, new approaches aim to shorten the overall treatment time that have been proposed, such as immediate implant placement and immediate implant restoration following implant placement. The benefits of immediate implant restoration are optimized gingival form before definitive restorations, better clinical efficiency, fewer surgical interventions, and shortened treatment time. Factors essential to success of immediate restoration include initial implant stability in good quality bone, surgical technique, and host- and occlusal-related factors. In this presentation, the aim is to present four cases of immediate implant placement and loading including placing after extraction of impacted canine tooth, after extraction of tooth with lesion, following displacement of ankylosed tooth and in a seriously damaged periodontal defect area.

Key Words: implant, immediate, immediate loading

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AN INFECTED DENTIGEROUS CYST CAUSING SUBMANDIBULAR, SUBLINGUAL AND SUBMENTAL ABSCESSE

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Dentigerous cysts are the second most common odontogenic cysts after radicular cysts and the most common developmental cysts of the jaws accounting for approximately 24% of all true cysts in the jaws. Their frequency in the general population has been estimated at 1.44 cyst for every 100 unerupted teeth. The cyst arises from the separation of the follicle from the crown of an unerupted tooth or developing tooth, the mandibular third molars are the most commonly affected. The other teeth that are commonly affected are, in order of frequency, the maxillary canines, the maxillary third molars, and rarely the central incisors. Radiographs show a unilocular, radiolucent lesion characterized by well-defined sclerotic margins and associated with the crown of an unerupted tooth. There is usually no pain or discomfort associated with the cyst unless it becomes secondarily infected. There are two basic surgical procedures, namely marsupialization and enucleation. In this case report, we present the symptoms and comprehensive treatment of the infected dentigerous cyst causing submandibular, sublingual and submental abscess.
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AUTOTRANSPLANTATION OF IMMATURE THIRD MOLARS: REPORT OF TWO CASES.

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Autotransplantation is defined as the transfer of a tooth from one position to another socket in the same individual. This could involve the transfer of impacted, embedded or erupted teeth into extractions sites or into surgically prepared sockets. Autotransplantation has been used to replace missing teeth or teeth with poor prognosis. The sequence of autotransplantation includes clinical and radiographic examination, diagnosis, treatment planning, surgical procedures, possible endodontic treatment, restorative treatment and maintenance. Successful tooth transplantation depends upon the proper case and patient selection. It depends upon the vitality of remaining periodontal ligament cells in the donor root, the shape and the site of the recipient socket and the vascularity of the recipient bed. In immature and developing teeth, root canal therapy is usually not necessary because the apex is open and revascularization of the pulp is expected. Autogenous transplantation of immature third molars may be considered as a treatment option to prosthetic and implant rehabilitation treatment in cases of early loss of first or second molar teeth. In this presentation, two cases regarding autotransplantation of immature third molars were presented.

Key Words: tooth transplantation third molar autotransplantation

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VERTICAL SLIDING OF MANDIBULAR POSTERIOR BORDER FOR CONDYLAR RECONSTRUCTION IN TMJ ANKYLOSIS

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TMJ ankylosis is commonly treated by gap arthroplasty and interpositional arthroplasty followed by chostochondral reconstruction. Total alloplastic replacement of TMJ is also a widely-accepted treatment choice. With use of non-pedicled grafts, resorption, resulting decrease in ramus height, facial asymmetry and deviation in function were reported. 2 patients who were diagnosed with TMJ ankylosis in our clinic underwent resection of ankylosed condyle. Sliding vertical osteotomy on posterior ramus is used for reconstruction of the condyle as a pedicled graft. In all of the cases, immediate improvement in mandibular range of motion had achieved. Interincisal opening have reached to a satisfactory degree and excursive movements had obtained after 3 weeks. In the follow-up period, no re-ankylosis cases has occurred, no patient reported TMJ pain and all patients have maintained satisfactory joint function. Functional remodeling of neocondyle was observed in all cases. Our results suggest that vertical sliding osteotomy of mandibular ramus is an amenable treatment option in patients with TMJ ankylosis.

Key Words: tmj ankylosis vertical ramus osteotomy sliding osteotomy
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ORONASAL FISTULA MANAGEMENT WITH PLATELET RICH FIBRIN; A TECHNICAL NOTE

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The use of Platelet Rich Fibrin (PRF) in dentistry has become more common because of its advantages as faster neo-
vascularization, cell migration and regeneration, increase of osteoblastic activity, easier manipulations or harvesting.
PRF contains a high concentration of growth factors and is able to stimulate both wound and bone regeneration. The
treatment of oronasal fistula has some difficulties such as big size of bone defect, hard scars and sclerotic soft tissue.
The reconstruction of oronasal fistulas with PRF was not reported in the literature. The aim of this technical note was
to present a new treatment option with PRF for oronasal fistulas. A fifty year old male patient referred to our clinic
for treatment of oronasal fistula. Patient had big size cyst operation ten years ago and an oronasal fistula occurred
following the operation. His complain was phonation, speech and masticator dysfunction. Orthopantomogram and
occlusal radiograph showed a large alveolar defect and an oronasal fistula was detected in the left anterior maxilla.
No reossification of the cavity was observed ten year after cyst enucleation. In the presented case bovine bone graft
(Cerabone) and PRF were used for reconstruction of the alveolar defect and oronasal fistula. Bone graft was covered
by two separate pieces of PRF and PRF also supported nasal and vestibular mucosa. This technical note showed that
the treatment of oronasal fistulas with PRF supported bone grafts provides very good results both in bone integration
and in soft tissue reparation.

P-239
ODONTOOMA RELATED DISTAL MIGRATION OF TEETH

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Intraosseous migration of impacted teeth is a rare dental anomaly, which occurs only in the permanent dentition. The
term ‘dental migration’ may indicate the movement of an unerupted tooth to an area far from its regular place of de-
velopment. Impacted teeth may migrate mesially or distally in jaws. Distal migration is not yet completely known, as
the teeth tend to present mesial movement due to masticatory effects. The mechanism that causes migration of a tooth
is still obscure. Migration may occur as a result of localized pathologic processes; such as cystic lesions or odontomas.
Intraosseous migration may occur bilaterally although unilateral migration is more common, and it is seen more often
in female gender. The most frequently migration presenting unerupted teeth are premolars, canines and mandibular
3rd molars. Intraosseous distal migration of premolars are less frequently found in the literature than the migration of
canines. In this report, two cases of odontoma related distal migration of tooth are presented

Key Words: distal migration odontoma dental anomaly
P-240
SUPERNUMERARY TEETH IN NON-SYNDROMIC PATIENT: A CLINICAL CASE REPORT

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Supernumerary teeth or hyperdontia are defined as the existence of an excessive number of teeth in relation to the normal dental formula,1 and they may develop at any location in either upper or lower dental arch. While single tooth impaction is not uncommon, development of multiple impacted teeth is a rare condition and often found in association with syndromes or developmental anomalies such as cleidocranial dysplasia, Gardner's syndrome, trichorhino phalangic syndrome, and cleft lip and palate. However, it can be present in patients without any systemic pathology. A 15-years-old male patient visited our department for routine dental check up. Panoramic radiograph revealed an impacted 9 supernumerary tooth below the left mandibular and maxillary premolars,right mandibular and maxillary premolars. There was no relevant familial history of dental abnormalities Following orthodontic consultation it was decided to carry remove all the unerupted teeth.

Key Words: Supernumerary teeth impacted non-syndromic

P-241
A VARIATION OF THE BUCCAL NERVE: A CASE REPORT

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Abstract: The buccal nerve (N. buccalis) is the sensory branch of the anterior division of the mandibular nerve, passing between the lateral pterygoid muscles. It crosses the anterior border of the ramus of the mandible at a similar level to the lower third molar. It distributes to the soft tissue of the cheek. Its fibres supply the lower buccal gingiva, lower buccal sulcus and cheek mucosa and may also contribute to the extra-oral cutaneous supply of the cheek. Variations of the buccal nerve had been reported in the literature. The aim of this report to present a variation of the buccal nerve which left the inferior alveolar nerve and emerged from a small foramen in the third molar region during removal of impacted third molar.

Key Words: Buccal nerve accessory nerve impacted third molar
P-242
RADIONOFREQUENCY DENERVATION (RFD) OF PERIPHERAL NERVES IN THE MANAGEMENT OF TRIGEMINAL NEURALGIA (TGN) IN THE ELDERLY AND PATIENTS WITH MULTIPLE SCLEROSIS (MS)

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Trigeminal neuralgia causes recurrent, severe, brief episodes of facial pain. The peak age of onset for classical TGN is 60 years and many patients are elderly. Secondary TGN occurs in younger patients with Multiple Sclerosis. First line treatment is pharmacological; when this fails interventional therapies are indicated. Microvascular decompression is limited to classical TGN in healthy, younger patients. TGN patients who are elderly or with MS require an alternative approach. We present indications and outcomes using RFD of the peripheral trigeminal nerves in patients over 60 years of age and in patients with MS. Twenty patients with TGN (1st division 2; 2nd division: 9; 3rd division: 7; 2nd and 3rd division: 2) underwent RFD of a peripheral TGN nerve over a five year period. Fifteen patients with classical TGN (mean age 85.6 years, with mean age of onset 61.1 years) and five patients with MS (mean age 58.2 years, with mean age of onset 31.6 years) underwent an average of 3.2 (range 1 – 8) treatments. All patients had failed pain control with combination (> 4) neuropathic pain modifying drugs. The elderly patients had been controlled on medication for a mean time of 7.9 (1 – 21) years, and patients with MS for a mean time of 13.4 (1 – 30) years. Eighteen patients reported benefit (pain relief > 50% with reduction in medication) for a mean time of 9.6 months (2 – 48). Two patients failed to gain benefit. The average time between treatments was 14.7 months. Six patients reported impaired sensation. Of the 18 responding patients, 17 were able to reduce their medication to a maintain dose and 1 patient stopped medication. The authors consider the technique of RFD in the management of intractable TGN to be an effective treatment with low morbidity in selected elderly and MS patients.

Key Words: Trigeminal Neuralgia Radiofrequency Pain Elderly

P-243
EXTRAORAL EXCISION OF A PERIPHERAL MANDIBULAR OSTEOMA

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Osteomas are benign, well-differentiated, usually aseptic bone neoplasms. In this report we present a case of peripheral osteoma involving lower border of left mandibular angular region. A 16-year-old male patient was complaining about asymmetry that caused by extra-oral swelling in inferior border of left mandible. Clinically the patient was asymptomatic, with no pain. An approximately 2 cm in diameter immobile mass was palpated at the angular region. The patient had no facial trauma history. In panoramic x-ray and 3-D CT images scans, a well-defined, oval in shape, homogenous radiopaque lesion was observed. The lesion was totally excised using a short submandibular incision. The defect is filled with autologous bone graft taken from anterior iliac region, graft is fixed with resorbable plates and screws. Uneventful healing occurred.

Key Words: osteoma iliac resorbable plate submandibular incision
P-244
MAXILLARY SQUAMOUS CA: TREATMENT OPTIONS AND CURRENT CONCEPTS

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Management of the patient with palatal, maxillary gingival and maxillary alveolar squamous cell carcinoma is particularly difficult. This particular group of patients poses complex management problems especially in a case of clinically negative neck. The therapeutic options for oral cancer stem from the experience over the last 2 decades that has shown significant regional and site-specific differences with regard to clinical behavior. Maxillary squamous cell carcinoma involves only two forms of treatment surgery and radiation. Here we present surgical management of 2 maxillary squamous cell carcinoma according to current treatment concepts.

P-245
MULTIPLE ODONTOGENIC KERATOCYST

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Approximately 65% of OKSs occur in the mandible with a predilection for the third molar-ramus region. OKC is a cyst of odontogenic origin with an aggressive clinical behavior including high rates of recurrence. OKC is known for its tendency to invade the adjacent tissues including bone. It shows rapid growth and may grow to large size involving greater portion of bony jaw. A 17-year female referred to our department with complaining of swelling on face without any pain. On the radiological examinations were seen multiple cystic lesions in the posterior mandible bilaterally and anterior maxillary region. Surgical procedures were done under conscious sedation and local anesthesia. The cystic lesions were enucleated and the wisdom teeth in the lesion were removed. The histopathological examination confirmed diagnosis of odontogenic Keratocyst. The multiple and multilocular keratocyst is sometimes followed by Basal Cell Nevus Syndrome, especially among the young, so we followed up the patient to be sure of. The patient is currently at the 3rd year of follow up without a recurrence. Key words: odontogenic cyst, keratocyst, enucleation.

Key Words: Odontogenic cyst keratocyst enucleation
P-246
REPAIR PROCEDURES OF LARGE DEFECTS OF THE FACE

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The defects of the face are often complex and extensive whose the etiology is essentially malignant. They constitute a challenge to which is frequently confronted the Maxillofacial surgeon. Reconstructive surgery is always the solution where morphological and functional rehabilitation of the face involves many autoplasties. Indeed the restoration of the defect by autologous tissue is the ideal solution in condition to respect the basic principles of aesthetic units and subunits of the face. The indications are based on the criteria of location, size and quality of local tissues, but also on age, general condition and the etiology of the defect. The progress of musculocutaneous flaps and microvascular transplants have changed radically the data of the surgery of the face. We present here some procedures of repair according to different regions of the face affected by emphasizing the principles of reconstructive surgery of the face.

P-247
INVESTIGATION OF THE MMP1 AND MMP3 PROMOTER POLYMORPHISMS IN TEMPOROMANDIBULAR JOINT DISORDER

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Matrix metalloproteinases 1 and 3 (MMP1 and MMP3) are metal dependent endopeptidases responsible for hydrolyzing extracellular matrix molecules, and also have important roles during the matrix destruction in temporomandibular joint (TMJ) degeneration. In the present study, we aimed to investigate the relation between characterized promoter polymorphisms of MMP1 and MMP3 genes and TMJ in a Turkish population. 35 TMJ patients and 50 healthy controls were recruited to the study. MMP1 and MMP3 promoter polymorphisms were examined by PCR-RFLP methodology. For MMP1 polymorphism; 8, 14 and 13 of 35 patients were 1G/1G, 1G/2G and 2G/2G, respectively. For the same polymorphism; 11, 28, 11 of 50 controls were 1G/1G, 1G/2G and 2G/2G, respectively. 6, 14, 15 of 35 patients were 5A/5A, 5A/6A and 6A/6A, respectively, for MMP3 genotype. Of the 50 controls, 8, 23, 19 were 5A/5A, 5A/6A and 6A/6A, respectively. Comparison of the polymorphism between healthy subjects and patients yielded no statistically significant difference (p>0.05). The examined polymorphisms didn’t have major effects on the TMJ formation. With the increasing number of the both groups and classification of the patients with their pain level and disease severity will give us more informative data about the polymorphism of the genes and TMJ formation.

Key Words: Temporomandibular joint disorder matrix metalloproteinase MMP1 promoter polymorphism MMP3 promoter polymorphism orofacial pain
P-248
EXTENSIVE DENTIGEROUS CYST WITH ECTOPIC TOOTH IN THE ORBITAL FLOOR: AN UNUSUAL CASE

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Tooth development results from a complicated multistep interaction between the oral epithelium and underlying mesenchymal tissue. Abnormal tissue interaction may result in ectopic tooth development or eruption. A twelve-year old girl presented with 6 months of history of a swelling of the left cheek and nasal obstruction. She had no systemic illness. There was no trauma history revealed the face and the maxillofacial area. Ectopic tooth easily diagnosed on the computer tomography (CT). The cyst-associated impacted tooth extraction and the cyst enucleation were performed via Caldwell-Luc procedure. Ectopic tooth in the maxillary sinus are rarely found, in the literature there are few case reports have been published to date.

Key Words: ectopic tooth orbital floor dentigerous cyst

P-249
ILIAC BONE GRAFTING AND SIMULTANEOUS IMPLANTS: A SUBMENTAL TECHNIQUE TO RECONSTRUCT ATROPHIC MANDIBLE

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Severe mandibular atrophy (Cawood and Howell class VI), as a consequence of long-term edentulousness in the mandible, often results in functional and aesthetic problems (1) Reconstruction of severely resorbed edentulous jaws is a challenge. Results after treatment of severe mandibular atrophy is often unsatisfactory and unpredictable. In patients with severe mandibular atrophy there is limited amount of attached gingiva overlying the resorbed alveolar crest. Two female patients, (52-47) both are Cawood class VI and have difficulty in wearing her removable dentures and inability to eat and chew. Computed tomography revealed extreme resorption of alveolar ridge. We have presented a new technique of simultaneous iliac bone graft augmentation with implant placement by a submental approach by taking advantage of preventing the possible chance of dehiscence and graft exposure as a result of tension created by greater heights of augmentation. As a result, the long term results indicated that our technique was safe and provides a predictable method for the reconstruction of the severely atrophic mandible, with complete implant success in 3 years follow-up. There was no visible scar, no secondary deformity at the donor site, and little postoperative pain.

Key Words: Submental approach iliac bone implant atrophic jaws
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