AÇBiD2014 8th INTERNATIONAL CONGRESS

28 May - 1 June 2014

Mardan Palace - Antalya / TURKEY
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Dear members of the AÇBİD family and respectable colleagues; I am honored to assume the position of president for the 8th International Congress of our association.

Just like in the previous years, this year’s congress event shall also take place in the beautiful coast province of Antalya, between the dates of May the 28th – June the 1st, 2014 at Mardan Palace Hotel. We wish to gather once again and enjoy together a rich schedule of scientific and social activities. This year’s gathering shall carry on with the well-established tradition of the previous 7 years by hosting renowned scientists from all around the globe who will share with the audience their valuable knowledge and skills through speeches and courses. Additionally, new research and applications shall be uncovered in oral and poster presentations. Considering the great attention that the topic of implants has received in the previous year’s congress; the implant-related sessions shall be expanded; whereas a new session that encompasses dentoalveolar surgery, oral diseases and oral pathology will be added into the schedule. The exhibit area will be housing many representatives from all the select companies from the industry. In the mean time, a surprise-filled, highly enjoyable social program will also be awaiting our dear guests throughout the event.

We are expecting all of you -our dear members at the Association of Oral and Maxillofacial Surgery Society, our fellow colleagues, and all of your guests- at our 8th International Congress in Antalya.

Prof. Dr. Sina UÇKAN
COMMITTEES

General Secretary
Figen Çizmeci Şenel

Organizing Committee
Umut Tekin
Firdevs Veziroğlu Şenel
Şidika Sinem Soydan
Ezher Dayısoyulu

Scientific Committee
Hanife Ataoğlu
Timuçin Baykul
Zafer Ö zgür Pektaş
Doruk Koçyiğit

International Scientific Committee
Piet Haers
Nabil Samman
Daniel Buchbinder
Reha Kışnışçı
Selçuk Basa

Technical Committee
Meltem Koray
Gülperti Koçer
Duygu Yazıcıoğlu
Emre Tosun
### Wednesday, 28th May 2014

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<tr>
<td>13:30-15:30</td>
<td>PRE-CONFERENCE HANDS-ON MINI COURSE</td>
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<tr>
<td>13:30-15:30</td>
<td>&quot;Advanced platelet rich fibrin&quot; Joseph Choukroun</td>
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<td>15:30-16:00</td>
<td>COFFEE BREAK</td>
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<td>16:00-18:00</td>
<td>PLENARY SESSION 1 – MINI COURSES</td>
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<td>Chairpersons: Piet Haers, Peter Aylieff, Serpil Altunoğan</td>
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<tr>
<td>16:00-17:00</td>
<td>&quot;Advanced platelet rich fibrin&quot; Joseph Choukroun</td>
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<tr>
<td>17:00-18:00</td>
<td>A practical approach to the management of TMJ Disorders Louis G. Mercuri</td>
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<td>18:00-18:20</td>
<td>Discussion</td>
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<td>19:00-19:30</td>
<td>OPENING CEREMONY</td>
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<td>19:30-20:30</td>
<td>WELCOME RECEPTION</td>
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### Thursday, 29th May 2014

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<td>08:30-17:10</td>
<td>EXHIBITION</td>
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<tr>
<td>08:30-09:30</td>
<td>ORAL ABSTRACT SESSION 1</td>
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<tr>
<td>08:30-09:30</td>
<td>HALL A Chairpersons: Mohammad Bayat, Vitomir Konstantinovic, Serkan Polat</td>
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<tr>
<td>08:30-09:30</td>
<td>Correlation Of Radiographic Fractal Analysis with Implant Insertion Torque and Resonance Frequency Analysis of Dental Implants: Preliminary Study Dr. Serhay Toglu SOER</td>
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<tr>
<td>08:30-09:30</td>
<td>Effects Of Leukocyte-Platelet Rich Fibrin (L-Prf) On Postoperative Complications Of Direct Sinus Lifting Dr. Eskihan GÜRLER</td>
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<tr>
<td>08:30-09:30</td>
<td>The Comparison Of Donor Sites Morbidity Of Mandibular Ramus and Symphysis Harvesting with/without Pterygoid Surgery Dr. Nur ALTINARMAK</td>
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<td>09:00-09:10</td>
<td>The Assessment Of Changes Created By Endodontal Implants Placed At Different Diameter; Length And Angle Under Different Force Directions By Using 3D Modelling And Fem Dr. Yusuf ATALAY</td>
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<tr>
<td>09:00-09:10</td>
<td>A Novel Experimental Model For Dental Implant Research Dr. Murat YAZAN</td>
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<td>09:00-09:10</td>
<td>Treatment Outcomes and Complications Of Augmentation Of Alveolar Jaws Using Anterior Iliac Crest Bone Graft Dr. Haluk ÖGÜMRÜK</td>
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<tr>
<td>09:10-09:20</td>
<td>Simultaneous Direct Sinus Lifting And Implant Placement Without Grafting Dr. Ýsnan NECİTÖRGEN</td>
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<tr>
<td>09:10-09:20</td>
<td>Prosthetic-Surgical Reconstruction Of The Severely Resorbed Maxilla And Mandible With Ilac Bone Graft: A Case Report Dr. Emre GÜKÜRN</td>
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<td>09:10-09:20</td>
<td>Effects Of Propolis On New Bone Formation: An Experimental Study Dr. Fatih TAŞKÖREN</td>
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<tr>
<td>09:20-09:30</td>
<td>Can implants be done in medically compromised patients? Dr. Ahuksan KÖRTÜRKAZ</td>
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<tr>
<td>09:20-09:30</td>
<td>Effects Of Amloidione And Platelet Rich Plasma On Bone Defect Healing: An Experimental Study In Rats Dr. Yusuf ATALAY</td>
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<tr>
<td>09:20-09:30</td>
<td>Efficacy of Doxycycline Release Collagen Membrane on Surgically Created and Contaminated Defects in Rat Tibia: A Histopathological and Microtopographical Study Dr. Ersu KUTLU MUSTAFOĞLU</td>
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<tr>
<td>Time</td>
<td>Session/Activity</td>
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<tr>
<td>09:30</td>
<td>COFFEE BREAK</td>
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<td>10:00</td>
<td>PLENARY SESSION 2: ORTHOGNATHIC SURGERY</td>
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<tr>
<td>10:00</td>
<td>Chairpersons: Daniel Bachbinder, Aysegul Apaydin, Rafael Ruiz Rodriguez</td>
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<tr>
<td>10:00</td>
<td>&quot;Pros and cons of surgery first approach from an orthodontics perspective&quot;</td>
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<tr>
<td>10:05</td>
<td>Omur Polat, Ozsoy</td>
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<td>10:25</td>
<td>&quot;Virtual surgical planning for maxillofacial reconstruction&quot;</td>
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<tr>
<td>10:50</td>
<td>Christopher Woeszi</td>
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<td>10:50</td>
<td>&quot;Orthognathic surgery to the smiling face&quot;</td>
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<tr>
<td>11:15</td>
<td>George Obeid</td>
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<tr>
<td>11:40</td>
<td>Clockwise and counterclockwise rotations in Orthognathic Surgery. Advantages and disadvantages.</td>
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<tr>
<td>11:40</td>
<td>Piet Haers</td>
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<tr>
<td>11:45</td>
<td>&quot;Management of gummy smile patient&quot;</td>
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<td>12:00</td>
<td>LUNCH</td>
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<td>13:30</td>
<td>PLENARY SESSION 3: TEMPOROMANDIBULAR JOINT</td>
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<td>13:30</td>
<td>Chairpersons: Christopher Woeszi, Selvak Suse, Ali Hasanzin Nazarpak</td>
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<tr>
<td>13:30</td>
<td>&quot;A literature overview on condylar resorption.&quot;</td>
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<td>13:55</td>
<td>Piet Haers</td>
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<tr>
<td>13:55</td>
<td>&quot;Clinical outcome of Arthroscopy vs Arthrocentesis&quot;</td>
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<tr>
<td>14:20</td>
<td>Reha S. Kizilaysi</td>
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<tr>
<td>14:20</td>
<td>&quot;Treatment of TMJ ankylosis&quot;</td>
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<td>14:45</td>
<td>Daniel Bachbinder</td>
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<tr>
<td>14:45</td>
<td>&quot;Prevention and management of complications of TMJ surgery&quot;</td>
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<td>15:10</td>
<td>Louis G. Mercuri</td>
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<td>15:10</td>
<td>Discussion</td>
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<td>15:30</td>
<td>COFFEE BREAK</td>
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<tr>
<td>15:50</td>
<td>HANDS-ON MINI COURSE</td>
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<tr>
<td>15:50</td>
<td>&quot;Model Surgery for orthognathic&quot;</td>
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<tr>
<td>15:50</td>
<td>Moderator: Ayça Arman Özçirpaci</td>
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<td>16:00</td>
<td>Edwin Payne</td>
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<tr>
<td>17:00</td>
<td>Executive Board Meeting</td>
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<td>21:30</td>
<td>SOCIAL EVENT</td>
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<tr>
<td>Time</td>
<td>Session Title</td>
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<td>08:30-17:00</td>
<td>POSTER PRESENTATIONS</td>
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<td>08:30-09:30</td>
<td>ORAL ABSTRACT SESSION 4</td>
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<td>ORAL ABSTRACT SESSION 5</td>
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<td>ORAL ABSTRACT SESSION 6</td>
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<td>08:30-08:40</td>
<td>LeFort III Distraction for Correction of a Syndrome Malocclusion Due to Absent Premolar teeth Dr. Gunez Oluş</td>
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<td>08:40-09:00</td>
<td>Orthognathic Surgery For Monosygotic Twins Dr. Nazim Kolsou</td>
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<tr>
<td>09:00-09:10</td>
<td>One-stage Correction of Facial Asymmetry with Bimaxillary Orthognathic Surgery and Concomitant Grafting Dr. Halim Varol</td>
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<tr>
<td>09:10-09:20</td>
<td>The Correction of Skeletal Facial Asymmetry Following Conventional Bilateral Sagittal Split Ramus Osteotomy and Le Fort I Osteotomy Dr. Serif Cebi</td>
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<td>09:20-09:30</td>
<td>Evaluation Of The Effect Of Flaplet- Rich Fibrin In Corticotomy Assisted Rapid Orthodontics Dr. Zeynep Burcu Gönül</td>
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<td>09:30-09:40</td>
<td>T17290 Anterior Tongue Squamous Cell Carcinoma and Cervical Nodal Metastasis Dr. Esin Demir</td>
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<td>09:40-10:00</td>
<td>COFFEE BREAK</td>
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<td>10:00-10:25</td>
<td>&quot;A tissue engineering/regenerative medicine approach to reconstruction of human lip&quot;&quot; Stephen Feinberg</td>
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<td>10:25-10:50</td>
<td>&quot;Management of ameloblastoma&quot; Nebîl Samman</td>
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<td>10:50-11:15</td>
<td>&quot;Oropharyngeal Carcinoma originating from minor salivary glands: Analysis of diagnostic and treatment modalities&quot; Vladimir Popovski</td>
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<td>11:15-11:40</td>
<td>&quot;Salivary gland transplantation&quot; Guang Yu</td>
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<td>11:40-12:05</td>
<td>Bisphosphonate-related osteonecrosis: Current challenges and management concepts Erdem Kılıç</td>
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<td>12:05-13:30</td>
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<td>13:30-16:05</td>
<td>PLENARY SESSION 5 - IMPLANTOLOGY</td>
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<td>Chairpersons: George White, Omar Iyikan, Mehmet Koray</td>
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<td>13:30-13:55</td>
<td>&quot;Recent demands on implant dentistry; implant threat design and its effect on bone remodeling&quot; Nur Mollaoglu</td>
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<td>Time</td>
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| 13:55-14:20  | "Computer-assisted implant rehabilitation of maxillomandibular defects reconstructed with vascularized bone free flaps"  

Devin Okay |
| 14:20-14:45 | "Micronarvascular bone reconstruction and rehabilitation with dental implants"  

Mustafa Tekeli |
| 14:45-15:10 | "Application of allografts in sinus lifting"  

Mohammed Bayar |
| 15:10-15:30 | Discussion |
| 15:30-15:50 | COFFEE BREAK |
| 16:00-17:30 | Residency Exam  
Moderator: Nicolas Kalavrezos, Doruk Kocyigit, Berkay Tolga Sumer |
| 19:00-21:30 | DINNER |
| 21:30       | SOCIAL EVENT |

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Saturday, 31st May 2014

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| 08:30-09:30  | ORAL ABSTRACT SESSION 7  
HALL A  
Chairpersons: Vladimir Popovski, Sertan Ergun, Cemil Bıyıkkurt  
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| 08:30-09:30  | ORAL ABSTRACT SESSION 8  
HALL B  
Chairpersons: Hanife Ataoglu, Hasan Garip, Selim Yayız  
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| 08:30-09:30  | ORAL ABSTRACT SESSION 9  
HALL C  
Chairpersons: Serkan Polat, Gülsün Yıldırım, Sinan Tozgoğlu  
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| 08:30-08:40  | Management of Stage II Bisphosphonate Related Osteonecrosis Of The Jaw With Platelet Rich Fibro Membranes: A Case Series  
Dr. Sedef Simen SOYDAN  
---|
| 08:40-08:50  | Report of Rare Bilateral Nasoalabal Cysts  
Dr. Tugce BİÇER AYTUĞAR  
---|
| 08:50-09:00  | Management of Anterior Maxillary Cysts by Conservative and Aesthetic Approach: Report of Two Cases  
Dr. Nihat DEMİRTAŞ  
---|
| 09:00-09:10  | The Effect Of Bone Volume Removed In Impacted Third Molar Teeth Extractions, On Postoperative Pain, Swelling And Trismus  
Dr. Serdar ŞİÇER  
---|
| 09:10-09:20  | The incidence of root canal treatment of second molars following adjacent impacted third molar extraction  
Dr. Sezai CIBİK  
---|
| 09:20-09:30  | Evaluation Of The Failed Root Filled Teeth Before Extraction Or Retreatment In Turkish People: A Prospective Study  
Dr. Nihat DEMİRTAŞ  
---|
| 09:30-09:40  | A giant salivary ductal adenoid cyst located in the parotid gland: a case report  
Dr. Sedat YILMAZ  
---|
| 09:40-10:00  | COFFEE BREAK |
| 10:00-12:05  | PLENARY SESSION 6 - TRAUMA AND RECONSTRUCTION  
Chairpersons: Stephen Feinberg, Louis Mercuri, Nur Mollaoglu |
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<td>10:00-10:25</td>
<td>&quot;Reconstructive algorithm and development in facial reconstructions&quot;</td>
<td>Nicolas Kalavrezos</td>
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<td>10:25-10:50</td>
<td>&quot;Maxillary reconstruction: What's in the past, What's current?&quot;</td>
<td>Velupillai Ilankovan</td>
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<td>10:50-11:15</td>
<td>&quot;Pediatric trauma&quot;</td>
<td>Daniel Buchbinder</td>
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<td>11:15-11:40</td>
<td>&quot;Distraction osteogenesis of the facial skeleton&quot;</td>
<td>Peter Ayliffe</td>
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<td>11:40-12:05</td>
<td>&quot;Principles of local flap reconstruction&quot;</td>
<td>Vedran Ugljic</td>
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<td>13:30-15:30</td>
<td>PLENARY SESSION 7 -- CLP &amp; CRANIOFACIAL</td>
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<td>Chairpersons: Nabil Samman, Mine Cambazoğlu, Hakkı Tanyeri</td>
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<td>13:30-13:55</td>
<td>&quot;Controversies in cleft surgery&quot;</td>
<td>Rafael Ruiz Rodriguez</td>
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<td>13:55-14:20</td>
<td>&quot;Secondary alveolar bone grafting&quot;</td>
<td>Aysegul Tuzuner Onel</td>
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<td>14:20-14:45</td>
<td>&quot;Rhinoplasty in adult patients with cleft nasal deformities&quot;</td>
<td>Fereydoun Pourdamesh</td>
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<td>14:45-15:10</td>
<td>&quot;Craniofacial microsomia and related conditions&quot;</td>
<td>Peter Ayliffe</td>
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<td>15:10-15:30</td>
<td>Discussion</td>
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<td>GALA DINNER</td>
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**Sunday, 1st June 2014**

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<tr>
<td>09:30-11:30</td>
<td>Chairpersons: Yavuz Sinan Aydintug, Rezzan Guner, Nurgul Kemerik</td>
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<tr>
<td>09:30-11:30</td>
<td>&quot;Bone harvesting and grafting for dental implants&quot;</td>
<td>&quot;Zygomatic Implants&quot;</td>
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<td>Vitomir Konstantinovic, Selcuk Basa, Altan Varol</td>
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<td>12:00</td>
<td>CHECK-OUT</td>
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MULTICENTERIC INFRATEMPORAL HETEROPTIC OSSIFICATION: AN UNUSUAL CLINICAL FEATURE OF A CASE

Ali Hossein MESGARZADEH, Tabriz University of medical sciences, Faculty of Dentistry - Oral and Maxillo Facial Surgery department.
Ali MORTAZAVI, Tabriz University of Medical Sciences, Faculty of Dentistry - Oral and Maxillo Facial Surgery Department.

Heterotropic ossification (HO) is the presence of bone in soft tissue where bone normally does not exist. It is a pathological condition in which bone arises in tissues not in the osseous system and in connective tissues usually not manifesting osteogenic properties. It is widely known as mioisitis ossificans. It is a reactive bone producing inside of muscles or other connective tissues. A more serious and extensive form is myositis ossificans progressive or fibrous dysplasia progressive that involves skeletal muscles, tendons, fascia aponeuroses and ligaments and it has an autosomal dominant genetic pattern. Heterotropic ossification may occur after acute or chronic trauma to a muscle. The musculatures of head and neck region are an uncommon site for this phenomenon but occasional cases have occurred in the masseter and other facial muscles. Majority of authorities presume these lesions originate from an intramuscular hematoma with metaplastic transformation of pluripotent stromal cells but traumatic implantation of periostum is another local explanation for selected case. In this oral presentation author will report a case of multiple heterotropic ossifications inside of infratemporal space without any history of trauma and functional disabilities. Its interesting clinical and pathologic features and surgical approaches will discuss with illustrative slides.

Keywords: Heterotropic ossification infratemporal space ectopic ossification

THE EFFECT OF DIETARY SUPPLEMENTS ON HEALING OF ALLOPLASTIC BONE GRAFTED DEFECTS IN RAT TIBIA

Alper KAYA, Dicle University - Oral and Maxillo Facial Surgery
Ayfer AKTAŞ, Dicle University Medical Faculty - Histology and Embriyology.
Fatih AKDEMIR, Inonu University - Fishery Faculty,
Engin DEVECİ, Dicle University Medical Faculty - Histology and Embriyology.

Objective: We evaluated the effects of systemically delivered combinations of calcium, zinc, and vitamin D supplementation on an alloplastic bone graft at surgically created tibial defects in a rat model.

Material and Methods: In total, 28 male Wistar albino rats were used. Bone defects (10-mm length \times 3-mm width \times 2-mm depth) were created in the tibias of each animal. The animals were divided into four groups. In Group 1 (control), the rats were fed a standard rat diet. In Group 2 (Ca group), rats received calcium carbonate (15 mg/kg body weight), suspended in saline. In Group 3 (Ca/Zn group), rats received calcium carbonate (15 mg/kg body weight) and zinc sulfate (4 mg/kg body weight), suspended in saline. In Group 4 (Ca/Vit. D group), rats received calcium carbonate (15 mg/kg body weight) and vitamin D (500 IU/kg body weight), suspended in olive oil.

Results: The animals were sacrificed on the 21st postoperative day. Histopathological analyses were performed to evaluate osteoblastic activity, matrix formation, trabecular bone formation, and myeloid tissue in the bone defects. Total amounts of osteoblastic activity, matrix formation, trabecular bone formation, and myeloid tissue in the Ca group (P = 0.002), Ca/Zn group (P = 0.002), and Ca/Vit. D group (P = 0.001) were significantly higher than in the control group. The total amounts in the Ca/Vit. D group were significantly different than in the control and Ca groups. No statistically significant difference was observed in total amounts of osteoblastic activity, matrix formation, trabecular bone formation, or myeloid tissue between the Ca/Zn and Ca/Vit. D groups.

Conclusions: The results of the present study indicate that oral calcium carbonate supplementation in combination with zinc may have systemic effects on accelerating bone regeneration in alloplastic bone-grafted tibial defects. Further studies involving long-term follow-up and different types of bone graft should be conducted.

Keywords: bone graft calcium zinc vitamin D
OP-03
Category: Oral and maxillofacial implantology

CORRELATION OF RADIOGRAPHIC FRACTAL ANALYSIS WITH IMPLANT INSERTION TORQUE AND RESONANCE FREQUENCY ANALYSIS OF DENTAL IMPLANTS: PRELIMINARY STUDY

Berkay Tolga SÜFER, GATA Haydarpasa Teaching Hospital - Oral and Maxillofacial Surgery, Zekai YAMAN, VKV Amerikan Hospital - Oral Surgery, Bora BÜYÜKSARAC, Boğaziçi University - Institute of Biomedical Engineering.

Purpose: Dental implant stability at the time of surgery is considered of crucial importance for the success of implant treatment. Fractal analysis is a method for describing complex structure, which is expressed numerically as fractal dimensions, including trabecular bone. The purpose of this retrospective study was to investigate the correlation between fractal analysis of orthopantomographs and insertion torque as well as resonance frequency. Material and Methods: This was a retrospective study of orthopantomographs collected from patients’ files that were part of the database of the department of Oral and Maxillofacial Surgery at the GATA Haydarpasa Teaching Hospital. The local research ethic committee approved the research protocol. The study group consisted of fifteen patients who underwent dental implant placement for mandibular partial edentulism with a mean age of 41 ± 11.9 years. The final insertion torque and resonance frequency were recorded for each dental implant. Fractal dimension of trabecular bone area corresponds to the implant insertion area was calculated using a box-counting algorithm. The region of interest of 25 dental implant insertion site were analyzed to obtain fractal dimensions of alveolar bone, and the IT as well as the ISQ values of RFA were compared with these results using Pearson’s test. Results: A linear correlation was observed between fractal dimensions and resonance frequency analysis (r = 0.60; P = 0.001). There was also linear correlation observed between fractal dimensions and insertion torque values (r = 0.60; P = 0.001). In addition, positive correlation was observed between resonance frequency and insertion torque values (r = 0.51; P = 0.008). Conclusions: Results of this study suggested that there is a correlation between IT, ISQ and fractal dimensions of the alveolar bone in which dental implants were inserted. We noted that the fractal dimensions obtained from orthopantomograph might be beneficial to predict primary stability of dental implants non-invasively before implant insertion surgery.

Keywords: fractal dimension trabecular bone mandible box-counting algorithm dental implant

OP-04
Category: Cleft lip & palate and craniofacial anomalies

SO WHAT ABOUT THE QUALITY OF LIFE IN PATIENTS AFTER CLEFT PALATE SURGERY?!

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The quality of life is amorphous and multi-level concept and an vary in priority among people in different age group. Nowadays the quality of life is learned by many medical branches as therapy, surgery, oncology and etc. We studied the quality of life in patients after cleft palate surgery. More than 200,000 children are born with cleft lip and palate each year, and the condition threatens both the life and livelihood of the child. Cleft may cause problems with feeding, ear disease, speech and socialization. Unexpected birth of infants with cleft palate has psychological effects for parents and some parents feel nervous with their child and lead to matrimonial problems. The process for cleft palate care, requires continuity of care involving a multidisciplinary team (1, 2). Patients with cleft lip and palate often have (3) problems with feeding, swallowing difficulties and delayed development. The aim of this study: to study quality of life in patients with cleft palate after operation. Material and Method: The studied population were patients age 8-30 years old who were admitted at Oral and maxillofacial Department, Azerbaijan Medical University. 40 patients were interviewed using the special questionnaire, then by using photographic, video recording and clinical research methods. Results: Patients consider their QOL not as high level and in detail they still worry about self concept psychological well-being. From independent interview patients would like to get further treatment as soon as possible. Postoperated patient at least after 2 years without orthodontics treatment, had abnormal occlusion, abnormal speech, aesthetics and chewing act. The patient didn’t go to school, talk to other children in general had such problem as autism. Those patients whom we called for re-examination after cleft palate surgery and sent to other specialists for more detailed treatment were happy with the results.

Keywords: Cleft palate quality of life operation surgery
OP-05
Category: Oral and maxillofacial implantology

ANALYSIS OF THE RESORPTION FORCES AROUND THE GRAFTED/GRAFTLESS ZYGOMATIC IMPLANTS

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The rehabilitation of the severely resorbed maxilla is often a challenge for dental implant treatment. Zygomatic implants are final but effective solutions in such conditions for fixed restorations of the maxilla. A variety of insertions of the zygomatic implant techniques currently exist, however, a consensus regarding the most suitable method has not yet been reached. The aim of this study was to evaluate the grafted and graftless surgical approaches of the trans-sinusal zygomatic implants to treat the edentulous atrophic maxilla. Three dimensional models of the craniofacial structures and framework were developed using computed tomography image data sets. A finite element simulation was used to analyze the strength of implant anchorage for both approaches in various occlusal loading locations in grafted/graftless situations. The implants were modeled using computer-aided design software. The bone was assumed to be linear isotropic with a stiffness of 13.4 GPa, and the implants were assumed to be made of titanium with a stiffness of 110 GPa. Masseter forces of 300 N were applied at the zygomatic arch, alveolar ridge and the occlusal loads of 150 N were applied vertically onto the framework surfaces at different locations. The results of the study and the local advantages and disadvantages are also discussed with the current literature knowledge.

Keywords: dental implant Zygomatic implants grafted graftless finite element

OP-06
Category: Pathology & maxillofacial reconstruction

EVALUATION OF PROCESSED DENTIN EFFECT ON BONE FORMATION

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Aim: The aim of this study is to determine a standard method to obtain dentin as a bone graft material and evaluate effect of dentin as allograft and xenograft on bone formation by comparing Bio-Oss and control group.

Material and Method: In study adult male New Zealand (n=16) rabbits were used. For each rabbit’s calvarium, a total two parietal bone defect was created. In this way, 32 defects in 16 rabbits, n=8, the 4 groups were created. Groups: A1; processed dentin from human teeth; A2; processed dentin from rabbit teeth; B1; processed bovine bone (Bio-Oss), B2; control group. 4 and 12 weeks bone mineral density (BMD) were evaluated by DEXA and end of the 12 weeks pathological examination were performed. Results: According to the 4 and 12 weeks DEXA results, about BMD, group A1, group A2 and group B1 were statistically significant from control group. At the 4 weeks BMD values were not statistically different between group A1, group A2 and group B1 but at the 12 weeks BMD values for group B1 were statistically significant from group A1 and group A2. At the end of 12 weeks, according to the evaluation of pathological there was no statistically difference between group A1 and group A2, but group B1 was found statistically different from group A1 and group A2.

Conclusion: In this study Bio-Oss graft material was more satisfactory than other graft materials used to create new bone. According to the 4 weeks DEXA BMD values; Bio-Oss, human dentin graft and rabbit dentin graft were found similar results but at the end of 12 weeks Bio-Oss group BMD values were higher than others.

Keywords: Dentin Bone Graft Allograft Xenograft BMD
OP-07
Category: Pathology & maxillofacial reconstruction

AUTOIMMUNE DISEASES OF THE SALIVARY GLANDS

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Chronic autoimmune disease of the salivary glands is a special group of specific group of salivary glands diseases. Sjögren and Mikulich diseases are a special group of chronic degenerative diseases of the salivary glands. Public demand for tooth whitening has increased in recent Sjogren’s syndrome is defined as a syndrome of dry eyes (xerophthalmia) and dry mouth (xerostomia) due to immune destruction of endocrine glands, especially of the lacrimal and salivary glands. Oral manifestations of this disease include tongue fissures, frequent mouth infections including fungal infections, and rampant dental caries, especially at root and incisors. SS is classified either as primary (pSS) when occurring alone or secondary (sSS) to other autoimmune diseases such as rheumatoid arthritis or systemic lupus erythematosus. There are actually no specific diagnostic criteria for SS, but for clinical studies and teaching purposes, SS is classified according to the American-European classification (AEC) criteria, which include subjective and objective criteria of xerostomia and KCS as well as the presence of autoimmune antibodies and histopathological salivary gland involvement. The aim of this study is to present oral findings and dental treatment of a patient with PSS. Material and Methods: Sjogren diagnosed with average age of 52 ± 14.05 of the 10 patients was included in to the study. The patients were diagnosed based on AAC of this diseases. All patients were examined by clinical- laboratory examinations. Sialography was done to all patients. Minor labial salivary glands biopsy is performed by midline incision (of about 1.5-2.0 cm) of lower lip under local anesthesia/ First we examined the blood, oxidants and antioxidants biochemical parameters of saliva in patients with Sjogren diseases. Results: patients diagnosed based on AAC, were treated by known treatment and firstly were treated by Ozonotherapy, 10 patients diagnosed with Sjogren diseases treated by ozonotherapy showed normalization of. Conclusion: Patients diagnosed with Sjogren should be treated with the known treatment and ozonotherapy proposed by us

Keywords: Sjogren syndrome autoimmune parotitis salivary gland

OP-08
Category: Pathology & maxillofacial reconstruction

WIDESPREAD LEUKOPLAKIA OF FLOOR OF THE MOUTH, REVIEW OF THE LITERATURE (A CASE REPORT)

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Oral leukoplakia is common premalignant oral white lesion. In the literature there are many of studies which aimed to report diagnosis, treatment procedures, factors playing role on malignant transformation, prognosis, clinical following and the results of oral leukoplakia. Global prevalence of oral leukoplakia has been reported varying from % 0.5 to % 3.4 and ratio of malignant transformation has been reported varying from % 0.13 to % 17.5. The purpose of determining the potential malignant disorders of oral cavity is to provide appropriate approach, to prevent premalignant transformation as much as possible or to make early diagnosis of malignancy and to serve current treatments about these points. Incisional biopsy is obtained for diagnosis of the lesions, treatment planning and to find out the prognosis. Too many rise factors have been told for malign transformation. Despite the improvement on molecular biology, there is no reliable biomarker or predictive factor. Molecular evidences that stimulate the transformation of a premalignant lesion to carcinoma are still unknown. Oral leukoplakia is classified by macroscopy and cytologic changes. Surgical or nonsurgical treatment procedures have been reported for oral leukoplakia. But there is no consensus about the most appropriate treatment. In our study, we aimed to discuss clinical appearance of a case which is a potential premalignant lesion and reported as a leukoplakia of floor of the mouth, its location, applied treatment and follow-up results of current literatures.

Keywords: verrucous hyperplasia floor of mouth leukoplakia white lesion oral mucosa
RESULTS OF INADEQUATE TREATMENT OF AMEBLASTOMA AND KCOT

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Ameloblastoma and keratocystic odontogenic tumour (KCOT) are two important types of odontogenic tumours with aggressive and destructive behaviour. Both have the potential for recurrence, especially in cases of undertreatment and insufficient follow-up. Despite some authors advocating conservative approaches, such as marsupialisation, curettage, and enucleation, in the management of these lesions, recurrence rates are considerably lower with more invasive methods, including marginal resection and segmental resection. Five patients with ameloblastoma and six patients with KCOT were referred to our department with recurrences. All patients had been treated conservatively at other institutions. Our treatment methods included segmental resection in seven patients and marginal resection in three patients, along with the removal of affected soft tissues. Reconstruction plates and iliac bone grafts were also used for reconstruction, as required. No patient showed any sign of recurrence in follow-up ranging from 2 to 5 years postoperatively. More invasive treatment methods are beneficial in the management of recurrent odontogenic tumours, such as ameloblastoma and KCOT, and strict follow-up is essential to avoid undesirable recurrences and the need for additional surgeries.

Keywords: Ameloblastoma Keratocystic odontogenic tumour Recurrence Treatment

THE ASSESSMENT OF CHANGES CREATED BY ENDOSTEAL IMPLANTS PLACED AT DIFFERENT DIAMETER, LENGTH AND ANGLE UNDER DIFFERENT FORCE DIRECTIONS BY USING 3D MODELLING AND FEM

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This study aims to compare the stress values created by diameter and length of implant and change of the implant’s placement angle; in this way, it is aimed to prefer the implant which is in the appropriate diameter, length and angle. In our invitro study, six dental implants which were at two different diameters (3.7 mm, 4.7 mm) and at three different lengths (5 mm, 10 mm, 13, mm) belonging to these diameters were chosen. Totally 24 models were obtained by placing the implants of six different dimensions in maxilla and mandible vertically and angularly, and one by one. Abutment and metal backed ceramic crown was placed in implants again in virtual platform. Totally 48 study groups were obtained by applying force to the specific points of metal backed ceramic crowns vertically and obliquely. The effect of implant diameter, implant length and bone type to the values of maximum and minimum principle stress occurred in cortical and spongios bone and values of Von Misses stress occurred in implants as the result of the forces applied was investigated by using Finite Elements Analysis (FEM). As a result of the study, the statistical values show that the design of implant (diameter, length), the existence and geometry cortical bone affect force transfer mechanism. It is seen that the implant diameter is more effective than implant length on the decrease and homogeneous dispersion of the stress; that is, the decrease of stress values is more when the diameter increases and length remains stable than when the length increases and diameter remains stable. Additionally, as the implant diameter increases, a more homogeneous dispersion is seen around the neck of implant.

Keywords: Finite elements analysis Dental implants Stress distribution Bone density Biomechanic
OP-11
Category: Dentoalveolar surgery

A GIANT SIALOSEL DUE TO STAB WOUND AND RECONSTRUCTION OF STENSEN’S DUCT: A CASE REPORT

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Sialosel is a condition characterized by the accumulation of gland secretion as extravasation without an epithelial capsule into the surrounding tissues. It has usually seen the result of trauma of parotid gland. The most common causes of injuries of parotid gland are penetrating injuries caused by sharp tools, perforating injuries caused by firearms and secondary injuries that occurred due to surgical procedures. The differential diagnosis are subject to clinical examination including physical examination and imaging methods to distinguish it from other lesions. Imaging methods including computed tomography, ultrasound and magnetic resonance are widely referenced methods for diagnosis of salivary gland lesions and sialosel. Many conservative and surgical therapies of sialosel have been reported in the literature. In this report, the literature review of sialosel cases was carried out and a giant parotid duct sialosel and the surgical treatment was discussed.

Keywords: Sialosel Stensen’s duct Stab wound

OP-12
Category: Pathology & maxillofacial reconstruction

MANAGEMENT OF STAGE II BISPHOSPHONATE RELATED OSTEONECROSIS OF THE JAW WITH PLATELET RICH FIBRIN MEMBRANE: A CASE SERIES

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Bisphosphonate related osteonecrosis of the jaw (BRONJ) commonly develops in the oncologic population as patients who have hypercalcemia, multiple myeloma, various types of malignancies or solid tumors with bone metastases. These patients are often receiving intravenous bisphosphonates concomitant chemotherapeutic agents and they are consequently immunosuppressed. BRONJ cases were classified into three stages according to their clinical symptoms by American Association of Oral and Maxillofacial Surgeons in 2007. The ideal treatment consensus of BRONJ is still controversial and investigation regarding to alternative treatment options is still in progress. The most common type of BRONJ cases are stage II and the management is a challenging issue for oral and maxillofacial surgeons. This case series aimed to describe a new and effective treatment protocol for stage II BRONJ cases. Eight stage II BRONJ cases with variable pathogenesis, their management and follow-up period are presented in this case series. Initially amoxicillin clavulanic acid combined metronidazole antibiotic regime prescribed for three weeks to all patients. Following the healing of inflamed neighboring oral mucosa and infectious symptoms, necrotic bone was carefully removed and two layers of platelet rich fibrin membrane were adapted to the exposure bone region under local anesthesia. Sutures were removed at post-operative 2nd week and patients were seen once for post-operative six months. This case series showed that platelet rich fibrin membrane is an effective, easy to use and durable treatment option for closure of bone exposure in stage II BRONJ cases.

Keywords: bisphosphonate platelet rich fibrin osteonecrosis bone exposure BRONJ
REPORT OF RARE BILATERAL NASOLABIAL CYSTS

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Nasolabial cyst is a rare and nonodontogenic lesion which is located behind the nostrils, posteriorly extending into inferior nasal meatus and anteriorly into labiogingival sulcus. Intraorally, it presents as a soft-tissue swelling of maxillary anterior mucobuccal fold. These cysts are usually unilateral (%90), but they are bilateral in %10 cases. The diagnosis of nasolabial cyst is essentially clinical. In our case bidigital palpation revealed soft fluctuant masses. Initial diagnosis was considered as bilateral nasolabial cyst and was confirmed by CT and histopathology. In our presentation we aimed to discuss the formation of nasolabial cyst which is bilateral and has a rare location, and its surgical treatment with clinical, radiological, histopathological aspects.

Keywords: Nasolabial cyst Bilateral Maxillary region

A RARE PERIPHERAL MAXILLARY OSTEOMA: A CASE REPORT

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Osteoma is a benign neoplasm which is characterised by proliferation of compact or spongy bone. It can be seen in both gender and every age but, because of its asymptomatic nature it can reach giant diameters. In the craniofacial region, it is seen more in the paranasal sinuses and jawbones. There are two type of osteomas according to its connection to cortical bone layers. These are central and peripheral (periosteal) osteomas. Treatment is surgical excision. In this study we aimed to present our case with various aspects which is reported as an osteoma and located in he vestibule of left maxillary premolar region.

Keywords: osteoma neoplasm jawbones benign craniofacial region

THE INCIDENCE OF ROOT CANAL TREATMENT OF SECOND MOLARS FOLLOWING ADJACENT IMPACTED THIRD MOLAR EXTRACTION

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Background: The surgical removal of third molars is the most frequent operation in oral surgery. Traumatic extraction of impacted third molars can lead to pulpal complications at healthy neighboring second molar. The purpose of this study was to evaluate the incidence of requirement of root canal treatments of healthy second molars following adjacent impacted third molar extraction. Material and Methods: The dental records of patients who underwent impacted third molar extraction from March 2008 to September 2013 were reviewed. Of 6323 patients examined, 11 patients had postoperative sensitivity on the neighboring second molar teeth. Periapical bone destruction of the involved teeth was detected after 2-month follow up period and root canal treatments were performed to these teeth by same endodontist. Results: The study and control group consisted of 11 patients (5 females, 6 males) and 917 patients (602 females, 315 males). There was no statistically significant difference between the gender composition and degree of retention (fully or partially) between study and control groups (P > 0.05). The mean age of study group (31) was significantly higher than that of control group (23). (P < 0.05) The incidence of root canal treatment of second molar was 0.17% (11/6323). The mean years of professional experience of the surgeons was 2.4 years in study group and 9.3 years in control group and the difference was statistically significant.

Keywords: third molar surgery dental trauma root canal therapy
OP-16
Category: TMJ

PROSPECTIVE OUTCOME ASSESSMENT OF ARTHROCENTESIS OF THE TEMPOROMANDIBULAR JOINT.

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Patients who fail to respond to routine conservative measures to treat pain, restriction, and locking in the temporomandibular joint (TMJ) can be treated with arthrocentesis. This short-term prospective study includes 17 patients treated in 2013 and 2014 in Süleyman Demirel University, Department of Oral and Maxillofacial Surgery, who were followed up at least 4 weeks after arthrocentesis. They had various conditions but all had tender joints or restricted mandible movement. Measurements of interincisal opening, left and right lateral excursions, and protrusion were recorded before and after operation. Pain scores were also recorded on 10 cm visual analogue scales (VAS) and by patients verbal evaluation before and after operation. The study shows improvements in mouth opening, and confirms that pain scores can be reduced after arthrocentesis when conservative approaches have failed.

Keywords: temporomandibular joint arthrocentesis TMJ

OP-17
Category: Dentoalveolar surgery

EVALUATION OF THE FAILED ROOT-FILLED TEETH BEFORE EXTRACTION OR RETREATMENT IN TURKISH PEOPLE: A PROSPECTIVE STUDY

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AIM: The aim of this study was to evaluate the clinical symptoms of endodontic failures in the teeth which were planned to make extraction or retreatment and to investigate the clinical aspects of these teeth.

METHODS: Patients applied to our faculty who had failed root-filled teeth were included in this study. The patients’ age, gender, education levels and oral hygiene habits were enrolled. In addition, their failed root-filled teeth were examined by clinical and radiographic methods by oral surgeons and endodontists.

RESULTS: Totally, 184 patients and 203 failed root-filled teeth were documented. %80.3 (n=163) of teeth were extracted and %19.7 (n=40) of teeth were concluded that retreatment may be performed. %4.9 (n=8) of extracted teeth were incisors or canines, %33.1 (n=54) were bicuspid, %62 (n=101) were molar teeth. %57.6 (n=117) of the failed root-filled teeth were asymptomatic, %34 (n=69) had painful swelling, infection or abscess of the surrounding tissues, %8.4 (n=17) had painless swelling or infection. In addition, %51.2 (n=104) of these teeth had acute or chronic periradicular lesions.

CONCLUSION: We conclude that majority of failed root-filled teeth is asymptomatic. However, radiographic findings has been indicated that large numbers of these teeth have periradicular lesions. Hence, surgical treatment modalities may become difficult after unsuccessful endodontic treatments.

Keywords: endodontic failure retreatment tooth extraction
OP-18
Category: Pathology & maxillofacial reconstruction

MANAGEMENT OF ANTERIOR MAXILLARY CYSTS BY CONSERVATIVE AND AESTHETIC APPROACH: REPORT OF TWO CASES

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Many treatment models have been recommended for the management of odontogenic cysts in the jaws. For instance, surgical treatment methods include decompression, marsupialization and enucleation or a combination of these. Principally, one of the main goals is to ensure functional and aesthetic rehabilitation of the teeth and surrounding tissues. Cyst size and its anatomic relationships are important clinical aspects to select the treatment modality. Therefore, radical surgical excision of odontogenic cysts, particularly large anterior lesions, can cause aesthetic and functional problems. Hence, the majority of treatment considerations are focused on conservative methods at the present time. In this report, we present two large radicular cysts in the anterior region of the maxilla. In case 1, two teeth were extracted to perform marsupialization of the large radicular cyst in the anterior region of the maxilla. This edentulous area was rehabilitated with temporary removable partial denture. In case 2, a large radicular cyst which involved 11 teeth in the upper jaw was treated with similar procedures. As a result, we aimed to assess the awareness of specialists for applying minimal invasive surgical protocols and providing patients' aesthetic considerations in large odontogenic cysts.

Keywords: odontogenic cyst surgery aesthetic conservative treatment

OP-19
Category: Trauma

CURRENT INVESTIGATIONS FOR ORAL AND MAXILLOFACIAL NERVE REGENERATION AND CLINICAL SIGNIFICANCES OF TREATMENTS PROCEDURES: A SYSTEMATIC REVIEW

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Nerve injury is a common complication of surgical procedures and nerve regeneration prognosis is poor when compared with other soft tissues and bone. Paresthesia and paralysis are the most common consequences of nerve injuries which reduce the quality of patient's life. The aim of this study was to compare effectiveness of different treatment modalities and emphasize contribution of treatment to regeneration of nerve. An electronic search review was performed from MEDLINE-SCI controlled trials between 2004 April and 2014 April. Researches were published in English-language, and were conducted as controlled animal and clinical researches comparing any form of conservative or surgical interventions for nerve regeneration. Thirty four researches were approved to be included. Providing nerve integrity for axonal growth, enhancement of cell survival and regenerative process are two basic needs for nerve regeneration. Different microsurgery techniques, laser weld repair, fibrin adhesives, vein graft, autogenous nerve graft, gore-tex tube and polymeric membranes were shown to be effective for providing integrity of injured nerve that was investigated by histomorphometric and electrophysiologic methods. On the other hand, local and systemic application of different growth factors, hyperbaric oxygen therapy and application of stem cell with different carriers to injury site can enhance neural cell survival and regenerative process. In this review clinical significance of investigations regarding oral and maxillofacial nerve regeneration in the last decade were discussed.

Keywords: systematic review nerve injury nerve regeneration clinical significance
OP-20
Category: Dentoalveolar surgery

THE EFFECT OF BONE VOLUME REMOVED IN IMPACTED THIRD MOLAR TOOTH EXTRACTIONS, ON POSTOPERATIVE PAIN, SWELLING AND TRISMUS

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OBJECTIVE: Removal of impacted mandibular third molars is one of the most common surgical procedures routinely undertaken in the Oral and Maxillofacial Surgery clinics. Most frequent postoperative complications are local inflammatory conditions, such as pain, swelling and trismus. Considering the high incidence of these complications, the identification of risk factors that could predict the severity of postoperative inflammatory reaction would be helpful for individual treatment planning. The purpose of this study was to investigate the effect of amount of bone removed during impacted mandibular third molar surgery, on postoperative pain, swelling and trismus.

METHODS: Systemically healthy patients which had full impacted mandibular third molar tooth in vertical position, between the ages of 18-25, 14 women, and 20 men, total of 34, were included in the study. The bone removed during surgery was collected and its weight was measured with analytic scale. Pain, swelling and maximum mouth opening was recorded preoperative and postoperative on the second and seventh days. The data obtained was statistically evaluated.

RESULTS: We found that the amount bone removed during the lower third molar surgery did not influenced the amount of pain and trismus but statistically significant influenced the amount of postoperative swelling, mainly in women.

CONCLUSIONS: Eventualy findings from our study could be hefull to predict the severity of postoperative complications of lower third molar surgery and also the hard tissue surgery on maxillofacial region.

Keywords: Bone Impacted Pain Swelling Trismus

OP-21
Category: Oncology

T1T2N0 ANTERIOR TONGUE SQUAMOUS CELL CARCINOMA AND CERVICAL NODAL METASTASIS

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Squamous cell carcinoma of anterior tongue is a common oral cancer. Main mode of treatment of T1T2N0 Tongue cancer is surgery. Tumour thickness is a recognised parameter towards metastasis and outcome. Need for elective neck dissection in clinically negative neck is a debatable topic.

Methods: Reports of 81 patients who underwent either glossectomy alone or glossectomy with neck dissection between the period of 2000 – 2012 were analysed. All of them had recorded tumour thickness. Other parts of the oral cavity and T3T4 Tongue cancers were excluded.

Results: When the tumour thickness was less than 5 mm or 5 mm, neck node metastasis was 15.6%. However, when it exceeded 5 mm, metastasis reached up to 57.1%.

Conclusion: The current study reflects other studies in the literature. Tumour thickness measurement should be standardised. Current tumour staging needs revision.

Keywords: squamous carcinoma metastasis measurment
OP-22
Category: Oncology

OUTCOME OF INCOMPLETELY EXCISED NON-MELANOMA HEAD AND NECK SKIN CANCER

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Objective: The purpose of this study was to analyze the outcome of incompletely excised non-melanoma skin cancers in the head and neck region and compare the percentage of incomplete excisions to other published data, as there is no guideline.

Study Design: This retrospective analyse included non-melanoma skin cancer patients in the head and neck region treated in Department of Maxillofacial Surgery, Dorset Country Hospital Foundation Trust. Final sample was 563 basal cell carcinoma and squamous cell carcinoma excisions out of 350 patients.

Results: The sample size of 563 lesions of which 479 were BCC and 84 were SCC. The incompletely excised lesions were 24 (5%) for BCC and 4 (4.7%) for SCC. The number of patients underwent re-excision were 22 out of incompletely excised BCC sample and 4 out of incompletely excised SCC sample respectively. The presence of residual tumour from re-excision were 12 (54.5%) for BCC and 3 (75%) for SCC. Out of those residual BCC cases 3 referred to Moh’s surgery. The most common sites of incomplete excision for BCC were Eyebrow, Nose and temple whereas temple, scalp for SCC.

Keywords: skin cancer moh’s surgery

OP-23
Category: TMJ

THE COMPARATION OF EFFICIENCY OF NON-SURGICAL TREATMENT METHODS IN PAINFUL TEMPOROMANDIBULAR JOINT DISORDERS

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Aim: Temporomandibular disorder is complex group of diseases which reduces life quality by causing pain and dysfunction. It is frequently seen in population and affects daily activities in negative means. The purpose of this study is to compare the effectiveness of non surgical conservative treatments and minimally invasive treatment methods in temporomandibular disorders (TMD).

Material and Method: The study group comprised of 40 patients with unilateral painful TMD which fall into Group II according to RDC/TMD. Patients were divided into 4 groups according to the treatment method: 1. Splint therapy, 2. Arthrocentesis, 3. Medical treatment, 4. Low level laser therapy (LLLT). Magnetic resonance imaging (MRI) were obtained before treatment and at one month follow-up. The type of TMD and joint effusion were examined in MRI. Patients were followed after treatment at the 1st, 3rd and 6th months. Mouth opening, joint sound and VAS scores were noted at each control. Results: In all groups, mouth openings were increased and VAS pain scores were decreased at 1st, 3rd and 6th months after treatment (p<0.05). No statistical difference was recorded in terms of improvement of clinical symptoms between the groups (p>0.05). Positive correlation was found between pain and effusion (p<0.05). A significant positive relation was also found between KID and effusion (p<0.05).

Conclusions: All treatment methods were successful on the improvement of clinical symptoms. It was determined that the effusion which was depicted at MRI was associated with pain; although the symptoms improved after treatment, joint effusion did not show any decrease.

Keywords: temporomandibular disorders low level laser therapy Arthrocentesis medical therapy splint therapy
OP-24
Category: TMJ

EVALUATING THE EFFECTIVENESS OF LOW-LEVEL LASER THERAPY ON INFLAMMATION AND CLINICAL FINDINGS FROM PATIENTS WITH TEMPOROMANDIBULAR DISORDER: A PILOT STUDY

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Temporomandibular Disorder (TD) is the most common reason for pain and limited function of the masticatory system. Many types of treatment methods aim to reduce patient's signs and symptoms (initially pain and clicking). Many studies reported that low-level laser therapy (LLLT) has therapeutic effect on inflammation and pain. The aim of this study was to evaluate the effectiveness of low-level laser therapy (LLLT) on patients who had TMD with Temporomandibular Joint (TMJ) dysfunction and pain. In this study, twenty-five patients were evaluated by magnetic resonance imaging and randomly allocated to arthrocentesis (n=13) and LLLT in addition to arthrocentesis (n=12) groups. Synovial fluid samples were obtained from patients before and 4 weeks after arthrocentesis. LLLT group received 3 separate doses (18 J/cm², 2 minutes) per week during four weeks. Subjective and objective assessments were obtained from each patient in the sessions. IL-1 Beta, IL-4, IL-6 and TNF-ALPHA ELISA kits planned to be used to evaluate the inflammatory cytokine levels before and after treatment.

Keywords: low level laser arthrocentesis inflammatory cytokines TMJ pain temporomandibular disorders

OP-25
Category: Pathology & maxillofacial reconstruction

TREATMENT OUTCOMES AND COMPLICATIONS OF AUGMENTATION OF ATROPHIC JAWS USING ANTERIOR IliAC CREST BONE GRAFT

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Aim: The aim of this retrospective study is to evaluate the outcomes and complications of anterior iliac crest bone grafting for augmentation of atrophic jaws and discuss the technique along with the literature.

Materials and Method: Data of 23 patients (15 female, 8 male) who underwent augmentation surgery with anterior iliac crest bone graft of their jaws were included in this study. Outcomes of donor and recipient sites were evaluated in terms of complications. Data of the surgical sites were obtained from the medical records and survey results conducted on patients.

Results: Loss of partial bone block was detected in 3 patients (13%). Minor complications including, hematoma, infection, pain, end exposure of the graft were also seen and could be managed post-operatively. In difficulty in walking was the most detected complaint of the donor site which didn't last more than 7 days except for one who had injury of the external oblique abdominis muscle on the following day of the surgery had difficulty in walking for 21 days.

Conclusion: Iliac crest bone harvesting with anterior approach is considered to be a useful method for reconstruction of severely atrophied jaws. It is well tolerated by the patients and good quality and quantity of bone can be achieved for dental implant insertion. Low incidence of complications can be seen which require simple management.

Keywords: iliac complication atrophic maxilla mandible
OP-26  
Category: Dentoalveolar surgery  

THE COMPARISON OF DONOR SITES MORBIDITY OF MANDIBULAR RAMUS AND SYMPHYSIS HARVESTING WITH/WITHOUT PIEZOSURGERY  

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Objective: The aim of this study was to evaluate the morbidity of intraoral bone harvesting from two different donor sites, mandibular symphysis and ramus, for bone augmentation procedures with or without piezosurgery.  

Method: Sixty-four consecutive patients (16 males and 48 females) who underwent bone graft operation by the same surgeon were included in this study. Eleven of the patients had bilateral bone graft operation and totally 75 bone graft donor sites were evaluated in this study. The mean age of the patients was 44.8 years (range: 17 to 71). Intraoral block bone grafts were harvested randomly from two different recipient sites: the mandibular symphysis (n=44) and the mandibular ramus (n=31). Both of the two donor site groups (ramus and symphysis) were divided into two subgroups according to surgical methods (conventional or piezosurgery). Vitality of teeth adjacent to the harvesting sites was investigated by Electric Pulp Test Soft tissue superficial sensory function was assessed by the Pointed-Blunt Test and the Two-Point-Discrimination Test Intraoperative and postoperative pain of the patients’ was evaluated by Visual Analog Scale (VAS).  

Results: In symphysis group; the incidence of temporary paresthesia of both skin and mucosa was significantly lower in piezosurgery subgroup than conventional (p<0.05). Patient’s intra and postoperative VAS scores were low and did not differ between piezosurgery and conventional surgery subgroups of ramus group; however, in symphysis group especially intraoperative VAS scores were lower in piezo-surgery subgroup (p<0.05). Vitality loss of adjacent teeth was lower in piezosurgery subgroup of ramus group and was not significantly differ from conventional surgery subgroup. While the sensorial disturbance of pulp adjacent to the graft harvesting site was significantly lower via piezosurgery in symphysis (p<0.05).  

Conclusion: Harvesting mandibular symphysis bone grafts by piezosurgery is significantly decreased sensorial disturbances of both skin and oral mucosa and diminish the pulp damage of adjacent teeth.  

Keywords: graft ramus symphysis piezosurgery  

OP-27  
Category: Dentoalveolar surgery  

EFFECTS OF HYALURONIC ACID GEL ON INCISIONAL ORAL MUCOSA WOUND HEALING: A HISTOLOGICAL STUDY IN RATS  

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Objective: The objective of this study was to assess the effects of topically applied hyaluronic acid gel on incisional wound healing created on the buccal mucosa in rats.  

Materials and Methods: Eighty standardized incisional wounds, 1 cm in length, were carried out on the buccal mucosa of forty adult female Sprague Dawley rats (200-250 g). Each rat received two incisions on the right and the left sides of the buccal mucosa by using a steel scalpel. In each animal; on the right side hyaluronic acid gel was applied on the incisional wounds and then sutured with 5-0 vicryl suture (experimental group) while at the left side the wounds were just sutured (control group). On days 3, 7, 14 and 21 after surgery, 10 rats were selected randomly and sacrificed. Mucosal tissues were harvested and histological analysis was done. Epithelialization, inflammatory cell infiltration, fibroblast proliferation, collagenization and neovascularization were evaluated. Mann-Whitney U test was used for statistical analysis.  

Results: The amount of fibroblasts and newly formed capillaries in the experimental group were significantly higher than those in the control group (p<0.05) throughout the entire study. The amount of the collagen cells was significantly higher in the
experimental group than in the control group at 3 and 14 days (p<0.05). Inflammation was significantly higher in the experimental group than in the control group at 7 days (p<0.05).

Conclusions: The results revealed that application of hyaluronic acid gel on oral mucosal defects can stimulate wound healing via increasing neovascularization and fibroblast proliferation and diminishing postoperative short term inflammation. This study suggests that hyaluronic acid gel may be a good candidate for a soft tissue wound healing accelerative material in oral surgery.

Keywords: Hyaluronic acid Buccal mucosa Wound healing

OP-28
Category: Cleft lip & palate and craniofacial anomalies

REPAIR OF ALVEOLAR CLEFTS THROUGH DENTAL PULP DERIVED MESENCHYMAL STEM CELL APPLICATION: AN EXPERIMENTAL STUDY

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Alveolar bone grafting is a well-established technique in the management of patients with cleft lip and palate which is the most common congenital craniofacial abnormalities; any patient with a cleft should be considered for grafting. The objectives in the treatment of alveolar cleft have been to provide functionality (the closure of nasolabial fistula, supporting the teeth in the vicinity of the cleft, fixing speech problems, preventing any liquid seeping into the nose) and aesthetics (augmentation of the piriform area and nasal alar base). To that end, the autogenous bone graft is most frequently performed. This method has serious disadvantages, such as causing pain that may last for about 2 weeks and cause lame walking, giving rise to a second donor site opening in patient, prolonged duration of operation / hospital stay, risk of infection, lateral femoral nerve paraesthesia, development of hematoma and scar. The aim of this study was to evaluate the effects of dental pulp mesenchymal stem cells (DP-MSC) on bone healing in rabbit alveolar cleft model. Experimentally created alveolar cleft were grafted with autologous bone in group 1(n=10), left as empty control in group 2 (n=10). In group 3, osteogenic differentiated DP-MSCs that were isolated from rabbit were placed with polylactic co-glicolic acid (PLGA) scaffold. Osteogenic differentiation was confirmed by osteopontin and alkaline phosphatase gene expressions. The animals were sacrificed 2 months later, histologic and radiologic analyses were performed. As a result, the bone regeneration was detected statistically higher in group 1 than group 2 and group 3 (p=0.02). On the other hand, bone regeneration was significantly greater in group 3 than empty control (p < 0.001). Although the autologous bone grafting is still a golden standard, DP-MSCs application may be an option for bone regeneration. Further experimental studies may be designed with other bioactive scaffolds.

Keywords: stem cell alveolar cleft mesenchymal stem cell bone regeneration tissue engineering

OP-29
Category: Dentoalveolar surgery

EFFECT OF THE OZONE ON HEALING OF BISPHOSPHONATE RELATED WOUNDS USING GINGIVAL FIBROBLASTS: AN IN-VITRO STUDY

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Objective: BRONJ is characterized by poor mucosal wound healing and exposed necrotic bone. Oral soft tissues play a critical role in the development of this condition and currently, there is no effective clinical treatment for BRONJ. The purpose of this study was to evaluate the effect of the ozone on healing of bisphosphonate related wounds using gingival fibroblasts in-vitro.
Methods: Human gingival fibroblasts obtained from gingiva excised above unerupted teeth for orthodontic traction. Cell cultures were treated with only pamidronat, pamidronat + ozone or only ozone and incubated 24, 48 and 72 hours. Experimental groups compared with untreated group. COL1A1 and COL1A2 expression were examined in cultures by real-time PCR.

Results: COL1A1 and COL1A2 expressions were higher in ozone group compared with control group at 48 hours. In pamidronat + ozone group, COL1A1 and COL1A2 expressions was increased at 72 hours which means 48 hours after ozone application. After 72 hours of ozone application, there was no increase in COL1A1 and COL1A2 expressions (p<0.05).

Conclusion: Ozone induced COL1A1 and COL1A2 expressions. Maximum effect of ozone on collagen expression has been observed at 48 hours after application and collagen expression decreased at 72 hours. In oral mucosal wounds, ozone must be applied at 48 hours intervals to keep increased collagen expression.

Keywords: BRONJ Ozone COL1A1 COL1A2 in vitro

OP-30
Category: Dentoalveolar surgery

ALVEOLAR RIDGE SPLITTING VERSUS AUTOGENOUS ONLAY BONE GRAFTING: COMPLICATIONS AND IMPLANT SURVIVAL RATES

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Objective: The aim of this study was to compare the complications and implant survival rates of localized alveolar ridge deficiencies in the horizontal dimension reconstructed by alveolar ridge splitting (ARS) or autogenous onlay bone grafting (ABG).

Methods: From 2005 up to date forty-eight patients with a horizontal alveolar deficiency were treated with ARS or ABG harvested from the mandibular ramus or symphysis. Twenty-eight alveolar ridge splitting in 24 patients and 24 onlay bone grafting in 24 patients were performed. Dental implants were inserted to newly reconstructed alveolar regions. Panoramic radiographs were obtained after implant installation. The complication rates related to the procedures and implant survival rates were evaluated.

Results: Planned endosseous implants insertions were successfully performed immediately in ARS group and 6 months after the ABG procedure. There was not significant difference between two groups about the implant survival rates and complication rates.

Conclusion: When reconstructing vertically sufficient but horizontally insufficient alveolar ridges for implant placement; ridge splitting technique could shorten the treatment period, let up postoperative swelling and pain, eliminate the need for a second surgical site, reduce the treatment cost and ease the patient cooperation to the surgery.

Keywords: Alveolar ridge splitting autogenous bone grafting

OP-31
Category: Orthognathic surgery

ORTHOGNATHIC SURGERY FOR MONOZYGOTIC TWINS

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Both growth of skull and deficiencies of dentofacial complex can be affected by enviromental, congenital and genetic factors. Etiology of Class 3 malocclusion is generally believed to be genetic. For that reason, Class 3 malocclusion discordancy in
monozygotic twins is a rare finding. In the light of this information in case of presence of the malocclusion, the severity of the abnormality is usually close to each other. Here we present a case of monozygotic twins who have undergone bimaxillary orthognatic surgery with the same jaw movements. The aim of this report is to underline the importance of genetics on cranio-dento-facial complex.

Keywords: orthognatic surgery, maxillar advancement, mandibular set-back, monozygotic twins, etiology of malocclusion

OP-32
Category: Oral and maxillofacial implantology

SIMULTANEOUS DIRECT SINUS LIFTING AND IMPLANT PLACEMENT WITHOUT GRAFTING

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Rehabilitation of the atrophic posterior edentulous maxilla is challenging due to significant resorption of the alveolar process following tooth extraction. Sinus lifting with lateral approach for implant placement is considered a safe and predictable treatment. Grafting the space between the elevated sinus membrane and alveolar crest is a common procedure in sinus lifting. Various graft materials have been introduced for this purpose including autogenous bone and other bone substitutes. Recently, in vivo and in vitro studies have shown the success of direct sinus lifting and simultaneous implant placement without using any graft material if primary stability can be achieved. Graftless sinus lifting provides less patient morbidity and is cost effective. Besides duration of the implant rehabilitation decreases when one stage surgery is preferred instead of two- stage conventional direct sinus lifting procedure. The rationale for not grafting is that, osteogenic potential associated with the sinus membrane can contribute to outcome of the direct sinus lifting techniques. In this presentation case series undergone simultaneous direct sinus lifting and implant placement in the posterior maxilla without using graft material will be discussed.

Keywords: dental implant graft direct sinus lifting

OP-33
Category: Dentoalveolar surgery

EFFECTS OF PROPOLIS ON NEW BONE FORMATION: AN EXPERIMENTAL STUDY

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Aim: The purpose of this study was to examine the effects of propolis on new bone formation in an experimental setting.

Material and Methods: Bicortical skull defects were prepared in 24 Sprague-Dawley rats. Animals were divided into 2 groups. In first group of animals, defects were filled with propolis, in second group defects were not filled with any material as sham operated group. Half of the animals from each group were sacrificed at 2 and 8 weeks. New bone formation was assessed by histologic and histomorphometric analysis. The data were analyzed using Kruskal Wallis and multiple-comparison Mann-Whitney U tests.

Results: New bone formation was observed in each group at two and eight weeks. There were no statistically significant differences in the amount of new bone formation between two groups in two weeks, however the amount of new bone is statistically higher in propolis group, in eight weeks period.

Conclusion: In conclusion, the findings of this study suggest that propolis has some time-dependent beneficial effects on new bone formation.

Keywords: bicortical bone formation propolis
OP-34
Category: Oral and maxillofacial implantology

PROSTHETIC-SURGICAL RECONSTRUCTION OF THE SEVERELY RESORBED MAXILLA AND MANDIBLE WITH ILIAC BONE GRAFT: A CASE REPORT

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The therapeutic planning for treating patients with missing teeth has been significantly expanded by modern implant methods. Placement of an endosseous implant requires sufficient bone volume for implant stability and survival rate. Following a dental extraction, the residual alveolar bone undergoes a period of accelerated resorption for about 10 weeks followed by slower resorption. Bone grafts can be taken intraorally (symphysis, ramus, tuber, torus) and extraorally (iliac, tibia, calvarium, costa) for the repair of alveolar defects. A graft taken from the ilium provides a large number of pluripotent or osteogenic precursor cells in particulate cancellous bone and in the marrow part of the graft, so it is considered the gold standard for graft material. In this case presentation, 45 years-old female patient who came our clinic with severe maxilla-mandibular bone resorption, applies fixed prosthetic rehabilitation after grafted iliac bone and implants is shown.

Keywords: resorbe reconstruction iliac bone prosthetic

OP-35
Category: TMJ

OUTCOMES OF FUNCTIONAL TMJ SURGERY WITH CONSCIOUS SEDATION: A CASE SERIES

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The progressive nature of the temporomandibular joint (TMJ) diseases, poses the need for treatment alternatives varying from conservative methods such as occlusal splints, arthrocentesis to more invasive methods such as open TMJ surgery. Open TMJ surgery procedures are performed under general anesthesia mostly. The aim of this study is to evaluate the efficacy of functional TMJ surgery patients with internal derangements at stages Wilkes III and IV under conscious sedation. Six female and three male patients with an age range of 34 to 52 (mean 41.3 years) who had been treated at the Karadeniz Technical University Maxillofacial Surgery Department discectomy or eminectomy for internal derangements of their TMJ were enrolled. All patients had persistent and intolerable TMJ pain, severe limitation of mandibular movements and none of the patients had responded well to non-surgical methods. TMJ derangement was diagnosed by clinical and radiographic examination with magnetic resonance imaging (MRI) in uncertain cases and patient history. Wilkes classification was seen stage III on 2 patients and stage IV on 7 patients. Pre-operatively, all patients were asked to score their pain on a visual analog scale (VAS). Maximum mouth opening was also measured. TMJ pain,maximum mouth opening and TMJ noise was examined and recorded pre-operatively and 3 months post-operatively. Post-operatively results of functional surgery patients are significantly better than pre-operatively results.

Keywords: temporomandibular joint functional surgery discectomy eminectomy conscious sedation
OP-36
Category: TMJ

SUPERFICIAL CERVICAL PLEXUS BLOCK ON PAIN CONTROL IN PATIENTS WITH TMJ INTERNAL DERANGEMENT AND HEADACHE

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Introduction: Uncoordinated and hyperactive masticatory muscles are the primary source of repetitive, tensive, and compressive forces against TMJ, the teeth and other masticatory system structures. There is a functional connection between the masticatory and cervical motor systems. It has been reported that TMD represent a spectrum of disorders with varying pathophysiologies, clinical manifestations and associated comorbid conditions.

Aim of study: The aim of this study was to demonstrate the effects of superficial cervical plexus block anesthesia on pain control in TMD patients with headache. Patients and methods: Twenty-three patients with a headache and TMJ internal derangement treated by arthrocentesis were included. Superficial cervical plexus block anesthesia performed before arthrocentesis with a mixture of local anesthetic and sterile saline solution. Pain on muscles (sternocleidomastoid, temporal and masseter) and dysfunction were evaluated by VAS. The hemodynamic and peripheral thermoregulation values in all procedures were recorded. Patients who followed-up at least 6 months were included. The paired t test and Wilcoxon signed ranks were used for statistical analysis of the data and comparisons were considered significant at p< 0.05.

Results: All patients experienced a significant increase in maximal mouth opening (mean from 29±6.69 to 42. 69±6.54 mm) (p<0.01) and decrease in pain on muscles (p<0.05) at the mean 10±3.94 months follow up. There was a significant decrease in pain and dysfunction after cervical block anesthesia and arthrocentesis (p<0.01). The mean hemodynamic values were significantly decreased (p<0.05) while peripheral thermoregulation values were significantly increased after cervical plexus block (p<0.01). A statistically significant positive correlation was found between pain and headache (r=0.456, p=0.029) and no headache reported by patients.

Conclusion: The superficial cervical block anesthesia could be useful in order to control of pain in patients with headache associated with TMJ internal derangement and further controlled studies are need to take place as treatment.

Keywords: superficial cervical blockage cervicogenic pain arthrocentesis

OP-37
Category: Trauma

RIGHT APPROACH IN THE TREATMENT OF MANDIBLE FRACTURES IN PAEDIATRIC PATIENTS

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The incidence and etiology of craniomaxillofacial trauma in the pediatric population is affected by the age-related activities besides the social, cultural and environmental factors. Facial fractures in the children comprise less than 15% of all the facial fractures inspite of their increased supervised and non-supervised physical activity as compared to adults. The most common fractures in children requiring hospitalization and/or surgical intervention involves the mandible, in which the angle, condyle and the sub-condylar region account for approximately 80% of mandibular fractures. Symphysis and parasymphysis fractures account for 15-20% and body fractures are rare. We present the case of a fractured mandible due to a car accident in a 9 years old male. Car accident in this age group are rare as are fractured mandibles.

Keywords: mandible fracture child surgical trauma
OP-38
Category: Oral and maxillofacial implantology

CAN IMPLANTS BE DONE IN MEDICALLY COMPROMISED PATIENTS?

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Objective: It has been suggested that some local and systemic factors could be contraindications to dental implant treatment. The aim of this study was to evaluate the survival rates of implants related with systemic diseases, smoking habits and type of bone or tissue level implants.

Material and Methods: In this retrospective clinic study implant survival and marginal bone loss were evaluated in medically compromised patients such as; diabetics, hipertension, anticoagulant usage, cancer and goiter. Patients demographic variables like age, gender, systemic diseases and smoking habits were recorded. 80 patients who had partially or total edentulous areas were rehabilitated with 350 dental implants in Ankara University Faculty of Dentistry Department of Oral and Maxillofacial Surgery. The patients followed up until minimum 1 year to 10 years.

Results: 11 (3.14%) implants had failed in this study. Two different implant design were placed to edentulous areas; 72 (20.5%) of them were tissue level and 278 (79.5%) were bone level. There are 3 (3.7%) patients are diabetics, 7 (8.7%) have hipertension, 4 (5%) patients were using anticoagulant, 13 (16.2%) patients have smoking habits, 3 (3.7%) patients are goiter and 1 (1.2%) patient were have radiotherapy and chemotherapy history (13 years ago) of the 80 patients that we inspected.

Conclusion: Smoking and diabetic patients showed higher risk of implant loss when compared other diseases and healthy subjects.

Keywords: dental implant systemic diseases survival rates smoking

OP-39
Category: Cleft lip & palate and craniofacial anomalies

SECONDARY RESIDUAL PALATAL CLEFT REPAIR

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Introduction: Fistula in the hard palate may have various configurations depending upon the original cleft deformities. Speech is significantly distorted by the effect of large fistula in terms of nasality and articulation proficiency. The small fistula may not necessarily cause distortion on speech, the fluid leakage from oral cavity to nasal cavity occurs.

Material and Methods: Oronasal fistula is the most commonly seen complication of cleft palate surgery. Although there are various options on oronasal fistula repaaiments, each one of these treatments has some advantages and disadvantages. 8 patients with ages between 8 to 23 were operated with using the wide flap technique in Department of Oral and Maxillofacial Surgery, University of Ankara. All patients primary operations were done at other institutions. Our patients have been followed up for 2 year.

Results: All patients have been kept under regular control and the healing process took place uneventfully. Moreover, after one year cleft palatal surgery, one of the patients underwent RED (rigid external distraction surgery), the other one got SARPE (surgically assisted rapid palatal expansion). In two patients, no complications were seen and good results were obtained.

Conclusions: In this presentation, wide palatal flap was used in order to attain a better flap vascularization. The most significant advantages of this technique are its effect on easing the dissections and resulting in a better vascularization.

Keywords: palatal fistula, cleft patients
THE CORRECTION OF SKELETAL FACIAL ASYMMETRY FOLLOWING CONVENTIONAL BILATERAL SAGITTAL SPLIT RAMUS OSTEOTOMY AND L E FORT I OSTEOTOMY

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Background: Severity of facial asymmetry and skeletal deformity are the most determinant factors that effects the methods of treatment and the success of postsurgical outcome. According to type of discrepancy (skeletal or dental) various treatment modalities can be performed for management. The aim of this study was to evaluate the efficiency of conventional sagittal split ramus osteotomy concomitant with Le Fort I osteotomy on the correction of skeletal facial asymmetry.

Patients and Methods: Ten patients that underwent maxillary advancement and impaction; and, mandibular setback surgeries have been included in this study. Preoperative and postoperative posteroanterior radiographic measurements were made for evaluation of the type of asymmetry and its severity. The reference lines were midsagittal line (MSL), the line perpendicular to the MSL passing through latero-orbitale (Z line), line connecting to jugal process (LJP), upper molars (LUM) and line between right and left gonion (LG) points. The distances from latero-orbitale point (Lo) to first upper molars (DLoM), MSL to menton (Dm) and MSL to gonion (DG) were measured. Additionally, the angle between Z line and LJP, LUM and LG were measured preoperatively and postoperatively. Asymmetry according to the combination of menton deviation and maxillary canting were classified as M0, M1, M2, M3 and M4, M0; neither maxillary cant nor menton deviation, M1; presence of menton deviation and maxillary cant in opposite directions, M2; presence of menton deviation and maxillary cant with equal direction of mental deviation and downward maxillary cant, M3; presence of menton deviation without maxillary cant, M4; presence of maxillary cant without menton deviation.

Results: Seven (70%) patients were classified as M0 postoperatively, 2 (20%) patients were M3 postoperatively while they were M1 at preoperative measurement. One patient (10%) was M1 both at preoperative and postoperative evaluation. The angle of LOM-Z line was 2 to 8 degrees preoperatively and 0 to 2 degrees postoperatively. The angle of LOG-Z line was 2 to 12 degrees preoperatively, 0 to 6 degrees postoperatively.

Conclusion: Conventional sagittal split ramus osteotomy concomitant with Le Fort I osteotomy provide satisfactory outcome for correction of skeletal facial asymmetry.

Keywords: facial asymmetry Le fort I osteotomy sagittal split ramus osteotomy

OP-41
Category: Oral and maxillofacial implantology

EFFECTS OF LEUKOCYTE-PLATELET RICH FIBRIN (L-PRF) ON POSTOPERATIVE COMPLICATIONS OF DIRECT SINUS LIFTING

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Various biomaterials are commonly used in regenerative procedures in dentistry; however, there is not a single bone substitute that is considered gold standard for augmentation procedures. Platelet Rich Fibrin (PRF) is a fibrin matrix obtained from the patient’s blood and contains platelets, leukocytes and growth factors. It has a stimulatory effect over cell migration, proliferation and tissue healing. It releases growth factors in about the same concentration for 7 days of duration. PRF was shown to stimulate the mitogenic response of the periosteum and angiogenesis during the early stage of wound healing. It has been used as a sole grafting material or combined with other bone substitutes in sinus lifting procedure. The purpose of this study is to evaluate the effect of L-PRF on postoperative pain, swelling, sleeping, eating, phonetics, daily routine, missed work and soft tissue wound healing. Twenty patients requiring direct sinus lift were included in the study, PRF was prepared according to the protocol developed by Choukroun et al. The first group (L-PRF group) underwent direct sinus lifting with lateral approach and a mixture of allogeneous bone graft and L-PRF was used for grafting. L-PRF membrane was used for covering the lateral window. The second group (control group) underwent the same surgical procedure but only allogeneous bone graft was used for grafting and resorbable collagen membrane was used for covering the lateral window. A questionnaire was given postoperatively to the patients for self-assessment of the parameters in a 7-day period. Wound healing was assessed on the 7th and 14th postoperative
days by using the Healing Index. The results revealed that L-PRF is effective on postoperative complications of direct sinus lifting.

**Keywords:** sinus lifting dental implant PRF

**OP-42**

Category: TMJ

**TEMPOROMANDIBULAR JOINT REPLACEMENT: INITIAL EXPERIENCE**

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Alloplastic total replacement of the temporomandibular joint(TMJ) was developed in recent decades. Total alloplastic reconstruction of TMJ is acknowledged as a safe, effective reliable treatment modality in patients with advanced TMJ disease. Temporomandibular joint replacement is performed mainly in cases of ankylosis, trauma, severe joint disease and failed nonsurgical and surgical temporomandibular joint patients.

Aim: The purpose of this study was to evaluate the clinical success and functional outcomes in patients affected by different pathologies of TMJ treated with TMJ total alloplastic reconstruction.

Materials and methods: Eighteen patients were included in this study. All patients had been operated for placement of TMJ prosthesis (Biomet Microfixation) for different pathologies of TMJ. Seven of the patients are females between the ages of 36 and 67 years and 11 of the patients are males between 27 and 53 years. All patients were treated under general anaesthesia and nasotracheal intubation. Two patients were operated for displaced extracapsular condylar fracture, 4 patients were operated for ankylosis, 1 patient operated for synovial chondromatosis and osteoarthritis, 11 patients were operated for osteoarthritis. All TMJs were replaced unilaterally.

Results: Analysis of the subjective outcomes data showed improvement in reported pain, increased jaw function, maximum interincisal opening and diet consistency. The marginal mandibular nerve damage has occurred in three patients and their recovery was observed after 4-6 months.

Conclusion: We believe that the use of prosthesis in the total joint reconstruction is extremely secure and functional results are encouraging.

**Keywords:** tmj alloplastic pain reconstruction

**OP-43**

Category: TMJ

**COMPARATIVE EVALUATION OF THREE DIFFERENT TREATMENT MODALITIES ON TEMPOROMANDIBULAR JOINT PAIN DYSFUNCTION SYNDROME: A RETROSPECTIVE STUDY**

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Temporomandibular joint (TMJ) disorder is characterized by pain in the TMJ or its surrounding tissues, functional limitations of the mandible movements, or clicking sound in the TMJ during motion. Several attempts including arthrocentesis with or without hyaluronic acid injection, corticosteroid injections, non-steroidal anti inflammatory drugs, platelet rich derivate have been suggested as minimal invasive techniques. In this study it was aimed to compare the effectiveness of intra articular local anesthetic injection (LAI), Hyaluronic acid injections (HAI) and Botox injections (BI) on tmj pain, sound and patient satisfaction. A hundred and twenty six patients (94 female, 32 male) who were referred to the department of oral and maxillofacial surgery at Baskent University Faculty of Dentistry for temporomandibular joint pain between October 2012 and February 2014 were retrospectively evaluated in this study. LAI is found to be as effective as HAI and BI in terms of pain, sound and patient satisfaction.

**Keywords:** TMJ arthrocentesis Botox injection local anesthetic injection VAS evaluation
OP-44  
Category: Oncology  

CAN WE DIAGNOSE LUNG CANCER BY ANALYSIS OF THE ORAL MUCOSA?  

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Objective: The oral cavity is the primary gateway to the lungs for carcinogens contained in inhaled cigarette smoke, which may cause synchronous or metachronous changes along the whole of the respiratory mucosa. The aim of this study was to compare genetic aberrations in the oral epithelium of lung cancer patients to those without cancer.  

Subjects and methods: Buccal smears were performed to collect oral epithelium from smoker cancer patients (n=50), smoker (n=40) and nonsmoker (n=25) controls. Cytogenetic changes in the samples were detected by micronuclei (MN) assay whereas p53 and MDM2 polymorphisms were genotyped using PCR-RFLP.  

Results: The mean number of MN collected from the patients with lung cancer (15.1 ±4.4) was greater than those collected from the oral mucosa of smokers (9.7 ±4.4) and nonsmokers (7.3 ±2.5) in the control group (p=0.000 in both instance). Compared to those collected from the control group, cells collected from cancer patients showed a higher frequency of P53 codon 72 polymorphism (p=0.005 for smokers and p=0.021 for nonsmokers) and MDM2 SNP309 polymorphism (p=0.038 for smokers and p=0.019 for nonsmokers).  

Conclusion: A higher frequency of individuals with lung cancer demonstrates genetic damage to oral mucosa compared to those with no cancer.  

Keywords: lung cancer oral epithelium molecular analyses  

OP-45  
Category: Pathology & maxillofacial reconstruction  

EFFICACY OF DOXICYCLINE RELEASE COLLAGEN MEMBRANE ON SURGICALLY CREATED AND CONTAMINATED DEFECTS IN RAT TIBIAE: A HISTOPATHOLOGICAL AND MICROBIOLOGICAL STUDY  

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Background-aim: It is reported that the most significant factor which endangers the treatment result is a bacterial contamination of the augmentation sites, because of the membrane exposure in guided bone regeneration (GBR). Membrane exposures and bacterial contaminations negatively affect the outcome of augmentation procedures. The effects of systemic antibiotics on controlling infective pathogens after guided bone regeneration especially in membrane exposures are limited and unpredictable. However, local administrations of antibiotics are rare in GBR techniques. Doxicoll is a collagen membrane which slowly releases doxycycline during the healing time up to 28 days. The aim of this study was to investigate the antibacterial effect of a doxicycline release collagen membrane in surgically created and contaminated defects in rat tibia. Material and Method: 30 animals were randomly divided into five groups: group I (control only defect); group 2 (defect + Porphyromonas gingivalis (PG)); group 3 (defect + PG and filled with Bio-Oss); group 4 (defect + PG, filled with Bio-Oss and covered by Pancel); group 5 (defect + PG, filled with Bio-Oss and covered by Doxicoll). Animals were sacrificed at 14 and 28 days post-surgery. The tibiae of 5 animals were cut sagittally (14thday) and used to determine the bacterial load of CFUs/g bone and the histopathological bone healing in the tibiae (28th day) of 25 animals were evaluated.  

Results: In control group no bacteria was seen. In group 2 the bacteria count was 2.5 x 107, 2.75 x 105 and 3 x 104 in group 2,3
and 5 respectively. Least bacterial count was observed in the group 5 compared to other groups. The osteogenezis degree of group 4 (0.33±0.52) was found significantly lower than group 5 (1.80±0.45) (p<0.007; p<0.01).

Conclusion: Within the limitations of this study, Doxicoll could be a favorable material to prevent bacterial infection in GBR procedures in a

Keywords: Doxycycline rat tibiae guided bone regeneration Porphyromonas gingivalis

OP-46
Category: Oral and maxillofacial implantology

EVALUATION OF THE EFFECT OF TITANIUM AND STAINLESS-STEEL CURETTES ON BONE HEALING AFTER EXPERIMENTALLY CREATED PERI-IMPLANTITIS THERAPY IN SHEEP.

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Peri-implantitis is originally defined as a clinical diagnosis that requires the assessment of inflammation in the peri-implant tissue as well as the loss of supporting bone. As a clinical term, peri-implantitis is used to describe an inflammatory process affecting the physiologic-functional function of soft and hard tissues around an osseointegrated implant in function, which may lead to peri-implant pocket formation and loss of supporting bone. The treatment regimens of peri-implantitis may be the antibiotic therapy, guided bone regeneration, laser therapy, use of bone matrix proteins with membrane, conventional flap surgery and mechanical debridement. The aim of this study was to evaluate the bone healing after treatment with either stainless-steel curette or titanium curettes. For this purpose, 32 implants were placed to iliac crests of sheep bilaterally. 3 mm peri-implant bone defects were created experimentally, in all groups. In group 1 (n=12), bone grafts and collagen membranes (guided bone regeneration) were placed around peri-implant defects without any mechanical debridement as a control group. In Group 2 (n=10), stainless-steel curette, and in Group 3 (n=10) titanium curettes were used to imitate mechanical debridement, and followed by guided bone regeneration procedures. After 4 weeks, the sheep were sacrificed for histomorphometric examinations. The data were analyzed statistically. There were no significant differences between titanium and stainless-steel curette groups (p=0.91) regarding bone formation, however greater bone formation was detected in both of the study groups (p<0.02, p<0.003), than it was in the control group. In conclusion, the use of stainless steel or titanium curettes do not effect bone formation around implants, for the treatment of peri-implantitis.

Keywords: Stainless-steel curette titanium curette mechanical debridement peri-implantitis

OP-47
Category: TMJ

COMPARISON OF INTRARTICULAR SODIUM HYALURONATE INJECTION WITH THE CONVENTIONAL ONES FOR REDUCING DISC DISPLACEMENT PATIENTS

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Purpose: Hyaluronic acid (HA) is a natural component of joint synovial fluid, and is also found in the extracellular matrix of connective tissue. Intraarticular hyaluronic acid. Injection is commonly used for viscosupplementation in orthopedic diseases because it is known that joint lubrication impairment plays role for temporomandibular joint (TMJ) internal derangements. This study was designed to investigate the effect of intraarticular injection of HA for the treatment of symptoms associated with reducing disk displacement of the TMJ and compare with control group and splint group.

Material-method: The study samples were derived from the population of patients presenting reducing disk displacement with chief complaints TMJ pain and/or clicking sounds in the TMJ. The patients were treated with single injection of HA, double injection of HA and occlusal splint. Evaluation of the patients was done before the procedure, immediately after the procedure...
and on postoperative one week and six months. Maximal mouth opening, presence or absence of joint noise and pain, and
tenderness of masticatory muscles were recorded at every appointment. The level of complaints about TMJ that affect the life
quality was assessed by visual analog scale (VAS).

Results: There was a reduction of TMJ clicking and tenderness with jaw movements improvement in mouth opening in patients
that were treated with HA injection during follow-up period compared to oclusal splint and control group.

Conclusion: According to the study results, we suggest that intrarticular HA injections is an effective and safe method for the
treatment of reducing disc displacement of TMJ.

Keywords: HA tmj masticatory muscle

OP-48
Category: Dentoalveolar surgery

EVALUATION OF LIGHT-EMITTING DIODE PHOTOBIOMODULATION ON THE EARLY PHASE OF
HEALING IN SURGICALLY CREATED CALVARIAL DEFECTS

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Aim: The aim of this prospective experimental study was to evaluate the effect of light-emitting diode (LED) photobiomodulation
therapy on early phase of healing in the calvarial defects in rats.

Materials and Methods: Twenty eight male Sprague Dawley rats were used for the study. Five mm diameter critical size defects
were made with a trephine bur used in a low-speed handpiece under continuous sterile saline irrigation on each side of the sagittal
suture. All right critical size defects were filled with cortico-cancellous bone graft material and the left side defects were left
empty. The animals were divided into two groups of 14 rats each. Group I received LED therapy and Group II did not receive
any laser therapy. In each group seven rats were sacrificed on the 7th day and remaining rats were sacrificed on the 14th day. The
sections were stained with hematoxylin and eosin for analysis under light microscopy.

Results: Bone healing of the non-grafted side was statistically significant in Group I on both 7th day and 14th day compared to
Group II whereas in the grafted side although the difference was not significant, bone healing in group I was higher than Group
II on 14th day.

Conclusion: Within the limits of this study, the present findings suggest that LED therapy might have a favorable effect in the
early phase of bone healing.

Keywords: bone healing photobiomodulation therapy

OP-49
Category: Dentoalveolar surgery

HISTOLOGICAL AND HISTOMORPHOLOGICAL EVALUATION OF NEW BONE FORMATION AFTER
MAXILLARY SINUS FLOOR ELEVATION USING EITHER BOVINE BONE-AUTOGENIC BONE MIX, OR
PLATELET RICH FIBRIN

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Maxillary sinus floor elevation (MSFE) is preffered for ideal treatment of insufficient bone volume in the posterior atrophic
maxilla, to provide long term stability and success for implant supported prosthesis. Autogenous bone grafting is considered as
the golden standard for these procedures, however, donor site complications limit its advantages. Demineralized bovine bone
is frequently used for sinus lifting procedures with a disadvantage of high cost. Platelet-rich-fibrin (PRF) is an alternative new method for bone regeneration, and shortens the healing time. In this study we evaluated the effects of PRF and a mix of bovine and autogenous bone for MSFE. 22 healthy adult female sheep were used, and split face system was applied for two different groups. In group 1, a mix of bovine and autogenous bone; and in group 2, PRF were used for MSFE. The animals were sacrificed at 3rd, 6th and 9th months. Histological examination revealed that the new bone formation was only detectable in group 1, at the 3rd and 6th months. In group 2, new bone formation was observed only at 6 months and residual PRF remnants were identified. At 9th month, host bone and new bone could not be distinguished from each other, in group 1, and bone formation was proceeding, in group 2. PRF remnants still existed at 9th month. In conclusion, the mix of bovine and autogenous bone clearly has superiority to PRF grafting in sinus lifting procedures.

**Keywords:** maxillary sinus lifting platelet rich fibrin autogenous graft iliac bone grafting

### OP-50
#### Category: Dentoalveolar surgery

**FROM CENTRAL STERILIZATION UNIT TO OPERATION THEATRE: BASICS ON PROCESSING AND STERILIZATION AT ERCIYES UNIVERSITY FACULTY OF DENTISTRY**

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Surgical site infections are the second most common cause of hospital acquired (Nosocomial) infections. These complications of surgical procedures cause considerable morbidity, and can lead a high rate of mortality. The environment of the operation theatre (OT) is of great importance in the onset and spread of Nosocomial infections. Therefore, healthcare facilities should pay a considerable amount of attention to maintain a proper control on mechanisms and personnel involved in disinfection and sterilization of materials that are used in the OTs for surgical procedures. Standard cleaning, disinfection with appropriate chemicals, a good theatre practice and discipline are all elements of providing a microbiologically safe environment, thus achieving the highest patient safety. A special air flow pattern, in which the circulating air is filtered and purified whereas the contaminated air is removed continuously, should also be employed to keep the OT bacteriologically safe. The aim of this study is to share our experiences that have been built in a three year period. Our focus is the aseptic techniques that are used in the OTs of the Department of Oral and Maxillofacial Surgery at Erciyes University, to create and maintain a sterile field, and isolate the operative site from the surrounding physical environment. The process of sterilization of the surgical instruments, how they are managed, and transported from central sterilization unit to the OT are also discussed.

**Keywords:** sterilization operation theatre

### OP-51
#### Category: Cleft lip & palate and craniofacial anomalies

**NURSING CARE SYSTEM FOR PATIENTS WITH CLEFT LIP AND PALATE AT ERCIYES UNIVERSITY FACULTY OF DENTISTRY**

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Among a wide range of perioperative nursecare procedures of oral and maxillofacial surgery, cleft lip and palate patients (CLP) constitute a special entity. Interdisciplinary care is very important for these patients, their family, and health care professionals. As an indispensable part of CLP care team, attending nurses must continuously develop their potential, knowledge, capacity and skills for a successful surgical outcome. A specialist nurse should inform the family about the condition of their child, and give instructions regarding how to take care of the child, feeding and details about activities to avoid, before the delivery. They should also be informed about the surgical and educational steps that the child will undergo. After the first surgical operation, the nurse educate the family on wound care during the hospitalization period of 2 to 3 days. The Nurses also check the progress of the patients and family when they come back to hospital for follow-up sessions. The goal of this presentation is to promote the continuity and quality of care for CLP patients to meet international standards in the field of maxillofacial surgery. A nursing care system, comprising psychosocial care, breastfeeding, counseling, providing assistance for continuing care of these patients and their families, was developed in the Department of Oral and Maxillofacial Surgery at Erciyes University. Our nursing care system and educational materials were presented.

**Keywords:** nursing care Cleft lip and palate
OP-52
Category: Tissue Engineering

EFFECTS OF AMLODIPINE AND PLATELET RICH PLASMA ON BONE DEFECT HEALING: AN EXPERIMENTAL STUDY IN RATS

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Abstract Objective: Several studies have showed that calcium channel blockers may be associated with the adverse effects on bone mass. One of the tissue engineering applications in oral and maxillofacial surgery is the use of platelet rich plasma (PRP). The aim of this study was to evaluate the effects of amlodipine, PRP and a mixture of both material on bone healing of a defect in tibia of rats by histopathological analyses.

Methods: 56 male Wistar Albino rats (mean age 12 weeks; weight 280–340 g) were randomly divided into four groups: group A, tibia defect model with no treatment (n=14); group B, tibia defect model treated with amlodipine 0.04 mg/rat/day daily by oral gavage (n=14); group C, tibia defect model treated with PRP (n=14); group D, tibia defect model treated with PRP and amlodipine 0.04 mg/rat/day daily by oral gavage (n=14). Bone regeneration and fibrotic healing were evaluated by histopathology.

Results: Bone healing was observed in the repair stage of healing in all groups. Findings of fibrous and cartilage tissue, immature ossification and mature bone formation were seen in the groups. According to these findings, semi-quantitative classification of the bone healing was made as good (3), fair (2) and poor (1). There was bone healing in group C and D compared to group A and bone healing was not seen in group B compared to group A which treatment was applied for 21 days. Also, there was no bone healing in group B and C compared to group A and bone healing was seen only in group D compared to group A which treatment was applied for 30 days.

Conclusion: It can be concluded that amlodipine had neither a positive nor a negative effect on bone healing at the repair stage but using in combination with PRP, it could be beneficial.

Keywords: Amlodipine Calcium channel blockers Platelet Rich Plasma Bone defect Bone healing

OP-53
Category: Orthognatic surgery

COMPARISON OF RAI TRIANGLE AREA (MEDIAL ASPECT OF RAMUS) IN ORTHOGNATIC SURGERY PATIENTS WITH DIFFERENT SKELETAL PATTERN: A PILOT STUDY

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INTRODUCTION: The sagittal split ramus osteotomy (SSRO) is the most common surgical technique for the correction of cases of mandibular prognathism and retrognathia. Therefore knowledge of the relevant variables, such as the thickness of the mandibular ramus and the distribution of cancellous bone between the 2 cortical plates, is imperative for a favorable sagittal split. The aim of this study is to evaluate and compare of RAI triangle area of the mandibular ramus with skeletal class I, II and III patients.

MATERIAL AND METHODS: The mandibular rami of 40 patients were evaluated by high-resolution computed tomography (CT) scans and 3D-Doctor software. Those patients were divided into three groups. Group 1: skeletal class II (n:16); group 2:...
skeletal class III (n:15) and group 3: skeletal class I (n:9) patients. Group 3 patients has been served as control group for comparing the results of groups 1 and 2 who had orthognathic surgery at Ankara University Faculty of Dentistry Oral and Maxillofacial Surgery Department.

RESULTS and DISCUSSION: The mediolateral width of the mandibular ramus RAI triangle area and the distance between the fusion point of the external and internal cortical plates above and posterior to the mandibular lingual were measured in all patients. In cephalometric analysis, ANB angle of 15 skeletal class III patients was -2.57°, class II patients was 5.17° and 1.03° in class I patients. In 0.4 mm axial sectional area; the mean thicknesses of the RAI triangle were 12.972 mm, 9.551 mm and 9.671 mm for the class 1, 2 and 3 groups, respectively.

CONCLUSION: The present study showed that the mandibular ramus is thinner in patients with skeletal class III and class II malocclusion. Computed tomography has proven to be a valuable tool to evaluate the morphology of the mandibular ramus.

Keywords: orthognathic surgery rai triangle area skeletal pattern

OP-54
Category: Oral and maxillofacial implantology

IS 2 MM DISTANCE FROM THE MANDIBULAR CANAL NECESSARY TO AVOID NEURAL COMPLICATIONS OF IMPLANT INSERTION?

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Implant dentistry has highly predictable results in most cases where the available bone is adequate both horizontally and vertically. However, this condition is not met in all cases because of several anatomical challenges. The most important anatomic limitation in the mandible is the mandibular canal. Positioning of implants close to the mandibular canal may result in damage to the inferior alveolar nerve and may result in loss of sensation in lower lip. Preoperative radiological planning can provide the location of the mandibular canal and proposed implant sites and helps to avoid neural complications during implant surgery. Panoramic radiographs are still the most commonly used radiographs in implant surgery as they are cheaper, widely available and have less radiation dose than CT. The aim of the present study was to analyse the results of the implants inserted closer than 2 mm to the mandibular canal with those inserted further than 2 mm. 314 implants placed between 2011-2013 in İstanbul Medipol University Oral and Maxillofacial Surgery Department posterior to mental foramen area were evaluated retrospectively in panoramic radiographs. Patients were divided into two groups according to proximity to the mandibular canal. Intraoperative and postoperative complications were recorded. 121 implants (%38.53) are closer than 2 mm to the mandibular canal, 193 implants (%61.47) are inserted further than 2 mm. As a result, the distance of the implant to the mandibular canal did not make any statistically difference regarding intra and post operative complications.

Keywords: implant inferior alveolar nerve injury

OP-55
Category: Dentoalveolar surgery

EVALUATION OF THE EFFECT OF PLATELET- RICH FIBRIN IN CORTICOTOMY ASSISTED RAPID ORTHODONTICS

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Corticotomy assisted rapid orthodontics is a popular method that allows conventional orthodontics faster. Demineralization of a thin layer of bone over a root prominence after corticotomy can optimize the response to applied orthodontic forces. This physiologic response is consistent with the regional acceleratory phenomenon process. Platelet rich fibrin (PRF) is an autologous, fibrin matrix that have place in periodontal regeneration, sinus lifting and socket augmentation. The purpose of this study was to
evaluate the effect of PRF to vestibular alveolar bone thickness and, to investigate the periodontal health of the patients who had undergone corticotomy assisted rapid orthodontics, first time in the literature. The second purpose of the study was to compare the treatment time to a conventional orthodontic therapy group. Twenty patients with Class I malocclusion were included to the study. The patients were divided into two groups: group 1 (n=10) had undergone to corticotomy alone; group 2 (n=10) corticotomy combined with PRF. Periodontal parameters were evaluated before (t0); at 6th month of (t1); and after (t2) the orthodontic treatment. The vestibular alveolar bone thicknesses were evaluated at t0 and t2 using three-dimensional cone-beam computed tomography images. In group 2, bone thickness increased at the vestibular aspect of the teeth, without any bone loss. The bone thickness in mandible was significantly greater in group 2 (p=0.01). Treatment time was reduced more than half of the treatment time for corticotomy assisted rapid orthodontics when compared to the conventional orthodontic treatment. As a result, corticotomy assisted rapid orthodontics decreases the treatment time. More sufficient alveolar bone thickness and preservation of the periodontal health were achieved when the corticotomy procedure was combined with PRF for Class I malocclusion treatment.

**Keywords:** rapid orthodontics platelet rich fibrin corticotomy Class I malocclusion

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**OP-56**

**Category:** Orthognathic surgery

**ONE-STAGE CORRECTION OF FACIAL ASYMMETRIES WITH BIMAXILLARY ORTHOGNATHIC SURGERY AND COSTOCHONDRAL GRAFTING**

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Yaw pitch and roll deformities generally require correction with bimaxillary orthognathic surgery and genioplasties. Condylar related asymmetries address condylar pathologies and underdeveloped bony structures on the affected site. In arthritic or ankylosic TMJ patients, the preferred option is to use custom-made alloplastic joint prostheses however, autogenous costochondral grafts could also be used as a reconstructive option. We report simultaneous correction of "yaw, pitch and roll" deformities with bimaxillary orthognathic surgery and unilateral autogenous costochondral grafting in 2 patients with condylar pathologies. Both patients reported postoperative satisfaction with the facial balance and condylar function. One year postoperative occlusion remained stable and rib grafts are functioning properly.

**Keywords:** facial assymetry yaw pitch roll condylar pathology costochondral orthognathic

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**OP-57**

**Category:** Deontoalveolar surgery

**A NOVEL EXPERIMENTAL MODEL FOR DENTAL IMPLANT RESEARCH**

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Numerous animal models have been made for testing the biological performance of dental implants. Rabbits are one of the most popular animal models for dental examinations. Generally, tibial or femoral bone of different animal models are used to place implants. Tibial and femoral bones have endochondral origins and these bones include much more spongious content than cortical content. This paper presents a specially modeled implants that are used at rabbits' mandibles. Mandible is one of the bones which has intramembranous ossification. In this research, we will determine a region at rabbits’ mandibles for specially prepared implants. Advantages and disadvantages of using this different region for dental implant surgery examinations will be discussed and the differences from the previously approaches will be researched.

**Keywords:** Animal-models biomaterials, osseointegration bone implant
LEFORT III DISTRACTION FOR CORRECTION OF A SYNDROMIC MIDFACE RETRUSION

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Lefort III osteotomy is generally used to correct syndromic midface deficiencies for craniofacial syndromes such as Apert, Crouzon and etc. We report a case of a male patient (19 y.o) with absence of zygomatic arches, nasal asymmetry, hypoplastic maxilla and mandible. Midface retraction was managed with Lefort III distraction using rigid external distractor. Unilateral postoperative enophthalmic correction was carried out through second bicoronal approach using calvarial grafts. Rhinoplasty and reduction otoplasty was done additionally to improve facial aesthetics. Excellent functional postoperative results were obtained for phonetic and speech understandability improved dramatically.

Keywords: phonetic, LeFort II midface correction

AN UNCOMMON BENIGN TUMOUR OF SKIN: PILOMATRIXOMA (CALCIFYING EPITHELIOMA OF MALHERBE) (A CASE REPORT)

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Pilomatrixoma is a relatively rare tumour of skin derived from primitive basal cells of epidermis which differentiate into hair matrix cell. It was comprised approximately 1% of all benign skin tumours. The most common sites for pilomatrixoma are head, neck and upper extremities respectively. But it can occur in any hair-bearing region of body like trunk, chest, lower extremities. It shows a slight female predominance and it generally occurs in first or second decade of life.

A 44-year-old woman was referred to Oral Diagnosis and Radiology Clinic for dental complaint. On radiologic examination, a well circumscribed 1.6x1.4 mm radiopaque mass was seen as superimposed between medial wall of right maxillary sinus and lateral wall of nasal cavity on panoramic radiography. Clinically it was firm and mobile which was fixed to underlying skin when palpated. The patient has been aware of this mass since she was 20 years old. At first it was small in size but it has become larger in time. The patient has no complaining, however there is tenderness when palpated.

A DVT scan was performed to ascertain its location and anatomic relations. Then it was totally excised by Oral and Maxillofacial surgeon under local anesthesia. It was evaluated histopathologically and reported as pilomatrixoma.
POSTER PRESENTATION
THE USAGE OF DIFFERENT FLAPS IN THE RECONSTRUCTIVE HEAD AND NECK SURGERY

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OBJECTIVE: Removal of the defects in the head and neck region, which appeared after large operations for the surgery of head and neck tumors, is one of the vital conditions. Different local regional pedicle and free vascular flaps are used to serve this purpose.

Methods: Reconstrutive operations were performed on 26 patients with malignant oral and maxillofacial tumors in the Department of Oral and Maxillofacial Surgery of Clinical Medical Center 2010-2012.

Results: in 12 patients, defects were reconstructed by using pectoral major myocutaneous flaps. In the patient, whose flap experienced complete necrosis, the defect was removed by using carcinoma of the oral tongue after hemiglossectomy lateral faringostoma was removed by using latissimo dorsi muscle pedicle flap. In 1 patient soft tissue and mandibular defects, which appeared after the resection of mandibula and floor of mouth as a result of tumor recurrence, were removed by using rib-pectoral major myocutaneous flap. Mandibula defects in 2 patients were reconstructed by free fibula osteomyocutaneous flaps and in 2 patients by radial osteomyocutaneous flaps.

Conclusions: Proper selection of flaps which will be used in the planning process of reconstructive operations in oral and maxillofacial regions can be important in the rehabilitation period of patients and improving their quality of life.

Keywords: Flaps Reconstruction surgery Head and neck

DENTIGEROUS CYST IN CHILDREN: A CASE REPORT

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Dentigerous cysts are the most common developmental odontogenic cysts of the jaw, arising from impacted, embedded or unerupted permanent teeth. They apparently develop by accumulation of fluid between the reduced enamel epithelium and the tooth crown of an unerupted tooth, there is usually no pain or discomfort associated with the cyst unless there is an acute inflammatory exacerbation. Careful evaluation, coupled with meticulous clinical and radiological investigations could help clinicians to arrive at the correct diagnosis as well as address the implicated etiologies, before instituting the most appropriate therapy. Introdution: children are victims of a spectrum of jaw lesions, with etiologies ranging from developmental aberrancy to neoplasia. The most common development lesions affecting the jaws in children are the ones which have an odontogenic origin. Dentigerous cysts one of the most prevalent odontogenic cysts associated with an erupted or devoloping tooth, particularly the mandibular third molars; the other teeth that are commonly affected are, in order of frequency, the maxillary canines, the maxillary third molar. The classic treatment for dentigerous cysts is enucleation and extraction of the involved tooth. Here, we report a case of dentigerous cyst of a 11-year-old female patient and its treatment. Case report A 11 year old boy presented to the Department of Oral and maxillo-facial surgery with a chief complaint of pain and swelling in the lower right back region of the mouth. The swelling had apparently enlarged over the preceding month, leading to facial asymmetry. On general examination, the patent was apparently healthy. Clinical history revealed that the swelling started as a small painless nodule which increased to the present size over a period of 2 months. After clinical and pathohistological examination the diagnosis was dentigerous cyst. Under general anesthesia cystectomy operation was done with preserving of mandibular nerve, the cavity was then packed with iodoform-glycerin gauze, the evacuated surgical specimens were histopathologically examined to confirm the diagnosis of dentigerous cyst.

Keywords: Dentigerous cyst Mixed dentition Enucleation
CONSERVATIVE APPROACHES TO THE TREATMENT OF KERATOCYSTIC ODONTOGENIC TUMORS: REPORT OF 4 CASES

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Keratocystic odontogenic tumor (KOT) is a benign lesion generally occurred in the posterior mandible. The most important features of KOT’s are high recurrence rate, rapid growth potential and locally destructive behavior. The clinical manifestations include pain and swelling. They are characterized with well-demarcated with distinct sclerotic margins in the radiographs. The final diagnosis of the lesions is performed by histopathological examination which presents a characteristic lining with parakeratinized epithelial surface and mitotic activities in the suprabasal layers. In this case report was aimed to describe the clinical and radiological assessment and emphasizes the importance of conservative approaches to the treatment of KOT’s. In the paper, four cases diagnosed the KOTs were presented. In the case 1 and 2, KOTs were determined associated with impacted teeth in the ramus of mandible. In the case 3, lesion had cortical destructive behavior. In the case 4, radiographic examination showed that the lesion had multilocular, diffuse borders in the mandibular ramus and associated with an infected tooth. In conclusion, the conservative approaches to the treatment of KOT’s were to consider instead of the radical surgical operations.

Keywords: Ceratocyst odontogenic tumour dental volumetric computed tomography conservative treatment

MINI-DENTAL IMPLANTS FOR SINGLE-TOOTH REPLACEMENT IN A NARROWED MESIODISTAL SPACE

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The distance between adjacent teeth for a single missing tooth and the amount of bone in the vertical direction are the main features used while selecting the length and diameter of an implant. Therefore, when the lack of space does not allow the dentist to place standard-sized or wide-diameter implants, mini-implants are the solution. Mini-dental implants are titanium screws less than 3 mm in diameter and more affordable than traditional implants. Mini dental implants have a diameter of 1.8 mm to 2.9 mm, and are available in four lengths, 10, 13, 15 & 18 mm's. The replacement single tooth using implant allows the elimination of aesthetic problems such as resin retained fixed prostheses and protection of adjacent teeth. In this study, 3 cases were presented with a single tooth deficiency in a narrowed mesiodistal space which treated with mini-dental implants (MDI, 3M ESPE, USA) and jacket ceramic (zirconium) fixed dentures.

Keywords: single-tooth replacement mini-dental implant

CENTRAL GIANT CELL GRANULOMA OF THE LINGUAL MUCOSA: A CASE REPORT

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INTRODUCTION: The central giant-cell granuloma (CGCG), first described by Jaffe in 1953, is a benign lesion that usually occurs in the mandible and the maxilla. The origin is unknown, but there are indications that genetic abnormalities are implicated. The literature shows that the lesion generally appears before the age of 30 and occurs twice as often in the mandible than in the maxilla. CGCGs occur more frequently in women than in men. The most commonly used therapy is surgical curettage but other treatment options have also been recommended
CASE: A 46 years-old male patient presented to the Department of Oral and Maxillofacial Surgery Dental Faculty Dicle University in Diyarbakir. The main complain was the asymptomatic painless soft tissue growth in the lingual aspect of lower incisors which was increasing in size gradually since 3 months. On intraoral examination a gingival swelling of 2cm x 1cm in size with bluish red surface in the lingual aspect of incisors. On radiographic examination was no abnormal findings in the anterior mandibula. The lesion was excised via an intraoral approach with the sacrifice of 11, 12, 21, 22. The wound was primer closed. Histopathological diagnosis was central giant cell granuloma.

DISCUSSION: CGCG is an asymptomatic, painless swelling of the jaws on initial examination, rarely involve other facial bones. The teeth are usually vital, and root resorption is uncommon. Radiographically, CGCG usually appears as a radiolucent lesion. In our case radiographic findings are absent.

CONCLUSION: CGCG may present as a diverse group of conditions peculiar to the jaw bones but, diagnosis and management of the lesion should be performed while preserving and improving the mucogingival complex.

Keywords: central giant cell granuloma tumor oral surgery granuloma

PP-06
Category: Dentoalveolar surgery

MANAGEMENT OF A SEVERELY SUBMERGED PRIMARY MOLAR: A CASE REPORT.

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Ankylosis is a condition frequently associated with primary molars, wherein the ankylosed primary teeth remain in a fixed position, while the adjacent teeth continue to erupt, moving occlusally. Dental infraocclusion is defined as teeth below the occlusal plane. In the literature, the terms submergence and infraocclusion are often used to refer to an ankylosis. Ankylosis is classified as slight, moderate, or severe according to the place of the occlusal level of the infraoccluded tooth. If the infraocclusion is less than 2 mm, it shows slight ankylosis, while moderate submergence shows the occlusal surface of the ankylosed tooth to the contact area. Severe ankylosis shows infraocclusion below the contact area of the adjacent teeth. Ankylosis of deciduous molars has a negative impact on normal occlusal development and may cause problems such as significant tipping of adjacent teeth to the area of the submerged tooth, which may cause a reduction in arch length, especially when severe ankylosis of second primary molars occurs in early mixed dentition, ectopic eruption or impaction of successor premolarand increase in caries and periodontal disease susceptibility. In this case report, a six-year-old girl, who had a retained and submerged right lower second primary molar, was presented. Based on clinical and radiographic findings, the submerged primary molar was extracted surgically. After extraction of submerged tooth orthodontic procedures were applied to regain space for the successor premolar tooth.

Keywords: Ankylosis space maintenance infraocclusion dentoalveolar surgery

PP-07
Category: Dentoalveolar surgery

A HYBRID LESION OF THE JAW CONTAINING FIBROUS DYSPLASIA AND CENTRAL GIANT CELL GRANULOMA COMPONENTS

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Introduction: Central giant cell granuloma and fibrous dysplasia are nonneoplastic lesions. The jaw localization of both lesions is not uncommon. We present a case of jaw lesion containing both fibrous dysplasia and central giant cell granuloma components.

Case report: A 12 year old boy admitted to the Department of Oral and Maxillofacial Surgery with a slow growing and asymptomatic mass in the left part of the jaw body. The patient had a history of 36th tooth extraction five months ago. In the clinic examination asymmetry in the face and swelling in the left part of jaw body visually were seen. Cystic mass formation was detected in panhomorphic image. The patient underwent segmental mandibulectomy. In the gross examination of biopsy specimen, brown-gray colored 12 tissue fragments containing both bone and soft tissue components were observed. The size of largest fragment was 2x2x3 cm. Histopathological evaluation showed irregularly shaped bony trabeculae looklike to Chinese
characters in a cellular fibrous stroma containing few multinucleated giant cells. The result of histopathological examination reported as combination of fibrous dysplasia with central giant cell granuloma. There was no recurrence during 9-month follow-up.

Conclusion: Association of fibrous dysplasia and central giant cell granuloma within same lesion is a rare entity. It was solid in all reported cases but can be cystic as in the presented case. Segmental mandibulectomy with safe borders is an ideal treatment method for such lesions.

Keywords: cyst central giant cell

PP-08
Category: Dentoalveolar surgery

GLIAL CHORISTOMA OF THE HEAD AND NECK: REPORT OF THREE CASES

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Introduction: Glial choristoma represents collections of normal glial tissue in an abnormal location distant to the central nervous system with no intracranial connectivity typically presenting at birth or in early childhood. They may masquerade as encephalocele or dermoid cyst. The nasal region most frequently affected. Other sites of head and neck can also be affected but these occurrences are relatively rare. We present three cases of glial choristoma located in the head and neck region. In addition, their clinical and histological features are discussed.

Case reports: Three cases of glial choristoma located on the dorsal surface of the tongue, in the orbit and in the neck were presented. All patients were male and the age of patients were 2 month, 2 years and 19 years, respectively. Patients with neck and tongue-located lesion were admitted to the hospital with an asymptomatic and slowly growing mass. Patient with orbit-located mass had an impaired vision. The greatest dimension of lesion ranged between 3.0 cm and 6.0 cm. Histopathologically, mature glial tissue with no any necrosis and atypia was seen in the samples taken from lesions. Results of histopathological examination were reported as glial choristoma for all cases.

Conclusion: Ectopic glial tissue is a benign non-neoplastic and mass-forming lesion and specific to infants. It should be on the mental list of the clinicians in differential diagnosis of congenital masses in the head and neck region. Histopathology is a gold standard for diagnosis of glial choristoma.

Keywords: congenital choristoma orbit necrosis

PP-09
Category: Oral and maxillofacial implantology

REHABILITATION OF AN EDENTULOUS MANDIBLE USING ALL-ON-FOUR CONCEPT: A CASE REPORT

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Fixed prostheses supported by osseointegrated dental implants significantly improved the quality of life for edentulous patients. Patients with excessive alveolar bone loss require bone grafting prior to implant placement. For mandibular posterior region, loss of teeth result vertically insufficient bone volume for implant insertion. Most of the time, bone augmentation or inferior alveolar nerve lateralization for posterior mandible to place implant is time consuming and expensive for patients. For these situations, avoiding complex surgeries and using available bone to treat patient may be advantageous. The All-on-4 concept with its of straight and angled Multi-unit abutments, was developed to provide edentulous patients with an full-arch restoration on only four implants. It has been suggested that by tilting the two posterior implants yield to better bone-to-implant contact and providing optimal bone support. The purpose of this case report was to present of a patient treated with the All-on-4 concept. Patient referred to our clinic with excessive mandibular posterior vertical bone loss. Four implants were placed to the patient’s mandible according to the All-on-4 concept. In the second surgery, six implants were also inserted to the partial edentulous maxilla. Two months after the placement of the implants in the mandible permanent fixed prosthesis was delivered. The masticatory,
phonetic and esthetic deficiencies were fully compensated. The patient was fully comfortable with his restorations. The definitive prosthesis survival rate was 100% at the 1-year follow-up.

Keywords: All-on-Four dental implants edentulism mandible

PP-10
Category: Oral and maxillofacial implantology

DENTAL IMPLANT REMOVAL DUE TO UNRESOLVABLE PERI-IMPLANTITIS: A CASE REPORT

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Implantology is a continually developing area in dentistry. The aim of dental implant treatment is the accurate and predictable restoration of a patient’s dentition. These goals are best achieved when all members of the surgical and restorative team are working together on diagnosis, planning, and reconstruction. The possible causes of implant failures are considered as infection, impaired healing and overload. Other attributes to implant failures are; poor surgical technique, poor bone quality, poor prosthesis design and planning. There are also a growing number of situations that require retrieval of the dental implant to address the some of the problems. The reasons for removal of a dental implant are; unerupted position, fracture of the implant, unresolvable peri-implantitis/ infection, impingement on anatomical structures, obsolete components, psychological factors. A 45-year-old male patient presented to the GATA, Haydarpasa Teaching Hospital, Department of Oral and Maxillofacial Surgery complaining of the repeated swelling and infections. Clinical examination revealed that the patient had an acute infection. Radiographic examination confirmed that the implant had extreme bone loss around dental implant at the upper left premolar region. Patient’s medical history revealed that dental implants were placed in 2011. After prosthesis was delivered, patient had repeated infections several times. He reported that he had already seen four dentists in attempt to solve the problem. The patients overall health was good. Patient placed under antibiotic therapy. Seven days later, mucoperiosteal flap was raised and dental implant explantation was done with trephine burr. Surgical field was irrigated copiously and mucoperiosteal flap repositioned w/o placing any bone graft material. The aim of this presentation is to describe the treatment of implant failure due to poor planning and execution of the implant therapy.

Keywords: Implant implant retrieval explantation prosthetic planning surgery

PP-11
Category: Oral and maxillofacial implantology

IMMEDIATE IMPLANT PLACEMENT AFTER ENUCLEATION OF AN INFECTED RADICULAR CYST: A CLINICAL REPORT

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Implant placement, after enucleation of jaw cysts and bone grafting, is an acceptable and well-documented procedure in clinical practice. The concept of immediate implant placement after extraction of a tooth with periapical disease is a very controversial topic, with few scientific studies of quality published. This paper presents a clinical case of an immediate implant placement after enucleation of radicular cyst accompanied by infection of the tooth #12. A 32-year-old male patient presented to our clinic with a swelling and pain in the palatal area. At that time clinical examination revealed a large and fluctuant swelling on the right anterior palatal area. Radiological examination showed a ovoid and welldefined radiolucency 1 cm in diameter around the root apex of the second right incisor. The initial diagnosis was radicular cyst. After IV medication (1 gr cefazolin sodium, 40 mg Tenokskam and 8 mg dexametazon) the tooth #12 was extracted, the cyst enucleated and the cavity irrigated with rifamycin. The extraction socket was prepared for the implant and cystic cavity was grafted with allograft mineralized cortical and cancellous chips hydrated with rifamycin. An implant of 4.6 x 15 mm was inserted in the area of the tooth #12. Postsurgical antibiotic therapy was administered. There was no swelling, pain or any complaining on the 1st postoperative day. Six months later, the implant was uncovered and the restorative procedure (abutment and cementfixed metal-ceramic crown) followed. Radiological and clinical examinations showed remarkable healing in defect area and desirable implant stability. According to present results, we can say; it is possible to maintain the benefits of immediate implant placement and provisionalization in infected sites by applying a clinical protocol that considers antibiotic therapy, a thorough curettage of the infected tissue, antisepsis, and sufficient primary implant stability.

Keywords: odontogenic cyst dental implant bone graft immediate implant
PP-12
Category: Oral and maxillofacial implantology

TREATMENT OF CONGENITALLY MISSING LATERAL INCISORS WITH OSSEOEINTEGRATED IMPLANTS: A CASE REPORT

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Congenitally missing maxillary lateral incisors are the second most common dental agenesis, exceeded only by third molar. Missing teeth in the esthetic zone require comprehensive diagnosis and treatment planning to achieve optimal results. Implant placement especially in the case of maxillary anterior implants is a challenge for dentists. Titanium abutments respond favorably to gum tissue and have favorable mechanical properties. However, the unaesthetic bluish color of titanium remains visible through the soft tissues, which is of great concern when the maxillary incisors are treated, especially in patients with a high smile line or a thin mucosal biotype. In particular, due to its biocompatibility, aesthetic properties and high fracture resistance zirconia is increasingly used for abutment manufacturing. The purpose this case report is to describe rehabilitation of congenitally missing lateral incisors by using zirconia abutments with osseointegrated implants. A 20-year-old male patient was referred to our clinic with a chief complaint of bilateral maxillary anterior dental spacing. After clinical and radiographic examination, the case was decided to manage with endosseous dental implants. For the missing tooth #12 and # 22, two BL 3.3 X 10 mm ITI Straumann dental implants (Straumann®, Dental Implant System, Straumann, Basel, Switzerland) was placed according to the surgical guidelines provided by manufacturer. After 3 month healing period, healing caps were placed. Zirconia abutments were prepared after 2-week soft tissue healing time, and then, the case was finalized with porcelain crowns. At the one year follow-up, there was no soft or bone tissue complications. The patient was fully comfortable and satisfied with the restoration's function and aesthetics.

Keywords: bone implant congenitally agenesis

PP-13
Category: Cleft lip & palate and craniofacial anomalies

CLINICAL FINDINGS AND DENTAL TREATMENT OF A PATIENT WITH TURNER SYNDROME AND COELIAC DISEASE: A CASE REPORT

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Background and aim: Turner Syndrome (TS) is a rare genetic disorder, affecting approximately one out of 2500 female live births, due to total or partial absence of the X chromosome in germinal and somatic line. The symptoms of TS are short height, premature ovarian failure and less constant phenotypic particularities such as congenital malformations, acquired cardiovascular, otological, autoimmune and metabolic diseases. Women with TS are at increased risk of developing Hashimoto thyroiditis, juvenile rheumatoid arthritis, coeliac disease and other autoimmune diseases. The purpose of this case report is to present oral findings and clinical course in a patient with Turner Syndrome and coeliac disease.

Case report: A 11-year-old female patient was referred to Istanbul University Faculty of Dentistry, Department of Oral and Maxillofacial Radiology with complaints of tooth decay and delayed tooth eruption. The patient had the diagnosis of TS in her infancy. She had a short stature, delayed physical and mental development and coeliac disease. Clinical and radiological examination revealed that the teeth 16, 26 and 36 were decayed and the teeth 15, 24, 25 not erupted. The teeth 55, 64, 65 and 73 were still present in the mouth. The deciduous teeth were extracted, periodontal treatment and caries treatment were performed, and then oral hygiene education was given. The patient was recalled for periodic controls and an orthodontic treatment was recommended.

Conclusion: The patients with TS have low Bone Mineral Density (BMD) because of bone dysmorphogenesis and chronic estrogen deprivation. These patients are at greater risk for root resorption, which can lead to tooth loss. Hence, measures to prevent osteoporosis and fractures should be addressed starting in childhood. The patients with TS are characterized with palates that are narrow in width and malocclusion. Several authors recommended preventive measures and orthodontic treatment at
childhood for healthy dental development.

**Keywords:** Turner Syndrome coeliac disease bone dysmorphogenesis oral hygiene

**PP-14**
**Category:** Pathology & maxillofacial reconstruction

**OSTEOMYELITIS OF THE MANDIBLE CAUSED BY PERSISTENT DENTAL ABSCESS: A CASE REPORT**

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Osteomyelitis of the jaws was a common complication of odontogenic infection before the antibiotic era. Osteomyelitis is usually caused primarily by a mixture of alpha hemolytic streptococci and anaerobic bacteria from the oral cavity such as Peptostreptococcus, Fusobacterium and Prevotella. These are the same as the common causative organisms in odontogenic infections. An 80-year-old female patient referred to Department of Oral and Maxillofacial Surgery Gülhane Military Medical Academy, with a chief complaint of tender swelling and trismus. The diagnosis was submandibular space abscess caused by the left mandibular second premolar. The patient came with the history of antibiotic (penicillin, spiramycin, lincomycin and metronidazole) treatment for approximately 2 months without extraction of the causative tooth. After antibiotic treatment (clindamycin) of a week along with stipping treatment, trismus was resolved and then tooth was able to extracted. On the one week follow-up there was still pain and swelling. CB-CT and bone scintigraphy showed that there was an osteomyelitis at left posterior mandible. The patient was given osteomyelitis treatment. Osteomyelitis was resolved after 3-week antibiotic therapy without sequestration. This case report shows that persistent dental infections might cause osteomyelitis of the jaws in certain patients.

**Keywords:** Scintigraphy osteomyelitis surgery CB-CT

**PP-15**
**Category:** Dentoalveolar surgery

**SURGICAL APPROACHES IN A PATIENT WITH OWREN’S DISEASE: A CASE REPORT**

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Congenital factor V deficiency, also known as Owren’s disease, labile factor deficiency, proaccelerin deficiency or parahemophilia, was first described by Owren in 1947. The incidence of factor V deficiency is estimated as one in a million. It is usually inherited in an autosomal recessive gene, which means it affects men and women equally. Approximately 150 cases have been reported in the world literature. The object of the present case is to report further information about the bleeding control for tooth extraction with congenital factor V deficiency hemophilia and review the literature. A 28-year-old female patient referred to Department of Oral and Maxillofacial Surgery at Gülhane Military Medical Academy, for tooth extraction due to her hemorrhagic tendency. The patient’s activated partial thromboplastin time (aPTT) and prothrombin time (PT) were three-fold higher and international normalized ratio (INR) was four-fold higher than normal value. After transfusion of 6 units of fresh frozen plasma (FFP), values of these vascular tests were reduced to normal values on the next morning. Tooth was then extracted and local hemostatic measures were applied. Healing period was uneventful and the patient had no complications whatsoever. This case report successfully demonstrated that the application of FFP transfusion and local hemostatic measures were suffice to manage tooth extractions in patients with Owren’s disease.

**Keywords:** Factor V surgery extraction Owren’s disease
PP-16
Category: Pathology & maxillofacial reconstruction

BOTRYOID ODONTOGENIC CYST: REPORT OF A CASE

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ABSTRACT Background & Aim: Botryoid odontogenic cyst (BOC) is considered a rare multilocular variant of the lateral periodontal cyst, usually involves the mandibular premolar-canine area, followed by the anterior region of the maxilla. Adults older than 50 years are the most affected group.

Material/Methods: A 57 year-old male patient referred to our clinic, Ankara University Faculty of Dentistry Department of Oral and Maxillofacial Surgery for evaluation of a swelling in the right anterior mandible. The diagnosis of a BOC was made based on location and the histopathological findings of multiple cystic spaces lined by nonkeratinized stratified squamous epithelium. The 9-month follow-up revealed a normal clinical appearance with evidence of radiographic bone fill at the site of the lesion.

Results: BOC is known to be a recurrent odontogenic cyst. The recurrence rate may range between 15 and 20%. The prevailing opinion is that main reason for recurrence was failure to remove the entire multilocular lesion during surgery. An extended post-surgical follow-up is necessary for a patient who has been diagnosed with BOC.

Keywords: botryoid odontogenic cyst lateral periodontal cyst radiolucency.

PP-17
Category: Dentoalveolar surgery

PUBLICATION RATES OF ABSTRACTS PRESENTED AT THE ORAL AND MAXILLOFACIAL SURGERY SOCIETY (ACBID) BETWEEN 2007-2012

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Congresses are an important medium for the exchange of information and the presentation of abstracts. Abstracts are presented as oral, poster presentations at the annual scientific meeting. Presentations at congress constitute a valuable method for the rapid dissemination of current research findings and medical developments and allow for an informal exchange of ideas and immediate feedback by professional colleagues and peers. The basic goal of most investigators is to publish their research in a peer-reviewed journal. However, all abstracts presented at annual scientific meetings do not proceed to full manuscript publication in peer-reviewed journals and it is known that over half of all abstracts presented at scientific meetings are not subsequently published in peer-reviewed journals. High publication rates are sometimes considered to improve the quality of the scientific meetings. On the other hand, publication rates have been shown to depend on a variety of factors such as small sample size, a negative result, a non-experimental study design and lack of author motivation to publish, some of which are independent of the quality of the research. The fate of abstracts initially presented at national oral and maxillofacial surgery meetings has not previously been evaluated. Our study was undertaken to determine the publishing rate of abstracts presented at previous annual AÇBİD meetings, the time required for publication, subspecialty and type of study design.

Keywords: Abstract Publication rate Presentation
TOTAL MAXILLARY RECONSTRUCTION USING ANTERIOR ILIAC BONE GRAFT IN ATROPHIC MAXILLA: TWO DIFFERENT TECHNIQUES

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Alveolar bone resorption in edentulous maxilla may be resulted in different grades. After extraction of teeth, residual ridge resorbtion starts in the vertical and anteroposterior dimensions in maxilla. In addition to this resorption, faciolingually resorption also occurs thus diminishing the width of the ridge. The use of dental implants prevents this progressive loss and stabilize the bone over the long term. However in a patient with severe maxillary atrophy, residual alveolar ridge and also maxillary position should be restored and reconstructed first. Two patients with severe atrophic maxilla, the first one had a severe total maxillary resorption in both vertical and horizontal dimensions resulted in a Class III oclusal scheme and the other patient had an alveolar ridge resorption especially in faciopalatinal dimension. The treatment protocol in both patient was maxillary alveolar bone reconstruction using anterior iliac bone graft but in different ways. The first patient with total maxillary resorption was planned as 11mm inferior and 10mm forward movement of maxilla with Le Fort I osteotomy and filling the gap with anterior iliac bone graft. Whereas in the second case in which the main problem was only the horizontal deficiency, onlay iliac bone graft were used for maxillary alveolar ridge reconstruction. After 4 months for healing period the dental implants were placed. Minimal buccal resorption were noted for the graft material; however, there was no need for extra grafting procedure. 4 months after implant surgery full arch fixed prosthesis were performed for dentofacial rehabilitation. As a result, anterior iliac bone graft is recommended for onlay or interpositional grafting procedure for maxillary alveolar ridge augmentatation. It’s the surgeon’s choice of which technique suits for his patient best.

Keywords: maxillary atrophy reconstruction bone grafting Le fort dental implant

SURGICAL DIFFICULTIES, SUCCESS AND COMPLICATION RATES OF ORTHODONTIC MINIPLATE ANCHORAGE SYSTEMS: EXPERIENCE WITH 254 MINIPLATES

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Purpose: The aim of this study was to evaluate the complications and success rates of the miniplates using both maxilla and mandible for orthodontic anchorage.

Methods: 107 consecutive patients (range 8.7–13.8 years) with class II and III malocclusion without congenital or acquired deformation, were included in this study. A total of 254 miniplates were placed by the same surgeon. All miniplates were inserted under local anesthesia. Loading of the miniplates with 200 g elastics or functional devices were initiated at three weeks after surgery.

Results: The overall success rate of miniplate anchorage in terms of stability was 94.5%. 21 patients complained about the irritation of the mucosa of the cheeks or lower lip after the surgery in the mandible group. 12 miniplates needed to be removed and were successfully replaced.

Conclusion: Skeletal anchorage miniplates is effective for correcting the malocclusions. Success depends on proper presurgical patient counseling, minimal invasive surgery, good postsurgical instructions, and orthodontic follow-up.
ECTOPIC THIRD MOLAR IN THE MANDIBULAR SIGMOID NOTCH WITH OTHER MULTIPLE CYSTS: REPORT OF A CASE

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Ectopic mandibular third molar is a rare condition, and information is limited about its causes and characteristics. The common symptoms of the clinical examination were pain, trismus, swelling, temporomandibular joint syndroms or no symptoms. We reported a case of an impacted mandibular third molar dislocated on mandibular sigmoid notch with no symptoms. The ectopic molar was removed with intraoral approach and postoperative phase was uneventful. Ectopic third molar may be asymptomatic initially with clinical manifestations, later on as adjacent structures are affected. The surgical approach must be carefully planned for the aim of choosing the more conservative technique that produces the minimum trauma to patients.

Keywords: ectopic third molar cyst sigmoid notch

ELIMINATION OF DEFORMATIES AFTER UPPER LIP AND NOSE CHEILOPLASTY.

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Postoperative deformation of nose and upper lip in patient with congenital cleft lip and palate still is a social and medical problem. After an infant cheioplasty, with the development of the teeth jaw system and those formed a kind of skin cartilage deformation of the external nose and nasal passage, also deformation of the upper lip and buccal cavity. Statistics indicate a need to reconstructive surgery for unilateral cleft in 50-80% of cases, while bilateral in 90% of cases. To eliminate the deformation of upper lip and nose the modified method of cheioplasty is carried out in our clinic. First the modified Millard incision with the continuation of incision along the edge of the columella performed, further a transcollumella section going on the perimeter of nostrils, wing shaped and triangular cartilages became bare. In the comb shaped fold of the deformed nose wing through nasal meatus two opposite full layered triangular flap is cut out. The transferring spherical cartilage is formed, septoplasty is performed with excision of deformed part of the wall of cartilage. The part which is sutured between the medial foot of wing shaped cartilage, for the formation and holding the nasal tip height. To form the base of the deformed nostrils, we create a cushion under the wing by mobilized muscle flap of the circular muscles of the mouth. Above using is closed double unepithelialized musculocutaneous dublication. The wing formation and the base of the nose using a double unepithelialized musculocutaneous dublication and muscle flap releases us from the transplantation especially in patient with lack of tissue, poor hygiene and mentally retarded patients.

Keywords: cheioplasty, lip transcollumella section

DISTRACTION OSTEONEOGENESIS FOR DENTAL IMPLANT PREPARATION FOR PROSTHETIC REHABILITATION: CASE REPORTS

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Introduction: Distraction osteogenesis (DO) is a bone augmentation technique that is gaining acceptance for use in the restoration of bone discrepancies in 3 dimensions. Implant-supported prosthesis is gold standard in current dentistry. Many patients who demand dental implants also need bone augmentation due to bone insufficiency in the horizontal, vertical and sagittal dimensions.
The aim of this report is to present a case series that utilizes different applications of DO to achieve adequate bone volume for implant insertion and prosthetic rehabilitation.

Cases: Five patients are included in this case series. Le Fort I advancement with DO was performed in one edentulous patient to correct an occlusal relationship, and vertical and horizontal alveolar DO were performed in different regions of the maxilla and mandibles of partially edentulous four patients to achieve adequate bone volume before implant placement. Only minor complications (i.e., transient infection) appeared during the distraction period. After the consolidation phase, all patients were rehabilitated with implant-supported prosthesis.

Conclusion: Many techniques, such as guided bone regeneration, DO, onlay bone grafting and splitting, are used to increase bone volume. DO has a low resorption level and low soft tissue compensation. New distraction devices provide the capability for multiple vectors during distraction. Although DO has minor complications in some cases, these complications are easy to manage. DO can be considered an acceptable method for increasing bone volume. Appropriate patient selection and utilization of the proper device for the technique are essential for successful bone regeneration with DO, which can achieve optimal results with respect to prosthetic rehabilitation and patient satisfaction.

Keywords: distraction osteogenesis implant le fort I alveolar

PP-23
Category: Dentoalveolar surgery

ORAL SQUAMOUS PAPILLAMA IN SUBLINGUAL REGION

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Squamous papillomas (SPs) are benign neoplastic lesions usually affecting the skin, oral mucosa, upper aerodigestive tract and genital organs. Oral squamous papilloma (OSP) is a benign proliferation of the stratified squamous epithelium, which results in a papillary or verrucous exophytic mass induced by human papillomavirus (HPV). The sites of predilection for localization of the lesions include the tongue and soft palate, but any surface of the oral cavity can be affected. The present study reports a case of a 69-year-old man who presented with an asymptomatic lesion of papillomatous appearance in the sublingual area also adjacent mandibular second molar. Under local anaesthesia lesion was removed. Histopathological examination was consistence with the diagnosis of a papilloma.

Keywords: squamous papilloma sublingual histopathology

PP-24
Category: Dentoalveolar surgery

A RADICULAR CYST OF POSTERIOR MANDIBLE TREATED WITH ENUCLEATION AND APICOECTOMY PROCEDURE: A CASE REPORT

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Radicular cysts are the most common jaw cysts, comprising half to two thirds of all such lesions. They become more frequent in adolescents and they are more prevalent in men than women. These cysts usually arise following the development of periapical granuloma from the necrotic remnants of the dental pulp. They may reach considerable sizes and demonstrate expansions causing significant bone resorptions. Treatment is managed either by surgical enucleation or by marsupialization. Also apicoectomy procedure should be made in order to eliminate clinical symptoms or signs of continuing periradicular disease. In this poster presentation, we demonstrate the possibility of complete healing of a large radicular cystic lesion after enucleation and apicoectomy procedure by conserving vital structures so it allows healing of the bone perfectly.

Keywords: radicular cyst enucleation apicoectomy
CENTRAL GIANT CELL GRANULOMA, VESTIBULOPLASTY AND PROSTHETIC REHABILITATION: A MULTIDISCIPLINER CASE REPORT

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The central giant cell granuloma (CGCG) is an uncommon benign bony lesion that accounts for less than 7% of all benign lesions of the jaws in tooth-bearing areas. The incidence in the general population is very low and patients are generally younger than 30 years. The clinical behaviour of CGCG ranges from a slow-growing asymptomatic swelling to an aggressive lesion that presents pain, local bone destruction, root resorption and tooth displacement. The common therapy is curettage or resection, which may be associated with and, in younger patients, loss of dental-germs. After surgical treatment of the central giant cell granulomas functional and aesthetic prosthetic rehabilitation are essential. In this report we describe a twenty eight years old woman with a four months history of a painful mass over the anterior mandibular area. Intraoral examination revealed a 5*3-cm firm mass in the mandibular anterior region, with a streaky, bluish surface. Also the mandibular all incisor, right canine and first premolar teeth had severe mobility. Due to the lesion size and location she had difficulty in chewing, occlusion, and speaking. The healing was uneventful and patient’s compliance was good during the follow up period. But we faced with shallow vestibule sulcus that can cause the displacement of the final prostheses. So we deepened the vestibule area by submucosal vestibuloplasties and than prepared plaque was adapted and placed. Partial prosthesis was performed after healing. Clinicians should be aware of the etiology of CGCG due to the prevention of the recurrence.

Keywords: Central Giant Cell Granuloma Mandible Surgery Prosthetic Rehabilitation Vestibuloplasty

TREATMENT OF AGGRESSIVE MUCORMYCOSIS: A CASE REPORT

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Mucormycosis is a rare, saprophytic, invasive and fulminant fungal disease. It is infective to patients with underlying immunocompromised conditions. It is one of the most rapidly progressive and lethal form of fungal infections in maxillofacial region which usually observe in the nasal area and paranasal sinuses. This infection can also manifest in the gastrointestinal tract, skin, and in other organ systems. This fungus invades the arteries, forms thrombi within the blood vessels that reduce blood supply and cause cathartic necrosis of hard and soft tissues. Once entered into the arteries, the fungus can spread to various life-threatening structures like skull base and cranium. The present case shows 59 years old male patient who had 3 times chemotherapy due to lung cancer. The lesion was detected on 1/3 posterior part of the palate with bony necrosis in a very short time. Local antifungal medication and endoscopic sinus debridment was performed 3 times during the 12 months period after incisional biopsy. Also chemotherapy was post-poned because of invasive fungal disease before the treatment. After 12 months fungal lesion was healed and proved with negative culture test results but bony defect has occured in the palate. Patient is still followed-up by both lung cancer and mucormycosis.

Keywords: mucormycosis ulcer palate
EFFECTS OF AGE AND RADIOGRAPHIC FEATURES ON ORTHODONTIC ALIGNMENT OF PALATALLY IMPACTED MAXILLARY CANINES: A RETROSPECTIVE STUDY

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Aim: The aim of the present study was to investigate the effects of age and radiographic parameters on success of orthodontic alignment of palatal impacted maxillary canines.

Material and Methods: The retrospective records of 44 patients (mean age 20.44 years) including 50 impacted canines were included to the study. The patients were divided into two groups as adolescent (the patients age≤18; n=24) and adults (the patients age>18; n=26).

Results: Forty-four aged 13 to 42 (19 males and 61 females) with 50 palatal impacted permanent canines were treated. Forty-seven teeth (94%) had responded to surgical exposure and orthodontic alignment within 16 to 36 months with a mean of 24.81 months (sd: 6.3). Three impacted canine teeth (6%) had to be surgically removed because no movement after 10 months of traction force.

Conclusion: The distance of the canine tip to the occlusal plane on lateral cephalometric radiographs have found to be related with the total orthodontic treatment time. Neither the age of the patient nor other clinic and radiographic parameters have influence on the results of alignment of maxillary canines following surgical exposure.

Keywords: impacted maxillary canine orthodontic alignment retrospective study

TREATMENT OF A CHILD WITH COMPLAINING OF DENTOALVEOLAR ABSCESS: A CASE REPORT

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Introduction This study aimed to present the oral and extra oral symptoms and treatment of dentoalveolar abscess associated with mandibular teeth.

Case Report: The 8-year-old patient has presented to our clinic complaining of painless swelling in the left mandibular area. From the intra oral examination of the patient, severe crown damage and mobility grade II were detected on the teeth number 74, 75 and 36 due to the cavity. The subsequent radiographic examination was revealed dentoalveolar abscess associated with the decay and mesial migration in the germs of the teeth number 34 and 35 and change in the eruption direction. The patient’s teeth number 74, 75 and 36 were extracted. The lesion has been enucleated along with the germs of the teeth number 34 and 35 and the lesion area was scraped with a curette uneventfull. Removable space maintainer was placed and the patient has been controlled for every three months.

Discussion: It could be confronted with the dentoalveolar abscess due to the tooth decay that had not been treated on time. The pulps of the deciduous teeth that underwent to decreased defensive ability due to the physiologic resorption and the more existence of the trabecular structure of maxilla and mandible in the younger patients pave the way for abscess formation and drainage.

Keywords: dentoalveolar abscess teeth tooth decay
MINIPLATES WHICH ARE APPLIED IN DIFFERENT CLINICS FOR OPEN REDUCTION.

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Introduction: Mandible fractures occur more often than any other of maxillofacial region. Assaults, traffic accident, sport accidents and falls are responsible. Open reduction and using plates have become a widely accepted method in treatment. When using miniplate and screw, one should be very careful to avoid damaging for anatomical structures.

Materials and Methods: Patients who had some complaints were referred to our clinic from different clinic. Their complaints were toothache, numbness in the lips, and perforation of the mucosa due to incorrectly applied miniplaque. All patients were operated and miniplaques were removed.

Conclusion: Using miniplaques and screws are necessary to open reduction. All clinicians must be careful and know anatomical structures to the treatment of mandible fractures. In order to avoid malpractice, patients are directed to proper clinic.

Keywords: Miniplates mandible fractures nerve damage

PP-30
Category: Oral and maxillofacial implantology

USING MINI-IMPLANTS FOR MAXIMUM ANCHORAGE: TWO CASES

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Introduction: Anchorage is specified as a resistance to unwanted tooth movement. It is a necessity for the orthodontic treatment of dental and skeletal malocclusions. Anchorage is obtained by some devices. Implants or miniscrew implants can be used. Treatment of class II malocclusions by extracting premolars requires anchorage to avoid mesial movement of the posterior segment.

Materials and Methods: Patients were referred to orthodontic clinic for treatment of class II malocclusion. In both patients, premolars were extracted for save space. Used anchorage with mini-implants in between first molar and second premolar radix of the teeth was selected for treatment. When anterior teeth have moved to distal, posterior segments were fixed by anchorage. After finishing the orthodontic treatment, mini-implants were removed and healing was uneventful.

Conclusion: Mini-implants are suitable for requirement of anchorage in treatment of class II malocclusion. Using extraoral devices for anchorage requires patient compliance.

Keywords: Mini-implant maximum anchorage class II malocclusion
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PP-31
Category: Dentoalveolar surgery

SIMPLE BONE CYST OF MANDIBLE

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The simple bone cyst (SBC) has been defined as a vacant or fluid-containing cystic lesion surrounded by a hard, bony wall without an epithelial lining and with no evidence of infection. They are usually asymptomatic and appear on routine radiographies. Because of a lack of unique clinical and radiographic features, it is important to establish the differential diagnosis between traumatic bone cysts and other bone lesions of the jaws. When the cavity is exposed surgically, it may be empty, or it may contain fluid. These lesions are most commonly located in the mandibular marrow space and above the inferior alveolar canal that extends posteriorly from the canine region. Less often, they may occur in the incisor area of the mandible. This report describes a case of a simple bone cyst in the mandibular corpus. An asymptomatic cystic lesion in the corpus region on the right side of the mandible was detected in a panoramic radiograph of a 16-year-old boy. The clinical and histological diagnosis of the lesion was a simple bone cyst.

Keywords: mandible simple bone cyst radiography

PP-32
Category: Dentoalveolar surgery

RETROSPECTIVE STUDY OF 35 APICECTOMY CASES IN INONU UNIVERSITY FACULTY OF DENTISTRY ORAL AND MAXILLOFACIAL SURGERY

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The surgical removal of root tip and the attached soft infected tissues of an abscessed tooth are defined as apicectomy. It is also named as periradicular or periapical surgery. This surgical procedure is indicated when conventional non-surgical root canal treatment, with an orthograde root canal filling, has failed or is impractical and the tooth is associated with clinical symptoms or signs of continuing periradicular disease. Apical surgery normally comprises periapical curettage followed by root-end resection and filling. The ultimate goal is to be able to allow bone formation rather than fibrous connective tissues to grow. The objective of this retrospective clinical study was to assess the influence of various prognostic factors on the outcome at least 1 year after periapical surgery. In this study, we retrospectively evaluated patients treated at the Oral and Maxillofacial Department of Inonu University and some criteria such as age, gender distribution, localisation of lesions have been criticized. We investigated success rates of 35 cases and 18 of them were in anterior maxilla, 15 teeth were in anterior mandible and 2 of them were mandibular premolar region.

Keywords: retrospective study apical resection

PP-33
Category: Dentoalveolar surgery

AN UNICYSTIC AMELOBLASTOMA CONFUSED WITH DENTIGEROUS CYST ON THE RADIOGRAPHY: A CASE REPORT

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The ameloblastomas are slow growing, benign and locally invasive odontogenic tumours. According to 2005 WHO, they were classified as benign tumors which include odontogenic epithelium with mature, fibrous stroma without odontogenic ectomesenchyme. They have many kinds such as peripheral, multicystic, desmopalastic and unicycstic. Unicycstic type frequence is
5 to 15% of the ameloblastomas. There is no gender predilection. It occurs in both mandible and maxilla. Furthermore it is more common in the posterior region of the mandible. Long-term follow up is recommended because of their high recurrence rate. Radiographic aspects of the lesions include well corticated unilocular areas, often pericoronal radiolucency and root resorptions. It may be frequently associated with impacted teeth. In many case of unicystic ameloblastomas, initial radiographic diagnosis is confused with dentigerous cysts. In this paper we present a female patient who had undergone successful surgical treatment of ameloblastoma associated with mandibular third molar tooth. However, it was thought to be dentigerous cyst initially. Hence, dentists should pay special attention for the lesions around the mandibular third molars which are thought to be dentigerous cyst may be ameloblastoma in real.

Keywords: Unicystic ameloblastoma radicular cyst odontogenic tumors

PP-34
Category: Pathology & maxillofacial reconstruction

TREATMENT OF TRIGEMINAL NEURALGIA OF THE MANDIBULAR NERVE BRANCH THROUGH PARTIAL RESECTION IN ADDITION TO SIMULTANEOUS NEURECTOMY AND AVELSUTION

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Introduction: Trigeminal neuralgia is a type of facial pain that is difficult to treat. After all options of conservative and injection treatment have been exhausted, various surgical methods are used in order to relieve the patient of excruciating pain. The simplest is peripheral neurectomy which consists of surgical cutting and avulsion of terminal branches of the trigeminal nerve.

Case report: A 68 year old male patient with a chief complaint of pain during the speaking, eating and even drinking water at right mental region. Tha patient had a history of using carbamazepine for one month which was prescribed by his neurologist. Vestibular incision was made in premolar region to identify the mental nerve and its extension in the soft tissue. After identification the soft tissue extension was held through hemostat in order to resect the extension of mental nerve in the soft tissue. The nerve was avulsed and electrocauterized at the level of opening in mental foramen. Partially resection and hemostasis were made in the soft tissue.

Discussion: Neurectomy of the peripheral branches of the trigeminal nerve is the simplest, safest and minimally invasive surgical method as experienced by the author. In this case, partially resection of the mental nerve in labial mucosa which was previously helded by hemostatic clamp was performed in addition to traditional peripheric neurectomy and avulsion surgical procedures in order to eliminate the possible risk of recurrence of pain.

Keywords: Trigeminal neuralgia Peripheral neurectomy Partial resection

PP-35
Category: Pathology & maxillofacial reconstruction

TREATMENT OF LARGE RADICULAR CYST LOCATED IN MAXILLARY PALATAL REGION RELATED TO LATERAL INCISOR TOOTH

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Introduction: The surgical approach to radicular cyst of the jaws is either marsupialization or enucleation. The treatment choice depend on the size and localization of the lesion, the bone integrity of the cystic wall and its proximity to vital structures. A radicular cyst remains behind in the jaws after removal of the offending tooth and this is referred to as a residual cyst.
Case Report: A 25-year-old male patient referred to our clinic with a chief complaint of pain and mucosal opening from the cyst cavity through mucosal opening on palatal maxillary region. The patient had a history of cyst removal alone without root end resection of the related tooth from 21 to 24. Three unsuccessful additional interventions were made for closing the opening of the palatal mucosa. After the clinical and radiological examinations, the patient initially underwent root canal treatment of four related teeth. Afterwards, the cyst was removed simultaneously with the removal of the tooth 22 in order to eliminate the risk of recurrence. The block bone was harvested from the ramus region. The cyst cavity was grafted with the block bone through miniplant in order to fix the block bone and support the palatal mucosa. Then apical resection and retrograd filling procedures were done to the extracted tooth. Extracted tooth was reimplanted and splinted between 21 to 24 region. The patient was healed uneventfully within 6 months due to the possible reason of the patient being heavy smoker.

Discussion: The recurrence incidence of radicular cyst as residual cyst is %20. The reimplantation and block bone grafting procedures in addition to removal of cyst can be preferable in order to make the lesion healed and elimination of the remnants of the radicular cyst behind the offending tooth.

Keywords: Radicular cyst apical resection enucleation block graft

PP-36
Category: Orthognathic surgery

TREATMENT OF DEEP BITE THROUGH SIMULTANEOUS INTERDENTAL AND SEGMENTAL OSTEOTOMY
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Introduction: Orthodontic treatment is the first option for dental malocclusions. In some cases, alone surgical treatment is also can be used to correct noncomplex malocclusions. Orthognathic surgery includes interdental osteotomy that allows three dimensional movement of bone segments and teeth.

Case: A 18-year-old woman admitted to our clinic, complaining about her facial and dental aesthetic, difficulties at chewing and swallowing. Clinical and radiographic evaluations revealed that patient had anterior mandibular extruded incisors and skeletal Class II. Surgical correction of extruded incisors with interdental and segmental osteotomies for the intrusion of incisors was performed under local anesthesia before orthodontic and orthognathic surgery treatments. Teeth were asymptomatic and patient had better chewing and swallowing function for four years after the operation.

Discussion: Orthognathic and/or dentoalveolar surgery is used to correct facial deformities, jaw deformities, skeletal malocclusion and dental malocclusion. In order to shorten the total treatment time, the segmental and interdental osteotomy would be preferable before orthodontic and orthognathic surgery. Surgery would be considered as a treatment method as an alternative to orthodontic treatment in the the patient with severe malocclusions.

Keywords: Orthognathic surgery interdental osteotomy extruded incisor

PP-37
Category: Oral and maxillofacial implantology

HORIZONTAL BONE AUGMENTATION THROUGH FULL-ARCH RIDGE SPLITTING FOLLOWED BY IMPLANT PLACEMENT IN THE ATROPHIC MAXILLA
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Introduction: The availability of adequate bone volume for dental implant placement is often diminished by tooth loss associated with trauma in many young healthy individual and physiological or pathologic bone resorption in many old indvidual. When the buccopalatal bone width is 3 mm or greater but <6 mm, to allow implant placement, augmentation of the alveolar ridge using a ridge splitting and bone expansion technique is a viable option.
Case: A 56-year-old man was admitted to our clinic, complaining about movement of his conventional total prosthesis and he wanted to restore his upper jaw with fixed implant supported restoration. The patient had horizontal maxillary atrophy and alveolar crest was about 3 mm in width in the intermolar regions. Horizontally atrophic maxilla was simultaneously augmented with full-arch split crest osteotomy and otogen particular graft and implant placement, respectively. Prosthetic restoration was made six months after the operation. There was no complaint and failure of implants or severe bone resorption observed in the clinical and radiological examination. The patient satisfied with both function and aesthetics for 4 years after the operation.

Discussion: Lateral augmentation with autogenous bone and guided bone regeneration (GBR) and bone expansion (bone splitting) techniques have been adopted for management of buccopalatal horizontal ridge defect successfully. Several ridge split techniques have been developed in past few decades and includes split crest osteotomy, ridge expansion osteotomy, and numerous modification it. In this report, in the patient with 3 mm of bone thickness with severely resorbed horizontally in which would not be allowed for implant placement with conventional technique, simultaneously performing of the ridge splitting with bone expansion and implant placement for full-arch rehabilitation would ideally serve the patient well.

Keywords: Split osteotomy implant placement bone augmentation

PP-38
Category: Pathology & maxillofacial reconstruction

OSTEOSARCOMA IN THE POSTERIOR MAXILLA

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Introduction: Osteosarcoma of the jaw is a rare, aggressive, malignant mesenchymal tumour which is characterized by the formation of osteoid tissue, which constitutes 5% to 13% of all the cases of skeletal osteosarcomas. The therapy of choice is radical surgical excision.

Case: A 15-year-old woman admitted to our clinic, complaining about expansion of right posterior maxillary palatinal region. Histopathological examination revealed osteosarcoma. The patient was treated with resection of the affected bone segment between the tooth 13 to tuber maxillary region and up to the related maxillary sinus and also right maxillary posterior region was simultaneously reconstructed through rib graft under the general anesthesia. Prosthetic restoration was made after completed soft tissue healing. The patient routinely controlled as for the metastasis or recurrence within 5 years on the basis of laboratory clinical and radiological findings. There was no signs of symptoms of metastasis observed. The patient was satisfied with her dental and facial aesthetic for years after the operation.

Discussion: The prognosis of jaw osteosarcoma is better than that of the long bone osteosarcomas. This could be due to the histologically better differentiation of the jaw osteosarcomas than that of the long bone osteosarcomas. Segmental or radical resection of the affected segments is the best treatment option for osteosarcomas of jaws since it provides a 5-year survival rate of over 80%. In this case report, the radical resection with clear margins in the treatment of malign non-odontogenic tumour subsequently reconstruction with the rib graft would be one of the treatment modality through routine control of metastasis or recurrence.

Keywords: Osteosarcoma maxilla resection
PP-39
Category: Orthognatic surgery

TREATMENT OF BILATERAL CROSSED MAXILLARY LATERAL INCISORS WITH INTERDENTAL OSTEOTOMY

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Introduction: Orthodontic treatment is the first option for dental malocclusion. In some cases especially elder patients, alone surgical treatment is also can be used to correct noncomplex malocclusion. Interdental osteotomy is one of the surgical procedure that allows segmentation of bone and three dimensional movement of teeth.

Case: The 2 elderly patient admitted to our clinic, complaining about their facial and dental aesthetic. Clinical and radiographic evaluations revealed that patients had anterior maxillary crowding and position of maxillary lateral teeth were at cross-bite. Due to the rejection of orthodontic treatment by the patients, surgical correcting of malocclusion with interdental osteotomies and stripping of the adjacent teeth at the level of enamel were performed under local anesthesia. Patients had no complaint and they were satisfied with their both facial appearances and dental esthetics for four years after the operation.

Discussion: Orthognathic and/or dentoalveolar surgery is used to correct facial deformities, jaw deformities, skeletal malocclusion and dental malocclusion. Dental malocclusion can be treated with both interdental osteotomy and stripping the adjacent teeth for leveling and adoption of the teeth in the arch line.

Keywords: Orthognathic surgery interdental osteotomy crossed teeth

PP-40
Category: Pathology & maxillofacial reconstruction

MULTIPLE KERATOCYSTIC ODONTOGENIC TUMOUR IN NONSYNDROMIC PATIENT

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Introduction: Keratocystic odontogenic tumour (KCOT) is well known for their strong tendency to recur. Authors have categorized surgical treatment methods for KCOT as conservative or aggressive. The conservative treatment includes enucleation, with or without curettage or marsupialization. The aggressive treatment includes peripheral ostectomy, chemical curettage, or en bloc resection.

Case report: A 18-year-old woman admitted to the our clinic, complaining about pain and pus drainage in the right and left mandibular posterior region. The diagnosis was KCOT after the histopathologic evaluation. The operation included total enucleation curettage and peripheral ostectomy for removal multiple lesions under general anesthesia. The prosthetic restoration was made after completion of bone healing. The patient had no complaint and recurrence with in the 4 years of regular follow up period.

Discussion: The KCOT is an enigmatic developmental cyst that deserves special attention. KCOT exhibits putative high growth potential and high recurrence rate. In contrast, multiple KCOTs arising in the nonsyndromic patient is relatively rare. Treatment of KCOTs by enucleation with curettage and peripheral ostectomy would be sufficient and appropriate treatment option with further follow up period.

Keywords: Keratocystic odontogenic tumour mandible maxilla
A LARGE KERATOCYSTIC ODONTOGENIC TUMOR IN AN EDENTULOUS MANDIBLE

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Introduction: Keratocystic odontogenic tumor (KCOT) originates from the dental lamina remnants in the mandible and maxilla before odontogenesis is complete. It has a predilection for the angle and ascending ramus of mandible. Enucleation with curettage and peripheral ostectomy is usually first treatment option.

Case: A 55-year-old woman admitted to the our clinic, complaining about pain on his left facial region and swelling in her left posterior mandibular region. The diagnosis was made as KCOT after the histopathologic evaluation. Total enucleation with curettage of the lesion and peripheral ostectomy were performed and subsequently augmentation of the bone defect with bone graft that was harvested from iliac crest was performed in the same session under general anesthesia. Infection of the augmented bone was observed 3 months later. Debridement and sequestrectomy were performed as just as clear marginal bone obtained. The dressing with antibiotic gauze and irrigating with antiseptic solution were both made regularly. After the resolution of the infection with antibiotic therapy and total soft tissue healing, the prosthetic restoration was made. The patient was followed up for 4 years. She had no complaint and there was no recurrence.

Discussion: The KCOT is an enigmatic developmental cyst that deserves special attention. KCOT exhibits putative high growth potential and high recurrence rate due to its nature of forming compartments within. In contrast, KCOT arising in the edentulous mandible is relatively rare. Treatment of KCOT in elder patients with conservative treatment and reconstruction of jaw is challenging relatively. Therefore, bone grafting procedure would be performed in the second session subsequent to removal of the cyst in order to eliminate the possible risk of infection particularly for the KCOT cases.

Keywords: Keratocystic odontogenic tumor edentulous mandible iliac graft

TREATMENT OF AN ORAL HEMANGIOMA USING BY PHOTOCOAGULATION OF DIODE LASER: CASE REPORT


Objective: The purpose of this presentation is to report the case of a cavernous hemangioma in a patient and to describe the successful treatment of this case by photocoeagulation using diode laser. Background: Hemangioma is a relatively common benign proliferation of blood vessels that primarily develops during childhood. Two main forms of hemangioma recognized: capillary and cavernous. A number of treatment modalities have been proposed for hemangioma treatment.

Methods: The patient was referred for evaluation with the complaint of slowly enlarging mass on the upper right molar region with no previous trauma. The lesion was measured 2x2 cm², presented a bluish coloration, and was diagnosed as a hemangioma. The treatment selected was photocoeagulation by long-pulsed diode laser (MedArt® 426 Diode Laser) at 810 nm wavelength, with the range of 8-15 W power.

Results: Intraoperative bleeding or any other complications did not occur. The lesions healed completely by re-epithelialization within 2 to 3 weeks after treatment. No subsequent surgical resection had to be performed.
Conclusions: As a treatment modality, photocoagulation is quick, bloodless, safe, and relatively easy to learn. Postoperative problems and discomfort are minimal. The diode laser is a very useful surgical equipment for treatment of these types of vascular lesions.

Keywords: cavernous hemangioma diode laser photocoagulation

PP-43
Category: Pathology & maxillofacial reconstruction

CHONDROMYXOID FIBROMA: CASE REPORT

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Purpose: To report a rare case of chondromyxoid fibroma, presenting as a radiolucent, well-circumscribed multilocular area located at the left angle of the mandible.

Background: Chondromyxoid fibroma is a rare, slow growing, benign neoplasm that was first described by Jaffe and Lichtenstein in 1998. It present about 1% of all bone tumors. Only about 2% of all reported CMF have involved the mandible and skull bones. The 25 case of CMF of jaws described in literature.

Patients and Methods: The patient was referred to our department for evaluation of the lesion that was recongnized at routine dental examination. There were no symptoms except mild pain on the area. A diagnostic aspiration was performed with a needle which revealed no fluid on aspiration. Subsequently an incisional biopsy was performed. The histopathological examination was indicative of odontogenic myxoma. Thus wide resection of the lesion was performed. The mandible was reconstructed with a metallic reconstructive plate Synthes.

Results: The histopathological diagnosis was chondromyxoid fibroma.

Conclusions: Chondromyxoid fibroma is a rare lesion and there is limited data about clinic and histological features. A thorough understanding of the disease and the treatment options is required to treat such a case.

Keywords: chondromyxoid fibroma pathology benign tumor

PP-44
Category: Pathology & maxillofacial reconstruction

MARSUPIALIZATION OF A DENTIGEROUS CYST IN A 8-YEAR-OLD GIRL- A CASE REPORT.

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Dentigerous cyst may be developmental or inflammatory in origin. The inflammatory cysts are found only in mixed dentition with a low frequency. They are usually characterized as unilocular radiolucent lesions. Treatment of inflammatory type of dentigerous cyst in children should be done with the aim of saving developing permanent teeth which should not be sacrificed as far as possible. This is a case report of a large inflammatory dentigerous cyst in a 8-year-old female patient treated conservatively by marsupialization method saving second premolar in relation to the cyst. Ten months after marsupialization, the cyst disappeared and the second premolar tooth have been erupting uneventfully. Routine radiographic examinations are important for children during the eruption phase to prevent and detect any alterations that could damage the permanent dentition and occlusion. In conclusion, marsupialization might be the first treatment option for conservative management of dentigerous cysts in children.

Keywords: cyst marsupialization dentigerous
DELAYED ERUPTION OF PERMANENT FIRST MOLAR FOLLOWING SURGICAL REMOVAL OF COMPLEX ODONTOMA

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Odontomas are odontogenic benign tumors that composed of dental tissue. Most of these lesions are asymptomatic and are often detected on routine radiographs. Morphologically odontomas can be classified as complex, when present as irregular masses containing different types of dental tissues, or as compound if there is superficial anatomic similarity to denticles. Histologically, odontomas are composed of different dental tissues, including enamel, dentin, cement and, in some cases, pulp tissue. Complex odontomas appear as irregular calcified masses that bear no similarity to teeth that are located at the posterior of the mandible. Epidemiologically, odontomas are the most frequent odontogenic tumors, and according to literature knowledge, it accounts for 22–67% of all maxillary tumors. Males and females are almost equally affected. In this case report surgical treatment of an complex odontoma in left mandibular molar region of a 11 year-old male patient is presented. 3 year follow up for the eruption of first mandibular molar that was stated at the basis of mandible unerupted because of the complex odontoma was observed, during long term follow up of the patient.

Keywords: complex odontoma delayed eruption oral pathology

SURGICAL TREATMENT OF BISPHOSPHONATE-ASSOCIATED OSTEONECROSIS OF THE MANDIBLE: TWO CASE REPORTS

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Bisphosphonates are used to reduce skeletal related events in patients with bone consuming diseases such as osteoporosis and bone metastases. However recently there has been an increased awareness of bisphosphonate-associated necrosis of the jaws. With increasing use of bisphosphonates, this complication is now being encountered more frequently. Patients taking bisphosphonate may subsequently develop Bisphosphonate-associated osteonecrosis after dentoalveolar surgery or trauma of the oral mucosa. However, appropriate approaches for the prevention and treatment of Bisphosphonate-associated osteonecrosis have not been established. One of reasons is that the pathogenesis of Bisphosphonate-associated osteonecrosis is poorly understood. We reported two cases of Bisphosphonate-associated osteonecrosis were treated with bone debridement of the affected area and multilayer wound closure. The considered variables were: gender, age, underlying diagnosis, type of bisphosphonate (BP) used, duration of bisphosphonate use, route of administration, location of the osteonecrosis, clinical symptoms, association with dental treatment and surgical outcome. was treated successfully with antibiotics and curettage. The technique described can be recommended for patients with Bisphosphonate-associated osteonecrosis if a conservative treatment fails.

Keywords: Osteonecrosis bisphosphonate mandible
COMPLETE RESOLUTION OF ODONTOGENIC CYSTS WITH MARSUPLIALIZATION: REPORT OF THREE CASES

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Odontogenic cysts are defined as those cysts that arise from odontogenic epithelium and occur in the tooth-bearing regions of the jaws. Cystic jaw lesions may be epithelial or non-epithelial, odontogenic or non-odontogenic, developmental, or inflammatory in origin. The treatment modalities were: marsupialization, enucleation, enucleation with bone grafting, or resection. Marsupialization, a relatively simple procedure, consists of surgically producing a “window” in the cystic wall to relieve intra-cystic tension. After this, the cystic cavity slowly decreases in size. In large cysts, suggested treatment protocol is initial marsupialization and after a mean period of 10 months, contextually to evident reduction in radiological size image, enucleation with peripheral ostectomy. The aim of this report is to present the complete healing of three odontogenic cyst cases which have been treated with only marsupialization without a second enucleation surgery. Follow ups reveal no sign of recurrence.

Keywords: odontogenic cyst marsupialization enucleation

HABITUAL EXCESSIVE BILATERAL CHEEK BITING: A CASE REPORT

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Oral and peri-oral structures can be traumatized by self-injurious behavior. Chronic habitual biting of cheek mucosa is an innocuous self-inflicted injury, commonly seen in children suffering from developmental and psychological problems and has rarely been reported in normal unaffected adults. Sometimes, these lesions presented as white papules and plaques that may resemble leukoplakia. A 22 year-old girl was referred to our Department for evaluation of white hyperkeratotic multiple flakes localized on both cheeks. Detailed medical history and clinical examination revealed habitual cheek biting as a result of a bad habit, which was manifest with a typical clinical finding. An esthetic, comfortable, removable prosthesis was designed. The patient was informed to wear the prosthesis, which protected the buccal mucosa using two lateral acrylic shields. After 2 weeks of continuous wearing of the appliance, patient presented with progressive regression of the lesion. She was instructed to continue to wear the appliance for 2 more weeks. After 2 weeks, the lesion had completely regressed so the appliance was discontinued and patient gave up cheek biting habit. Chronic traumatic injuries caused by parafunctions may lead to irreversible possible premalignant conditions. Clinicians should be aware of these lesions and try to control via multidisciplinary approaches.

Keywords: Habitual Cheek Biting Hyperkeratosis

MCCUNE ALBRIGHT SYNDROME PATIENT WITH FIBROUS DYSPLASIA

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Introduction: The syndrome identified by McCune and Albright (MAS) classically involves polyostotic type fibrous dysplasia (PFD), multiple “café au lait” patches and endocrinial disorders. In PFD cases most frequently affected site is the craniofacial area followed by pelvis, vertebrae and shoulder. PFD is identified by increasing numbers of condrosit and fibroblast-like cells around
osteoblast cells and boneglass appearance due to growth of extracellular bone and cartilage-like matrix. This syndrome is most frequently seen in early pubertal stage and accompanied with acromegalia, gigantism and hypercorticalism.

Case: A 31 year old female patient attended to our clinic with a swelling in her lower left jaw. Patient also had acromegalia, endocrinopathy, “café au lait” patches on her back and scelethal disorders. Lesion was stiff, had 2 lobes included teeth 32,33 and 34 and size was about 3x3x3 cm. CT inspection radiographically revealed that lesion involved mental nerve all around. Lesion totally excised and teeth 32,33 and 34 were extracted. Consequential loss was total rupture of mental nerve. Mental nerve was rejoin intraoperatively by microneurosurgery. Paresthesia was totally recovered in 6 months. Patient had prosthetic reconstruction, chewing function was reestablished and estetics was corrected. 12 months of postoperative follow-up was achieved. Patients satisfaction of esthetics and function both intraorally and extraorally was fullfilled and patient is clinically and radiographically under control for probability of relapse.

Discussion: Endocrinological analysis must be done in order to diagnose for the McCune Albright Syndrome. This syndrome has no ideal cure. Early diagnosis and long-term medication is required. Fibrous dysplasia has always a probability of relapse. For this reason lesion must be totally excised and a long-term follow up must be done. Also the size and proximity of lesion to anatomic stuctures must be evaluated before surgery.

Keywords: McCune Albright Syndrome fibrous dysplasia

PP-50
Category: Pathology & maxillofacial reconstruction

THE SCHWANNOMA TUMORS OF MAXILLA AND MANDIBLE: TWO CASE REPORTS

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Schwannomas are benign tumors arising from Schwann cells of sheaths of peripheral nerves. They are solitary and encapsulated tumors and rarely show malignant degeneration. Approximately 25-40% of cases are seen in the head and neck region, of which 1% in the oral cavity. The tongue was the most common site of occurrence in reported cases. Other common locations for oral cavity are buccal mucosa, intramedullary bone of maxilla or mandible floor of mouth, palate, gingiva, lips, and vestibular mucosa, in that order. In this presentation we report two cases of schwannomas which were located in the oral region. One of them was seen on hard palate and the other one was seen as a periapical lesion on radiograph and caused a swelling on the lower lip. Total removal of lesions were performed and histopathological examinations were done. Prognosis for complete cure in the benign schwannoma in the oral region is excellent; few schwannoma recur after complete surgical resection. After surgical treatment acceptable results were taken with low rates of permanent morbidity in such of these cases. There was no cosmetic and functional problem in our cases after operations and no recurrence was observed in follow-up periods.

Keywords: Schwannoma hard palate lower lip

PP-51
Category: Oral and maxillofacial implantology

BILATERAL PERFORATED MAXILLARY SINUS CASE TREATMENT WITH EXTERNAL LIFTING AND IMPLANT

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Introduction: Sinus lift and bone grafting is the procedure of choice when the crestal bone height (CBH) is less than the shortest available implant length and has been used, as a technique, with considerable success. Nevertheless, these surgical procedures are not only considered invasive to patients, but also increase the overall treatment time, especially for the commonly employed "2-stage sinus lift technique". Sinus floor elevation or sinus lift could be done through internal or external approach which involves elevation of the sinus lining and placement of bone graft or bone substitute material between the sinus lining and sinus floor.
Case: Fifty three years old male patient with bilateral posterior maxillary edentulous regions referred to our clinic. Right maxillary posterior pneumatized region was presented with a deficient maxillary alveolar ridge with ranging from 1 to 2 mm on right side. Also oroantral fistula was present on the left maxillary posterior region. 2 stage procedures were planned. In the first stage, bilateral external sinus lifting and bone augmentation procedures were performed. Subsequently implantation procedures were performed 4 months after bone augmentation procedure. The surgical areas, implantation and prosthetic rehabilitation were uneventfully healed. The patient followed up for 18 months.

Discussion: As a factor influencing the success of sinus bone graft implantation, the height of the remaining alveolar bone is crucial. Jensen and Greer found that less than 3 mm of remaining bone tissue showed very low success rate, but that the result was very good with 7-9 mm bone. In this case, the rehabilitation the left posterior maxillary region with oroantral opening was successfully achieved with two-stage surgical procedure with the respect of osseointegration of implants and function of prosthetic rehabilitation.

Keywords: External sinus lifting bone augmentation prosthetic rehabilitation

PP-52
Category: Orthognatic surgery

MODIFIED SEGMENTAL SUBAPICAL OSTEOTOMY: A NOVEL APPROACH

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Introduction: Severe dento-facial deformity in an adult is normally treated by a combination of orthodontics and orthognathic surgery. Although the total subapical mandibular osteotomy was described over 20 years ago, reports of its use in the literature are sparse. Total mandibular alveolar osteotomy was first described by Macintosh mainly for correction of infantile apertognathia. He described use of the technique in two other situations, in addition to open bite cases. Dietz et al. and Murray reported further modifications of the total subapical mandibular osteotomy which included a horizontal medial ramus cut above the lingula. Total subapical osteotomy technique before orthodontics and aesthetic of reasons preprosthetic are made.

Case: 32 year old male patient was admitted to our clinic with a complaint of edentulous in maxilla caused by trauma 10 years ago. Because of the edentulous maxillary anterior and posterior region (from right 1st Molar to left 1st Molar), the mandibular anterior and premolar regions segmental extrusion was seen with dental extrusion from the right 2nd premolar to left 2nd premolar. In the clinical examination, interinsizal and buccolingual distance was insufficient through the analyses of maxillomandibular relation. In order to solve the deep bite especially in the anterior region and cross bite in the left posterior region, modified segmental subapical osteotomy was performed between the 2nd mandibular premolars region. After performing the midline and subapical osteotomies with this technique the fixation with mini screws and miniplates was successfully managed. subsequent to bone healing, ideal occlusion was achieved through implant and prosthetic rehabilitation.

Discussion: Prosthetic rehabilitation after orthodontic treatment can be provided in such cases. The patient was decided to undergo this modified surgical procedure due to the fact that the presence of prosthetic rehabilitaton of anterior mandibular regional teeth.

Keywords: Subapical osteotomy preprosthetic surgery

PP-53
Category: Pathology & maxillofacial reconstruction

A GIANT PARAKERATINIZED TYPE KERATOCYSTIC ODONTOGENIC TUMOR: A CASE REPORT

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Odontogenic keratocysts is one of the most aggressive cysts of the oral cavity so the World Health Organization was reclassified odontogenic keratocysts as a neoplasm which renamed as keratocystic odontogenic tumor in 2005. Its aggressive and infiltrative behaviour leading to high recurrence rates. Generally, treatment options are based on radical surgeries because of its resistance to treatment. In this case report we report a multilobuler, giant, parakeratinized type keratocystic odontogenic tumor of the
mandible with conservative treatment in a 31 year old female patient. The clinical, radiological, and histopathological findings, surgical management and follow-up period of the tumor are presented.

**Keywords:** Keratocytic odontogenic tumor parakeratinized marsupialization

**PP-54**
**Category:** Pathology & maxillofacial reconstruction

**EOSINOPHILIC GRANULOMA IN THE ANTERIOR MANDIBLE: A CASE REPORT**

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Eosinophilic granuloma is a benign lytic lesion characterized by increased histiocytes. It is a localized form of Histiocytosis-X group of diseases. Eosinophilic granuloma, Hand-Schüller Christian and Letterer-Sive diseases are member of Langerhans's Cell Diseases or Histiocytosis-X group diseases. Any bone can be involved but the more common sites include the skull, mandible, spine, ribs and the long bones. Eosinophilic granuloma is the most common form of clinical variants of Langerhans's Cell Histiocytosis. Eosinophilic granuloma may not present symptoms in the clinical observation. Most of the time it is discovered during routine radiographic examination. The treatment methods are surgery, radiotherapy, chemotherapy and intraslesional steroid injection. In this presentation a 46-year-old male patient with the histopathological diagnosis of eosinophilic granuloma who referred with the complaints of swelling and paresthesia in the anterior mandible was presented.

**Keywords:** Eosinophilic Granuloma Langerhans's Cell Histiocytosis Histiocytosis-X Anterior Mandible Lower Jaw

**PP-55**
**Category:** Orthognatic surgery

**CORRECTION OF CLASS III MALOCCLUSION BARRING ORTHODONTIC BRACKETS OR MECHANICS WITH BIMAXILLARY SURGERY**

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**Aim:** The aesthetic aspects, functional rehabilitation of patients treated by orthognathic surgery has gained in importance over the past years. Surgery, combined with orthodontic treatment, has achieved satisfactory aesthetic dental and facial results. The main objectives of surgical-orthodontic treatment are to normalize the facial profile, occlusion, and function. Orthognathic surgery treatments require multidisciplinary approach. The planing appropriate treatments for patients and the regulations of teeth in arcs are the orthodontists responsibility in these treatments. Mostly, orthodontic treatment planned before surgery lasts 18 months. In most cases surgery can not be applied without starting orthodontic treatment. In very rare cases for patient with acceptable occlusion, orthognathic surgery without orthodontic brackets is possible. We report here an unusual case of orthognathic surgery without orthodontic treatment.

**Case Report:** This poster presents the treatment of a patient 21 year old, have class III malocclusion with mandibular prognathic, latherognathie and anterior openbite. Cephalometric analysis showed that the patient has an excessive plane angle of mandible, extensive gonial angle, overdevelopment of mandible, underdevelopment of maxilla and small cranial base angle which may cause a forward positioning of the mandible by displacement of the glenoid fossa to anterior. Addionaly analysis revealed maxillary retrognathic (2 mm) with mandibular prognathic (8 mm), increased length of lower one third of the face, facial asymetry with mandibular deviation to the left (5 mm). Extraoral examination showed that he has doligocephalic head type, leptoprosopic face type and concave profile. Bimaxillary surgery was planned without orthodontic treatment. After surgery satisfactory results were obtained both aestethically and functionaly.

**Conclusion:** Several reports have been suggested that orthognathic surgery applications should be performed after fixed orthodontic treatment procedures. However, it is rarely possible to apply orthognatic surgery without orthodontic brackets only in appropriate occlusal relationship.

**Keywords:** unfixed orthodontics Orthognatic surgery class III malocclusion
PP-56
Category: Dentoalveolar surgery

HERPES ZOSTER REACTIVATION FOLLOWING MAXILLARY SINUS LIFT OPERATION

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Herpes zoster (HZ), also known as “shingles” or “zoster”, is caused by the reactivation of latent Varicella Zoster Virus in sensory dorsal root or cranial nerve ganglia, and usually manifests as a painful vesicular rash along a dermatomal distribution. Reactivation of the herpes zoster virus in the ophthalmic division (HZO) of the trigeminal nerve is common in adults over 50 years of age and it may lead post herpetic neuralgia and blindness if left untreated. However the process of reactivation is not entirely understood. Risk factors for reactivation include increasing age, trauma, chronic corticosteroid use, post-surgery – eg following laser in situ keratomileusis, and decreased immunity correlating with a specific decline in cell-mediated immunity to the virus. In this report we presented a case of HZO which was reactivated after external sinus lifting and bone block grafting procedure prior to implant insertion. Because the symptoms of the patient mimics the clinical features of sinusitis at the early period, the differential diagnosis could be made when the periorbital lesions occurred. The patient was referred to a dermatologist and the finally diagnosed as HZO. HZO was managed with systemic acyclovir treatment and the 3 implants were inserted at the right posterior maxilla 5 months after the sinus lifting operation. One year follow up was uneventful.

Keywords: herpes zoster varicella zoster sinus lift implant

PP-57
Category: Dentoalveolar surgery

EVALUATION OF NASOPALATINE CANAL MORPHOLOGY AND ANATOMY USING BY CONE-BEAM COMPUTED TOMOGRAPHY IN A GERIATRIC POPULATION

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INTRODUCTION: The anterior maxilla also called premaxilla, is a region which usually requires surgical treatments. The most prominent anatomical structure within the anterior maxilla is the nasopalatine canal (NPC). Knowledge about nasopalatine canal (NPC) is essential for understanding its morphology and pathogenesis of lesions that occur in this area. The aim of this study was to describe the anatomic characteristics of the nasopalatine canal in terms of its morphology, dimensions, and relation to the central incisors among elderly patients.

MATERIAL AND METHOD: A total of 86 geriatric patients fulfilled the inclusion criteria comprising region of interest, quality of CBCT image, and absence of pathologic lesions or retained teeth. Reformatted sagittal, coronal, and axial slices of CBCT images were analyzed with regard to dimensions and anatomic features of the NPC.

RESULTS: Cylindrical shape of the NPC was most commonly found [26.3 % (20)], followed by funnel shape [19.7 % (15)]. There was no statistically significant difference (p = 0.605) between females and males in terms of NPC shape. The mean width of incisive foramen was found to be 5.55 mm in males and 5.58 in females with no statistically significant difference (0.950). The mean NPC length was found to be 12.12 mm.

CONCLUSION: The present study provides that the identification of the anatomical structure of NPC. This results may guide clinicians to understand the morphology of NPC and to avoid possible complications in this region.

Keywords: Nasopalatine Canal Cone beam computed tomography Incisive Foramen Geriatric Anatomy
REMVAL OF A COMPLEX ODON'TOMA ENDOSCOPICALLY FROM THE MAXILLARY SINUS A CASE REPORT

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Odontomas are qualified as a benign odontogenic tumor composed of odontogenic epithelium and ectomesenchyme with dental hard tissue formation. Odontomas are considered to be hamartomatous lesions. Histologically, odontomas are divided into 2 group: complex and compound. Compound odontomas contain of many separate, small, toothlike structures; nevertheless Complex odontomas consist of a disorganized mass of hard and soft dental tissues with no morphologic resemblance to a tooth. Although the localisation of the odontomas vary, compound odontomas are seen in the maxillary anterior, whereas complex odontomas usually involve the posterior region of both jaws. There are several cases have been reported in which odontomas occurred in the maxillary sinus. The case we presented in this report is about a 46 years old female patient who had a complex odontoma in the right maxillary sinus and removal of the odontoma endoscopically. The patient has referred to our clinic with the complain of pain on her right sight of the face accompanied headache. A radio-opaque mass in the maxillary sinus with well defined border and similar density to dental tissue was determined in the radiological examination. There are no expansion and pain on palpation in clinical examination. The surgery was planned endoscopically (Karl Storz Bronkoskope®) under general anesthesia. A buccal mucoperiosteal flap was elevated with sulcater and vertical releasing incision in the right maxillary molar region. A window was created in the vestibular cortex and the mass removed after the access to the maxillary sinus. Mucoperiosteal flap was closed with 3.0 resorbable suture. In conclusion, although there are limited number of cases of odontomas in the maxillary sinus, dentists should be familiar with clinical findings such as pain, recurrent maxillary sinusitis, and bone expansion. Endoscopic surgery is an alternative method for removal of odontomas from the maxillary sinus because of the wide vision advantage.

Keywords: complex odontoma endoscopic surgery maxillary sinus

IMPROVEMENT OF THE ATTACHED GINGIVA OF THE ANTERIOR REGION OF THE MANDIBLE BY RECONSTRUCTING WITH POSTAURICULAR SKIN GRAFT.

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INTRODUCTION: Clinicians prefer to provide enough keratinized mucosa around dental implants for long-term implant maintenance. Here we represent an alternative method for improvement of the attached gingiva.

CASE: A 22-year-old male patient referred to us with the complaint of the partial edentulism at the anterior mandible. He lost his mandibular incisors after a traffic accident that he had few years ago. We decided to restore the edentulism with dental implants but the amount of the attached gingiva was posing a problem. In order to improve the attached gingiva half thickness mucosal flap was lifted from the anterior toothless site of the mandible. A skin graft was harvested from the left post-auricular site and it was thinned in order to remove the fat tissue. Than the graft was replaced to the recipient site and sutured. The grafted region was closed with the help of the pre-prepared surgical stent and soft lining material. After a three months period the anterior mandible was ready for implant surgery.

CONCLUSION: Post auricular skin graft doesn’t cause unaesthetic results. The wound can be primarily closed and this accelerates the healing period and contributes to reduce the pain. It allows harvesting grafts at sufficient size. As a result, post auricular region can be a good donor site when it is needed to improve the attached gingiva.

Keywords: attached gingiva keratinized mucosa post auricular skin graft
STAFNE BONE CAVITY: A RETROSPECTIVE PANORAMIC EVALUATION ON PREVELANCE IN TURKISH SUBPOPULATION

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INTRODUCTION: Stafne’s bone cavity was described for the first time by Stafne, who reported 35 cases of unilateral, asymptomatic radiolucencies in 1942. The bone cavities were located lingually on the posterior mandible and below the mandibular canal, above the mandibular base. They usually include an ectopic salivary gland. The posterior lingual type has an incidence between 0.10% - 0.48%. The aim of this study is to evaluate the frequency of Stafne bone cavity (SBC) in a Turkish subpopulation.

STUDY DESIGN: A retrospective, observational study was designed with panoramic radiographies. Totally 14,250 panoramic radiographies were performed. 192 low quality panoramic images due to various reasons were excluded from the study. The localization of the defects were noted. RESULTS Of the 14,058 patients, only 13 (0.09%) had Stafne bone cavities, of whom 4 were female (30.7%) and 9 were male (69.3%). The age range of patients with SBC was 21–75 years (mean age: 49.2). All the cavities were detected in the posterior region of the mandible.

CONCLUSION: Stafne bone cavity is a rare developmental anomaly and has a typical radiologic appearance. Panoramic radiography is a sufficient diagnostic tool for detecting Stafne bone cavity.

Keywords: Stafne bone cavity Salivary gland Anomaly Panoramic

INVESTIGATION OF THE PREVELANCE, ANATOMIC LOCATION AND TYPES OF THE ODONTOMAS WITH PANORAMIC RADIOGRAPHIES

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INTRODUCTION: Odontomas are the most common variety of odontogenic tumors and derived from differentiated epithelial and mesenchymal cells. They were first described by Broca in 1866. Rather than true neoplasms, odontomas are probably a hamartomatous malformation of functional ameloblasts and odontoblasts consisting of enamel, dentin, cementum, and pulp. According to the latest classification of the World Health Organization (WHO) in 2005, two types of odontomas can be found: complex odontomas and compound odontomas. The purpose of this study is to value the prevalence of the types and localization of the odontomas.

STUDY DESIGN: Retrospective analysis of panoramic images which were examined between 2011 April-2014 January in the Department of Maxillofacial Radiology, GATA, Ankara, Turkey. All images were evaluated by a twelve year experienced DMFR specialist. The types of odontomas, anatomic location, distribution in gender, age of the patients and the incidence of the lesions were performed.

RESULTS: In 20 patients (11 females; 9 males) (0.14%) totally 22 odontomas were detected. 36.4% of the lesions were complex odontomas and 63.6% were diagnosed as compound odontomas. 22.8% of all cases were in the maxilla and 77.2% in the mandible. The anterior portion of mandible was the most common location (40.9 % of cases).

CONCLUSION: Although odontomas are the most common variety of odontogenic tumors, they rarely occur. The compound type of the odontomas are more common than complex odontomas. The anterior segment mandibula is the most affected site.

Keywords: Odontoma Odontogenic tumours Panoramic radiography Hamartomatous malformation
DETECTION OF SMALL FIBER NEUROPATHIES IN BURNING MOUTH SYNDROME AND IATROGENIC LINGUAL NERVE INJURIES BY QUANTITATIVE THERMAL SENSORY TESTING

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Objectives: Molecular mechanisms underlying burning mouth syndrome (BMS) and lingual nerve injury (LNI) remain unclear. Previous studies however suggest the primary involvement of trigeminal small fibre (Aδ and C) neuropathies. This study investigated Aδ- and C-nerve fibre pathway activities involved in nociceptive thermosensation by using sensitive quantitative sensory threshold (QST) assessment.

Methods: Control healthy subjects (n=36), BMS (n=24) and LNI (n=47) patients rated their pain levels at rest using the visual analogue scale (VAS; 0 = no pain and 10 = worse pain imaginable) at rest and, post cold-stimulant ethyl chloride (EC) application followed by heat-stimulant capsaicin exposure (10μg/ml) on the anterior two-thirds of the tongue. Cool, warm, cold pain and heat pain perception thresholds were then measured by QST testing using the TSA 2001-II Advanced (MEDOC®, Israel) neurosensory analyser and Classic Method of Limits. Patients held a 5x5mm intraoral thermal probe gently in contact with the target area of the tongue. Baseline temperature of the thermode was set at 32°C, with gradual elevation or reduction within 0°C and 50°C cut-off limits. Average thermal thresholds were then compared between the groups using t-Tests, where p<0.05 indicated statistical significance.

Results: BMS patients significantly reported the most pain at rest (p<0.001) and capsaicin hypersensitivity (p<0.01). Despite their increased sensitivity to capsaicin and a statistically significantly lower warm threshold than the controls (p<0.05), these patients did not show heat pain hyperalgesia. BMS patients also indicated increased sensitivity to EC and cold pain allodynia (p<0.05), compared to significantly reduced or, no cold or heat pain sensation amongst LNI patients (p>0.01).

Conclusion: Capsaicin and EC sensitivity assessment coupled with QST testing are useful for detecting hyperalgesia and hypoalgesia amongst BMS and LNI patients. Future studies should compare the Method of Limits with the Method of Levels, whereby set temperatures are tested in the latter method.

Keywords: Oral Medicine Oral mucosa Neuroscience Pain Quantitative thermal sensory testing

MONOSTATIC FIBROUS DYSPLASIA OF THE MAXILLA: A CASE REPORT

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Fibrous dysplasia is a developmental benign bone lesion characterized by the replacement of normal bone by excessive proliferation of cellular fibrous connective tissue. It causes bone pain, deformities and pathological fractures. It may either be monostotic or polyostotic. Monostotic fibrous dysplasia (MFD) of the maxilla is an unusual manifestation of the disease that is usually benign, occurs in young individuals, and is managed by contouring bone or total excision. In this report, a 13-year-old female patient who was admitted with a complaint of swelling on the upper jaw was presented. Panoramic and cone beam computerized tomography revealed remarkable bony expansion and radiolucent appearance in the left anterior region of the maxilla. Incisional biopsy was performed and the lesion was diagnosed as MFD. Total excision of the lesion was carried out under general anesthesia. Although MFD is preferentially managed conservatively, total excision of this lesion may be the treatment of choice and offer the best outcome due to the risk of malignant transformation.

Keywords: Fibrous Dysplasia Mutation Monostotic Polyostatic
PP-64
Category: Dentoalveolar surgery

COMPARISON OF HEART RATE AND BLOOD PRESSURE ADMINISTRATION OF ANESTHESIA AGENT WITH AND WITHOUT VASOCONSTRICTOR

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Introduction: Local anesthetic agents have been used in dentistry offices for a long time. Other agents are added beside the anesthetic drug in the cartridge of these agents for different aims such as prolonging the shelf time, prolonging the effective time of the drug, reducing the bleeding etc. The aim of this study is the Comparison of heart rate and blood pressure after administration of anesthesia agent with and without Vasoconstrictor.

Method and Materials: In a randomized clinical trial, 182 patients referred for extraction of mandibular molar teeth in dental clinic of Tabriz university of medical sciences who were undergoing in the form of two equal groups. Patients were randomly assigned to one of two groups. We used Lidocaine 2%+1:80000 Epinephrine cartridge for one group and Mepivacaine 3% cartridge for the other group. Heart rate, Systolic and Diastolic blood pressure was recorded for patients before and after the injection, all data was analyzed statistically.

Results: In this study we studied 182 patients in two groups, the groups were matched for gender and age (P=0.132 and P=0.33 respectively), the mean heart rate of patients before and after Lidocaine+Epinephrine injection had a significant difference, how ever there was no significant difference in the heart rate of patients before and after Mepivacaine injection (P<0.001 and P=0.137 respectively), the mean systolic and diastolic blood pressure of patients before and after injection of Lidocaine+Epinephrine was significantly different (P<0.001 and P<0.001 respectively), the difference between diastolic and systolic blood pressure before and after Mepivacaine injection was not statistically meaningful (P=0.256 and P=0.369 respectively). The difference in changes of pulse rate systolic and diastolic blood pressure was significantly different in two groups (P<0.001, P=0.001 and P=0.011).

Conclusion: Using of local anesthetic agents containing vasopressor agents can lead in hemodynamic changes like increase in blood pressure and pulse rate. Although these changes are without complications in many patients but careful using of them in patients with cardiovascular diseases.

Keywords: Blood pressure, Pulse rate Vasoconstrictor Mepivacaine

PP-65
Category: Dentoalveolar surgery

INCIDENTAL DISCOVERY OF LARGE RESIDUAL CYST WHICH CROSS THE MIDLINE OF THE MAXILLA IN AN EDENTULOUS PATIENT AND ITS SURGICAL MANAGEMENT: 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. They can arise from radicular cysts that remain, either intact or in part, after the extraction of a non-vital tooth. The growth potential of residual cysts is typically limited, although greater expansion is certainly not uncommon. Expanding residual cysts can cause teeth to be displaced or root resorption. In the mandible, the inferior alveolar canal can be displaced inferiorly. Buccal and/or lingual expansion may occur. Superior displacement of the floor of the nasal cavity or maxillary sinus may occur when the cyst is in the maxilla. There are a few odontogenic lesions that have a tendency to cross the midline of the maxilla. The intermaxillary suture tends to remain a fibrous connective tissue union into adulthood, and the cortical borders of both sides of the maxillary alveolus form a boundary that typically contains benign odontogenic lesions. Conventional removable complete dentures are the most common modality of treatment for completely edentulous patients. Incidental radiological finding of a cystic lesion in the present case underscores the importance of thorough clinical examination and routine radiographic investigations as a part of prosthetic work up prior to rehabilitation of asymptomatic individuals. The purpose of this case report was to describe the diagnosis, surgical management
and six month follow up of residual cyst which cross the midline of the maxilla in a 65 year-old male edentulous patient with cardiac disease.

**Keywords:** Anterior maxilla Jaw cyst edentulism residual radicular dental cyst

**PP-66**  
**Category:** Oral and maxillofacial implantology

**DEVIAITIONS OF IMPLANTS DURING FLAPLESS SURGERY**

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Implant dentistry has evolved into a less time-consuming, less invasive method for restoring the lost dentition and producing more esthetic results. The use of stereolithographic (SLA) guides may confer significant benefits in the simultaneous placement of multiple implants, especially in large edentulous areas lacking anatomic landmarks for surgical reference. Planning of the implant positions before surgery may shorten the duration of the surgery spent by exploring and determining the suitable implant location on the edentulous alveolar crest in the standard technique. In addition to them this enables the prosthodontics to fabricate the initial prosthetic bridges proper and ideal position. However some preoperative conditions and intraoperative changes affect success. The purpose of this study; to evaluate the implant position deviations between the planned and placed implants with the SLA guides. In this study 10 patients with 12 edentulous jaws which have adequate bone volume and bone height was involved in this study. A total of 83 implants selected different sizes were placed with a mucosa supported surgical guide. Implant locations were compared between the preoperative on planning mode and postoperative CT. This study was focused primarily on the deviations (coronal, apical, vertical and angular) between planned implants and actual surgical implants when mucosa supported surgical guides are used for computer aided implant operations. The factors which are affected the deviation rates, such as; type of jaws, thickness of mucosa, bone density, type of tomography techniques, the number of drilling tubes and the depth of drilling, were evaluated and analyzed statistically.

**Keywords:** implant flapless surgery CT imaging

**PP-67**  
**Category:** Orthognatic surgery

**ORTHOGNATIC SURGERY TO TREAT DENTOFACIAL DEFORMITIES: THREE CASE REPORTS**

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Dentofacial deformities (DFD) can be defined as defects in the growth and development of facial bones, mainly the maxilla and mandible. In addition, they can affect other structures, organs and related systems. Orthognathic surgery is routinely used today to correct dentofacial deformities for functional, and especially for aesthetic reasons. Initial impressions of a person are directly connected to their face so that any improvement in appearance brought about by orthognathic surgery is associated with better psychosocial adjustment. We reported three cases of dentofacial deformities were treated with orthognathic surgery and we observes the benefits of orthognathic surgery that resulted in an improved quality of life and an improvement in chewing and speech, respectively. Orthognathic surgery permits these idealized physical attributes to be achieved more rapidly and permanently.

**Keywords:** orthognathic surgery dentofacial deformities defects
PP-68
Category: Dentoalveolar surgery

PROSTHETIC REHABILITATION OF PATIENTS WITH BRUXISM WITH NARROW-DIAMETER AND MINI-DENTAL IMPLANTS

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Purpose: In this presentation, the efficacy of two different treatment modalities with narrow diameter and mini-dental implants on bruxism is described in three patients.

Case Reports: Three patients referred to our clinic with a chief complaint of bruxism and missing teeth. The partially edentulous two patients with missing molar treated with two implants-one crown, and total edentulous patient rehabilitated with mini implant supported- prostheses. There were no complication at the follow-up period and the patients has been used the prosthesis for years without any problem.

Conclusions: The rehabilitation of bruxer patients through the use of implants may be a feasible alternative when implants present adequate number and correct positioning, reducing the risk of treatment failure. The clinicians should consider many diverse implant and prosthetic designs to appropriately treat the selected patients with bruxism.

Keywords: dental implant bruxism

PP-69
Category: Dentoalveolar surgery

DENTIGEROUS CYST ASSOCIATED WITH AN IMPACTED PERMANENT MAXILLARY CANINE: A CASE REPORT

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A dentigerous cyst or follicular cyst is an odontogenic cyst associated with the crown of an unerupted tooth. Dentigerous cysts are thought to be caused by a developmental abnormality derived from the reduced enamel epithelium of the tooth forming organ. Dentigerous cysts are characterized by slow growth and remain initially completely asymptomatic unless when infected. Swelling, tooth mobility, teeth displacement, root resorption and sensitivity may be present if the cyst reaches the size larger than 2 cm in diameter. This cysts most often involve impacted mandibular third molar, followed by maxillary canine, mandibular premolar, and occasionally supernumerary tooth or odontoma. And most frequently occurs in individuals between 10 and 30 years of ages with a greater incidence in males as compared to females with a 1.6:1 ratio. The purpose of this case report was to describe the diagnosis, surgical management and six month follow up of a large dentigerous cyst which cause destruction of buccal, palatal bone in a 58 year-old woman.

Keywords: dentigerous cyst impacted tooth canine anterior maxilla
THE USE OF LASER IN THE AUGMENTATIVE PROCEDURE OF THE MAXILLARY ALVEOLAR BONE

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Purpose: The aim of the presentation was to describe partially edentulous patient with maxillary cystic lesion who needed alveolar ridge augmentation for implant placement.

Case Report: A 45 years old female patient with cystic lesion on the maxillary anterior region treated with consecutively endodontic therapy and cyst excision using Er: YAG laser. Bone defect filled with PRP + xenograft, collagen membrane was placed on the palatal side of the defect and titanium mesh foil was placed on the buccal side of the deficient alveolar ridge. After 8 months, when the flap was re-opened, healing was uneventful and dental implant was inserted in the augmented bone.

Conclusion: From a clinical point of view, surgery with Er:YAG laser offers an very effective and safe treatment choice in cystic lesions of the oral cavity. It is important for the professional to understand the physical characteristics of the different laser wavelengths and their interaction with biological tissues to assure that they are used in a safe way, and that the benefits of this technology can be provided in the augmentative surgical procedures.

Keywords: laser oral surgery augmentation

MANAGEMENT OF ORAL REACTIVE SOFT TISSUE LESIONS WITH ND:YAG AND ER:YAG LASERS

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Long term irritations like chronic infections and recurrent traumas cause reactive hyperplastic response at oral mucosa as locally. Soft tissue mass seen in oral cavity are mostly composed of these kind of reactive lesions. Irritation fibroma alias traumatic fibroma is the state of healed inflammatory hyperplastic lesion which is localized, nonneoplastic and fibrotic. Convention treatment of traumatic fibroma is excisional by lancet or electrocauterization. Elimination of etiological factors of lesion is mandatory to avoid recurrency. Dental laser is an alternative treatment protocol for conventional treatment techniques. In this poster, the treatment of irritation fibroma with combined Nd:YAG and Er:YAG laser systems is presented.

Keywords: Nd:YAG Laser Er:YAG Laser Oral Tumours Traumatic Fibroma

EFFECTIVE MANAGEMENT OF A LARGE MAXILLARY RADICULAR CYST WITH SURGICAL ENucleATION: A CASE REPORT

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A radicular cyst (also known as periapical cyst, dental cyst, periodontal cyst) has its origin from the cell rests of Malassez which are present in periodontal and periapical ligament, and in periapical granulomas. Most radicular cysts originate from pre-existing granulomas. Clinically, the lesion is usually asymptomatic but may sometimes exhibit mild pain and sensitivity to percussion. The affected tooth is nonvital. A radicular cyst may slowly enlarge and when large, may cause expansion of the cortical plates. Radiographically, the classical description of the lesion is a round or oval, well-circumscribed radiolucent image involving the apex of the tooth. It is the second most common periapical lesion and constitutes approximately 40% of all periapical radiolucent
lesions. In this case report, we present a 56 year old male patient who has a large maxillary radicular cyst which was treated by surgical enucleation.

Keywords: radicular cyst enucleation

PP-73
Category: Pathology & maxillofacial reconstruction

TREATMENT APPROACH IN BIPHOSPHONATE RELATED OSTEONECROSIS OF THE JAW

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Bisphosphonates (BP) are antiresorptive drugs that are used mainly in the treatment of metastatic bone diseases and osteoporosis. A well-recognized side effect of BP therapy is BP-related osteonecrosis of the jaws (BRONJ). BPs impair bone turnover leading to compromised bone healing which may result in the exposure of necrotic bone in the oral cavity, frequently following tooth extraction or trauma of the oral mucosa. Bone exposure may be complicated by secondary infection leading to osteomyelitis. There is not a well-defined solid surgical or non-surgical treatment modality for biphosphonate osteonecrosis of the jaws. In this study, we aimed to evaluate the results of surgical and non-surgical treatment of the patients who have biphosphonate necrosis of the jaws.

Keywords: Biphosphonate osteonecrosis biphosphonate osteonecrosis of the jaws

PP-74
Category: Dentoalveolar surgery

A RETROSPECTIVE OBSERVATIONAL STUDY OF THE FREQUENCY OF DISTOMOLAR TEETH IN A POPULATION OF 14.250 PATIENTS

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INTRODUCTION: Supernumerary teeth (or hyperodontia) are described as an excess of the normal teeth number. The prevalence of temporal dentition hyperdontia ranges between 0.8% and 3.8% of the population reported in the literature. The supernumerary teeth that occur distally to a molar tooth described as "distomolar" teeth. Supernumerary teeth were found more often in the maxilla (90%) than the mandible (10%). It has been reported that the most frequent location is the anterior medial region of maxilla. More rarely, they can be located in the superior distomolar zone, inferior premolar, superior premolar, inferior distomolar, superior canine zone, and inferior incisor. The goal of this study is to determine the frequency, location, and shape of distomolar teeth.

STUDY DESIGN: A retrospective observational study was made of 14.250 patients’ panoramic images, with the documentation of demographic data, the presence of distomolar teeth, their number and morphology.

RESULTS: The presence of distomolars was found 0.32% of this population. In total, 55 distomolar teeth were detected in 45 patients. All distomolars were found in the maxilla and majority of them were impacted (n = 51, 92.7% of the distomolars). 19 distomolars were found bilaterally in nine cases (0.06%). In one patient, 2 distomolars were detected in left side and 1 distomolar observed in right side of the maxilla.

CONCLUSION: Distomolars, which described as a supernumerary teeth distal to the third molar, are rare occurrence dental anomaly. Because of that clinicians should make a careful investigation of panoramic radiographs.

Keywords: Supernumerary teeth Distomolar teeth Panoramic radiography Dental anomaly
PP-75
Category: Pathology & maxillofacial reconstruction

DELAYED ERUPTION OF PERMANENT FIRST MOLAR FOLLOWING SURGICAL REMOVAL OF COMPLEX ODONTOMA

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Odontomas are odontogenic benign tumors that composed of dental tissue. Most of these lesions are asymptomatic and are often detected on routine radiographs. Morphologically odontomas can be classified as complex, when present as irregular masses containing different types of dental tissues, or as compound if there is superficial anatomic similarity to denticles. Histologically, odontomas are composed of different dental tissues, including enamel, dentin, cement and, in some cases, pulp tissue. Complex odontomas appear as irregular calcified masses that bear no similarity to teeth that are located at the posterior of the mandible. Epidemiologically, odontomas are the most frequent odontogenic tumors, and according to literature knowledge, it accounts for 22–67% of all maxillary tumors. Males and females are almost equally affected. In this case report surgical treatment of an complex odontoma in left mandibular molar region of a 11 year-old male patient is presented. 3 year follow up for the eruption of first mandibular molar that was stated at the basis of mandible unerupted because of the complex odontoma was observed, during long term follow up of the patient.

Keywords: complex odontoma delayed eruption oral pathology

PP-76
Category: Oral and maxillofacial implantology

AFTER TEETH EXTRACTION, IMPLANT PLACEMENT IN THE AESTHETIC ZONE OF MAXILLA, FOLLOWING A BONE GRAFTING: A CASE REPORT.

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INTRODUCTION: Anterior teeth may be lost due to trauma, periodontal reasons or caries. The loss in the aesthetic zone, affecting the patients negatively. In this case, after the extraction of teeth related to periapical problem at the maxillary anterior zone, applying to aesthetic and functional implant-supported prosthesis which are presented to the patient.

CASE REPORT: 28-years old female patient was admitted to our clinic, with complaints of swelling and pain in the maxillary anterior zone. After the clinical and radiographic examination, following the patient’s anterior teeth extraction and grafting in the lesioned region, implant-supported prosthesis was decided. Grafting processing after teeth extraction and implant placement processing was performed six months later. Temporary prosthesis was administered to the patient in the healing time. After the patient’s healing period, implant-supported fixed prosthesis was performed.

CONCLUSIÓN: In the anterior zone of maxilla, beside the implant supported prosthesis’s function, expectation of aesthetics in all patients, especially female patients are improved. In our case, at the end of the treatment process, the needs of aesthetic and functional of the patients were realized.

Keywords: Tooth bone graft implant implant supported prosthesis
PP-77
Category: TMJ

IS THERE ANY RELATION BETWEEN MANDIBULAR CORONOID HYPERPLASIA AND SPONDYLOARTHROPATHY?

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Mandibular coronoid process hyperplasia (CPH) is an uncommon disorder characterized by progressive limitation of the mouth opening. Despite its unknown etiology, some researchers suggested a relation between ankylosing spondylitis (AS) and CPH. Human leukocyte antigen (HLA) type B27 was also found to be frequent in patients with CPH. Treatment approaches includes coroniectomy, coronoidotomy or gap coronoidotomy with an aggressive postoperative rehabilitation to avoid ankylosis. A 19-year-old male was admitted with a complaint of progressive limitation of mouth opening. On oral examination, maximum intercinsal distance (11 mm) and lateral movements (2 mm right, 2 mm left) were limited. Orthopantomography and cone beam computed tomography revealed bilateral CPH. The patient was referred to the Department of Physical Medicine and Rehabilitation to exclude spondyloarthropathy. On musculoskeletal examination, no signs of arthritis were noted, but there was reduced lumbar flexibility. Lumbosacral and pelvic radiographs showed no abnormalities. HLA analyses revealed HLA-B38 positivity which was frequent in patients with psoriatic arthritis (a subgroup of seronegative spondyloarthropathies). However, on skin examination, there was no evidence of psoriasis. Therefore, a follow-up was planned regarding the signs and symptoms of spondyloarthropathy. The patient underwent an intraoral coronoidotomy under general anesthesia. He was started on a comprehensive rehabilitation program comprising stretching exercises on the third postoperative day. Maximum intercinsal distance was 22 mm on the 1-month follow-up.

Keywords: mandibular coronoid process hyperplasia coronoidotomy spondyloarthropathy

PP-78
Category: Dentoalveolar surgery

TRANSPLANTATION OF IMPACTED MANDIBULAR THIRD MOLAR INTO EXTRACTION SOCKET OF ADJACENT DEEP IMPACTED SECOND MOLAR

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Background: Tooth transplantation procedure has been carried out for centuries with controversial data on healing and success. For some authors, tooth transplantation is an option feared for failure, whereas for others, it is an alternative to keep in mind. The alveolar bone support around the transplanted tooth, the time that tooth is outside from bony socket, periodontal damage, the stage of root development and apical closure are important clinical factors that effect the success of tooth transplantation. The aim of this report is to present a rare clinical case of tooth autotransplantation.

Case Report: A 15 year-old healthy male patient referred to department of orthodontics due to dental crowding. Left mandibular impacted mesioangular third molar and deep impacted vertical second molar were detected on panoramic radiograph. Fixed orthodontic treatment with tooth extraction from four quadrants was planned. For left mandibular quadrant deep impacted vertically positioned second molar was surgically removed and adjacent impacted mesioangular third molar was reimplanted to its region. A rigid splint with composite and wire was used for 6 weeks both from lingual and buccal aspects. Continued development of root growth of third molar and new alveolar bone formation around the roots were detected on 6th month postoperative radiograph. The patient was followed for 3 years and normal periapical healing without any inflammatory pulpal changes, adequate marginal periodontal attachment level, normal gingival shape and color and normal masticatory function without mobility were clinically detected.

Conclusion: Even there is no adequate alveolar bone support for root surface; impacted third molar tooth transplantation is a viable treatment alternative for adolescent patients whose growth and development continues. Tooth autotransplantation avoid
the overeruption of opposing teeth and consequent changes in the occlusion, allows the normal root development, formation of interdental papilla and alveolar bone with a lower cost.

**Keywords:** autotransplantation third molar reimplantation tooth transplantation

**PP-79**  
**Category:** Oral and maxillofacial implantology

**USE OF THE COLLAGEN PRODUCTS BEGO FLEECE IN IMMEDIAT IMPLANT SURGERY**

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Besides the use of collagens as membrane and soft tissue replacement materials, for many years industry has been offering diverse collagen matrices which are used to support soft and hard tissue healing through blood clot stabilization. 41-year-old female patient referred to our department for dental extractions and immediat implantation. After clinical and radiological examination, upper right central incisor, left central incisor and left lateral incisor teeth were determined to extract. Just after atraumatic extractions, three Bego dental implants replaced to the extraction cavities. The Bego collagen fleece material was laid partially under flap and suturing was performed. Two days after surgery the mucosal wound healing was quite completed. Definitive fixed prosthetic restorations were inserted after three months. Indications of using collagen fleece are minor oral wounds, repair or protection of the Schneiderian membrane, extraction sites, bleeding complications, biopsy sites and bone defects. BEGO Collagen Fleece is a pH-neutral, wet-stable haemostytic made of native collagen.

**Keywords:** collagen membrane implant immediate implantation

**PP-80**  
**Category:** Dentoalveolar surgery

**HYPERBARIC OXYGEN TREATMENT AND BISPHOSPHONATE-RELATED OSTEONECROSIS OF THE JAW: A CASE REPORT**

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Bisphosphonate-related osteonecrosis of the jaws is an emerging problem with few therapeutic options. It is a condition with a low prevalence and a high morbidity and is associated with amino-BP administration of chemotherapeutic doses. BP is widely used to treat breast cancer, prostate cancer, multiple myeloma and nonmalignant bone disease. It is tried to explain a possible role of hyperbaric oxygen for BRONJ. HBO2 is part of multimodal therapy that included surgical debridement, antibiotics and discontinuation of BP administration. In this case report, a patient with 78 ages, BRONJ developed due to the use of zoledronic acid. According to AAOMS BRONJ classification, she was on stage 1, meaning asymptomatic exposed bone and no evidence of infection. 2.5 atm HBO2 was carried out for 60 sessions. Osteonecrotic bone was easily removed after HBO2 therapy and patient was followed-up. The efficiency of HBO2 was observed. The major part of the bone cavity was filled-up with healthy oral mucosa. In conclusion, patients with BRONJ may benefit from adjunctive HBO2 therapy, but only with limitations.

**Keywords:** Bisphosphonate Hyperbaric Oxygen Osteonecrosis
PP-81
Category: Oral and maxillofacial implantology

FRACTURED DENTAL IMPLANT: A CASE REPORT

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Titanium and its alloys are increasingly attracting attention for use as a biomaterials. However delayed fracture of titanium dental implants has been reported and also factors affecting the acceleration of corrosion and fatigue have to be determined. Fractured implants can cause significant problems for both clinicians and patients, although they are fortunately rare. The major causes of fractured implant may be a fatigue fracture, bad connection between implant and abutment and also the bridge consisting of the cantilever. In general, it was thought that a shear crack initiated at the root of the thread and propagated into the inner section of the screws. Titanium in a biologic environment absorbs hydrogen and this may be the reason for delayed fracture of titanium implant. In this present case report, a 70 years old male patient referred our clinic for the rehabilitation of his fixed prosthesis. In the radiologic and clinical examination, it was determined that the implant on the right upper second premolar area was fractured from collar region. The patient reported that his bridge was non stable for the last 1 year and he continued to his masticatory functions. The fractured body was surgically removed and the area was sutured with 3/0 silk sutures. As a result, It is thought that the implant was broken due to fatigue reasons, cantilever bridge design and improper abutment-implant connection. It is possible to predict the life time of fractured implants and estimate the fracture with right planning and right application of the prosthesis.

Keywords: hydrogen titanium implant alloy

PP-82
Category: Trauma

SURGICAL REMOVAL OF FOREIGN BODIES IN MAXILLOFACIAL REGION

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Trauma or iatrogenic failure - related various foreign bodies in the maxillofacial region has been described in the literature. Aesthetic and functional problems may occur due to the foreign bodies in the maxillofacial region. There is no consensus in terms of removing foreign bodies, however, generally, it is considered that they should be surgically removed by considering benefits and perils of the removal. In this report, we present 3 cases of surgically treated foreign bodies with relevant literature review. Patients described in this study had traumatic injuries five to ten years ago and surgical intervention had not been performed since then. In this study,surgical removal of the foreign bodies was performed and tissue reactions were evaluated.

Keywords: foreign injury removal trauma

PP-83
Category: TMJ

A CONSERVATIVE SURGICAL APPROACH TO THE OSTEOCHONDROMA OF THE TEMPOROMANDIBULAR JOINT

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Osteochondroma (OC) is an exophytic lesion that arises from the bone cortex and is capped with cartilage. Osteochondromas are rare in the craniofacial area. When this happens, the condyle and the coronoid process are the most commonly affected sites. The surgical treatment for an OC of the mandibular condyle has normally either been condylectomy or local excision with or without
reconstruction. In this case report, clinical findings and surgical treatment of a 51-year-old woman with facial asymmetry, cross-bite, and mandible deviation were presented. Computerized tomographic (CT) scans of the patient confirmed the presence of a bony expansion of the left condyle. The clinical diagnosis was osteochondroma. The patient underwent high condylectomy focused on creating original shape and without additional reconstructive surgery. The healing was uneventful, and the patient was satisfied with appearance and occlusion.

Keywords: osteochondroma chondroma temporomandibular joint surgery treatment

PP-84
Category: TMJ

TREATMENT OF TEMPOROMANDIBULAR JOINT ANKYLOSIS WITH CONSERVATIVE SURGERY

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Temporomandibular joint ankylosis is a condition in which there is a reduced mandibular opening range from partial reduction in function to complete immobility of the jaw; it is characterized by formation of an osseous, fibrous or fibro-osseous mass fused to the base of the skull. Treatment is surgical, based on removal of the ankylotic mass, TMJ reconstruction, and correction of deformities This case report describes a patient with temporomandibular joint (TMJ) ankylosis undergoing surgery performed with a condylar reshaping. A patient with posttraumatic unilateral TMJ ankylosis underwent interpositional arthroplasty with temporalis fascia, and focus was put on the need to maintain the vertical height of the mandible and original shape of the glenoid fossa in existence of articular disc. The postoperative course was uneventful, and positive outcomes were kept during a 2-year follow-up period.

Keywords: Temporomandibular joint ankylosis surgery treatment temporalis fascia

PP-85
Category: Dentoalveolar surgery

TREATMENT OF ODONTOGENIC KERATOCYST WITH UNERUPTED TEETH : A CASE REPORT

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Introduction: Odontogenic keratocyst (OKC, currently designated by the World Health Organization as keratocystic odontogenic tumor) is a locally aggressive, cystic jaw lesion with a putative high-growth potential and a propensity for recurrence. Although it is generally agreed that some features of KCOTs are those of a neoplasia, notably the relatively high proliferative rate of epithelial cells, controversies over the behavior and management of KCOTs still exist.

Case: We described a case of KCOT of corpus mandible with unerupted teeth in a 11-year-old female patient who was otherwise in good health. The patient reported at the dental clinic because the buccal cortex is expanded. Treatment was by marsupialization. Unerupted premolars aligned in the arch with orthodontic treatment following marsupialization. Three years later in radiographic examination we have seen recurrent lesion and performed enucleation.

Conclusion: Preserving anatomical structures, permanent teeth and improving quality of patient’s life should be considered when evaluating treatment options. Long-term follow-up for recurrence is imperative.

Keywords: keratocystic odontogenic tumor unerupted teeth marsupialization
NON-SYNDROMIC ODONTGENIC KERATOCYST IN THE RIGHT MANDIBLE: A CASE REPORT

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Odontogenic keratocyst is a common developmental odontogenic cyst affecting the maxillofacial region. It can become quite large because of its ability for significant expansion, extension into adjacent tissues and rapid growth and also has high recurrence rate. The purpose of this study was to evaluate the use of enucleation in the management of odontogenic keratocyst of the mandible. A 28-year-old female patient presented with swelling and pain, involving the right third molar area of the mandible. The original radiographic cone-beam dental tomography image suggested the presence of an odontogenic cyst at the size of 10 × 15 mm. Based on a clinical diagnosis of odontogenic cyst, an excisional biopsy was performed, the lesion was intraorally enucleated under local anesthesia. Chemical cautereation was planned with freshly prepared Carnoy’s solution but not applied due to the inferior alveolar nerve compression. The histological analysis confirmed that the lesion was an odontogenic keratocyst with no evidence of epithelial invasion in the connective tissue wall. The patient was followed up clinically and radiographically at six months.

Keywords: keratocyst enucleation odontogenic lesion

TEMPOROMANDIBULAR DISORDERS AND GENERALIZED JOINT HYPERMOBILITY

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Abstract: To study the relationship between generalized joint hypermobility (GJH) and temporomandibular disorders (TMD) by assessing prevalence and patient characteristics of TMD in a population of patients with maximum expression of GJH as a symptom of inherited connective tissue disease. In addition, diagnostic reliability of a series of clinical signs indicative of temporomandibular joint (TMJ) hypermobility was tested.

Methods: The study sample consisted of 40 subjects with GJH was compared to 40 controls with TMD and normal peripheral joint mobility. TMD diagnoses were assigned to each subject according to the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD).

Results: In the GJH sample (n=40), 70% of the subjects were symptomatic for TMD. Of those, 13.5% had sought treatment. A myofascial pain diagnosis was made in 67%, disc dislocation with reduction was diagnosed in 87%, and TMJ arthralgia in 60%. Multiple TMD diagnoses were assigned in 70% of the subjects; of these, 55% had 3 or more subgroup diagnoses. Joint noises and recurrent TMJ dislocations were a frequent finding in GJH subjects compared to controls, with symptomatic GJH subjects presenting more and more prolonged dislocation events than asymptomatic subjects. TMJ hypermobility signs were expressed significantly more often in GJH compared to controls with TMD and normal joint mobility.

Keywords: tmd dislocation hypermobility joint
MYOFIBROMA OF THE CHEEK: A CASE REPORT

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Myofibroma is a rare spindle cell neoplasm that consists of myofibroblasts. The disease is classified into myofibroma for solitary lesions and myofibromatosis for multicentric lesions. Solitary lesions are more common than multiple ones with a predilection for the head and neck region. Myofibroma is a usually slow growing painless soft tissue swelling with intact surrounding mucosa that is rarely ulcerated. The most frequent oral location is the mandible followed by the buccal mucosa and tongue. The lesion can appear at any age but they occur mainly in children with a slight predilection for male. The diagnosis of myofibroma can be reached by a histopathologic and immunohistochemical analysis. This report describes a case of a 35 year-old male who presented with a solitary myofibroma in the left cheek region.

Keywords: myofibroma

THE EVALUATION OF PALATAL BONE THICKNESS FOR IMPLANT INSERTION WITH CBCT

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Objective: The mid-sagittal area of the palate has been used as an alternative insertion site for the placement of implants and screws for orthodontic anchorage. Recently, intermaxillary suture has been described for osseointegrated implants for patients with atrophy of the maxillae and it was reported as a quick, effective, low morbidity and cost technique. The aim of the present study was to evaluate the bone thickness in the area of the intermaxillary suture for osseointegrated implant insertion using CBCT.

Methods: The CBCT images of 144 patients (72 males, 72 females) aged 35-86 years were evaluated. The vertical bone height of intermaxillary suture was measured 5,10,15,20, and 25 mm posterior to the incisive foramen using coronal and sagittal images.

Results: Mean bone heights were found 5.59, 4.38, 3.91, 3.95, and 3.94 mm from the anterior to the posterior region, respectively. Bone thickness was significantly different among 5 anteroposterior areas of the suture. No significant differences were found between the male and female and also among the age groups.

Conclusion: The highest part of the intermaxillary suture is the anterior region. 3D imaging will be recommended for identify the accurate bone thickness in the palate for implant placement.

Keywords: CBCT bone thickness implant
AN ODONTOMA RELATED WITH UN-ERUPTED MANDIBULAR SECOND MOLAR TOOTH: CASE REPORT

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Introduction: Odontomas are the benign tumors, showing highest differentiation among the odontogenic tumors, therefore very similar to the dental tissues. They usually contain all structures of a tooth; dentine, cement, enamel, and pulp. They are seen frequently in the second and third decades of the live; and they are usually recognized incidentally during the routine examinations; Case Report: Male patient, 14 years old, applied to the Oral and Maxillofacial Surgery service of the Dentistry Faculty, University of Dicle, with a complaint of paraesthesia in the left mandibular region. No systemic disease was found in the anamnesis. No pathology was found inside the mouth in the clinical examination. Panoramic radiographic image was obtained for a detailed examination. Radio-opaque bulks were found, having an appearance of a lot of supernumerary teeth, including germ, in the coronal of the mandibular left second molar teeth germ in the panoramic radiography.

Discussion: Odontogenic tumors are a distinctive tumor group with their clinic features, behavior and histopathological findings. They are mainly benign but there are malign forms too. Some of the ones which are benign may show persistent relapses because they don’t have good boundaries and they growth infiltrative. Odontogenic tumors, similar to the normal odontogenesis, may make tissue productions resembling some teeth tissues; of these tumors, the ones showing best differentiation are odontomas. The regions where odontomas are seen most frequently is the maxillary anterior region and they are seen together with un-erupted incisive and canine tooth in the clinics.

Keywords: odontoma tumor maxilla benign

A ODONTOGENIC KERATOCYST: SURGICAL TREATMENT

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Odontogenic keratocyst is a common development cyst in the jaws. They are usually seen in second decade of life. Mandible is more affected area. It is locally aggressive behaviour and has high recurrence rate. In this case we reported a large odontogenic keratocyst in mandible. In our case: A 46-year old man was referred to our clinic with complaint of left preauricular swelling and pain. Clinically, the left preauricular region and ramus of the mandible was swollen and it was tender on palpation. Radiographic examination showed large cystic lesion that involved left side of the mandibular corpus and angulus and extend from the mandibular molar area. The cyst was enucleated and the diagnosis was made histopathologically.

Keywords: keratocyst mandible molar enucleation
PERIPHERAL GIANT CELL GRANULOMA ASSOCIATED WITH BONE RESORPTION: A CASE REPORT

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The peripheral giant cell granuloma is a benign reactive exophytic lesion of unknown etiology occurring on the gingiva and alveolar ridge. Different local causal factors, including poor dental restorations, food impaction, complicated dental extractions, ill-fitting dentures, plaque and calculus have been associated with the lesion. Although peripheral giant cell granuloma is the most common giant cell lesion of the jaws, it is rarely seen in association with bone resorption. This report discusses the management of a 54-year-old female who developed a peripheral giant cell granuloma following 10 years tooth extraction in mandible. The lesion was excised and area of the bone resorption was curettaged. There were no complications during 6 month of clinical and radiological follow up.

Keywords: giant cell management bone resorption

THE IMPLANT PERIAPICAL LESION; A CASE REPORT

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The implant periapical lesion is the infectious or inflammatory process of the tissues around the implant apex. Different etiologic factors may cause these lesions such as; implant surface contamination, overheating of bone while drilling, preparation of a longer implant bed than the implant itself, and pre-existing bone disease. (1) Some clinical and radiological findings may lead us to diagnose these lesions. Clinical symptoms like pain, swelling, suppuration can be seen or just in the radiograph an periapical radiolucency may appear without any clinical symptoms. Implant periapical lesion (PIL) first described by Resier & Nevins in 1995 and same situation named as "retrograd peri-implantitis" by Flanagan in 2002. (2) PIL classified as active and inactive by the same authors Resier & Nevins in 1995. In this case we report an active PIL and its surgical treatment.

Keywords: dental implant periapical lesion retrograd peri-implantitis

SURGICAL AND ENDO DONTIC MANAGEMENT OF FUSED MANDIBULAR FIRST MOLAR AND A SUPER NUMERARY TOOTH USING CONE-BEAM COMPUTED TOMOGRAPHY AS A DIAGNOSTIC AID: A CASE REPORT

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Fusion is a developmental anomaly characterized by the union of two adjacent teeth. Here we report a rare case of fusion involving permanent mandibular first molar with supernumerary tooth. A 9 year old boy was referred to our clinic with a chief complaint of a recurrent abscess in his left mandibular region, the clinic and radiographic examination revealed a supernumerary molar tooth fused to first molar teeth and a large periapical lesion surrounding the tooth of the fused teeth. This is a fairly rare case and its complex characteristics make it difficult to treat. For detailed planning and better understanding of the complicated root canal morphology of the fused tooth and successful management of this rare case further radiologic analysis with CBCT has
been performed. Under local anesthesia, hemisection of the supernumerary teeth and resection of apical 2/3 of the distal root has been performed following that remaining root canals of the mandibular first molar has been filled using WMTA. The follow-ups were performed 1 week, 1 month, 6 months, 12 months and 18 months later. 18 months control the teeth was in function, with no clinical and radiographic pathologic signs and radiographic examination showed good trabeculation.

Keywords: fusion cbct hemisection wmta oral surgery

PP-95
Category: Pathology & maxillofacial reconstruction

TWO LARGE RADICULAR CYSTS IN THE MAXILLA: A CASE REPORT


Radicular cysts are the most common among all the jaw cysts and comprise about 52% to 68% of the entire cysts which affect the human jaw. They are generally symptomless and are diagnosed during routine radiologic investigations. The treatment of radicular cysts includes conventional nonsurgical root canal therapy when lesion is localized or surgical treatment like enucleation, marsupialization or decompression when lesion is large. A 37 year-old male patient refered to Ankara University Faculty of Dentistry Department of Oral and Maxillofacial Surgery, with chief complaint of pain and swelling on the anterior palatinal mucosa of the right side of maxilla. This case report presents the successful surgical management of two large infected radicular cysts which was associated with maxillary right and left lateral, canine and premolar teeth. We operated the patient under general anesthesia because of the size of the cystic lesions and used PRF(platelet rich fibrin) for the perforation of maxillary sinuses in both sides. Post-surgical period was uneventful.

Keywords: radicular cyst maxilla radiolucency

PP-96
Category: Dentoalveolar surgery

PERIPHERAL OSTEOMA OF THE MANDIBLE: REPORT OF A CASE

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Osteoma is a benign osteogenic neoplasm composed of well-differentiated mature bone tissue. In the craniofacial region, peripheral osteoma is seen most frequently in the paranasal sinuses. The mandible is more often affected than the maxilla. In the mandible the most commonly involved areas are mandibular angle and inferior border of the body. Clinically, peripheral osteoma seems as a unilateral and mushroom-like mass ranging from 10 to 40 mm in diameter. There is no predilection for age or sex. Generally it is asymptomatic but may cause aesthetic problems. In this poster presentation, we present the 8 months follow up of a 15-years-old female patient who has a peripheral osteoma in the right mandible. A new osteoma was revealed during the follow up period in the zygomatic area.

Keywords: osteoma mand,bular angle zygomatic
TREATMENT OF LARGE ODONTOGENICKERATOCYST BY TWO STAGE SURGICAL PROCEDURE MARSUPIALIZATION WITH ENUCLEATION AND CURETTAGE: CASE REPORT

INTRODUCTION: Odontogenic keratocysts are usually seen in the mandibular ramus region. These cysts may be very aggressive clinically. They have a relatively high recurrence rate in comparison with the other types of odontogenic cysts. Their radiographic appearance was quite variable although they frequently resembled ameloblastoma.

CASE: The patient who was 51 years old referred to our clinic with the complaints of intraoral drainage and swelling. After examined radiographs of the patient we saw a large lesion between the condylus mandibula, processus coroneidus and the apex of the roots of second molar tooth and impacted third molar of the right mandible. First we planned marsupialization treatment. Our patient was very cooperative with us. We irrigated the cyst cavity keep it open nearly for six months. Reduction in cyst volume together with bone healing, enucleated and curettaged the retained lesion and removed teeth within the odontogenic keratocyst.

DISCUSSION: Review of the literature many variable treatment can be performed for the large OKC’s. We wanted to show that marsupialization can be a correct treatment for this large lesions before enucleation and curettage.

CONCLUSION: Marsupialization was to be effective as a preliminary treatment for large OKC’s. For avoiding mandibular fracture and decreasing the risk of inferior alveolar nerve injury and lessening the recurrence tendency of OKC’s this two stage surgical procedure can be practicable and chosen.

Keywords: Marsupialization odontogenic keratocyst enucleation

EXTRAORAL MANAGEMENT OF A PATIENT WITH TRANSMIGRATED MANDIBULAR CANINE AND DENTGEROUS CYST

Transmigration of permanent mandibular canines is a very rare phenomenon and has no definite etiology. Most of them are asymptomatic, impacted, and commonly involve the left canines. Dentigerous cyst is more commonly seen with mandibular third molar and maxillary canine and rarely other teeth are involved. The aim of this case report was to present an extraoral submental approach for transmigrated mandibular canine associated with a dentigerous cyst. A 21-year-old male presented to our clinic complaining of pain and swelling arising from his submental region. Panoramic radiography revealed that the right permanent canine was horizontally impacted and transmigrated near the inferior border of the mandible. A dentigerous cyst was seen involving the impacted canine. Impacted canine and lesion were surgically removed using submental extraoral approach necessary to try to preserve the bone. The post-operative healing was uneventful. The suture removal was carried out after 7 days. Histological examination of the specimen confirmed the diagnosis of a dentigerous cyst. Patient was under follow-up for 3 months and presented no complications.

Keywords: transmigrated canine dentigerous cyst extraoral approach
EMG GUIDED BOTULINUM TOXIN-A INJECTION FOR MASSETER MUSCLE HYPTERTROPHY

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Masseteric hypertrophy usually results from anatomical asymmetry of the jaw, habitual asymmetric use of the jaw, clenching during exercise or sleep, excessive chewing of gum or congenital malformations. Clenching is a parafunctional activity associated with loading of the teeth in a static relationship and often occurs during the waking hours. This activity may present a habit or even a subconscious response to stressful situations. Masseteric hypertrophy may be unilateral or bilateral and causes facial asymmetry or noncosmetic contours. The early results of treatment with intramusseter injections of Botulinum toxin (BTX) have been encouraging and satisfying to patients. BTX type-A has an effect because it prevents the vesicle that the acetylcholine is stored from binding to the membrane where the neurotransmitter can be released and decreases the muscle activity. It may be injected into muscle with guiding Electromyography (EMG). Electromyography is a technique for evaluating and recording the electrical activity produced by skeletal muscles which detects the electrical potential generated by muscle cells when these cells are electrically or neurologically activated. In this presentation we would like to point out the cases which were treated with Botulinum toxin guiding with EMG that patients complain about myofacial pain and facial asymmetry in the region of masseter muscle.

Keywords: Masseteric Hypertrophy Botulinum Toxin EMG

MANDIBULAR AMELOBLASTOMA; RECONSTRUCTION WITH ILIAC BONE GRAFTING: CASE REPORT

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Ameloblastoma is a locally aggressive odontogenic tumour of the mandible and maxilla. It mainly affects adult patients between third and seventh decades of life, frequently in the posterior region of the mandible. Resection of the mandibula without adequate reconstruction results in esthetic and functional sequelaes leading to poor life quality. Currently, wide resection and immediate reconstruction is the treatment of choice in most cases of mandibular ameloblastoma. 27 years old male patient referred to our clinic for routine dental examination. A multilocular radiolucent lesion among left mandibular corpus and ramus was detected on the panoramic radiograph. Cone beam computed tomography was also used for detailed examination. Subsequently the patient was referred for surgical resection with prediagnosis of ameloblastoma. In this case report our experience with the use of autogenous nonvascularized iliac bone graft with one year follow up is presented. Nonvascularized iliac crest bone graft provides an affordable and less technical choice for mandibular reconstruction with minimal complications in a resource-limited economy.

Keywords: ameloblastoma iliac bone grafting mandibular reconstruction
TWO MANDIBULAR KERATOCYSTIC ODONTOGENIC TUMORS CONNECTED WITH A TUNNEL: CASE REPORT

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Keratocystic odontogenic tumor (odontogenic keratocyst) is a locally aggressive, cystic jaw lesion which is proposed to be arising from cell rests of dental lamina. The lesion has high growth potential and a high recurrence rate. A 75-year-old male patient was referred to our faculty for the diagnosis and treatment of a cyst on his lower jaw. Panoramic radiograph revealed a radiolucent lesion with radiopaque borders on the anterior mandible, and another one with internal trabeculation on the right posterior mandible. The lesion on the anterior mandible had a narrow, horizontal part that seems to be in contact with the other lesion. Cone-beam computed tomography examination revealed that there were two cystic lesions connected with a tunnel. The tentative diagnosis was residual cyst and the lesions were enucleated. Histopathologic diagnosis was keratocystic odontogenic tumor for both lesions. This case report is aimed to report an unusual presentation of keratocystic odontogenic tumor; its imaging features and surgical approach.

Keywords: odontogenic keratocyst keratocystic odontogenic tumor

ODONTOMA IN CHILDHOOD AND ADOLESCENCE: CASE SERIES

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Odontomas, one of the most common benign odontogenic tumors of epithelial and mesenchymal origin, are actually hamartomas or developmental anomalies composed of enamel, dentin, cementum and pulp tissue. The etiology of odontoma remains unknown and infection, trauma, systemic disease or genetic mutations have been related to them. Clinically, they may be classified as intraosseous and peripheral odontomas. Also, they are classified as compound, complex and composite odontomas. A compound odontoma forms an agglomeration of small structures resembling teeth, whereas a complex odontoma forms an irregular mass. Composite odontoma is an odontogenic tumor characterized by the formation of calcified enamel and dentin in an abnormal arrangement caused by lack of morphodifferentiation. Most of the odontomas are asymptomatic. They are usually detected on routine radiographic examination and panoramic radiograph showed complete radiopaque mass like a collection of malformed tooth. They are often associated with tooth eruption disturbances and malocclusion. Odontomas may be found at any age; most are detected in the first two decades of life. 6 patients (ages between 8-17 year-old) one of them is composite odontoma were attended Baskent University Oral and Maxillofacial Surgery Department with complaints of unerupted teeth. Surgical removal of the masses under local anesthesia and all tooth-like tumour masses were enucleated. In this case series, clinical and radiological features, surgical treatment approach of six complex and compound odontomas were presented.

Keywords: odontoma composite odontoma odontogenic tumour
TREATMENT OF MANDIBULAR ASYMMETRY WITH SKELETAL ANCHORAGE IN CLASS III PATIENT: CASE REPORT

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AIM: The aim of this case report was to present the treatment of a patient with skeletal anchorage in an asymmetric orthodontic patient.

CASE AND METHOD: Patient with 11 years/2 months chronological age presented with complaint of mandibular asymmetry. Mesofacial facial type, concave profile and mandibular shift to the left side were observed. He had Angle Class I relationship with posterior crossbite. Upper dental midline was on the right and lower was on the left sides. He had skeletal Class III malocclusion and normal vertical facial dimension. Deviation of menton was 9 mm to the left. In functional examination, the mandibular shift was not corrected during the mouth opening. Treatment objectives were maxillary expansion with implant supported RME appliance, then correct mandibular asymmetry with skeletal anchorage system. Maxilla was expanded with semi-rapid protocol. Then, the fixed orthodontic treatment was started. The miniplates were inserted in the symphyseal region to correct the maxillary retrusion and to apply asymmetric intermaxillary elastics for the mandibular asymmetry. Total treatment duration was 3 years and 6 months, upper and lower essix appliances were used for retention.

RESULTS: Mandibular asymmetry and maxillary retrognathia were corrected at the end of the treatment and facial aesthetic was significantly improved. Ideal occlusion, overjet, overbite relationship were obtained.

CONCLUSION: Mandibular asymmetry was treated completely with minor surgical procedures in the early age. This method can remove the necessity of the advanced surgical procedures if it can be used at the optimum stage.

Keywords: mandibular asymmetry transverse anomaly

EFFECTS OF BIMAXILLARY SURGERY IN TREATMENT OF SEVERE CLASS III MALOCCLUSION: CASE REPORT

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Introduction and Objectives: Treatment of skeletal Class III malocclusion in a young adult requires dentoalveolar compensation or combined orthodontic and surgical procedures, with the aim to achieve normal occlusion and improve facial esthetics. The aim of this presentation is to present effects of bimaxillary surgery with maxillary advancement combined with bilateral sagittal split osteotomy for mandibular setback in a skeletal Class III subject.

Subjects and Methods: A 18 years 3 months old male patient presented maxillary retrusion and severe mandibular protrusion. A concave profile with increased overbite, anterior crossbite and dental Class III malocclusion were observed clinically. Cephalometric analysis showed a skeletal Class III malocclusion related to maxillary deficiency and prognathic mandible with normal vertical dimensions. It was decided to correct the skeletal problem with surgical treatment. Presurgical orthodontics involved decompensation of incisor inclinations and orthognathic surgery was performed subsequently. The surgical procedure consisted of 6 mm maxillary advancement, 7 mm mandibular set-back to achieve a more harmonious jaw relationship. After surgery, fix orthodontic treatment lasted 10 months. The implants were inserted to the both first molar sides at the end of the treatment. The total treatment duration was 2 years and retention was achieved with retainers and upper and lower essix appliances.

Results: Class I canine and molar relationship, ideal overbite and overjet were achieved. Improved intermaxillary sagittal jaw relationship with satisfactory facial appearance was obtained with the combined orthognathic surgery. After 6 months of retention period occlusion and sagittal skeletal relationship were stable.
Conclusion: The orthodontic-surgical protocol contributes to provide good functional occlusion and improve the facial attractiveness in young adults.

Keywords: orthognathic surgery Class III malocclusion bimaxillary surgery

**PP-105**
Category: Dentoalveolar surgery

**AUTOTRANSPLANTATION COMBINED WITH ORTHODONTIC TREATMENT TO RESTORE AN ADULT’S DENTITION : CASE REPORT**

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Aim: Missing teeth can be treated in different ways such as orthodontic space closure, fixed or removable partial dentures, dental implants and autotransplantation. This case report presents successful autotransplantation of a lower first premolar to the missing upper premolar and the orthodontic treatment of a patient with severe crowding.

Case: A 44 years and 8 months old woman was referred to our clinic for her canine tooth in her palate and her aesthetic problems. In clinical examination no signs or symptoms of temporomandibular joint disfunction were noted. Initial orthodontic records demonstrated a Class II molar relationship on both sides. The crossbite was observed in the left molar segment. Upper first and second premolar teeth were missing due to previous extractions. The upper right canine tooth was ectopic erupted. The overjet and overbite values were 0.5 and 0 mm respectively. The arch length discrepancies were -3 and -9 millimeters in the upper and lower arches respectively. The upper dental midline drifted 0.5 millimeters to the right side. In the orthodontic treatment plan we decided to expand the maxillary dention with wide arches in the maxilla, extract the maxillary right canine and mandibular right and left premolars and replace the mandibular premolar to the missing tooth area. The root canal therapy was applied to the reimplanted tooth. The treatment with fixed appliances lasted 2 years and 7 months. After debonding fixed lingual retainer was applied to the upper and lower arches and also the essix appliance were used for retention.

Results: Class I molar relationship on both sides, ideal overjet and overbite values were achieved after the orthodontic treatment.

Conclusion: Autotransplantation of a tooth is a very useful method of replacing missing tooth also in adult patients.

Keywords: autotransplantation missing teeth

**PP-106**
Category: Orthognatic surgery

**ORTHOGNATHIC SURGICAL CORRECTION OF SEVERE CLASS II MALOCCLUSION: A CASE REPORT**

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Aim: This case report describes the correction of severe Class II malocclusion with orthodontic treatment and mandibular advancement surgery. Case: A 19-year-old female patient with a chief complaint of protrusive maxillary anterior teeth and mandibular retragnathy referred to Orthodontic Department of University of Suleyman Demirel. In clinical examination, 11 mm overjet, 4 mm overbite, Class II molar and canine relationships, retrgnatic mandibula and convex profile were observed. The maxillary and mandibular dental midlines were symmetrical to the face. There was mild crowding in maxillary and mandibular arches. The treatment was performed at 3 stages: 1. Pre-surgical orthodontics involving leveling and aligning of upper and lower arches. 2. Surgical phase involving reposition of mandible anteriorly with bilateral sagittal split osteotomy. 3. Post-surgical orthodontics for finishing and detailing. Total treatment time was 15 months.

Conclusions: The combined surgical orthodontic treatment of this patient was quite successful in the correction of the morphologic problem. The patient’s psychological satisfaction was achieved. The chief complaint, the mandibular deficiency was addressed with the aid of mandibular orthognathic surgery.

Keywords: Orthognathic surgery Class II
PP-107
Category: Orthognathic surgery

INTERDISCIPLINARY TREATMENT OF A PATIENT WITH SKELETAL CIRCULAR OPEN-BITE - A CASE REPORT

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Aim: The objective of this case report is to describe an interdisciplinary treatment of severe open-bite malocclusion with orthodontic treatment, orthognathic surgery and prosthodontic restorations.

Case: A 30-year-old adult male patient with a chief complaint of inability to incise and unaesthetic appearance of his teeth was referred to Orthodontic Department of University of Suleyman Demirel for treatment. In clinical examination, 10 mm anterior openbite, approximately 6-7 mm lateral openbite, 1 mm negative overjet, class II molar and class I canine relationships, quite long face and inadequate view of maxillary incisors were observed. Mandibular left second molar tooth was previously extracted. There was 8 mm spacing in upper arch and his lower incisors were all restorated with metal-ceramic crowns. The treatment was performed at 4 stages: 1. Pre-surgical orthodontics (leveling and aligning of maxillary and mandibular arches) 2. Orthognathic surgery (repositioning maxilla with Le Fort I osteotomy) 3. Post-surgical orthodontics (detailing) 4. Prosthodontic therapy with full mouth restorations. Total treatment time was 22 months.

Conclusions: The patient’s functional and esthetic expectations were successfully achieved with orthodontic treatment, orthognathic surgery and prosthodontic restorations.

Keywords: orthognathic surgery openbite

PP-108
Category: Pathology & maxillofacial reconstruction

ADENOMATOID ODONTOGENIC TUMOR OF THE MANDIBLE: A CASE REPORT

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Adenomatoid odontogenic tumor (AOT) is a rare odontogenic tumor involving the jaws (centrally located), or in the soft tissue (gingival) overlying tooth-bearing areas or alveolar mucosa in edentulous regions. AOTs account for approximately 2-7% of all odontogenic tumors. The most common site is in the anterior maxilla with a 2:1 (maxilla:mandible) ratio. AOTs are often detected on routine radiographic evaluation as an asymptomatic intraosseous lesion associated with an unerupted permanent tooth, commonly a maxillary canine. A 10-year-old patient was admitted with a complaint of swelling on the mandible. Panoramic and cone beam computerized tomography revealed a radiolucent lesion around the crown of the impacted second mandibular incisor. Incisional biopsy was performed and the lesion was diagnosed as AOT. Total excision of the lesion was carried out under general anesthesia. In this report, we presented an unusual case of AOT located in the mandible.

Keywords: aot maxilla radiolucent biopsy
PP-109
Category: Oral and maxillofacial implantology

PLACEMENT OF ENDOSEOUS IMPLANTS IN A PATIENT WITH EPIDERMOLYSIS BULLOSA A CASE REPORT

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Epidermolysis bullosa (EB) is a heterogeneous group of inherited mucocutaneous disorders characterized by the mechanical fragility of the skin which recurrently develops blisters and vesicles. Oral features include repeated blistering, scar formation, elimination of buccal and vestibular sulcus and alveolar bone resorption. Even routine dental care might cause bullae on the oral mucosa. The use of endosseous implants in the fixed prosthetic rehabilitation of patients with EB, appears to provide more favorable outcome compared with other conventional removable prosthetic methods which causes chronic irritation on oral mucosa. This clinical report describes the fixed rehabilitation with totally eight implants successfully placed in maxilla and mandible and low level laser application in order to accelerate healing in a partially edentulous female patient diagnosed with EB.

Keywords: epidermolysis bullosa dental implant laser therapy edentulous

PP-110
Category: Pathology & maxillofacial reconstruction

PERIPHERAL OSTEOMA IN PTERYGOMANDIBULAR SPACE: A CASE REPORT

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Osteomas are rare benign tumors of bone commonly occurring in the maxillofacial skeleton. In the course of their slow but steady increase in size, osteomas of the maxillofacial bones remain asymptomatic until they attain sufficient sizes as to cause disfigurement and/or disfunction. Here, we report a case of peripheral osteoma measuring about 4 cm, located lingual aspect of ramus mandible in a 61-year-old male patient who was otherwise in good health. The patient reported at the clinic because the lesion interfered with swallowing. Histological examination confirmed the provisional diagnosis of a peripheral osteoma. Treatment was by surgical excision and histological examination. The patient remains free of recurrence after 1 year.

Keywords: peripheral osteoma dysphagia pterygomandibular space

PP-111
Category: Dentoalveolar surgery

SOFT TISSUE APPLICATIONS WITH DIODE LASER: REPORT OF THREE CASES

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The use of laser in oral and maxillofacial surgery has been widespread over the last decades with favorable experiences and most of the oral soft tissue surgical procedures are done using lasers. Among the commonly available lasers today, the diode laser is frequently used in dentistry. Diode laser is a system using a semiconductor material as an active medium. Many wavelengths are available, in dentistry the most common are 655, 810 and 980 nm. Bleeding control, visibility and better tissue manipulation are some of the advantages of it. We presented 3 patients oral soft tissue lesions treated with diode laser.

Keywords: diode laser exision soft tissue lesion
PP-112
Category: Pathology & maxillofacial reconstruction

SUBMUCOSAL ORAL LIPOMA: A RARE PLACEMENT AT MENTAL FORAMEN AREA

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Lipoma is a common tumor of soft tissue. The lipoma often presents as an asymptomatic, slow growing, freely movable, painless mass. Half of oral lipomas are in the cheek and the remainders were found in the tongue, floor of the mouth, lips, palate and gingiva. Other benign connective tissue lesions such as granular cell tumor, neurofibroma, traumatic fibroma and salivary gland lesions (mucocele and mixed tumor) might be included in differential diagnosis. Oral lipoma is usually slow growing and rarely recurs after surgical treatment. Hence, the prognosis of these benign tumors is considered good. In this case we report a patient with who is 12-year old young man and presented with a large lipoma at posterior mandibular sulcus which appears to be the first case described so far in this location.

Keywords: lipoma oral mucosa soft tissue tumor benign tumor

PP-113
Category: Orthognatic surgery

APERT SYNDROME WITH DIFFUCULT ENTUBATION AND EXCESSIVE BLEEDING; A CASE REPORT

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BACKGROUND: Apert syndrome is a severe developmental malformation, clinically characterised by craniosynostosis, midface hypoplasia, a cone-shaped calvarium, ocular manifestations, typical dental findings and syndactyly of the hands and feet.

CASE REPORTS: The aim of this report was to describe the maxillofacial and orthodontic management and difficult entubation of a patient with Apert syndrome who attended the Maxillofacial and Orthodontic departments of the Ankara University Faculty of Dentistry. The typical clinical features, the general orthognathic treatment approach as well as individual approaches of the patients with Apert syndrome is being highlighted. Steiner,Mc Namara and Epker Fish cephalometric analysis were applied, Lefort I osteotomy was revealed uneventfully. Besides the routine monitoring (heart rate, respiratory rate, saturation with peripheral plethismogram, and blood pressure), blood glucose, cell blood count, and blood gases were monitored as well. After evaluation of vital parameters despite the difficult entubation, airway and right choanal atresia; left nasotracheal entubation was done by using McCoy laryngoscope. During the surgery there was excessively bleeding but in the laboratory findings of the patient, hemoglobin and hematocrit levels were normal, and prothrombin time, international normalized ratio, and partial thromboplastin time were also in normal levels. Bleeding stopped by decreasing after the transfusion of fresh frozen plasma. Then the patient was discharged at the postoperative third day without any complications.

CONCLUSION: This report demonstrated that a combined orthodontic and orthognathic surgical treatment plan could significantly improve the occlusal function as well as the facial and occlusal aesthetics in patients with Apert Syndrome. Despite the patient has not diagnosed with a bleeding disorder, excessively bleeding during surgery is thought as a factor deficiency problem. It should be taken into account that management of bleeding and invasive procedures should be carefully done. Factor deficiency tests must be applied to Apert syndromic patients.

Keywords: Apert syndrome entubation bleeding
LIMITATIONS OF PANORAMIC RADIOGRAPHS: REPORT OF TWO CASES

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The panoramic imaging is the most common method in dental practice. It allows examination of the patients by supplying helpful and even essential information about the structures of the maxillofacial and dentoalveolar complex. Therefore, it is useful for evaluating the pathologies of the jaws. In the practice of oral surgery, detecting the accurate position and course of the anatomical landmarks (mandibular canal, mental foremen or maxillary sinus etc.) is extremely important for preventing complications during the surgery. However, it should be recognized that there are obvious limitations of the panoramic radiographs. A majority of these limitations are distortions, magnifications and difficulties in identifying the relationship of the lesions with the vital structures. Here, two cases indicated the limitations of panoramic radiographs were presented. Initially, the borders of the lesions were determined by panoramic radiographs. In the case 1, a radiolucent lesion diagnosed as keratocystic odontogenic tumor was observed associated with the mandibular canal and mental foremen. In the case 2, radicular cysts were detected both maxilla and mandible which were presented with the relationship between the maxillary sinus and mental foremen. However, the valuable information was provided by Dental Volumetric Tomography (DVT) for the both of two cases.

Keywords: Panoramic radiography diagnosis surgery tomography

TRANSMIGRATED CANINE AND MULTIPLE INVERTED SUPERNUMERARY TEETH: REPORT OF AN UNUSUAL CASE

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Transmigration is described as a movement of unerupted tooth in the bone across the midline. It occurs mostly canines and is more often encountered in the mandible than maxilla. According to recent studies, the frequency of transmigrated and impacted canines were determined approximately 5.1% and 0.3 respectively in an orthodontic patients of our population. In addition, the frequency of impacted supernumerary teeth is known as approximately 1.2% in the general population of Turkey. Hence, the occurrence of transmigrated canines together with multiple inverted supernumerary is a rare condition. However it is clearly known that as well as impacted and supernumerary teeth may effect the orthodontic treatment protocols. Therefore, surgical management of these teeth is extremely important in the young patients. In many cases, analyzing the degree of transmigration by radiological techniques, especially 3-D imaging methods, is useful in the surgical and orthodontic managements. In this case report, we presented a young patient with mandibular transmigrated canine and multiple inverted supernumerary teeth at the same region. We aimed to emphasize the importance of clinical and radiological evaluation for these teeth before surgical and orthodontic treatments.

Keywords: Transmigration canine supernumerary teeth surgery radiology

PEDICLED BUCCAL FAT PAD FLAP FOR CLOSING CHRONIC OROANTRAL FISTULA: 2 CASE REPORT

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Chronic oro-antral fistula following dental extraction is a common complication. Some of the traditional methods that are being employed in the repair of oroantral communication can be broadly divided into local, distant flaps and grafting. Among these techniques the buccal fat pad has a good blood supply, efficient uptake at recipient site and spontaneous epithelialization in oral
cavity. The buccal fat pad is an encapsulated, mass of specialized fatty tissue. The buccal fat pad has a body and four processes. The body is located behind the zygomatic arch and the anterior lobe is located below the zygoma, and extends to the front of the buccinator, maxilla and the deep space of the quadrate muscle of the upper lip and zygomaticus major muscle. In this case report we presented 2 different cases of BFP flap closure of chronic oroantral fistula combined with curettage of maxillary sinus. There was different time scales in two patients: Case 1 which had maxillary sinus herniation to oral region was treated at second week following the extraction and case 2 was treated after 4 years from extraction. The use of pedicled buccal fat pad is an acceptable and reliable alternative in acute or chronic oroantral communications management and can be first choice in this cases. Epulis granulomatosa? foreign body? or pyogenic granulomas?, or as a herniation of the maxillary sinus?

**Keywords:** buccal fat pad oro-antral fistula oro-antral communication maxillary sinus

**PP-117**  
**Category:** Dentoalveolar surgery

**DIODE LASER SURGERY AND PROSTHETIC MANAGEMENT FOR THE TREATMENT OF EPULIS FISSURATUM: A CASE REPORT**

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Epulis fissuratum occurs in complete denture patients, because a constant irritative action induces the mucosa to grow under poorly fitting dentures. These lesions must be removed, and to avoid a relapse, new complete dentures should be made to maintain healthy surgical tissues. 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. The clinical sequence presented in this case shows a completely edentulous patient with epulis fissuratum on the lower alveolar ridge extending to the vestibular sulcus of the anterior region of mandible and the rehabilitation with implant supported overdenture retained by two ball attachments.

**Keywords:** epulis fissuratum diode laser dental implant

**PP-118**  
**Category:** Dentoalveolar surgery

**INFERIOR ALVEOLAR NERVE PARESTHESIA DUE TO COMPRESSION OF THE LINQUAL ALVEOLAR PLATE AFTER FIRST MOLAR TOOTH EXTRACTION: REPORT OF A CASE**

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Temporary or permanent paresthesia of the areas innervated by the inferior alveolar nerve can be caused by multiple conditions. These include neoplastic disease, infection, orthognathic surgery, endodontic treatment, and secondary to the removal of mandibular third molars. Temporary mental nerve paresthesia after first molar extraction is rare and in this case report it is caused by traumatic first molar tooth extraction which caused lingual alveolar plate fracture and the fractured segment compressions of the inferior alveolar nerve. A 53 year-old healthy woman patient, presented to our clinic with a chief complaint of progressive numbness around the chin, lip and gingival region on the left side mesially to the first molar region. This numb feeling had originated after first molar tooth extraction, had been presented for 4 months. And this feeling encompassed the chin and lip to the corner of the mouth and buccal gingival region at the left side of the mouth. After panoramic imaging and intraoral inspection there was an extraction socket was determined in the first molar area. Then Cone Beam Computed Tomography was taken. CBCT image showed that a greenstick fracture in the lingual plate of the alveolar process which cause compression of the inferior alveolar nerve at the first molar extraction socket. The area visualized surgically and the compression of the fractured lingual plate eliminated with using bur and the nerve was dissected. Then primary closer of the region was performed. And then Low
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Level Laser Therapy application was carried out 2 times at a week for 4 weeks. After 6 month follow up period the paresthesia was resolved gradually and the patient’s complaints decrease. In summary compression of the fractured segments may caused nerve paresthesia after tooth extractions. So the physician should be careful during the extraction of the tooth at molar region in mandible.

Keywords: alveolar nerve paresthesia treatment

PP-119
Category: Pathology & maxillofacial reconstruction

TREATMENT OF CENTRAL GIANT CELL GRANULOMA: A CASE REPORT

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Central giant cell granuloma (CGCG) is a benign bone lesion that usually occurs in the mandible and maxilla and accounts for fewer than 7% of all benign tumors of the jaws. CGCGs consist of numerous multinucleated giant cells and mononuclear cells embedded in a fibrocellular stroma. Foci of hemosiderin pigment and newly formed osteoid or bone are occasionally observed. The clinical behavior of CGCG is variable, ranging from a slowly growing, asymptomatic osteolytic lesion to an aggressive process associated with pain, root resorption, cortical bone destruction, and a tendency to recur after surgical treatment. The pathogenesis of CGCG of the jawbones remains controversial, because speculations of whether it represents a reactive, inflammatory, infective, or neoplastic process are still debated.CGCG usually occurs in patients younger than 30 years, is more common in females than in males, and is more common in the mandible than in the maxilla. The lesion may appear as a unilocular or multilocular radiolucency, with well-defined or ill-defined margins and varying degrees of expansion of the cortical plates. In this case, 9 years old patient resort to our clinic for routine inspection. In clinical intraoral examination there was a little expansion at the side of right mandibular canin region. Radiographic examination shows that there was a large radiolucency at canin - premolar region. As a result of biopsy diagnosis is the Central Giant Cell Granuloma. Then we decided intralesional corticosteroid injection and 7 injections were given within 7 weeks. 2 months later we observed that the lesion was decrease and six month later a panoramic radiograph was taken and then lesion was removed. 2 months later panoramic radiographic examination shows the bone formation. In conclusion it is important that intralesional corticosteroid injection is decrease the lesion size so that tooth germs will be protected from possible damage of.

Keywords: Central Giant Cell Granuloma intralesional corticosteroid injection

PP-120
Category: Pathology & maxillofacial reconstruction

THE TREATMENT OF LUDWIG’S ANGINA WITH LUPUS ERYTHEMATOSUS: A CASE REPORT

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Ludwig's angina is a form of severe diffuse cellulitis that presents an acute onset and spreads rapidly, bilaterally affecting the submandibular, sublingual and submental spaces resulting in a state of emergency. The mortality rate for Ludwig’s angina is currently below 8% down from the preantibiotic numbers over 50%. Early diagnosis and immediate treatment planning could be a life-saving procedure. It is characterized by induration of mouth, swelling, elevation of tongue and airway obstruction. There is three main points with early diagnosis which are airway management, intravenous antibiotic therapy and surgical intervention. We present a case of Ludwig’s angina in a 14-year-old boy with lupus erythematosus.

Keywords: ludwig’s angina lupus erythematosus airway obstruction surgical intervention diffuse cellulitis
SURGICAL TREATMENT ALVEOLAR CLEFT ON THE PREMAXILLA: A CASE REPORT

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Cleft lip and palate are frequent morphological accidents occurring during the 2nd embryonic month. This patients often present wide alveolar cleft and midface hypoplasia. An untreated alveolar cleft may result in an oro-nasal fistula, speech pathology, dental crowding, antero-posterior and transverse deficiency of the maxilla, fluid reflux, lack of bone support for the anterior teeth, and facial asymmetry. An alveolar cleft refers to the space between the maxillary segments anterior to the incisive foramen, and therefore presents a discontinuity in the dental arch. Routine cleft lip repair and sub-sequent cleft palate repair do not specifically address the bony deficiency at this site. Consequently, strategies specifically designed to manage the alveolar cleft must be incorporated into the complete treatment itinerary, and require a cooperative effort of the craniofacial orthodon-tist and surgeon. In this report, a case of alveolar cleft on the position of the premaxilla and the width of the alveolar gap that has been treated with bone grafting is presented.

Keywords: Cleft lip and palate midface hypoplasia oro-nasal fistula bone grafting alveolar gap

SURGICAL TREATMENT OF LYMPHANGIOMA IN MOUTH: A CASE REPORT

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Lymphangiomas are uncommon congenital hamartomas of the lymphatic system, usually diagnosed in infancy and early childhood. Most lymphangiomas are present at birth (60%), and by the age of 2 years 80% to 90% are present. This lymphatic malformation is characterized by an abnormal proliferation of lymphatic vessels. In the head and neck area, the most common location is the submandibular region, followed by the parotid gland. Various methods have been tried for treatment of lymphangioma including surgery, radiation, laser therapy, sclerotherapy and electrosurgery. In this report, a case of lymphangioma in the left buccal mucosa of the left second and third mandibular molar area that has been treated by electrocautery is presented.

Keywords: Lymphangiomas abnormal proliferation electrocautery buccal mucosa surgery
TREATMENT OF HUGE RADICULAR CYSTS WITH MARSUPIALIZATION: TWO CASE REPORTS

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Radicular cysts are the most common cystic lesions which affect the jaw. They are most common among all the jaw cysts and comprise about 52% to 68% of the entire cysts which affect the human jaw. They are generally symptomless and are diagnosed during routine radiologic investigations. The treatment of radicular cysts includes conventional nonsurgical root canal therapy when lesion is localized or surgical treatment like enucleation, marsupialization or decompression when lesion is large. Marsupialization and decompression of cyst by fenestration. The criteria for selecting the treatment modality is based on the age, size, location, stage of root development, position of the involved tooth and relation of the lesion to the adjacent tooth and vital structure. The prognosis is an excellent when the cyst is enucleated and recurrence is rare. This case report presents the successful surgical management of a large infected radicular cyst in mandible.

Keywords: Radicular cysts marsupialization fenestration surgical management mandible

EFFECT OF LOW-LEVEL LASER THERAPY ON BISPHOSPHONATE-RELATED OSTEONECROSIS OF THE JAWS (BRONJ): A CASE REPORT

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INTRODUCTION: Bisphosphonate-related osteonecrosis of the jaw (BRONJ) was first described by Marx in 2003. BRONJ is defined as exposed, necrotic bone in the maxillofacial region, which has persisted for more than 8 weeks, in a patient with current or previous treatment with bisphosphonate (BP) and no history of radiation therapy to the jaws.

CASE: 70 year old female patient consulted to our clinic complaining of pain around the right posterior edentulous mandible. After the clinical and radiographic examination we decided that it was BRONJ due to use of oral bisphosphonates longer than three years and pressure sores of dentures. Due to stage of the of the lesion was treated with Low-level laser therapy (LLLT). Application was performed with Nd:YAG Laser (1064 nm, Fidelis Plus, Fotona, Slovenia) used at 1.25W power, 15 Hz frequency, very short pulse mode (VSP) and 320 μm of fibre diameter. The laser light was used in a nonfocused way with a scanning method, 2mm from tissue, for 1 minute (power density: 268.81 W/cm2, fluence: 14.37 J/cm2) and repeated 5 times twice a month for 5 months. After 12 months of follow radiographic and clinical improvement in mucosal and bone tissue has been observed.

DISCUSSION: BRONJ has been reported with increasing frequency in literature over last years, but its therapy is still a dilemma. The main purposes of each treatment are to reduce pain and to control infection and slow the progression of the disease, taking into account as main target the eradication of BRONJ promoting the complete healing. Most of the authors privilege a noninvasive approach especially for asymptomatic stage I of BRONJ. Low-level laser therapy (LLLT) has potential antimicrobial and biostimulating effects when applied to oral tissues. In addition, it has been reported that LLLT improves bone mineralization in traumatized sites.

Keywords: bisphosphonates BRONJ LLLT
BILATERAL DENTIGEROUS CYSTS ASSOCIATED WITH PERMANENT THIRD MOLARS: A CASE REPORT

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Dentigerous cyst is a benign developmental odontogenic cyst, which generally occurs in the second and third decade of life. It apparently develops by accumulation of fluid between reduced enamel epithelium and the tooth crown of an unerupted tooth. Dentigerous cysts are most frequently associated with crowns of permanent teeth, impacted mandibular third molar teeth and impacted canines. They are the second most common cyst among odontogenic cyst. These cysts remain initially asymptomatic until infected. Early diagnosis of these lesions is essential to avoid the undesirable expansion. Dentigerous cysts cause several difficulties such as swelling, non-eruption of involved teeth and displacement of adjacent teeth. Treatment for dentigerous cyst ranges from marsupialisation to enucleation. We present a case report of 27-year-old male diagnosed in a bilateral dentigerous cyst.

Keywords: Dentigerous cyst unerupted tooth third molar enucleation bilateral

A RARE VARIATION OF THE MANDIBLE, WHICH THE ABSENCE OF THE MENTAL FORAMEN, DETECTED IN CBCT IMAGES: A CASE REPORT.

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The mental foramen (MF) is an important anatomic landmark of the mandible. These nerves divides several branches for providing sensorial innervation and vascularization of the angle of the mouth, the skin of the lower lip and gingiva up to the second premolar. The identification MF is important in order to avoid paresthesia due to mental nerve injury during surgical procedures in the premolar region. In the literature variations of the MF such as its location or presence of accessory foraminas are reported in several articles but the absence of MF is extremely rare.

CASE REPORT: A 20-year-old male patient was referred to our clinic with a chief complaint of pain in left posterior mandible. A panoramic radiograph disclosed the presence of fully impacted mandibular 2nd and 3rd left molars with horizontal position. Extraction was decided for both of the impacted teeth. In order to evaluation of relation between impacted 2nd molar and inferior alveolar nerve, CBCT examination was performed before surgery. During CBCT examination an uncommon anatomic variation drew our attention. In the left mandible, MF couldn’t seen and in the right side there was a slight radiolucent round between 1st and 2nd premolars. After provide a clear exposure 3rd molar was divided into small pieces and then extracted. Second molar was deep impacted and positioned horizontal near the mandibular canal so it was not removed to avoid from inferior alveolar nerve injury. During surgery we have seen bone protuberance in place of MF. CBCT is a modern technology, which allows the evaluation of maxillofacial region in three dimensions. Also, acquisition of 3-D reconstructions, as well as use of lower radiation doses in comparison to medical CT are some of the advantages of the system which may play a key role in elucidating the details of these normal variations.

Keywords: mental foremen cbct variation mandible
PP-127
Category: Pathology & maxillofacial reconstruction

SURGICAL AND PROSTHESES TREATMENT OF AMELOBASTOMA ON MAXILLA: A CASE REPORT

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Ameloblastoma is a common epithelial odontogenic tumor, representing 1 to 3% of all cysts and tumors of the oral and maxillomandibular region. It is an aggressive benign odontogenic tumor more commonly found in the mandible (80%) than in the maxilla (20%) and representing about 1 to 3% of all tumors and cysts of the maxillomandibular area and 11% of all odontogenic tumors. Catalogued as an epithelial tumor, ameloblastoma can arise from remnants of the dental lamina, enamel organ, lining of a dentigerous cyst, or basal epithelial cells of the oral mucosa. Treatment of ameloblastoma is essentially surgical, ranging from conservative therapy such as enucleation, marsupialization, and curettage, to more radical approaches, including marginal, segmental, or composite resection. It has a high tendency to recur and, in some instances, has shown malignant development when treated inadequately. When resection is indicated, reconstructive measures must be considered. This case report presents the successful management with prosthetics treatment and surgical resection of ameloblastoma in maxilla.

Keywords: Ameloblastoma odontogenic tumor epithelial tumor prosthetics treatment surgical resection

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Category: Pathology & maxillofacial reconstruction

SURGICAL TREATMENT OF ODONTOMAS IN THE MAXILLA: FOUR CASE REPORTS.

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Odontomas are the most common benign odontogenic tumours, constituting 22% of all odontogenic tumours of the jaw. Odontomas frequently interfere with eruption of teeth leading to their impaction. They are often non-aggressive and slow growing in nature, and are usually diagnosed on routine radiological examinations in the second decade of life. They are hamartomatous lesions composed of mature enamel, dentin, and pulp, and may be compound or complex depending on the extent of morphodifferentiation or on their resemblance to normal teeth. They are usually discovered in radiographs and rarely cause bony expansion or infection. There are four case reports with impacted maxillary teeth due to odontoma. Odontomas were surgically excised and orthodontic treatment was continued with the impacted teeth.

Keywords: Odontomas benign odontogenic tumours slow growing hamartomatous compound or complex
MANAGEMENT OF A CENTRAL GIANT CELL GRANULOMA (CGCG) OF MANDIBLE: A CASE REPORT

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The central giant cell granuloma (CGCG) is an uncommon benign bony lesion that accounts for less than 7% of all benign lesions of the jaws. It is a non-neoplastic proliferative lesion of unknown etiology. The CGCG is predominantly found in the mandible that usually affects children and young adults. The clinical behaviour of CGCG ranges from a slow-growing asymptomatic swelling to an aggressive lesion that presents pain, local bone destruction and tooth displacement. The conventional treatment of CGCG is curettage. Resection is involved in locally aggressive cases. This report presents the surgical treatment of a CGCG in a 12-year-old boy.

Keywords: central giant cell granuloma (CGCG) uncommon mandible aggressive lesion curettage

SURGICAL MANAGEMENT OF RESIDUEL CYST IN TOTALLY EDENTULOUS PATIENT: A CASE REPORT

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Residual cyst can arise from remnants of the epithelial rests after the extraction of a tooth. They represent approximately 10% of all odontogenic cysts and are usually asymptomatic. This cysts occur in older individuals, the average age is 50 years. They show more predilection in males and they commonly affect the maxillary region. The radiographic appearance is that of circular radiolucency surrounded by a radiopaque border and occurring in an edentulous area. We report a case of symptomatic residual cyst, associated with expansion and destruction of the bone involving posterior region of maxilla in a 62-year-old female patient.

Keywords: Residual cyst odontogenic cysts edentulous destruction expansion

SURGICAL MANAGEMENT OF CENTRAL GIANT CELL GRANULOMA IN ADULT FEMALE PATIENT

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Central giant cell granuloma (CGCG) is defined by the World Health Organization as an intraosseous lesion consisting of cellular fibrous tissue that contains multiple foci of hemorrhage, aggregations of multinucleated giant cells, and occasionally trabeculae of woven bone. It is an uncommon non-neoplastic bone lesion accounting for less than 7% of all benign jaw lesions.
The lesions presented as solitary, multilocular radiolucencies in the mandible and the maxilla. Clinically the CGCG occurs more commonly in young adults, with a slight tendency to appear in female patients. We report the case of a 60-year-old female patient with complaint of swelling of right mandible posterior who treated surgically.

Keywords: Central giant cell granuloma (CGCG) intraosseous lesion surgically

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Category: Dentoalveolar surgery

ONLAY BONE GRAFTING BEFORE IMPLANT DENTISTRY: A CASE REPORT

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In some cases the amount of bone available is not enough to place the implants securely. However, in patients with loss of alveolar bone caused by tooth extractions due to severe periodontal diseases, infection, trauma, dentofacial deformities, and removal of previous implants, surgeons are sometimes not able to place implants in ideal sites. The mandibular ramus area has been described as an ideal donor site because it provides adequate, dense bone with sufficient volume for implant placement, rapid healing time, and is associated with lower morbidity and a low risk of paresthesias. In the presence of severe alveolar bone resorption, bone grafts are considered important procedures for alveolar ridge augmentation and several grafting materials and techniques are available. This case report described the proximity of the ramus and the ease of access to it makes the ramus the optimal choice.

Keywords: graft implant onlay ramus resorption

PP-133
Category: Pathology & maxillofacial reconstruction

SUBMANDIBULAR SPACE INFECTION: TWO CASE REPORTS

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Fascial space infections of the head and neck region, usually odontogenic in origin, are routinely treated as an out-patient procedure. Odontogenic infections arising in the mandible first spread upward, into the masseter and/or medial pterygoid muscles in the masticator space, and downward, into the sublingual and/or submandibular spaces, and then spread into the spaces or muscles adjacent to one or more of these locations. Untreated or rapidly spreading odontogenic infections can be potentially life threatening. Because of that, all underwent surgical incision and drainage, received antibiotics cover, and had culture and sensitivity test performed for gram positive and gram negative aerobes. We present two cases of submandibular abscess with difficult mouth opening who underwent incision and drainage.

Keywords: Fascial space infections life threatening surgical incision and drainage
RETROSPETIVE ANALYSIS OF ORAL BIOPSY RESULTS

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Introduction: Dental care specialists usually deal with benign oral lesions and odontogenic or inflammatory benign bone lesions. However it is crucial to understand the characteristic and behavior of the lesion in order to differentiate possible malignant conditions and determine further treatment. Although biopsy specimens can help surgeon to determine lesions, the occurrence rate may provide better understanding of oral lesions. The aim of this retrospective study is to evaluate demographic findings of the biopsy results that taken between the years 2005 and 2011.

Materials and Methods: 479 pathology reports were evaluated retrospectively in terms of lesion type, malignancy, age, sex and localization.

Results: 464 biopsies (96.9%) were found benign whereas 15 (3.1%) were malignant lesions. 121 (25.2%) biopsy results were inflammatory cysts (IC) while developmental cysts (DC) were 13,3% (n:64) of all biopsies. IC was mostly seen in males (M:F-73:48) and in anterior region of maxilla, DC was mostly seen in males (M:F-41:23) and in left posterior region of mandible. Malignant lesions (ML) were observed at a rate of 3.1% (n = 15). 2.1% (n = 10) in men, 1% (n = 5) were seen in the women.

Conclusion: The percentage of malign lesions was relatively low in this study. This may be due to that plastic and ENT surgeons mostly deal with malignant lesions instead of department of maxillofacial surgery under dental specialties. Although in lower rates, an oral surgeon should be in aware of possible malignant conditions and differentiate those, during dealing with oral and odontogenic lesions.

Keywords: Oral biopsy Odontogenic Cyst Malign Lesion

MANAGEMENT OF ORAL PYOGENIC GRANULOMA ON MAXILLARY POSTERIOR ALVEOLAR RIDGE: A CASE REPORT.

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Pyogenic granuloma is a benign vascular growth, non-neoplastic, mucocutaneous lesion and is especially common on the tongue, lips, and gums. The precise cause for the development of pyogenic granuloma is unknown. It is theorized that pyogenic granuloma possibly originates as a response of tissues to minor trauma and/or chronic irritation, thus opening a pathway for invasion of nonspecific microorganisms, although microorganisms are seldom demonstrated within the lesion. This case report presents a large oral pyogenic granuloma of the gingiva and the surgical treatment of this lesion in a 9-year-old male patient. Unerupted teeth was observed after three months.

Keywords: Pyogenic granuloma mucocutaneous lesion chronic irritation surgical treatment
TREATMENT OF PERIPHERAL OSSIFYING FIBROMA IN 55 YEAR OLD MALE PATIENT

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The peripheral ossifying fibroma is a reactive focal overgrowth and non-neoplastic lesion which occurs on the gingiva. Ossifying fibroma of the jaws generally manifests in second to fourth decades of the life. The etiology of this gingival overgrowth is uncertain, but periodontal ligament origin has been suggested. The peripheral ossifying fibroma exhibits a peak incidence between the second and third decade. Females are affected more frequently. We report the case of a 55 year- old healthy male patient referred to our department with the complaint of a growth and swelling on the surface of left lower second premolar who successfully treated.

Keywords: peripheral ossifying fibroma non-neoplastic lesion swelling

A RARE BROWN TUMOR OF THE MAXILLA SECONDARY TO THE PRIMARY HYPERPARATHYROIDISM: A CASE REPORT

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Brown tumor in jaws is non-neoplastic lesions which known as a central giant cell granuloma. This abnormal metabolism of bone may occur due to hyperparathyroidism. Primary hyperparathyroidism is caused by a hypersecretion of parathyroid hormone. This usually occurs as the result of idiopathic hyperplasia of parathyroid tissue, parathyroid adenoma and very rarely based on carcinoma of the parathyroid gland. These cases are usually diagnosed by chance on routine blood tests. However, they are seldomly identified with giant cell lesions in jaws as a pre-diagnosis. In this presentation, a rare case of Brown tumor associated with primary hyperparathyroidism in the posterior maxilla was reported. After surgical procedure, histopathological examination defined intrabony giant cell lesion. In biochemical examination, serum calcium and alkaline phosphatase levels were upper than reference values whereas phosphorus level was lesser. Neck ultrasonography and tecnecium-99m diagnosed as a parathyroid adenoma.

Keywords: brown tumor giant cell maxilla hyperparathyroidism
THE TREATMENT OF FOSSA CANINA ABSCESSE BY COMBINATIONS OF MEDICAL AND SURGICAL: A CASE REPORT

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Odontogenic infections is the most important problem for dentistry. When affecting fascial spaces, these infections can become life-threatening as spreading soft tissues. As general principle fascial space infections can be treated by medical, surgical or dental, or their combinations. Odontogenic infection can enter the orbit through several pathways. Of great importance in determining the expansion of a maxillary dental abscess to the orbital region is the relation between the apices of the roots of the maxillary teeth and the origin of the buccinator muscle. We report the case of 35 year old male patient with extraoral swelling, suborbital edema and erythema at the left cheek who treated by combinations of medical and surgical.

Keywords: fascial space abscess suborbital edema

IS ARTHROCENTESIS A CHOICE FOR TREATMENT OF VERTIGO: A CASE REPORT.

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Temporomandibular disorders (TMDs) arise from musculoskeletal pain of the temporomandibular joint (TMJ) and/or masticatory muscles. Association of TMJ and the ear was analyzed in literature. TMJ disorders can cause secondary otologic symptoms (Badel et al.). The most common otologic symptom that can be related to TMD are otalgia, tinnitus and vertigo. Arthrocentesis of TMJ is considered to be one of the least invasive surgical interventions for patients suffering from TMD. A 45-year-old woman was referred to Suleyman Demirel University Dentistry Faculty department of oral and maxillofacial surgery for TMD. Her presenting complaints included bilateral TMJ pain, limited mouth opening with bilateral tenderness and crepitating, clicking and closed lock. After arthrocentesis her complaints about TMD were decreased and regression was observed in vertigo and tinnitus. This report concludes that vertigo may regress with arthrocentesis but additional search about the therapeutical effects of arthrocentesis on vertigo should be conducted.

Keywords: TMD and vertigo arthrocentesis

MARSUPIALISATION OF A LARGE CYCST

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The surgical approach to cystic lesions of the jaws is either marsupialisation or enucleation. The treatment choice is dependent on the size of the lesion, the bony integrity of the cyst, proximity to anatomical structures and the presence of permanent teeth in the lesion. The aim of this study is to present the treatment protocol of a large dentigerous cyst of a child. An-11-year old boy referred to our clinic with complaints of pain and swelling at his left mandibular region. Panoramic radiography revealed a
unilocular radiolucent area surrounded by a well-defined radio-opaque margin adjacent to the root of the molar tooth associated with an unerupted tooth. Malposition of teeth and root resorption were common in dentigerous cysts. Marsupialisation was chosen as treatment protocol. The treatment lasted for 5 months. Every month the change of bone opacity was assessed with panoramic radiography. Marsupialisation was ended at 5 months successfully. Tooth eruption in the cystic region was observed.

Keywords: dentigerous cyst child marsupialisation

PP-141
Category: Dentoalveolar surgery

A RARE COMPLICATION AFTER THE EXTRACTION OF A MAXILLARY THIRD MOLAR: EXTENSIVE SUBCUTANEOUS EMPYSEMA

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Third molar surgery is the most frequently performed procedure in oral and maxillofacial surgery. Some complications including pain, bleeding, infection, edema, hematoma, perforation of the maxillary sinus, subcutaneous emphysema (SE) can occur after the third molar surgery. Cervicofacial emphysema (CE) is described as the penetration of the air into the facial layers. In this case report we present 36 years old male patient with cervicofacial subcutaneous emphysema (CSE) after the removal of upper third molar. Tooth extraction was performed under local anesthesia and complicated by vestibular cortex fracture. Fractured vestibular cortex was stabilized by squeezing the socket walls and suturing mucosa with 3/0 silk suture. 2 hours later, patient referred to our clinic again with complain of swelling on his right side of the face. Clinical examination showed that patient developed CSE, also crepitation was positive with palpation. CBCT examination showed that fractured buccal cortex was perforated the maxillary sinus and lead to air penetration in to the facial layers. Patient was hospitalized for avoiding life threatening complications such as pneumothorax or pneumomediastinum and also for prophylactic administration of I.V. antibiotics. Patient’s clinical condition was began to improve, with noticeable reduction of swelling and there was no evidence of dyspnea and chest pain. He was discharged after 24 h observation. After 7 days, complete resolution of the emphysema was observed clinically. Emphysema is a rare complication after tooth extraction and can cause serial health problems. Therefore, dental practitioners should always recognize the possibility of emphysema after tooth extraction even if no air tribune usage and should be familiar with signs of this uncommon complication and the treatment procedure.

Keywords: Emphysema Tooth Extraction Maxillary Sinus

PP-142
Category: Pathology & maxillofacial reconstruction

CRANIOFACIAL FIBROUS DYSPLASIA THREATENING AIR WAY: CASE REPORT

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Fibrous dysplasia (FD) is an irregularity of the bone forming mesenchyme in which fibrous tissue gradually increases in size and replaces the bone. Craniofacial fibrous dysplasia (CFD) term is used when the lesions are in the craniofacial skeleton. Treatment choices of CFD are monitoring, conservative or radical surgery. A 17-year-old woman presented a large mandibular mass causing facial deformity resulted in a cosmetic and functional deterioration and partial air way obstruction. Radiographically a mixed radiolucent-radiopaque lesion in the right mandible with a mixture of ground-glass features was noted. The other craniofacial bone segments was also involved as the multiple focus in the cranium and sphenoid bone posterior to the right orbit. The lesions of mandible has been biopsied, the result of which were suggestive of fibrous dysplasia. The treatment choice was immediate reconstruction of the defect with costal bone graft after resection of the involved mandible segment. The healing was uneventful without any complication or problem in the early postoperative period. In the follow up period at 6th month suppurative infection and partial bone graft resorption was observed. The necrotic graft material was curetted and debridement of the operation site

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was performed. The healing was uneventful without any complication after 6 month. As in the case the infection of the free bone grafting material was the most encountered reason of the failure. To prevent this complication it is advised to reconstruct the defects of which are more than 5cm with vascularized bone graft. But because of the lesions were active in this case, it was the surgeon’s choice to keep vascularized fibula graft which can be performed after remission of the lesions.

**Keywords:** Fibrous dysplasia of mandibula air way obstruction costal bone graft

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**PP-143**  
**Category:** Pathology & maxillofacial reconstruction

**OROANTRAL FISTULA ASSOCIATED WITH DESTRUCTIVE PERIODONITIS**

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Ororanal fistula (OAF) is a pathological communication between the oral cavity and maxillary sinus. This abnormal connection may the result of a number of pathologic factors and often occurs following an extraction of posterior maxillary teeth due to the close anatomical relationship between the root apices of the molar and premolar teeth and the sinus floor. Other factors for OAF include: removal of maxillary cysts, benign or malignant tumors or trauma, infection, inflammatory conditions, neoplasm and Paget’s disease. Once this occurs the communication is referred to as a fistula. This fistula acts as a pathway for infection and can result with the development of acute sinusitis which further impedes healing. Following the creation of an oroantral communication, the patient complains of fluid going from mouth to nose when drinking and feeling a sensation of air rushing through the socket as they breathe. It is not generally painful, unless secondary sinusitis develops. Several techniques have been used for the repair of OAF, such as the use ofmucoperiosteal flaps (vestibular, palatine, lingual orcombined), bone grafts, or pedicled buccal fat pad grafts. This paper reports a case with a chronic apical infection associated with marked periodontitis which destroyed the lateral sinus wall, creating oroantral fistula and sinusitis and his treatment with pedicled buccal fat pad.

**Keywords:** oroantral fistula periodontitis buccal fat pad

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**PP-144**  
**Category:** Dentalveolar surgery

**ENDODONTIC TREATMENT OF PERIAPICAL INFECTION THAT CAUSED PARESTHESIA OF THE MENTAL NERVE**

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The aim of this case report is to present the treatment of a periapical infection that caused mental nerve paresthesia. A 46-year-old man was referred to the department of oral and maxillofacial surgery with a complaint of tooth pain and numbness affecting the left side of his lower lip. Extraoral examination revealed a slight swelling at premolar area. Intraoral examination revealed an amalgam restoration at the left mandibular second premolar tooth which had a class 2 mobility and extremely sensitive to percussion. Electric pulp test of the tooth revealed no vitality. Radiographic examination showed a seconder caries below the amalgam restoration of the tooth with a periapical radiolucency extending to the mental foremen. Computed tomography revealed the close relationship of the lesion with mental nerve. The patient was referred to the Department of Endodontics for the treatment of the lesion. Endodontic treatment of the tooth was completed in 4 visits within 1 week. The patient reported that sensation had progressively returned to his lip in one week. The restoration of the tooth was completed with composite resin. Three months follow up was uneventful and recall radiograph showed resolution of the lesion.

**Keywords:** periapical infection paresthesia mental nerve
CLINICAL EVALUATION OF PATIENTS TREATED WITH DENTAL IMPLANTS WITH DIFFERENT PROSTHETIC REHABILITATIONS

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PURPOSE: This retrospective study analyzed the distribution of the dental implants with regards to gender of the patients and type of indication for the implant therapy, as well as dimension, location and type of the implants.

MATERIALS AND METHODS: The implants used between 2010 and 2012 and the constructed restorations were retrospectively analyzed. Descriptive statistics were analyzed using a chi-squared test for demographic parameters, type of indication, location and implant diameters (dimensions and type) (α=.05).

RESULTS: The implants were followed up at least 2 years. 139 implants were placed in the maxilla and 116 were in the mandible. The success rate of the implants was (99.6%) as one of the implants were failed in the first week after insertion. The prosthetic restorations were fixed partial denture (156 implants), single crown and lower complete overdenture. Within the evaluation period five desimantation and six retentive screw loosening determined among all prosthetic restorations.

CONCLUSION: This short-term follow up report has shown that the success rate of Astra implants is similar to the success rate reported other clinical studies. However, long-term follow up is required to verify more precise success rates.

Keywords: Dental implants Success rate implant-supported prosthesis

CAN A PATIENT WITH CLEIDOCRANIAL DYSPLASIA BE CURED COMPLETELY?

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Cleidocranial dysplasia (CCD) is mainly characterized by a multiple deformity of the skeleton, premature closure of sutures, a hypoplastic midface, lack of eruption of permanent teeth, supernumerary teeth, aplasia or hypoplasia of the clavicles, short stature and hypertelorism. There is a many number of new mutations in this syndrome and its frequency is one per million. A 21 years old female CCD patient was applied to our clinic with a chief complaint of not finding any institution to treat herself. That's why, the first step of treatment was to convince the patient that she can be cured by a careful multidisciplinary clinical approach. After the periodontal therapy, her primary teeth were extracted to allow the eruption of permanent teeth. Extraction of impacted permanent and supernumerary teeth will be decided within the other stages. The patient follow-up is ongoing and she is highly pleased to proceed with a treatment procedure.

Keywords: dysplasia extraction therapy teeth
MUCOPOLYSACCHARIDOSIS TYPE VI PATIENT WITH AN ODONTOGENIC MYXOMA

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Mucopolysaccharidosis (MPS) is a metabolic disorder caused by the absence or malfunction of lysosomal enzymes which are responsible for degradation of glycosaminoglycans (GAG). This results in accumulation of GAGs in intra and extracellular matrix and causes multiple organ and system dysfunction. MPS Type VI, is an autosomal recessive disease that occurs following a mutation on the short arm of chromosome 5 and resulted in the functional deficiency of arylsulfatase B. Arylsulfatase B is an enzyme which is participated in degradation of a glycosaminoglycan macromolecule called dermatan sulfate (DS). DS is responsible for the formation, growth, maintenance and repair of connective tissue, bone, cartilage and periodontal tissues. Intraoral tumors with dental origin may usually be related with unerupted or impacted teeth and one of these tumors is odontogenic myxoma. According to the World Health Organization, odontogenic myxoma is classified as a benign tumor of ectomesenchymal origin with or without odontogenic epithelium. There has been a great deal of controversy regarding the origin of myxoid tumors because of their uncertain histogenesis with a characteristic appearance. Histochemical studies show that the ground substance in odontogenic myxoma is composed of glycosaminoglycans, especially hyaluronic acid and chondroidin sulfate. In this poster presentation, we report a patient with MPS Type VI who has an odontogenic myxoma around the impacted teeth in the mandible. Our data base review revealed no similar case have been reported in the English written literature so far. Treatment options, complications and precautions in MPS Type VI patients are discussed concerning oral pathologies.

Keywords: Mucopolysaccharidosis odontogenic myxoma oral pathology metabolic disorder

ODONTOGENIC FIBROMYXOMA: CASE REPORT

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Odontogenic fibromyxoma (OFM) is an uncommon and slow growing neoplasm of the jaws. It comprises 3-6% of all odontogenic tumors. According to the World Health Organization (WHO) classification (2005), OFMs are in the group of benign odontogenic tumors which arising from mesenchyme and/or odontogenic ectomesenchyme with or without odontogenic epithelium. It is more prevalent in females than in males and involves the mandibular posterior regions. Clinically, painless progressive swelling may occur. Radiological features include unicocular pericoronal radiolucent regions such as soap-bubble, tennis racket or honeycomb appearances. Keratocystic odontogenic tumors, ameloblastoma or central giant cell granulomas can be used to provide a differential diagnosis of OFMs. Histologically, they are mainly composed of spindled or stellate-shaped cells in a mucoid-rich intercellular matrix which may be included dental pulp and noticeble fibrous components. OFMs are aggressive lesions which have tendency for invasion into surrounding structures and cortical bone destruction. In addition, they have high recurrence rate. In this report, we presented a male patient with OFM which diagnosed in the left posterior region of his mandible after tooth extraction. The local surgical excision was performed to removal of the tumor and the radiological and clinical follow up of the patient was approved.

Keywords: odontogenic myxoma tumor surgery tooth extraction
MANAGEMENT OF A LARGE COMPLEX ODONTOMA WITH A CONSERVATIVE METHOD: REPORT OF A CASE

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Odontomas are defined as developmental malformations that are hamartomas of odontogenic origin. The treatment modalities for odontomas are generally depend on the tumors size. Small and medium lesions can usually be removed easily allowing preservation of surrounding anatomical structures, but in large odontomas which conservative approaches are not efficient for removal, more invasive treatment modalities can be needed like Le Fort I and Sagittal split osteotomies (SSO) The purpose this study is to report of large compound odontoma of the right mandibular angle that was treated with a minimally invasive intraoral approach, with discussing the treatment modalities on similar cases A 19-year-old woman was referred to the Department of Oral and Maxillofacial Surgery, at the Karadeniz Technical University, Faculty of Dentistry, Trabzon, Turkey, in January 2012 after an incidentally observed lesion on her right mandibular angle She had no significant medical history. Minimal facial asymmetry was observed on the right side during extraoral examination. Intraorally a small swelling shaped like an unerupted tooth was visible on right retromolar region in contact with the distal surface of the first molar where the second and third molars were missing. In our case considering the lingual and buccal cortex volume, SSO was not the first choice of our treatment. The lesion were removed with sectioning, the remaining bone cortices was preserved and the elastics are used to minimize the mouth opening by diminishing the tension forces on the mandible by presenting a force opposite of infrahyoid muscles which are active during mouth opening. The elastics were used for 6 weeks which is generally enough time for healing of mandible and they also help the treatment course forming a feed-back mechanism by limiting the mouth opening by providing a tension force.

Keywords: Odontoma Conservative Elastics

SURGICAL AND PROSTHETIC MANAGEMENT OF INTERPROXIMAL REGION OF A SINGLE IMPLANT IN THE ANTERIOR MAXILLA WITH AN IMMEDIATE PROVISIONAL RESTORATION: A CASE REPORT

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A key objective after maxillary anterior tooth extraction is preservation of the existing soft and hard tissue contours. This case report describes a technique using a bonded provisional crown as a provisional prosthesis during implant osseointegration. A 27-year-old female patient presented to the Oral and Maxillofacial Surgery department at the Baskent University Istanbul Hospital with acute symptoms related to the left central maxillary incisor. She has already had porcelain laminate veneers on central maxillary incisors. Radiographic examination indicated root treatment and periapical abscess on left central maxillary incisor. Apical root resection was performed due to pain and swelling. After 3 months the treatment was performed again but the patient was still complaining about pain. Periapical radiographs showed that vertical root fracture had occured. The tooth was extracted. Autogenous bone graft and resorbable membrane were used for guided bone generation. During the 6-month healing period, the porcelain laminate veneer was used as a provisional restoration. The laminate veneer was filled with a light-polymerized composite resin and cemented to the adjacent teeth with adhesive resin cement. This properly designed convex pontic could develop the soft tissue profile for the definitive restoration during the healing period. However, the provisional pontic had to be recemented for several times. After 6 months, an implant was placed at the healed site. A provisional plastic abutment was mounted to the implant and trimmed to the required height. The provisional crown was adjusted to the plastic abutment by creating an opening that was filled with a light-polymerized composite resin and was attached directly to the provisional plastic abutment. After 3 months, definitive restoration was prepared. The described technique permits development and maintenance of soft tissue contours before fabrication of the definitive prosthesis, while providing the patient with a stable esthetic restoration during the healing phase.

Keywords: provisional restoration papillae osseointegration
THE TREATMENT OF MANDIBLE FRACTURES WITH OPEN REDUCTION: THREE CASE REPORTS

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The mandible is one of the most fractured facial bone. The most common mandibular fracture sites are the condyle, body, and angle, followed less frequently by the parasymphseal region, ramus, coronoid process and alveolus. Treatment of the mandible fracture is basic to the treatment of maxillofacial trauma. These fractures are commonly treated with closed reduction and maxillomandibular fixation (MMF) or open reduction with either rigid or nonrigid fixation. In this study, we reported three cases of mandible fractures were treated with open reduction. Successful treatment of mandible fractures results in an anatomic bony union with restoration of normal occlusion and function. Osteosynthesis using titanium plates and screws is considered to be “the gold standard” for fixation of facial skeleton fractures.

Keywords: mandible fracture open reduction trauma

THE EFFECT OF LASER SURGERY ON TREATMENT OF PERI-IMPLANTITIS

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Peri-implantitis is an important factor that effects the prognosis of osseointegrated dental implants which causes destruction of soft and hard tissues surrounding the implants. Microflora, the etiologic factor, is not different than the microbiol factor of periodontal diseases in peri-implantitis cases. Antibiotic treatment by itself is insufficient to remove these microfilm particules irregularly attached to the implant surface. It is presented that laser supported treatment methods ahlie successfull results for removing microfilms and healing process of osseointegrated implants. In this poster, detoksification of implant surface, removing of infected soft tissues and decorticatio of the bone before graft application by Er.YAG laser is presented for two cases.

Keywords: Er.YAG laser peri-implantitis grafting detoxification decorticatio

ORAL CANDIDIASIS: A REFRACTORY CASE REPORT

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Oral candidiasis is the most frequent mucocutaneous mycosis of the oral cavity. It is produced by the genus Candida, which is found in the oral cavity of 53% of the general population as a common commensal organism. One hundred and fifty species have been isolated in the oral cavity, and 80% of the isolates correspond to Candida albicans, which can colonize the oral cavity alone or in combination with other species. Transformation from commensal organism to pathogen depends on the intervention of different predisposing factors that modify the microenvironment of the oral cavity and favor the appearance of opportunistic infection. A 9 years old girl with symptoms of recurrent oral candidiasis referred Istanbul University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery. Clinical examination was unremarkable except for white patches on the tongue and palate. The patient didn’t have any systemic disease or syndrome and these lesions had been present since her birth. The
aim of the case report was to present a child who present with recurrent refractory oral candidiasis and treatment of this disorder.

Keywords: oral candidiasis refractory case Candida Albicans

PP-154
Category: Oral and maxillofacial implantology

SINUS LIFTING WITH DASK SURGICAL KIT

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Maxillary sinus expands in volume due to pneumatization. Dental implant placement procedure to the maxillary posterior region is often challenged by resorption of alveolar bone both vertically and horizontally, plus, maxillary volume increase caused by pneumatization after tooth extraction. Thus, to increase the bone volume, sinus lifting surgery is being performed in cases. There are some techniques used in oral and maxillofacial surgery and some surgical kits. These techniques are lateral approach [piezosurgery, conventional rotative instruments and novel trephine drill (DASK)], crestal approach, balloon technique etc. In this presentation, a sinus lifting case using by DASK surgical kit is presented.

Keywords: maxillary sinus DASK

PP-155
Category: Dentoalveolar surgery

TREATMENT OF AN OROANTRAL FISTULA WITH A NEW COMBINATION OF TWO COMMON STRATEGIES

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Acute/chronic oroantral communications (ACOC) can occur as a result of surgical interventions or inadequate treatment of the posterior region of the maxilla. In fact surgical procedures in the maxillary posterior area can lead to inadvertent communication with the maxillary sinus. Spontaneous healing can occur in defects smaller than 3 mm but communications larger than 3 mm should be treated surgically without delay, in order to avoid sinusitis. Buccal flap, palatal rotation advancement flap, Bichat fat pad are the most common techniques for the closure of oro-antral communications. All these surgical procedures have a significant risk of morbidity of the donor site infections, avascular flap necrosis. Also when the failure happens repeated surgical corrections need excessive surgical approaches and patient discomfort. In this case report, we described a technique in a 68-years-old male patient who was treated with an autologous bone graft and Bichat fat pad due to ACOC. Possible risks, advantages and disadvantages of the technique are also discussed in the light of the literature.

Keywords: oroantral communications Buccal flap Bichat fat pad palatal rotation advancement flap
STUDY OF SURGICAL WOUND HEALING PROCESS IN PIGS.

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Now a days by increasing of surgical intervention in oral cavity for treatment of different pathological and secondary adentia. Wound healing process is under the consideration to be more quickly and aesthetic. For this aim we had used laboratory animals. There is many organs similar between human and pigs include teeth and jaw so it seems to be useful for experiment. Material and methods For our experiment were choosed Nig species mini-pigs of same age. A surgical incision had done in different parts of skin and mucosal membrane of these pigs the length and width of incisions are 2.3-3 cm. 6 hours later third, seventh, fourteenth, twenty first and thirty fifth days biomaterial was taken from place of wound for morphological study the size of tissues were 0.3-0.4 mm in width length of 1 cm. Antibiotic prophylactic had done in all experimental pigs. The tissues were sent to Histology Department and more a study had done electron microscope. Morpho histological result shows healing process in these experimental models in sub molecular level is useful. Results: The mini of Nig species are useful for research in oral cavity wound healing process.

Keywords: Nig species mini-pigs experimental bimodal, electron microscope morph histology wound healing

GLASS FRAGMENT EMBEDDED IN THE UPPER LIP AFTER TRAFFIC ACCIDENT: DIAGNOSIS AND TREATMENT OF A CASE

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Laceration of lips is a frequent consequence of maxillofacial traumas due to traffic accidents. Different foreign objects can penetrate into laceration areas such as; fractured tooth, prosthesis etc. These objects in soft tissues can lead to pathologic and esthetic problems. Soft tissue injuries related to accidents should be examined carefully and if foreign objects exist, they should be removed. Radiographic examination of soft tissues with signs of bleeding, laceration, or swelling should always be done to determine the presence or absence of a foreign body. If necessary advanced imaging techniques should be considered. In this poster, the diagnosis and treatment of a foreign object present in upper lip for 1 year following a traffic accident will be present.

Keywords: Trauma foreign body laceration soft tissue esthetic problem

TREATMENT MODALITIES OF TEMPOROMANDIBULAR JOINT ANKYLOSIS: TWO CASE REPORTS


Temporomandibular joint ankylosis is defined as fusion of joint surfaces by bone or fibrous tissue. Inability to open the mouth in temporomandibular joint ankylosis results in inability to maintain oral hygiene, inability to chew the food properly and aesthetic problems. This leads to dental caries, malocclusion, weight loss, and growth retardation. A variety of factors may cause TMJ ankylosis, such as trauma, local and systemic inflammatory conditions, neoplasms and TMJ infection. The most common etiological factors are trauma and infection. We report two cases of TMJ ankylosis with chief complaint of restricted mouth opening without pain and facial asymmetry diagnosed with unilateral right TMJ anklylosis who treated with gap arthroplasty successfully.

Keywords: TMJ ankylosis gap arthroplasty
SINGLE PUNCTURE ARTHROCENTHESIS: A CASE REPORT

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Tayfun YAZICI, Süleyman Demirel University Dentistry Faculty - Oral and Maxillofacial Surgery.

TMJ arthrocentesis is a simple and minimal invasive procedure. Procedure traditionally performed with double needle cannulas. Blind insertion of the second needle which permits the outflow can sometimes be difficult in the traditional arthrocentesis procedure where two needles are inserted through two separate puncture sites. The adoption of a single puncture technique for both fluid injection and aspiration might have some advantages with respect to the traditional two needle approach in terms of time of execution, tolerability, and retention of medication. In this report 32 year old male patient who treated with double puncture arthrocentesis and secondarily single puncture arthrocentesis plus hyaluronic acid injection was presented.

Keywords: arthrocentesis single puncture hyaluronic acid

TREATMENT OF BRONJ WITH ACTINOMYCYES SEEN AT POSTERIOR MANDIBLE BILATERALLY: CASE REPORT

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Osman Taha KÖSEOĞLU, Hacettepe Univesity Dentistry Faculty - Oral and Maxillofacial Surgery,
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The adverse effects of drugs are a challenging to deal with the introduction of newer drugs to treat various skeletal disorders. One of these drugs is bisphosphonates. They are synthetic analogues of pyrophosphate, a natural regulator of bone metabolism found in bone matrix. They inhibit the differentiation of osteoclastic precursors, induce apoptosis of osteoclasts and stimulate release of osteoclastic inhibitory factors to osteoblasts. Besides they interfere with cellular metabolism through adenosine triphosphate (ATP) analogous. Despite the various benefits, BP-related osteonecrosis of the jaws (BRONJ) is significant complications in patients receiving these drugs. Nowadays, oral BPs like alendronate are usually prescribed to treat osteoporosis and intravenous BPs are extensively used to treat osteolytic bone lesions related to different types of cancer and bone metastasis of solid cancers such as multiple myeloma, breast cancer or prostate cancer. In this case it is presented a 46-year-old woman with a 2.5-year history of monthly use of i.v. Zometa (zolendronic acid) for treatment of metastatic tiroid Ca, resulting in BP-related osteonecrosis of the jaws (BRONJ), their surgical treatments, pathological findings as actinomyces and its medical treatments seen at posterior mandibula bilaterally.

Keywords: Bronj Bisphosphonate Zometa Oral Pathology

EVALUATION OF IMAGE-GUIDED SURGICAL TEMPLATES IN DENTAL IMPLANT PRACTICE: THREE CASES.

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The optimal positioning of dental implants ensures good biomechanical, functional, aesthetic and phonetic results. Surgical guidance allows the accurate transfer of information from the pre-operative treatment planning phase to the surgical field. It assists the operator in placing the implant in the most ideal position and angulations, with regards to the final prosthesis. Although conventionally made surgical template are used, high accuracy in planning and execution of surgical procedures is important in securing a high success rate without causing iatrogenic damage. This can be achieved by computed tomography, 3D implant planning software, image-guided template production techniques, and computer-aided surgery. This case report evaluates about the various systems of conventionally made surgical template using radiograph and also the newer computer generated
surgical template in three cases. Implant placement was simulated on the preoperative computed tomography image and mucosa-supported surgical guides were fabricated for two patient using CAD/CAM technology. A conventionally made surgical template was fabricated for the other patient. Implants were inserted using surgical templates. The patients were re-evaluated six months after the surgery and a 100% success rate was achieved. All of the implants presented no mobility or symptoms, permitting an oral rehabilitation with fixed prosthesis over the implants.

Keywords: implant CAD/CAM damage template

PP-162
Category: Dentoalveolar surgery

BRAIN ABCESS POSSIBLY CAUSED BY ODONTOGENIC INFECTION IN MANDIBULAR FIRST MOLAR AND PERIODONTAL DISEASES : A CASE REPORT

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Brain abscesses are rare but can be life-threatening infection. In the direct extension, oral infections spread along the fascial planes. Hematogenous spreading occurs along the facial, angular, ophthalmic, or other veins which lack valves, through the cavernous sinus and into the cranium. In our case, we report a 27-year-old man who suffered from brain abscess, probably caused by odontogenic infection. The patient had applied to Erciyes University Emergency Department with a pain in occipital region. After several radiographs, examinations and consultations, it was diagnosed as a brain abscess but when it comes the source of the infection, it was uncertain. The patient had surgery and the abscess had been drained and the biopsy specimen had been sent to pathology. After bacteriologic examinations, gram positive rods were in majority. Thus we thought that it could be an odontogenic infection. After we examine the patient, we found that the patient had a radicular lesion in the apical of the right first molar tooth and severe periodontal problem in mandible and maxilla simultaneously. So we thought that the cause of the brain abscess could be odontogenic and we extracted tooth after periodontal treatments. After pathological examinations we found out the lesion was radicular cyst. Even if the patients would not suffer pain or swelling on their maxillofacial regions, odontogenic infections are not only very important and unignorable but also life-threatening in such situations like cavernous sinus syndrome or brain abscess.

Keywords: brain abscess infection odontogenic radicular cyst

PP-163
Category: Pathology & maxillofacial reconstruction

RECURRENT CENTRAL GIANT CELL GRANULOMA IN THE MAXILLA: ALTERNATIVE TREATMENT MODALITY

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Introduction: Central giant cell granuloma (CGCG) is an uncommon benign bony lesion that occurs in the mandible and maxilla. Methods and Results: A 14-year-old female was admitted to our clinic complaint of hard swelling in the left maxillary anterior vestibule cortex. The lesion was surgically removed, by enucleation carried out under local anesthesia. Histological investigation revealed a diagnosis of central giant cell granuloma. Recovery was uneventful follow-up eight months. The mass was opened and deep curettage. After that same seance corticosteroids was injected. The injection was repeated at the same rate once a week for 6 weeks following. The follow-up examination after seven years, lesion and left maxillary canine were stable and asymptomatic. There was no recurrence of lesion. Conclusion: Surgical removal combined with intrallesional corticosteroid injection is a promising treatment approach for CGCG. It could be reduce the recurrence.

Keywords: central giant cell granuloma corticosteroids surgical removal injection
ORAL SQUAMOUS PAPILLOMA IN SIBLINGS: CASE REPORT

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Oral squamous papilloma (OSP) is the benign growth of epithelium and minor amounts of supporting connective tissue resulting in papillary or verrucous exophytic mass. Its appearance changes pink to white exophytic granular or cauliflower-like surface alterations. The lesion generally measure not larger than 1 cm in greatest dimension but in some cases it expanded up to 3 cm. Although the etiology of OSP is not clear, human papilloma virus (HPV), which is a member of papova virus family, is assumed the etiologic agent of OSP. As an oral lesion, it raises concern because of its clinical appearance, which may mimic exophytic carcinoma, verrucous carcinoma or condyloma acuminatum. Surgical removal, electrocautery, cryosurgery, and intralesional injections of interferon are the treatement modalities. OSP has a benign course with spontaneous regression; however have been associated with progression or persistence for years. This case report presents two cases (15-year-old female, 6-year-old male who are siblings and have multiple papillary and verrucous exophytic lesions in different regions of the mouth (tongue, palate, labial mucosa, lip mucosa). Based on clinical and histopathological evaluations the diagnosis was concluded as OSP. Although the route of transmission of the virus is unknown for oral lesions, direct contact would be favoured as in present siblings. After 1 year of follow-up the OSP lesions were regressed in both children idiopathically. The purpose of this study is to describe the clinical and histopathological features of multiple OSP lesions and present the regressed lesions in sibling. The clinical appearance of OSP resembles verruciform xanthoma, papillary hyperplasia and condyloma acuminatum and differential diagnoses need to be made from these lesions.

Keywords: Oral squamous papilloma; pediatric oral squamous papilloma human papilloma virus

PEDUNCULATED ORAL SQUAMOUS CELL PAPILLOMA OF THE SOFT PALATE

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Oral squamous cell papilloma is a benign proliferation of the stratified squamous epithelium, which results in a papillary or verrucous exophytic mass. They are common lesions with a predilection for the mucosa of the hard and soft palate. When they occur on the palate they are most often asymptomatic and benign. Pedunculated squamous papillomas usually arise from the soft palate, tonsil, or the epiglottis. Many consider its pathogenesis as being from the human papillomavirus (HPV) there is controversy regarding its viral origin. A 35-year-old male patient reported in this case report, had pedunculated squamous cell papilloma in the nasopharyngeal surface of the soft palate. The patient referred to our department, with a chief complaint of growth on the soft palate for 3 months, also suffered from nasal regurgitation when drinking water. Intraoral examination revealed that papillary surface architecture of the lesion is characteristic of an oral squamous papilloma. The lesion and the 5-mm-in diameter pedunculated attachment were surgically excised with a 1 mm margin to the depth of the submucosa. The histopathological diagnosis of squamous papilloma was made. There was no evidence of recurrence of the lesion at one-year follow-up period.

Keywords: oral lesion squamous cell papilloma
SURGICAL TREATMENT OF PERIPHERAL GIANT CELL GRANULOMA IN A PATIENT WITH SCLERODERMA

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Peripheral giant cell granuloma (PGCG) is the most common oral giant cell lesion appearing as a soft tissue extra-osseous purplish-red nodule which consists of multinucleated giant cells. The initiating stimulus factor has been believed to be due to local irritation or trauma, but the cause is still not clear. Systemic sclerosis or systemic scleroderma is an autoimmune or connective tissue disease. It is characterized by thickening of the skin caused by accumulation of collagen. There are two overlapping forms. Limited cutaneous scleroderma is limited to the skin on the face, hands and feet. Diffuse cutaneous scleroderma covers more of the skin, and is a risk for the visceral organs, including the kidneys, heart, lungs and gastrointestinal tract. In the presented case, a 42-year old female patient who had scleroderma involved gastrointestinal tract, was operated for the peripheral giant cell granuloma in the mandible. Treatment approaches and difficulties of the surgical interventions were also discussed in the presentation.

Keywords: scleroderma peripheral giant cell granuloma

FRAC TURE OF OSSEO INTEGRATED IMPLANT; CASE REPORT

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Fracture of dental implants is a rare phenomenon with severe clinical results. Several factors have been suggested as possible causes for dental implant fractures. These include; Design or production flaws, Inadequate fit of the superstructure, Load factors, Bruxism or heavy occlusal forces, Design of the superstructure, Implant location, Implant size (diameter), Metal fatigue and Bone resorption around the implant. A 60-year-old man was referred to our clinic with collar fractures of osseointegrated dental implant. Implant was broken fourteen months after the prosthesis was placed. The treatment of the case is presented with the clinical, radiographical findings. Fractured implants were removed with trephine bur and new dental implant was inserted same area in our clinic. After three monts of healing period with no complications noted, clinical osseointegration was achieved. Early diagnosis of such cases is critical and treatment should be managed while the damage can be reversed.

Keywords: dental implant collar fracture

DISPLACEMENT OF THE ROOT OF THE LOWER THIRD MOLAR INTO THE LATERAL PHARYNGEAL SPACE: CASE REPORT

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Surgical removal of lower third molar is one of the most common procedures performed in dental clinics and it may have some complications, such as infection, bleeding, nerve injuries, trismus, trauma to adjacent tissues, alveolar osteitis and so on. An accidentally displaced lower third molar or one of its roots is a rare complication during extraction of impacted molars, but displacement of a lower third molar into the pterygomandibular space, lateral pharyngeal space, submandibular space has been
reported. The most common reasons for the displacement of the lower third molar are distolingual angulation of the tooth, extreme thinness of the lingual cortex and the relation between the roots and submandibular space. We report a successful case of endoscopic extraction of the root of the lower right third molar from the parapharyngeal space under general anesthesia.

**Keywords:** accidental displacement lateral pharyngeal space mandibular third molar

**PP-169**  
**Category:** Pathology & maxillofacial reconstruction  
**MULTIPLE COMPOUND ODONOMAS IN MANDIBULA; CASE REPORT**  
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Odontomas are the most common type of odontoegenic tumors developmental malformations (hamartomas) of dental tissues. They are odontoegenic tumours consist of dentin, enamel and cementum. The typical forms of these are ameloblastic fibroma, ameloblastic fibroodontoma, complex odontoma and compound odontoma. Two forms of odontoma occur. The complex odontoma represents a conglomeration mass of dental tissue and does not resemble a properly formed tooth or teeth on x-ray or under the microscope. The compound odontoma is composed of multiple, generally small, tooth-like structures on x-ray and microscopically. Both types of odontoma are most often discovered in children when they impede eruption of the normal dentition. Occasionally, an odontoma will be found in an adult. A 35 year-old male was referred our clinic to impacted third molar. Radiographic examination showed multiple and diffuse opacities between first and second premolar of mandibula. Surgical removal of the masses was accomplished under local anestesia. All tooth like tumormasses were enucleated Based on the histopatologic features, diagnosis of compound odontoma was established.

**Keywords:** Odontogenic Tumours Compound Odontoma

**PP-170**  
**Category:** Pathology & maxillofacial reconstruction  
**EARLY DIAGNOSIS AND MARGINAL RESECTION OF THE POSTERIOR MANDIBLE LOCATED AMELOBLASTOMA: A CASE REPORT**  
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Ameloblastoma is a histologically benign, locally aggressive tumor arising from the odontogenic ectoderm. It accounts for one percent of all oral tumors. The mandible is affected four times more frequently than the maxilla. In the mandible, there is a predilection for the molar-ramus area with a little more than two-thirds occurring in this region. Typically, early symptoms are absent and these tumors are seldom diagnosed in the early stages of development. The usual clinical presentation of this tumor is that of a slowly growing, asymptomatic intraoral swelling. 55 years old female patient attended to the S.D.Ü. Dentistry Faculty, Oral and Maxillofacial Surgery Clinic. Patient's complaint is swelling of the right posterior mandible. We performed incisional biopsy and the result was ameloblastoma. Because of the early period of the lesion, we preferred marginal resection. In present case inferior and posterior border of mandible were preserved. Follow up of the patient revealed no recurrence in the last 1 year 3 months. Marginal resection can be preferred when ameloblastoma detected on the early stage. Marginal resection is less aggressive than sectional resection. In present case inferior and posterior border of mandible preserved. This anatomic restoration allowed maintenance of skeletal and dental relationships and preserved aesthetics and physiologic function. When marginal defects are reconstructed, the ultimate goal is to restore the morphology of the alveolar process of the mandible to facilitate placement of osseointegrated dental implants or provide an anatomic foundation for a dental prosthesis.

**Keywords:** marginal resection ameloblastoma
REHABILITATION OF SEVERELY RESORBED MANDIBLE TREATED WITH MINI DENTAL IMPLANTS SUPPORTED OVER DENTURE: A CASE REPORT

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Replacement of missing teeth has become a successful option ever since the discovery of Osseointegration and introduction of implants in the dental field. It has proved to be a therapeutic breakthrough especially for edentulous people. Implants supported over dentures are becoming the first choice of treatment for edentulous patients as they provide various advantages over the conventional dentures most importantly enhancing the denture retention and stability. The aim of this case rehabilitation of a completely edentulous patient with a mandibular implant supported over denture which drastically improved the oral health related quality of life of the patient. A 68-year-old female patient reported with major complaint of loose lower complete denture prosthesis. The patient had been wearing a denture for the past 15 years and had a complaint of loose mandibular dentures for the last 5 years. On intraoral examination, the mandibular ridge was found to be severely resorbed. A thorough medical and dental history of the patient was recorded. The knife edge ridge in the anterior region was flattened and basal bone improved. Four mini dental implants were inserted. The patient was prosthetically rehabilitated using an implant retained denture. This treatment was considered to be a beneficial treatment choice in the maintenance of satisfactory functional and esthetic results in patients with severely atrophied alveolar ridges.

Keywords: Implant overdenture, Atrophic mandible Locator attachments

MAXILLARY BONE NECROSIS FOLLOWING THE USE OF PARAFORMALDEHYDE CONTAINING PASTE IN A 8-YEAR-OLD BOY: A CASE REPORT

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Introduction: Pulp-necrotizing agents were commonly used in endodontic treatments. They act quickly and devitalize the pulp within a few days. However, they are cytotoxic to gingiva and bone. If such an agent diffuses out of the cavity, it can readily cause widespread necrosis of gingiva and bone, which can lead to osteomyelitis of the jaws. They are still used in certain areas in the world. This case presents a case of maxillary bone necrosis and their surgical management.

Case: A 8-year-old boy patient was referred to our clinic for a bony sequestrum associated with left maxillary molar region. One week previously, he has visited to Istanbul University, Department of Pedodontics due to the severe pain associated with tooth 65. The practitioner elected to perform root treatment of this tooth with a paraformaldehyde paste. Shortly after the placement of the paraformaldehyde paste, the patient experienced severe pain and after a week his parents noticed denudation of bone around the tooth. Clinical examination revealed inflamed gingiva and maxillary bone was exposed. The exposed bone had a dull greyish colour. Second maxillary deciduous tooth was extracted under local anaesthesia, the necrotic bone was removed locally and curettage of the cavity was carried out. Teeth 24 and 25 were mobile. The flap was closed and haemostasis was obtained. A course of oral amoxycillin, paracetamol and as a mouthwash chlorhexidine two times a day for 7 days was given. After 1 week, the operative area was irrigated with sterile physiological saline. The patient recalled weekly and irrigated again. After a month later healing progressed uneventfully and teeth 24 and 25 were not mobile anymore.

Conclusion: Severe bone necrosis may occasionally be encountered after the use of paraformaldehyde in dental clinics. Dentists should avoid such preparations and be alert of the features and management of local toxicity.

Keywords: paraformaldehyde necrosis pedodontics pulp-necrotizing
PP-173
Category: Dentoalveolar surgery

CAN BIOGLUE OR GLUBRAN PLAY A ROLE AS A MEMBRANE?
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The aim of this study is to evaluate role of Biogluue and Glubran on bone defect healing in rat models. A collagen membrane served as reference material. In 24 male Sprague-Dawley rats, a standardized 5.0 mm circular defect was created in the calvaria and all defects were filled by allograft. Rats were divided into three groups: membrane (M), biogluue (B), glubran (G). All animals were sacrificed at 4 weeks postoperative. New bone formation was evaluated by stereologic methods. Stereologic analyses showed that the volume of bone at defect sites covered with collagen membrane was significantly greater than at defect sites covered with biogluue and glubran. When we compare the amount of new bone formed between biogluue and glubran no statistically significant differences were observed. Compared to collagen membrane, biogluue and glubran did not significantly increase the amount of new bone in defect sites.

Keywords: biogluue glubran stereologically critical size defect

PP-174
Category: Oral and maxillofacial implantology

A DIFFERENT APPROACH FOR AN IMMEDIATE IMPLANTATION PROCEDURE
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Dental implant placement procedure immediately after tooth extraction is called immediate dental implantation technique. Achieving primer stability during immediate implantation surgery is critical as delete implantation technique. Graft material placement to the distance between implant surface and extraction socket is strongly advised. In conventional immediate implantation surgeries, the order of procedure is; first implant placement then graft augmentation to the empty space. From the esthetical and stabilization respect, in our study before implant placement graft material is placed to the slot and the implant slot is prepared for implant finally. In this presentation, decontamination and decortication of implant slot by Er:YAG laser and graft-implant placement order to increase primer stability is emphasized.

Keywords: immediat implantation primer stability Er:YAG laser

PP-175
Category: Cleft lip & palate and craniofacial anomalies

ALVEOLAR CLEFT REVISION: A CASE SERIES
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Alveolar cleft is a bony defect that is present in 75% of the patients with cleft lip and palate. Secondary autogenous cancellous bone grafting is a widely used method for the treatment of alveolar clefts and oronasal fistulae. Surgical closure of alveolar clefts and fistulae is important not only in the improvement of articulation, establishment of functional occlusion, and aesthetic improvement, but also in the improvement of the oral environment. Secondary autogenous cancellous bone grafting for alveolar clefts provides continuity to the alveolar arch by closure of the cleft. Many types of bone grafts such as iliac crest, mandibular
sympysis and bone substitutes have been used for reconstruction of the cleft. the most common source of alveolar cleft graft has long been anterior crest of iliac bone. However, failure cases will be in need of revision surgery leading to more treatment complications. Platelet-rich fibrin (PRF) has been shown to be effective in grafting the defect. In the report 4 alveolar cleft revision and nasal fistulas secondarily revised with the use of symphysial bone graft and PRF under local anesthesia was presented. Uneventful healing were observed in these cases.

PP-176
Category: Dentoalveolar surgery

ANALYSES OF 1100 SUPERNUMERARY TEETH IN NON-SYNDROMIC TURKISH POPULATION: A RETROSPECTIVE MULTICENTER STUDY

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Purpose: The aim of the following study was to analyse the clinical and radiological features of the supernumerary teeth, to record the related complications and to discuss different forms of treatment.

Materials and Methods: A total of 111293 patients were examined for a period of 3 years of duration. Age, gender, number, morphology, location, position, shape, developmental stage, eruption status and associated complications with supernumerary tooth were analysed.

Results: Among 111293 patients, 851(0.76%) patients with 1100 supernumerary teeth were found. Of these patients, 478(56.2%) were males and 373(43.8%) were females with the mean ages of (22.71). Most of the 1100 supernumerary teeth were located in the maxilla, 437(39.72%) were conical shape including fully developed tooth in 82.81%. Mesiodens was the most frequently seen supernumerary tooth 284(33.37%), followed by distomolar 204(23.97 %), para premolar 146(17.16%), 422(38.36%) of the 1100 supernumerary teeth associated with complications.

Conclusions: There is no another study in the literature that examined in detail so many cases with supernumerary teeth. The demographic profile of supernumerary tooth here in presented will be useful to provide additional epidemiological information.

Keywords: Supernumerary teeth mesiodens parapremolar distomolar polydontia

PP-177
Category: Dentoalveolar surgery

CORONECTOMY PRACTICE FOR IMPACTED MANDIBULAR THIRD MOLARS

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When a mandibular third molar extraction is indicated, damage to the inferior alveolar nerve (IAN) is one of the most important complications. Coronectomy was developed to reduce the incidence of iatrogenic injury to the IAN as compared with total removal, which can be a result of routine mandibular third molar surgery. The objective of this case report was to provide an overview of the coronectomy for a third mandibular molar in cases of proximity to the inferior alveolar nerve. Cone beam computed tomography of the patients determined that three-dimensional relationship of the impacted mandibular third molars to the IAN. After occlusal exposure under local anesthesia, the crowns were removed. 10 months after the coronectomy, a second operation was performed for extraction of the root fragments. The root extraction has not result in any neurological deficits, because the root fragments had migrated from the mandibular canal. Root migration generally is asymptomatic, but in a case in which the patient underwent a second operation, the risk of the patient’s experiencing neurological injuries was reduced.

Keywords: coronectomy impacted molars alveolar nerve injury
PP-178
Category: Pathology & maxillofacial reconstruction

MANAGEMENT OF AN ARTERIOUS VENOUS MALFORMATION RELATED TOOTH EXTRACTION

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Introduction: Arteriovenous malformations (AVM) are usually observed on the skin, but they can also affect the maxillofacial area. In the maxillofacial area these lesions can spread and AVMs of the mandible are uncommon lesions, but may be life threatening, even a simple tooth extraction can lead to a severe haemorrhage. Different treatment procedures have been recommended such as embolization, carotid artery ligation, decortication, curettage, packing, obliteration, cryosurgery, radiation therapy, sclerosing agents, and resection. This study reports a case of tooth extraction combined with embolization protocol on a female patient with a mandibular AVM and managements of treatment complications.

Material and Methods: A 28-year-old female patient presented to our clinic after a history of severe bleeding during the extraction of her right mandibular first molar in a private dental clinic. Patient experienced severe bleeding at the time of extraction. After the bleeding controled the patient urgently reffered to our clinic. Extra oral examinations revealed an perimandibular swelling on right side of mandible without any discoulouration with the history of severe bleeding. An angiogram was taken for the definitive diagnose and an AVM was revealed which is extending from external carotid artery. Intraoral examination did not reveal any findings related to the AVM. The tooth extracted under general anesthesia after embolization of the unilateral lingual and labial arteries due to newly developed arterial anastomosis. After the extraction of the teeth using all conventional methods, the glue was applied on the extraction site to stop bleeding. After the patient discharged, the healing of the extraction socket was followed up due to an exposed necrotic bone that surrounds the extraction site which healed 10 weeks after when the seccestre was removed.

Conclusion; In this case we demonstrated that even the tooth extraction can lead very severe, unesthetic and life threatening complications in patients with AVM.

Keywords: AVM tooth complication bleeding

PP-179
Category: Pathology & maxillofacial reconstruction

MULTIPLE MYELOMA IN THE MANDIBLE AS THE FIRST SIGN OF THE DISEASE: A CASE REPORT

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Multiple myeloma (MM) is a monoclonal malignant proliferation of plasma cells that causes osteolytic lesions in both the skeletal and jaw. MM is characterized by the production of pathologic M proteins, bone lesions, kidney disease, hyperviscosity, and hypercalcemia. Human leukocyte antigen studies suggest a genetic predisposition to the disease, which occurs equally in both genders, most often in patients aged older than 50 years. Anemia and skeletal pain are the most common presenting symptoms, and bone pain is caused by bone lysis which are the result of tumor cells or indirectly from osteoclast-activating factors secreted by the malignant myeloma cells. While MM is most frequently seen in the vertebrae and long bones, 30% of MM cases are found in the jaws. This case report presents a 66-year-old woman with mandibular swelling. Panoramic radiography revealed a radiolucent lesion in the mandibular posterior region. Biopsy was performed and the histopathological examination indicated plasmacytoma. In this case report we present a unique case of multiple myeloma with mandibular radiolucent lesion as the first sign of the disease.

Keywords: multiple disease radiolucent lesion biopsy
USE OF TITANIUM MESH PRIOR TO DENTAL IMPLANT PLACEMENT: A CASE REPORT

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Reconstructive efforts at aesthetic implant sites usually involve more than replacing missing hard and soft tissue. For reconstruction of these type of defects, the surgeon uses different grafts materials. Guided bone regeneration was introduced as a therapeutic modality aiming to achieve bone regeneration. Various materials and techniques have been used for this purpose such as non-resorbable expanded polytetrafluoroethylene membranes, collagen membranes, titanium mesh or other bioabsorbable polymer barriers. The aim of this presentation was to evaluate the effect of guided bone regeneration using titanium mesh in implant surgery with hard and soft tissue defect after maxillary canine extraction. A 43-year-old male patient was referred to our department for an implant treatment consultation. The patient had alveolar atrophy due to loss of canine tooth. Alveolar crest augmentation is planned and the defect was covered with titanium mesh without graft material. After six months, the space under titanium mesh was completely filled by hard tissue. One implant was placed and the prosthetic phase was carried out three months after implant placement. The clinical and radiographic evaluation after loading period of 12 months showed that osseointegration was successfully maintained after implant function.

Keywords: titanium mesh guided bone regeneration implant

EARLY DIAGNOSED ODONTOGENIC MYXOMA IN THE MANDIBLE.

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Odontogenic myxomas are considered to be a benign odontogenic tumor with locally aggressive behavior. It rarely appears in any bone other than the jaws. It is considered to be derived from the mesenchymal portion of the tooth germ. Clinically, it is a slow-growing, expansile, painless, non-metastasizing, central tumor of jaws, and generally seen in the mandible. Usually there is no sign until it will expand and give pain to the patient. Soft tissue localization that can be classified as a peripheral myxoma is rarely seen than the central myxoma. In this case report during routine dental examination we presented early diagnosed odontogenic myxoma in a 62-year-old female patient, which had located in the right mandibular posterior region. It was treated by radical resection and the lesion did not recur after surgical procedure in a short time follow-period.

Keywords: myxoma, mandible, resection, peripheral

A RARE COMPLICATION DURING IMPLANT SURGERY IN SINUS AUGMENTATION AREA

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Enes ÖZKAN, Ondokuz Mayis University, Oral and Maxillofacial Surgery
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Dental implant surgery procedure for maxillary posterior region is often challenged by maxillary sinus which is expanded in volume because of pneumatization. While the sinus lifting surgery is comparatively safe, some potential complications could be occur. Various ones that bleeding, schneiderian membrane perforation, dislocation of grafting materials may occur during sinus lifting surgery. Although complications about sinus lifting procedure usually appeared intraoperative or postoperative,
they generally aren’t shown when the implant will be placed. Furthermore complication rate associated with maxillary sinus augmentation procedures in the literature is very low. In this presentation, a complication of graft unit fracture phenomenon during implant placement seen at second stage of sinus lifting surgery is presented.

**Keywords:** complication graft implant sinus lifting bleeding

**PP-183**  
Category: Oral and maxillofacial implantology

**CLOSURE OF PERFORATED SINUS MEMBRANE OCCURRED DURING SINUS LIFT PROCEDURE BY USING COLLAGEN MEMBRAN**  
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Ismail ŞENER, Ondokuz Mayis University, Oral and Maxillofacial Surgery  
Cihan BEREKET, Ondokuz Mayis University, Oral and Maxillofacial Surgery  
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The maxillary sinus grafting procedure has proven to be an acceptable modality for bone augmentation to provide a base for endosseous implants, routinely used for the rehabilitation of posterior maxilla. Maxillary sinus membrane perforation is the most common complication that occurs with sinus elevation and augmentation surgery. When sinus membrane perforation occurred, membrane is repaired or operation postponed. There are a lot of methods for repairing of sinus membrane. These methods are suturing, barrier membranes, resorbable collagen membranes, flaps, mucosal graphs, buccal fat pad graft or tissue adhesives. In this case report, a simple technique using a collagen membrane for repairing of sinus membrane perforation is presented.

**Keywords:** Dental implant Sinus lifting lateral approach

**PP-184**  
Category: Dentoalveolar surgery

**EVALUATION OF DIFFERENT SURGICAL PROCEDURES WITH VISUAL ANALOG SCALE (VAS)**  
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Samed SÖNMEZ, Süleyman Demirel University - Oral and Maxillofacial Surgery,  
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One of the main problem associated with dentistry is management with pain. While efforts are always taken to minimize discomfort associated with a given dental procedure, it is almost inevitable that the patient will experience a certain degree of discomfort. It is well established that the most effective way to treat such discomfort is with the use of anesthetics; however, the type of anesthesia administered is a decision which must be made on a case by case basis. Local anesthesia (LA) is widely used for the management of local pain in the dental patient. LA results in the temporary loss of sensation, including pain, in one part of the body produced by a topically applied or injected agent without depressing the level of consciousness. Visual AnalogueScale (VAS) is a measurement instrument that tries to measure a characteristic or attitude that is believed to range across a continuum of value sand cannot easily be directly measured. For example, the amount of pain that a patient feels ranges across a continuum from none to an extreme amount of pain. In this study; pain level of the patients was assessed by visual analog scale (VAS) score after surgery interventions performed under local anesthesia. Operation time, age, amount of anesthesia, VSA score were analyzed.

**Keywords:** local anesthesia visual analog scale pain
IMMUNOHISTOCHEMICAL AND BIOCHEMICAL EVALUATION OF THE EFFECT OF BFGF ON SOFT TISSUE HEALING AFTER TOOTH EXTRACTION AND SERUM BFGF LEVEL IN ZOLEDRONIC ACID APPLIED RATS

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Objectives: Bisphosphonates (BPs) are used commonly for treatment of different disease as cancer. But, there is a little knowledge about the negative effects of bisphosphonates on tissue regeneration and interleukin expression of the oral mucosa after traumas. Some reports are available about ameliorative effect of basic fibroblast growth factor (bFGF) on wound healing after tooth extraction. The aim of this study was to evaluate the effects of zoledronic acid (ZOL) and basic fibroblast growth factor on soft tissue healing immunohistochemically expression of the IL-3 and IL-8 at the tooth extraction area. Biochemical level of basic fibroblast growth factor was also evaluated for clarify etiopathology of bisphosphonate related osteonecrosis of the jaws.

Study Design: A randomized, controlled trial using male Sprague-Dawley rats was developed. The effects of zoledronic acid and basic fibroblast growth factor on soft tissue healing histopathologically and expression of IL-3 and IL-8 were examined immunohistochemically following tooth extraction. Serum basic fibroblast growth factor was analyzed biochemically after first zoledronic acid injection. Data were analyzed using the Tukey, Mann-Whitney U, Kruskal-Wallis and Wilcoxon tests.

Results: ZOL decreased the expressions of IL-3, IL-8 and serum bFGF level in treated rats and bFGF treatment significantly ameliorated the negative effects of ZOL on ILs.

Conclusions: This study showed that ZOL decreased healing and IL expressions, while bFGF reversed this negative effect of ZOL.

Keywords: Bisphosphonates bFGF Wound healing

INTRAOSSEOUS SCHWANNOMA OF THE MANDIBLE: A CASE REPORT

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Intraosseous schwannoma (IS) is a rare benign nerve sheath neoplasm mostly occurring in mandible, representing less than %1 of benign primary bone tumors. It’s a painless, slow growing lesion as most of the intraosseous bening developmental cyst and tumors of the jaws. Radiologically differential diagnosis includes angiofibroma, neurofibroma, leimyoma in the presence of mandibular canal dilation, where as absence makes it difficult to differentiate from unilocular, well defined bordered radiolucent images of cysts and tumors. In these cases intraoperative finding of direct attachment of the tumor to the neurovascular bundle gives an idea on differential diagnosis. Treatment of choice is conservative surgical enucleation with periodic follow ups. Recurrences are rare after total removal of tumor. In this poster presentation a rare location of an intraosseous schwannoma in a 58 year old female and 6 months follow up after surgery will be presented.

Keywords: schwannoma intraosseous neurovascular tumors
A CASE REPORT: TREATMENT OF CHRONIC MAXILLARY SINUSITIS OF ODONTOGENIC ORIGIN

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Chronic maxillary sinusitis (CMS) results from the presence of impaired mucociliary clearance caused by long-standing inflammation for at least 12 weeks. It is more frequent among women between 30 to 50 years old. CMS is due to a temporary and reversible mucociliary dyskinesia. A case report of 44 year old female patient with the complaint of halitosis and pus drainage started after extraction of #16 will be revealed in this poster presentation. Clinical and radiological examination showed chronic maxillary sinusitis. Because of infection, maxillary sinus underwent Caldwell Luc approach. Antrostomy was performed to prevent from becoming chronic obstruction. Postoperative clinical examination showed no inflammation and healing was achieved optimally without any infection or pus drainage.

Keywords: maxillary sinusitis antrostomy Caldwell Luc odontogenic

CONSERVATIVE TREATMENT OF AN ODONTOGENIC KERATOCYST: CASE REPORT WITH 8-YEAR FOLLOW UP

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The odontogenic keratocyst (OKC) is unique among odontogenic cysts of the jaws, because of its aggressive behaviour, high recurrence rate and characteristic histological appearance. Although various treatment methods for OKCs have been reported ranging from conservative to radical surgery, because of its nature and high recurrence rate, the treatment goal of OKC is the prevention of recurrence. The authors present a case of a 56-year-old male with an OKC located in the right mandibular angulus region. It was treated by decompression and complete resolution of the cyst was observed in a year time. The patient was followed up for 8 years without any recurrence.

Keywords: odontogenic keratocyst conservative treatment decompression

PERIPHERAL OSTEOMA OF THE MANDIBLE: REPORT OF TWO CASES

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Osteomas are benign neoplasms, often asymptomatic, well-differentiated matured bone. Osteomas may arise on the surface of the bone as a polypoid or sessile mass (periosteal osteoma), in the medullary bone (endosteal osteoma), or in the soft tissue (extraskeletal osteoma). The differential diagnosis may include peripheral ossifying fibromas, exostoses, sessile osteochondroma, osseous osteoma, periosteal osteoblastoma and paraosteal osteosarcoma. The treatment modality is conservative. Surgical excision and follow up on a six month schedule is recommended for 2 years due to it’s rare recurrence rate. In this poster, we presented two solitary peripheral osteomas located in the mandible with a facial deformity. Based on localization of lesions, surgically intraoral and extraoral removal of tumors were performed and no recurrence were seen at follow ups with a good aesthetic outcome.

Keywords: peripheral osteoma mandible
MANAGEMENT OF LARGE FOSSA CANINA ABSCESS: REPORT OF A CASE

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Fossa canina abscesses are potentially dangerous complications of odontogenic infections. A possible complication of fossa canina infections is reactive thrombosis of the vena angularis, which can lead to cavernous sinus phlebothrombosis. In this case report a 40-year old female patient was presented with large fossa canina abscess. Endodontic treatment of the second right upper premolar was started owing to increasing pain and swelling of fossa canina and the periorbital region. During the course of treatment, the patient exhibited an acute increase in orbital inflammation, which required immediate surgical intervention with post-surgical intravenous antibiotic administration. Intraoral drainage was performed and antibiotic therapy (third-generated Cephalosporin intravenously, Ornidazole 500 mg and Ibuprofen intraorally) was started to resolution of the infection for seven days. After the medication procedure, the facial swelling had reduced considerably. Second premolar was extracted. At 6-month follow-up visits, radiographic examination showed complete resolution of the lesion.

Keywords: fossa canina abscess odontogenic infection

THE COMPLICATIONS, ACCIDENTS AND FAILURES IN ORAL IMPLANT SURGERY APPLICATIONS: ETIOLOGY AND MANAGEMENT

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With the developments in biotechnology, implant surgery has become a routinely used therapy for the rehabilitation of completely or partially edentulous patients in the last two decades. Beside the increasing popularity and high success rates of these materials, complications due to implant therapy are an unavoidable fact. Complications can occur either intra-operative or post-operative period of the surgery. Intra-operative complications such as hematoma and ingestion or inhalation of mechanical components or instruments can be serious as life-threatening. Other complications that occur during implant placement are usually associated with local damages like nerve injury, mandible fractures, damage to adjacent teeth and perforations of the nasal cavity or maxillary sinus. Also peri-implant mucositis, peri-implantitis and periapical implant lesions are the complications that are frequently encountered after surgery. Therefore implant therapy is a complicated procedure and the management of the complications associated with this therapy requires a special training and experience. In this presentation complications of implant therapy and the ways of prevention and management of these complications are reviewed and discussed in light of the current literature.

Keywords: implant surgery life-threatening complications hematoma dislocation nerve injury

AMELOBLASTOMA LOCATED IN THE MANDIBULAR PREMOLAR REGION: A CASE REPORT

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Ameloblastoma is a benign odontogenic tumor, which is locally aggressive and has a high tendency to recur, despite its benign histopathologic features. It is commonly found in the third and fourth decade in the molar ramus region of the mandible. The
tumor is painless and remains asymptomatic as it enlarges. The most common radiographic image is that of multilocular cyst-like radiolucencies. The septa in the radiolucency give it a soap bubble or honeycomb appearance. Some ameloblastomas are unicellular. Various treatment techniques for ameloblastomas have been proposed, which include decompression, enucleation/curettage, scleroticizing solution, cryosurgery, marginal resection, and aggressive resection. In this report, we presented a 57-year-old female patient referred to Ondokuz Mayis University Faculty of Dentistry with a chief complaint of a painless swelling on left side of mandible. Her medical history was not contributory. Extraorally, there was no facial asymmetry. Intraorally examination revealed an expansion of lingual cortex of left mandibular area. Radiographically, a radiolucent multiloculated soap-bubble appearance localized on the premolar region was seen. The initial diagnosis was established as ameloblastoma and confirmed by an incisional biopsy. Then the patient was operated under general anesthesia and the tumor was treated by deep curettage and enucleation.

Keywords: ameloblastoma enucleation curettage

PP-193
Category: Navigation

EFFECTS OF RESVERATROL AND CIGARETTE SMOKE ON BONE HEALING: EXPERIMENTAL STUDY

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Cigarette is known to have negative effects on bone healing. A variety of vitamins and hormones are being studied to prevent bone damage that caused by cigarette. Resveratrol that is an antioxidant from the group of polyphenols, has osteogenic properties which are stimulation of osteoblasts and inhibition of osteoclasts. The aim of this experimental study is to investigate the effects of smoking and resveratrol on bone healing in rats. For this purpose, during 4 weeks subjects exposed 6 cigarettes/day and chronic cigarette smoking model established. At the end of the 4 week defects were opened in the femur by 3 mm diameter trephine bur on the 28th day. Starting from the day of creation of the defects to post-operative 28-day period that new bone healing occurred, the subjects were given 20 mg/kg resveratrol via oral gavage. Control and experiment groups were; Control, Cigarette smoke exposed (6 cigarette/day), Treated with 20 mg/kg resveratrol and Cigarette smoke exposed together with 20 mg/kg resveratrol. After 28 day long resveratrol was given, all rats were sacrificed and femurs were fixed in formaldehyde. Histomorphometric examination of osteoblast, osteoclast numbers and new bone area were evaluated. The results of this study are; number of osteoblasts was highest in RES group, the lowest number of osteoblasts was in the smoking group. Number of osteoclast was highest in the control group. New bone area was highest in Resveratrol group, then respectively Control and Smoking+Resveratrol group, the lowest was found in the smoking group, but there was no statistically significant difference between groups in terms of new bone area. In conclusion; smoking have adverse effects on bone healing and administration of resveratrol help to reduce negative effects of smoking.

Keywords: resveratrol cigarette bone healing histomorphometry

PP-194
Category: Pathology & maxillofacial reconstruction

ERDHEIM-CHESTER DISEASE PRESENTING WITH MULTIPLE JAW LESIONS

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Erdheim-Chester Disease (ECD) is a rare form of non Langerhans' cell histiocytosis, characterized by infiltration of foamy histiocytes within the bone and soft tissues. Individuals affected by this disease are typically adults between their 5th and 7th decades of life. The outcome of patients with Erdheim-Chester disease is worse than that for Langerhans-cell histiocytosis. Erdheim-Chester disease is a multisystem syndrome that usually affects bone (bone pain), skin (xanthomas, xanthelasmas), retroorbital tissues (exophthalmos), pituitary gland (diabetes insipitus), retroperitoneum (kidneys) and lung. Rarely jaws are affected. A 45-year-old woman was referred to the Süleyman Demirel University Faculty of Dentistry from department of nuclear medicine with the complaint of swelling and pain at the affected side of maxilla and ulcerated lesion. Currently due to systemic involvement, inability to urinate, speech, swallowing difficulty present. The patient has administered chemotherapy, bisphosphonate and received radiotherapy at the mandibular region. Numerous treatments have been attempted for this disease. In this case chemotherapy, bisphosphonate and radiotherapy was effective on mandibula lesions. However, the risk of
osteonecrosis associated with the use of bisphosphonates in the jaw (BRONJ) should be considered. EC patients that under intra-venous bisphosphonate tretment, maxilla and mandible lesions must be performed in the differential diagnosis of BRONJ.

Keywords: Erdheim chester Maxilla bisphosphonates

PP-195
Category: Oral and maxillofacial implantology

EXCESSIVE BLEEDING IN THE FLOOR OF THE MOUTH AFTER IMPLANT PLACEMENT

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Placement of dental implants in the interferominal region of edentulous mandible is considered a safe and routine surgical procedure. Upper airway obstruction secondary to massive hemorrhage in the floor of the mouth is a rare but potentially life threatening condition, which can occur as a result of this type of surgery. Severe bleeding and formation of a large hematoma in the floor of the mouth are the result of vascular trauma. This vascular complication can be caused by surgical damage to the lingual peristomeu, but in most cases it is attributed to unwanted perforations in the linguual cortical plate. The hemorrhage can easily spread in the floor of the mouth, the sublingual area and the space between the lingual muscles. Swelling can occur rapidly and can cause acute airway obstruction which may require intubation or emergency tracheostomy. The aim of this report is to present the hematoma in the floor of the mouth happened at the time of surgery and how to manage this complication.

Keywords: dental implant bleeding hematoma

PP-196
Category: Distraction osteogenesis

TREATMENT OF MAXILLARY RETRUSION OF AN ADULT CLEFT PATIENT

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Maxillary hypoplasia is a common developmental problem in individuals with cleft lip and palate and is thought to result from a combination of a congenital reduction in midfacial growth and the effects of the surgical scarring from cleft repair. Conventionally maxillary retrusion was treated by orthognathic surgery which has a high rate of relapse although, distraction osteogenesis has become an alternative option for the treatment of maxillary hypoplasia in patients with cleft lip and palate. The aim of this report is to describe the treatment protocol of an adult patient with cleft lip and palate with distraction osteogenesis and the oral rehabilitation with dental prosthesis.

Keywords: maxilla retraction cleft adult

PP-197
Category: Oral and maxillofacial implantology

ORAL REHABILITATION OF PATIENTS WITH MULTIPLE IMPACTED TEETH

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Dental rehabilitation of partially or totally edentulous patients with oral implants has become common practice in the last decades. However unfavorable conditions of the alveolar ridge due to atrophy, periodontal disease, trauma sequelae, or impacted
teeth may provide insufficient bone volume or unfavorable vertical, transverse and sagittal interarch relationship which may render implant placement impossible or incorrect from a functional or esthetic viewpoint. This clinical report describes the rehabilitation of three fully edentulous patients diagnosed amelogenesis imperfecta with multiple impacted teeth. Treatment procedures of surgical impacted teeth extractions and alveolar crest augmentations performed. After an average of six months follow up implants were placed.

Keywords: augmentation crest implant edentulous

PP-198
Category: Pathology & maxillofacial reconstruction

CONSERVATIVE TREATMENT OF A LARGE KERATOCYSTIC ODONTOGENIC TUMOUR IN A YOUNG PATIENT: A CASE REPORT

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Introduction: Keratocystic Odontogenic Tumour (KCOT) is a benign multi- or unicystic local aggressive entity of tends to reoccur. A high percentage of of this tumour found in jaws. Since it’s first description, it has particular interest because of it’s specific features. KCOTs proved to be related with certain syndromes and treatments modalities are still controversial. Case: 16 year old female patient referred to our clinic with a swelling on right posterior mandible. Radiographic examination showed a large cystic lesion related to impacted 2. And 3. molars in the bone. A biopsy and marsupialization performed immediatelly. Pathological evaluation confirmed KCOT diagnosis. After 5 months of marsupialization total enucleation performed. Patient followed for a year. During follow-up period there has been no recurrence or any complications. Conclusion: Although many authors offers more aggressive treatments for KCOTs because of their potency for recurrence and tumour like behaviours, some suggest that the treatment should be chosen for patient specifically. Patient’s age, volume of the tumour, soft tissue involvement and history of operation are critical while treatment selection.

Keywords: Kerocyst marsupialization

PP-199
Category: Pathology & maxillofacial reconstruction

POLYPOID FIBROMA OF THE UPPER LIP

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Fibromas are benign tumors that are composed of fibrous or connective tissue. They can grow in all organs, arising from mesenchyme tissue. Local cutaneous polypoid fibromas are usually arise as a result of the dysfunction of fibroblasts in a local area. It may arise from various mechanical stimulations. In this case report the total removal and repair with Z-plasty technique of polypoid fibroma of the skin which have existed for 20 years with aesthetic problems were described. A 44-year-old male patient was referred with expansive lesion on the upper lip area. The lesion was excised under local anesthesia and histopathology revealed as polypoid fibroma. Patient is under follow up for 6 months with no further complaints.

Keywords: polypoid fibroma oral surgery z plasty oral pathology
PREVALENCE OF TEMPOROMANDIBULAR DISORDERS IN BLACK SEA REGION AND CORRELATION BETWEEN SEVERITY OF FEAR - DEPRESSION AND AGE

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Temporomandibular disorders (TMD) are a number of clinical conditions involving the masticatory musculature and/or temporomandibular joint and associated structures. The etiology of TMD is presently considered to be multifactorial. One of the etiological factors of TMD is depression, which has been regarded as a predisposing factor. Also, fear of the patient must be taken into account during diagnosis and also during treatment of TMD. In this study, 100 TMD patients was evaluated with fear - depression scala and axis I and II evaluation was performed with a questionare according to TMJ research criteria. Prevelance of temporomandibular disorders in black sea region and its correlation between severity of fear - depression and age was presented.

Keywords: tmd etiological questionare

SURGICAL MANAGEMENT OF ODONTOGENIC MYXOMA: A CASE REPORT

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Ülkem CILASUN, Kocaeli University Faculty of Dentistry - Oral and Maxillofacial Surgery,
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INTRODUCTION: Odontogenic myxoma is a rare intraosseous neoplasm, which is benign but locally aggressive and have a high recurrence rate. It derives from the dental mesenchyme or periodontal ligament and rarely appears in any bone other than the jaws. Clinically, it is a slow-growing, expansive, painless, non-metastasizing, central tumor of jaws, chiefly the mandible. Radiologically, it shows a multilocular (in the majority of cases) or unilocular radiolucency, with either distinct or poorly defined margins. Prevalent in adults and rare in minors; it is more common in women. Prognosis is good after enucleation and malignant transformation is rare. CASE REPORT: 40 years old woman referred to Kocaeli University Faculty of Dentistry. In radiological examination, the panoramic radiograph showed a well-defined, sclerotic margined, unilocular radiolucency, extending to the right ramus region. There was no history of trauma present. The extra oral examinations revealed no other abnormalities. For the definitive diagnosis an incisional biopsy was performed and the lesion was compatible with odontogenic myxoma. Before the surgery to set the lesion borders CBCT examination was done. Under general anesthesia, the lesion is treated with enucleation and curettage, a relatively conservative approach. CONCLUSIONS: Odontogenic myxoma often grows without symptoms, most commonly presenting as a painless swelling. Pain, displacement of teeth and paresthesia are uncommon, thus the lesion can reach a considerable size before the patient becomes aware of its presence and seeks treatment. The recommended treatment of odontogenic myxoma is radical surgery or conservative excision depending on tumor size. Since it is a locally aggressive tumor with the potential to cause extensive bone destruction and high recurrence rate, segmental resection of the jaw may be required for large lesions. In the presented case, enucleation was considered appropriate for management the tumor.

Keywords: odontogenic myxoma odontogenic tumors
BILATERAL OSSIFYING FIBROMAS OF MANDIBLE: A CASE REPORT

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INTRODUCTION: Ossifying fibromas (OF) are the benign bone related lesions of jaws as classified by World Health Organisation in 2005. Slow growth rate and lack of symptoms are the main characteristics; pain or paraesthesia may be elicited if pressure on an adjacent nerve ensues. Radiologically, OFs have borders usually well-defined and may be multilocular. Radiolucency, radiopacity, or mixed appearance may exist. Bone-like tissue becomes dominant with maturation of lesions. Third and fourth decades are the most frequent periods and most of the lesions are detected in routine dental examination. Female predilection is 2 to 5 times to men. OFs are frequently moderate and small lesions in width beside the giant lesions in literature. A symmetrical lesions which is presented in this paper are rarely detected.

CASE PRESENTATION A 41-year-old woman was referred to Kocaeli University Faculty of Dentistry. Panoramic radiography indicated the presence of a lesion extending throughout the mandibular left ramus and posterior corpus. Cone-beam computed tomography findings showed the presence of a well-defined radiolucent lesion with a few wispy radiopaque pattern. Four years ago, she was operated in the right mandibular posterior region because of ossifying fibroma. The tumor in the left side of mandible posterior region was removed under local anesthesia and patient is under routine control for healing and possible recurrence.

CONCLUSIONS: Ossifying fibroma of the jaw is a benign fibro-osseous lesion with a significant growth potential. The premolar and molar region of the mandible is the most common site. The treatment of OF involves the complete removal through the use of curettage, enucleation, or excision. Surgical treatment strategy can be chosen according to the lesion’s localization and size. There is no curative medical treatment. Fibrous displasias, odontomas, Pindborg tumours and malign neoplasms should be kept in mind for differential diagnosis.

Keywords: ossifying fibroma fibro-osseous lesions

DENTIGEROUS CYST ARISING FROM AN ECTOPI C MANDIBULAR SECOND PREMOLAR: A RARE CASE REPORT

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Tooth eruption is a process whereby the forming tooth migrates from its intraosseous location in the jaw to its functional position within the oral cavity. A variety of eruption problems arise during the dentition period and one of them is ectopic eruption. Early diagnosis and treatment can prevent a more complicated malocclusion. Dentigerous cysts are one of the common cysts of the jaws and are associated with the crowns of permanent teeth, most frequently with impacted mandibular third molars. About 70% of dentigerous cysts occur in the mandible and 30% in the maxilla. Typically, dentigerous cysts are asymptomatic; however, they may be large and result in a palpable mass. Radiographically, they present as a well-defined unilocular radiolucency surrounding the crown of the tooth, often with a sclerotic border. Most dentigerous cysts are treated with enucleation of the cyst and removal of the associated tooth. Large dentigerous cysts may be treated with marsupialization. When the ectopic tooth embedded in the jawbone, dentigerous cyst may arise as a complication. Dentigerous cyst associated with horizontally impacted lower premolar is rare. We report radiologic and pathologic features in a rare case of infected dentigerous cyst arising from an ectopic mandibular second premolar in a 48 year old female patient.

Keywords: ectopic eruption dentigerous cyst follicular cyst impacted premolar
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Category: Oral and maxillofacial implantology

ORAL REHABILITATION OF A PATIENT WITH ECDODERMAL DYSPHASIA

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Ectodermal dysplasia is a hereditary disease that affects the tissues, originates from ectoderm. Skin, sebaceous and sweat glands, hair, nail and teeth are affected tissues from the disease. A 34-year-old male patient referred to our department for dental treatment for routine dental examination. Patient had ill-fitted full arch prosthetic rehabilitation on the lower jaw with periodontitis. The infected #83 and #35 teeth were extracted. Autogenous bone graft was harvested from the anterior iliac crest and 3 intraosseous dental implants were inserted. Full-arch prosthetic rehabilitation was performed following 3-months consolidation period. Clinical and radiological outcomes were successful at 6-months follow up.

Keywords: dental implants ectodermal dysplasia autogenous bone grafting oral rehabilitation

PP-205
Category: Pathology & maxillofacial reconstruction

PRIMARY SOLITARY PLASMACYCTOMA OF THE MANDIBLE: A CASE REPORT

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Plasma cell dyscrasias (multiple myeloma, solitary plasmacytoma of bone and extra medullary plasmacytoma) are characterized by a monoclonal neoplastic proliferation of plasma cells of which Solitary plasmacytoma of bone (SPB) is a localized form. SPB is most frequently seen in vertebrae and secondarily in long bones. Its presence in jaws is extremely rare. The malignant plasma cells express monotypic cytoplasmic immunoglobulins and plasma cell-associated antigens, with an absence of immature B-cell antigens. A 70-year-old healthy male patient was admitted to department of oral and maxillofacial surgery for his mobile #45 tooth extraction. The tooth was extracted and the granulation tissue was sent for histopathological examination. The histopathological result revealed as solitary plasmacytoma. Patient is under follow up with no recurrence for 6 months.

Keywords: solitary plasmacytoma oral oncology pathology

PP-206
Category: Pathology & maxillofacial reconstruction

XANTHOGRANULOMATOUS OSTEOMYELITIS OF THE MANDIBLE: A CASE REPORT

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Xanthogranulomatous reaction is a rare form of chronic inflammation characterized histologically by presence of high number of foamy histiocytes admixed with lymphocytes and plasma cells. Cases of xanthogranulomatous inflammation have been described in various organs such as kidney, gallbladder, colon, pancreas, and salivary gland. Xanthogranulomatous osteomyelitis is a rare inflammatory process characterized histologically by collection of foamy macrophages admixed with mononuclear cells. Only 4 cases of xanthogranulomatous inflammation involving bone have been reported so far in the literature. A 44-year-old male patient were referred to Department of Oral and Maxillofacial Surgery with the primary diagnosis of trigeminal neuralgia. Patient had persistent jaw pain for 2 years and suffering numbness left part of the lower lip for the last 6 months. Various medications including phenytoin and carbamazepine had been prescribed in earlier interventions. Radiological examination revealed that 30x25mm radiopaque lesion extending the IAN. Decortication was performed under general anesthesia and i.v antibiotics were prescribed for 3 months. The numbness of the lip is decreased and the patient is still under follow up.

Keywords: Xanthogranulomatous osteomyelitis jaw trigeminal neuralgia
LIMITED MOUTH OPENING RELATED MUSCLE ATTACHMENT

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The limitation of mouth opening may result from several disfunctions of muscles, diseases of TMJ, infection of tissues and some anatomic variations. In the presence of an abnormal frenulum or plica which limits mouth opening, a surgical procedure may be performed. In literature there is variable methods for treatment of limited mouth opening due to abnormal muscle attachments. Surgeon also must decide which instrument will be chosen at surgery (Laser, Electro surgery, Dissection with lancet or scissors). In our case we planned to enlarge mouth opening by unbending bilateral abnormal plicas which extended tuber maxilla and retromolar pad by dissection with lancet and metzenbaum scissor. Anatomic variations such as abnormal frenulum and plicas may cause limitation of mouth opening.

Keywords: TMJ mouth opening muscle

SURGICAL TREATMENT OF CENTRAL GIANT CELL GRANULOMAS: TWO CASE REPORTS

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INTRODUCTION: The Central Giant Cell Granuloma (CGCG) is a benign intraosseus lesion of the jaws. The World Health Organization has defined it as an intraosseous lesion consisting of cellular fibrous tissue that contains multiple foci of hemorrhage, aggregations of multinucleated giant cells and occasionally trabeculae of woven bone. Commonly seen in the first three decades of life and predominantly females. Slow growth rate and lack of symptoms make the patients unaware of it until they complain about swelling. It is usually painless. Radiologically CGCGs demonstrate expansion of bone and a honeycomb multi-locular appearance.

CASE PRESENTATION: Clinical, radiological and demographic features of both patients will be presented as well as the treatment of the lesions in this case presentation.

CONCLUSION: Central Giant Cell Granuloma is a benign lesion of the jaws. It affects both maxilla and mandibula and anterior-premolar regions are the common sides. Being painless and growing slowly make the patients unaware of it. The treatment of CGCG involves total excision and curettage. Various lesions should be taken in account considering the clinical and radiological features; including Brown tumours of hyperparathyroidism, central ossifying fibroma, and radicular cyst

Keywords: Central Gant Cell Granuloma

NECROTIZING SIALOMETAPLASIA DUE TO PALATAL INFILTRATION ANAESTHESIA: AN UNUSUAL CASE REPORT

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Necrotizing sialometaplasia (NS) is an uncommon benign lesion and locally destructive, inflammatory condition that affects salivary glands. Knowledge about the disease is required because it mimics malignant neoplasms on clinical and histological examination, particularly squamous cell carcinoma and mucoepidermoid carcinoma. A 31-year-old male patient with unilateral ulcerative painful lesion at the junction of the hard palate due to palatal infiltration anaesthesia administration was presented.
After an incisional biopsy, histopathologically, pseudoepitheliomatous hyperplasia, lobular necrosis with through the maintenance of the architecture of salivary glands and squamous metaplasia of residual acinar and ductal elements with a bland appearance were observed. No signs of malignancy were found and the final diagnosis of the lesion was NS. The complete self-healing of the lesions occurred in 3 weeks.

Keywords: sialometaplasia benign lesion anesthesia

PP-210
Category: Pathology & maxillofacial reconstruction

CASE REPORT; CENTRAL GIANT CELL GRANULOMA OF ANTERIOR MANDIBLE

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Central giant cell granuloma(CGCG) is a non-neoplastic proliferative lesion which accounts for less than 7% of all benign lesions of jaws. Clinically, CGCG is located commonly in anterior mandibular region of females under 30 years of age. The etiology of the lesion is unknown. The clinical and radiological behavior of CGCG of the jaws is variable and this may lead to misdiagnosis. CGCG is diagnosed through histopathological examinations. In this presentation, a case of 28 yr old female with CGCG in anterior mandibular region is presented. The lesion was enucleated and the affected region is reconstructed with autogenous bone harvested from anterior iliac crest. Postoperative radiological and clinical examinations were done. Optimal healing was maintained.

Keywords: giant cell, granuloma, iliac crest

PP-211
Category: Pathology & maxillofacial reconstruction

STURGE-WEBER SYNDROME: A CASE REPORT

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Sturge-Weber syndrome is a nonhereditary congenital condition characterized by leptomeningeal and facial skin angiomaticus malformation following the trigeminal nerve path. The intraoral angiomatosis are presented in 40% of cases and results in an important surgical alteration, increasing the risk of bleeding during dental procedures. An 8-year-old female patient presented with port-wine stain on the right side of the face and neck, and had an intraoral hemangioma on the vestibular side of the first lower molar tooth and alveolar mucosa. Surgical excision of intraoral hemangioma was performed under general anesthesia with taking great precaution for excessive hemorrhage. Postoperative follow-up was uneventful for two years.

Keywords: Sturge-Weber syndrome, capillary hemangioma
PP-212
Category: Oral and maxillofacial implantology

IMMEDIATE IMPLANT PLACEMENT AFTER A RADICULAR CYST ENUCLEATION: A CASE REPORT

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Infectious process of the teeth may frequently result in periapical bone resorptions. Occasionally, this process may result in loss of the teeth and the functional and esthetic problems of the extraction site. Moreover, prosthetic rehabilitations of these patients may become difficult to manage. Implant therapy is one of the most common treatment option for these patients. Thus, the advantages of immediate implant placement include reduce the number of surgical procedures and shorter total treatment time. However, successful outcomes of immediate implant placement is correlated with careful planning and case selection. In many cases vertical or horizontal bone augmentation of deficient alveolar ridges, especially in the anterior area, may be necessary to provide ideal esthetic results. In this report, we aimed to present a single implant placement which placed after tooth removal and cyst enucleation. Vertical and horizontal bone augmentation was performed by bone grafting while the cyst enucleation is completed. In addition, resorbable collagen membrane was used to prevent tissue ingrowth into the surgical site.

Keywords: immediate implant placement radicular cyst tooth extraction esthetic

PP-213
Category: Pathology & maxillofacial reconstruction

ECTOPTIC TOOTH IN WARTHON’S DUCT: AN UNUSUAL CASE

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The ectopic development and eruption of teeth into areas other than the oral cavity occurs rarely into submandibular salivary gland duct. In the maxillofacial region, the entity of teeth has been reported in the maxillary sinus, chin, nose, mandibular condyle, coronoid process, and even the orbit. The extraoral entity of teeth has been reported in the ovaries, testes, anterior mediastinum, and presacral regions. Teeth in the salivary gland ducts can cause problems, such as pain during mastication, deglutition, a bad taste in the mouth owing to supuration, and problems with phonetics. Diagnosis of a submandibular salivary teeth usually begins with a physical examination. Submandibular salivary stones can often be palpated, especially in the submandibular gland. Computed tomography (CT) imaging is a good imaging modality to see sialolithiasis. Another of its advantages is to be able to diagnose tooth, stones and the other calcifications. In CT imaging, we saw a radiopaque area. A 52 year-old female patient presented with pain during mastication, deglutition. Removal of a tooth in the submandibular salivary gland duct is generally advocated to alleviate the symptoms. If the patient is not treated, various complications may occur. When an ectopic tooth is present in the glandular tissue, the procedure is usually a minor operation. Local anesthesia was planned for this patient. We incised the floor of the mouth and exposed the teeth. In this report, the surgical treatment of ectopic tooth in the submandibular gland duct has been presented. In this report, As far as we search in the literature, this case is the second case about ectopic tooth in Warthin’s Duct.

Keywords: ectopic tooth submandibular salivary gland duct sialolithiasis
PP-214
Category: Oral and maxillofacial implantology

MANDIBULAR FRACTURE ASSOCIATED WITH INFERIOR ALVEOLAR NERVE TRANSPOSITION AND ENDOSEOUS IMPLANTS: A CASE REPORT

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Inferior alveolar nerve transposition and placement of endosseous implants is one of the treatment options for patients with an edentulous posterior mandible with inadequate bone height superior to the inferior alveolar canal. Various complications have been reported in association with lateral nerve transposition surgeries; these include osteomyelitis, loss of implants, profuse hemorrhage, and prolonged neurosensory disturbance and mandibular fracture. Some authors suggested that there was increased vulnerability of mandibular fracture after implant placement in patients with osteoporosis and osteomalacia. Furthermore, they proposed that the site of an implant that was not yet osseointegrated represented an area of stress concentration and weakness, and thus routine oral activities could cause a fracture without any trauma to the mandible. In this case report, a 37 years-old female patient who sustained mandibular fracture without any trauma, after placement of 3 endosseous implants in conjunction with inferior alveolar nerve transposition is presented.

Keywords: implant Inferior alveolar nerve transposition mandibular fracture open reduction

PP-215
Category: Pathology & maxillofacial reconstruction

TREATMENT OF ORAL CONDYLOMA ACUMINATUM IN A CHILD

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Condyloma acuminatum (CA) is a verrucose or papillary growth infectious lesion that is characteristically located in the anogenital region but may also involve the oral mucosa. These benign epithelial lesions are associated with human papilloma virus (HPV). Sexual abuse is the most common mode of transmission. Prenatal transmission of HPV to children is less common. HPV infection of the oral mucosa in children has not been studied as intensively as those of the genital infection. Future investigators must have been on lesion location, mode of transmission, treatment of oral CA in children. The treatment for these lesions is generally surgical excision by cryosurgery, scalpel, electrodesiccation, or laser ablation. In this presentation, 14 year-old male with multiple condyloma acuminatum lesions and their surgical ablation with diode laser was described.

PP-216
Category: TMJ

SURGICAL TREATMENT OF TEMPOROMANDIBULAR JOINT ANKYLYOSIS: A CASE REPORT

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Temporomandibular joint (TMJ) differs from the other joints of the body by a unique structure which is capable of moving every direction. Ankylosis of the TMJ involves fusion of the mandibular condyle to the base of the skull. When it occurs in a child, it can have devastating effects on the future growth and development of the jaws and teeth. Trauma and infection are the leading causes of ankylosis. However, in a young patient, a joint injury may not be noticed immediately. The first sign of a significant problem may be increasing limitation of jaw opening, usually noticed by the dentist because the pain is uncommon. Optimal results can be achieved only after a complete assessment and development of a long-term treatment plan. In this report surgical treatment of two patients with TMJ ankylosis, are presented.

Keywords: Temporomandibular joint ankylosis trauma children surgical treatment limited mouth opening

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A FOREIGN BODY IN MAXILLARY SINUS: A DENTAL IMPLANT: CASE REPORT

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Background: Implant-supported prosthesis are used commonly to rehabilitate edentulous jaws. A rare but potential complication of this therapy is migration of dental implants into the maxillary sinus. Migrated implants in the maxillary sinus should be removed as soon as possible to avoid sinusal diseases. Methods: In this case, patient had a migrated dental implant into the maxillary sinus. The implant had been placed without sinus lifting. We removed the implant by creating a bone window on the lateral wall of the maxillary sinus under local anesthesia. Results and Conclusion: Displacement of dental implants into the maxillary sinus is an infrequent complication. The displaced implants should be removed in order to prevent any kind of infections. In this case, the migrated implant has been removed successfully with bone window technique by intraoral approach to the maxillary sinus.

Keywords: foreign body in maxillary sinus complications of implant migration of implant

TREATMENT OF SUBCONDYLARY FRACTURE WITH INTRAORAL APPROACH

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The incidence of condylar fractures is high. Condylar fractures can be extracapsular (condylar neck or subcondylar) or intracapsular, undisplaced, deviated, displaced or dislocated. Treatment depends on the age of the patient, the co-existence of other mandibular or maxillary fractures, whether the condylar fracture is unilateral or bilateral, the level and displacement of the fracture, the state of function, occlusion and the surgeon’s experience. This report presents 23 year old man with dislocated right subcondylar fracture extending to coronoid process and left corpus fracture. His main complaint was impaired occlusion, mouth opening and function. Open reduction with intraoral approach and transbuccal approach for fixation with miniplatescrew system was presented.

Keywords: fracture condyle intraoral approach

UNUSUAL LOCATION OF NEUROFIBROMA: CASE REPORT

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The neurofibroma is the most common type of peripheral nerve neoplasm. It arises from a mixture of cell types, including Schwann cells and perineural fibroblasts. Neurofibroma can arise as solitary tumors(%90) or be a component of neurofibromatosis(%10). Neurofibroma can be present at birth or develop in any phase of life, not rare in young adults. There is a greater stage of development in consequence of intense hormone alterations during the pregnancy and childhood. Solitary tumors are most common in young adults as slow growing, soft painless lesions that vary in size from small to larger. Mass infiltrate into glands, muscles and lymph nodes. The tongue and buccal mucosa are the most common sites that can be seen intraorally . In this case report, a 45 year old female patient’s surgical treatment and histopathological findings is presented who applied Department of Oral and Maxillofacial Surgery because of stiffness in the left mandibular anterior lingual mucosa areas with no pain at palpation or paresthesia.

Keywords: neurofibroma solitary mandibular anterior lingual mucosa
EFFECT OF MOBILE PHONE AND EARMUFF USING ON TEMPOROMANDIBULAR DISORDERS

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Temporomandibular disorders (TMD) are a number of clinical conditions involving the masticatory musculature and/or temporomandibular joint and associated structures. TMD are a major cause of nondental pain in the orofacial region and are considered a subclassification of musculoskeletal disorders. The aetiology of TMD is presently considered to be multifactorial. In most cases TMD can be managed by relatively simple strategies. Mobile phone and earmuff should be considered risk factor for TMD. These apparatus must be taken into account during diagnosis and also during treatment of TMD. In our study, correlation between TMJ disorder and mobile phone and earmuff usage were evaluated.

Keywords: tmd classification aetiology apparatus

TREATMENT OF A LARGE MAXILLARY CENTRAL GIANT CELL GRANULOMA: A CASE REPORT

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Objectives: Central giant cell granuloma (CGCG) is a non-neoplastic proliferative lesion and a relatively uncommon pathological condition accounting for less than %7 of all benign lesions of the jaws with unknown etiology. According to the World Health Organization(WHO), CGCG is an intraosseous lesion consisting of cellular fibrous tissue that contains multiple foci of hemorrhage, multinucleated giant cells, and trabecules of woven bone. The aim of this report was to present a CGCG diagnosed 7-year-old female patient. Case and its treatment will be discussed. Materials and Methods: A 7-year-old female patient was referred to Selcuk University Faculty of Dentistry Department of Oral and Maxillofacial Surgery clinic. Extraoral examination showed swelling of the right side of patient's face and facial asymmetry was seen evidently. Intraoral examination lesion had a smooth surface and in touch it had rubber strenght. In radiographic view a multilocular lesion with soap bubble pattern was seen in right maxillary region. Lesion was extending from right maxillary anterior region to posteriorly. Maxillary sinus and nasal cavity was associated with the lesion. Under local anesthesia an incisional biopsy of the lesion was performed. The result of the biopsy was consistent with a diagnosis of CGCG. A solution of Kenacort-A(10mg/ml) and lidocaine solution %2 with epinephrine 1:200.000 %50 mixture by volume were injected intralesionally every week for two months. After 2 months oral and radiographic examinations were performed. The size of the lesion was not changed. Then surgery was planned for the treatment. Results and Conclusion: After the surgical operation the patient is being followed up regularly. Depending on the size of the lesions(CGCG) surgical treatment can be a treatment option instead of local corticosteroid injections.

Keywords: central giant cell granuloma CGCG corticosteroid

TREATMENT OF CENTRAL GIANT CELL GRANULOMA WITH INTRALESIONAL CORTICOSTEROID INJECTION: A CASE REPORT

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Central giant cell granuloma is a pathology which is seen less than %7 among benign lesions of the jaws. The lesion has no specific etiology and it is usually noticed with painless swellings in the jaw that cause facial asymmetry. In this case, a five years old female patient with the complaints of pain an swelling in the left mandibular posterior area is presented. Intraoral examination revealed caries in the left deciduous mandibular second molar and swelling in vestibular sulcus related to the secondary infection.
In radiographic examination; panoramic radiography revealed multilocular radiolucency in the molar regions of mandible bilaterally extending to the ascending ramus. Under general anesthesia, incisional biopsy was made from the mandibular posterior regions. It was diagnosed as "central giant cell granuloma" by pathology. With two weeks intervals, intralesional triamcinolone acetonide 40 mg (Sinacort A40 mg) injection was applied under local anesthesia and panoramic radiographies were taken two months intervals. Decrease of both lesions, complete cessation of symptoms, and the eruption of mandibular first left molar which is placed next to the lesion were observed 15 months after the first corticosteroid injection. Due to the risk of a jaw fracture, before removing big lesions like giant cell granuloma excisionally, applying intralesional steroid is a conservative approach. In our case we also achieved complete healing of the lesions with this therapy.

Keywords: Central giant cell granuloma intralesional corticosteroid injection

PP-223
Category: Pathology & maxillofacial reconstruction

EVALUATIONS OF THE EFFECTS OF CARBOXYMETHYL CELLULOSE AND COLLAGEN-COATED OSTRICH EGGSHELL PARTICLES ON THE HEALING PROCESS OF EXPERIMENTALLY INDUCED CRANIAL BONE DEFECTS IN RABBITS

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In oral and maxillofacial surgery, bone graft materials are used to repair bone defects extensively. Although most of the researchers agree that vascularized and cancellous autogenous bone graft is the most suitable substance, it has some disadvantages such as donor site morbidity, harvesting difficulties and inability to provide great amounts. To overcome these problems, use of xenografts, allografts and other biomaterials have been studied extensively. The purpose of this study was to investigate the beneficial effects of ostrich eggshell-carboxymethyl cellulose and ostrich eggshell-collagen combinations. The study was conducted on 18 adult New Zealand rabbits. One defect served as a control group and the remaining ones either filled with ostrich eggshell-carboxymethyl cellulose combination, ostrich eggshell-collagen combination and only ostrich eggshell particles. Clinical and radiological inspections and histological investigations of the animals were done at the 1st and 3rd months.

Keywords: defect rabbit eggshell collagen

PP-224
Category: Pathology & maxillofacial reconstruction

CALCIFYING EPITHELIAL ODONTOGENIC TUMOR OF THE MAXILLA: A CASE REPORT

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INTRODUCTION: The calcifying epithelial odontogenic tumor (CEOT), also named Pindborg tumor is an uncommon benign locally invasive tumor. The tumor has 2 clinicopathographic variants, intraosseous (%94) and extraosseous (%6). The intraosseous type usually appears at the premolar-molar region in the mandible. The characteristic radiographic appearance is different depending on how long the tumor has existed: an irregular, unilocular or multilocular radiolucent area, containing radiopaque masses is typical.

MATERIAL-METHOD: A 33 year old male patient presented to our department complaining of a swelling in his left premolar region in maxilla. Intraoral examination revealed solid, non pulsatile, expansile mass in left maxilla premolar region. There was mobility in the left second premolar due to gradual expansion of the mass. The orthopantomogram revealed a multilocular, endoosseous radiolucent lesion of the left maxilla extending from the left maxillary premolar to left maxillary molar. The patient had undergone excisional biopsy from the lesion under local anesthesia. Histological examination of the biopsy specimen indicated CEOT. The postoperative course was uneventful. The patient checked regularly for 1 year with no clinical or radiographic signs of recurrence.

CONCLUSION: CEOT represent about %0.4-3 of all odontogenic tumors. The posterior mandible is the most frequently involved site and approximately %25 occurred in maxilla. Most of CEOTs are recognized as painless and slowly growing expansion of the
jaws and radiolucent lesions on routine radiograms. The tumor could be easily detached from the bone. If the border between the palatal-buccal mucosa and tumor is unclear it is necessary to excise the mucosa with the tumor. Because of the CEOT’s recurrent rate of %14 regular follow up is necessary.

**Keywords:** CEOT tumor invasive expansion

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**PP-225**  
**Category:** Oral and maxillofacial implantology

**USE OF HYALURONIC ACID ON GUIDED BONE REGENERATION IN PERI IMPLANTITIS BONE DEFECTS: CASE REPORT AND REVIEW OF LITERATURE**

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Peri-implantitis is a clinical diagnosis that requires the assessment of inflammation in the peri-implant tissue as well as the loss of supporting bone. Surgical methodologies are commonly applied to manage moderate and advanced peri-implantitis. Regenerative procedures, applying the concept of guided bone regeneration, use of bone grafts, and membranes, are implemented to rebuild peri-implant supporting bone. The properties of hyaluronic acid are very useful in the regeneration therapy as adjuvant of bone grafts. Hyaluronic acid is a component of the extracellular matrix invirtually all types of tissues, it is also known that this substance is involved in various phases of wound healing. It promotes cellular proliferation, cell migration, and angiogenesis. In this case we presented successful treatment of a two wall peri-implantitis bone defect with Hydent (Non cross linked hyaluronic acid) and Barrier gel (Cross linked hyaluronic acid) as an adjuvant material to bone grafts. The post-operative clinical and radiological evaluations, shows good healing and bone remodelling due to the presence of hyaluronic acid, which reduced the time required for bone regeneration.

**Keywords:** Peri-implantitis hyaluronic acid GBR

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**PP-226**  
**Category:** Dentoalveolar surgery

**MODIFIED TECHNIQUE FOR SURGICAL MANAGEMENT OF A COMPOUND ODONTOMA ON THE ANTERIOR MANDIBLE. CASE REPORT**

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Odontomas are odontogenic tumors that usually present as benign lesions. Odontomas most commonly occurred in patients in the second decade of life. The main presenting symptom is the eruption failure of the permanent teeth. In most cases, odontomas are asymptomatic and the presence of odontomas could be suspected due to the delay in tooth eruption or via routine radiographic examinations. These tumors are formed of enamel and dentin but they also have variable amount of cementum and pulp tissue. It is a slowly expanding lesion of the bone which is nonaggressive and usually causes disturbances in the eruption of permanent teeth. Compound odontomas appear as irregular, solitary or multiple small tooth-like structures. They develop and mature while the corresponding teeth are forming and cease development when the associated teeth complete development. The purpose of this study is to report the case of a compound odontoma on the symphysis mandible of a 26 year old male patient without any systemic disease. The lesion was removed surgically with a modified technique and 11 months later clinical and radiographical characteristics of the case were presented and discussed in this report.

**Keywords:** Odontoma mandible surgical technique
EFFECTIVENESS OF PLATELET RICH FIBRIN IN THE HEALING OF CYST CAVITIES FOLLOWING THEIR REMOVAL

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Treatment of odontogenic cysts, in general, is regarded as simple and straightforward. However, as cysts are usually asymptomatic, their growth continues unnoticed. Reconstruction of the defect after surgical removal of the cysts that reach large dimensions may be required. A number of regenerative procedures have been undertaken in the attempt of restoration of lost bony tissue, including various bone grafts. In the present study, the effectiveness of Platelet Rich Fibrin (PRF) in the healing of cyst cavities was determined. In total 6 patients who applied to the clinics of Oral and Maxillofacial Surgery of Suleyman Demirel University and were diagnosed to have odontogenic cysts (4 had dentigerous cysts and 2 had radicular cysts) were included. Following surgical removal of the lesions completely, two sets of 10-20 ml blood was withdrawn from the patients. The blood was centrifuged at 2700 rpm in order to obtain the part rich in platelets that are suspended in clotted fibrin. PRF in the globule shape then carefully placed to fill the defect created after removal of cyst. Another set of PRF was pressed to form a membrane and used to cover the filler PRF. The wound was then sutured. Follow-up radiographs were taken at first and sixth months that showed rapid bone regeneration. The use of patients’ own PRF appears to be a promising approach for the healing of cavity defects. Randomized controlled trials are awaited to compare effectiveness of PRF with other regenerative approaches.

Keywords: platelet rich fibrin odontogenic cyst reconstruction

BOTULINUM TOXIN INJECTIONS FOR THE TREATMENT OF MYOFASCIAL PAIN DYSFUNCTION

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Myofascial pain dysfunction is a fairly common condition characterized by facial pain together with limitation in mouth opening and is related to over-activity of the masticatory muscles. Conservative treatments including occlusal splints, physiotherapy and pharmacological medication have been used widely for the management of myofascial pain dysfunction. However, the search for an effective strategy is still being sought as these methods do not produce satisfactory results in most cases. Botulinum toxin (Btx) is a neurotoxin that causes temporary paralysis of the muscles. We investigated the effectiveness of Btx injection for relieving the symptoms of myofascial pain dysfunction. Patients complaining of pain at the masticatory muscles and limitation of mouth opening were included in the study whereas those who had internal derangements with no muscle involvement were excluded. A total of 8 patients who received occlusal splints therapy for at least 6 months with no benefit were selected. All patients had a history of bruxism. The patients were asked to clench to delineate the most contracted part of the masseter muscle where Btx-A solution (20 units, in 3 portions) was injected. The injection was repeated on the other side. Patients were evaluated a week, two weeks, one month, three months, and six months after the procedure. Pain intensity was evaluated by visual analogue scale and mouth opening was measured with a scale. All but one patient reported that pain and bruxism was decreased after 10 days from the injection which lasted for 6 months. Significant improvement in mouth opening was also achieved in all patients. Botulinum toxin injection is an attractive alternative for the treatment of myofascial pain dysfunction.
PYOGENIC GRANULOMA WITH VARIOUS PRESENTATIONS

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Pyogenic granuloma is a common non-neoplastic inflammatory hyperplasia of the oral cavity or skin. Nearly 75% of oral pyogenic granuloma occurs in the gingiva. The lips, tongue and buccal mucosa are the next most common sites. Palatal region is rarely involved. Although, the lesions are quite innocent, they may also have a malicious alarming appearance. We describe case-series that display various clinical presentations of pyogenic granuloma in different areas of oral cavity which emphasizes the possible deceitful presentation of the lesions. In our cases, all lesions were removed completely under local anesthesia and the nature of the lesions was confirmed by biopsy.

Keywords: pyogenic granuloma biopsy

CLINICAL SERIES OF SURGICALLY ASSISTED RAPID PALATAL EXPANSION

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The maxillary transverse deficiency (MTD) is a dentofacial deformity clinically characterized by the presence of posterior crossbite (unilateral or bilateral), high arch palate, crowding and flaring of anterior teeth. Transverse maxillary growth significantly slows, and the maxillary sutures close around 14 to 15 years of age in females and 15 to 16 years of age in males. After suture closure or completion of transverse growth, orthopedic transverse maxillary expansion is largely unsuccessful. Surgically assisted rapid palatal expansion is the first choice procedure in adult patients with only a transversal problem where no further surgical movements is needed, and in cases of unilateral or asymmetric narrowing of the maxilla. The study was performed on a sample of 16 consecutive adult patients seeking treatment for skeletal maxillary deficiency at the Oral and Maxillofacial Surgery Department of the University of Suleyman Demirel. Bilateral mucoperiosteal incisions were made, followed by bilateral osteotomies from the priform rims to pterygomaxillary junction under the local anesthesia. Finally division of hemimaxilla was accomplished by inserting an osteotome between the central incisors parallel to the palate. The appliances were activated intraoperatively by 1.0 mm. After a latency period of 7 days, the screws were turned 0.25 mm twice a day until the planned expansions were achieved. Once the desired expansions were obtained, the expansion screws were blocked for 6 months, until removal of the appliances. All transversal measurements increased after expansion. Skeletal expansions with SARPE were significant and stable. Dental changes were different between molars and premolars. Our findings suggest that SARPE is the first choice procedure in adult patients with a transversal problem where no further surgical movements is needed, and in cases of unilateral or asymmetric narrowing of the maxilla. The minimal approach and incision used in this technique guarantee vascular support to the maxilla.

Keywords: dental osteotome rapid expansion

AN UNUSUAL FRACTURE OF THE MANDIBULAR RAMUS

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Mandibular fracture is the most common maxillo-facial fracture. Studies that evaluated the location of mandibular fractures report the body as the most common site, at about 33%, the condyle at approximately 29%, the symphysis at about 9%. However, the incidence of ramus fractures is extremely low. Ramus fractures accounted for 3% of the cases by Subashraj et al. Generally,
ramus fractures were seen in combination with other fractures like symphysis, body, parasympysis or subcondylar fractures. A 24-year-old female was referred to the Oral and Maxillofacial Surgery Department of the Suleyman Demirel University, Isparta, Turkey, a trauma caused by falling on his chin when washing the stairs. Clinical examination revealed impaired function, limitation of mouth-opening, cross-bite, pain and difficulty in chewing. Panoramic radiography and CBCT scan showed fracture line horizontally from the anterior border of ramus of mandible to posterior border of ramus of mandible. The fragments were stable and the fracture was treated by closed reduction with intermaxillary fixation. Ramus fractures are usually minimally displaced and conventionally treated by closed reduction with intermaxillary fixation because of the difficulty in access to these fractures and also because these fractures seldom cause derangement of occlusion. However, ramus fractures are treated by open reduction and rigid internal fixation because of early return to function and easier maintenance of oral hygiene.

**Keywords:** fracture ramus intermaxillary fixation

**PP-232**
**Category:** Dentoalveolar surgery

**MENTAL NERVE TRANSPOSITION: A CASE REPORT**

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Excessive resorption of the mandibular alveolar bone may result in disclosure of the mental foramen, at the level of the crest. This situation usually seen in elderly patients with fully edentulous mandible. Pressure of the prosthesis on mental nerve causes pain and hyperesthesia in the respective region. Transposition of the mental nerve is a preprosthetic procedure that is effective for patients with hyperesthesia caused by the effect of a dental prosthesis on the alveolar ridge. We present the case of a 69 years old woman with pain and hyperesthesia of the left mental nerve caused by a dental prosthesis. Distal and caudal transposition done to the left mental nerve. Postoperative neurosensory controls of the lower lip showed normal nerve function 4 weeks after the surgery.

**Keywords:** mental nerve transposition hyperesthesia

**PP-233**
**Category:** Pathology & maxillofacial reconstruction

**GLOBULOMAXILLARY CYST IN A YOUNG GIRL: A RARE CASE REPORT**

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Globulomaxillary cyst was considered to be an inclusion or developmental cyst that arises from entrapped nonodontogenic epithelium between the nasal and maxillary process . It generally occurs between upper lateral incisor and canine . Variety of odontogenic, nonodontogenic, and inflammatory conditions may occur between the roots of the maxillary canine and lateral incisor so that clinical, radiographic and histopathological distinction of globulomaxillary cyst is crucial. In the radiographic examination, it has a inverted heart-shaped, migration at the root of the adjacent teeth and interradicular radiolucent area of the anterior maxilla . We report a case of the treatment of globulomaxillary cyst by surgical enucleation.

**Keywords:** Globulomaxillary enucleation
PP-234
Category: Oral and maxillofacial implantology

NON GRAFTED SINUS FLOOR ELEVATION USING PLATELET RICH FIBRIN AND ADDITIONAL SPACE-MAINTAINING MANAGEMENT WITH MINI-SCREWS.

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The edentulous posterior maxilla generally provides a limited amount of bone volume owing to an atrophy of the alveolar bone ridge and pneumatization of the maxillary sinus. A variety of bone augmentation procedures have been used to create sufficient bone support for implant placement in these zones. Sinus lifting involves opening a bone window to get access to the sinus cavity and gentle lifting of the sinus membrane, thereby creating a space for graft material. There are several surgical modifications and methods for the procedure but the aim of all of them is to increase the amount of bone for implant integration. When considering a lateral approach to the sinus, the major differences between the various surgeries consist of the type of grafting material used. Platelet-rich fibrin (PRF) is a second-generation platelet concentrate, developed in France by Choukroun et al. In this case, we reported a different sinus lifting method with using platelet rich fibrin and mini-screws. After sinus membrane elevation, two mini screws were placed towards the sinus cavity from the top of the crest. PRF were used as grafting material for sinus augmentation. Panoramic radiograph was taken 3 months later to the surgery and dental implants were inserted. New bone formation without additional bone graft with only membrane elevation and using platelet rich fibrin in the maxillary sinus was revealed and successful prosthetic rehabilitation was achieved with this technique.

Keywords: platelet rich fibrin sinus lifting nongrafted lifting

PP-235
Category: Oncology

PLASMACYTOMA OF THE MANDIBLE : A RARE CASE REPORT

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Plasmacytoma is a malignant neoplasm caused by the onset and the expansion of a single clone of B lymphoid cells, which are able to evolve up to the stage of plasmacells. The plasma cell neoplasms may present in soft tissue as extramedullary plasmacytoma, in bone as a solitary plasmacytoma of bone, or as part of the multifocal disseminated disease multiple myeloma. Plasma cell neoplasm of the bones of the jaw is rare. Plasma cells produce osteoclast-activating factors, which stimulate the growth of osteoclasts and therefore bone resorption. Plasmacytomas usually appear on radiographic images as radiolucent areas. A 54-year-old female was referred to the Oral and Maxillofacial Surgery Department of the Suleyman Demirel University, Isparta, Turkey, complaining of pain in the left mandible following the extraction of her radix. The patient was undergoing treatment for goiter, because of the swelling in her sternum for a year. The lesion extended from the left edentulous mandibular premolar area to the molar area and measured approximately 1.5 X 1.5 cm. The patient had a subcutaneous soft tissue swelling on the surface of sternum for a year which was the specific view of the plasmacytoma. An incisional biopsy was taken under local anesthesia. The histological features were sheets of atypical plasma cells. Histopathological examination was reported as plasmacytoma. After the diagnosis of plasmacytoma, the patient was referred to the oncology service for treatment. Early diagnosis of this kind of lesion is very important for treating the disease without any surgical management.

Keywords: Plasmacytoma neoplasm
THE ANALYSIS OF DENTAL IMPLANT TREATMENT OUTCOMES: A RETROSPECTIVE STUDY

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OBJECTIVES: The purpose of this study was to retrospectively evaluate clinically and radiographically the success and esthetic results following dental implant treatment.

MATERIAL and METHODS: The data of demographics (age and gender), type of indication for implant therapy, anatomical location, dimensions (length and diameter) and type (bone and tissue level) of 100 implants were recorded. The keratinized mucosa width (KMW) and thickness were measured. A calibrated examiner applied the Pink esthetic score (PES)/White aesthetic score (WES) index to implant-supported restorations 1 and 3 years after implant placement. Clinical and radiographic assessments, including probing depth (PD), plaque index (PI), gingival index (GI), bleeding on probing (BOP), and marginal bone level (MBL) was taken at annually visits. MBL was evaluated from computed tomography (CT) taken at implant insertion and at long-term follow-up. RESULTS: The clinical records of 17 patients (mean age 52.05, range 20 to 68) were analyzed. The cumulative survival and success rates of implants were 100% in 3-year follow-up. At the 3-year examination, the mean distance between the implant shoulder and the first visible bone-implant contact was of 0.59 ± 0.28 mm; the mean PES was 7.15 ± 1.49, and the mean WES was 7.70 ± 0.62.

CONCLUSION: This retrospective long-term study showed excellent survival rate of both bone and tissue level implants as well as favorable marginal bone response. Reduced KMW around implants appears to be associated with clinical parameters and prosthetic treatment outcomes.

Keywords: Dental implant Survival rate Pink esthetic White aesthetic Keratinized mucosa

CALCITONIN TREATMENT OF CENTRAL GIANT CELL GRANULOMA

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Introduction: CGCG is a benign aggressive, destructive, intraosseous lesion of jaw that occurs before the age of 30 years and predominantly in females. Curettage is the most preferred therapy but in recent years intraleosonal steroid injections and IFN-α, systemic calcitonin is commonly used. This report presents 11 years old boy that had CGCG on mandibular molar area and was treated with salmon calcitonin, as a single treatment modality, after initial treatment with intraleosonal steroid injection failed.

Material and Method: The patient was examined clinically and radiologically and blood test was undergone for eliminating hyperparathyroidism (brown tumor). Incisional biopsy was performed. CGCG was the definitive diagnosis and intraleosonal steroid injection was started and was made once a week for 5 weeks and panoramic radiograph was taken after then. There was neither resolution nor calcification on the lesion. Therefore, systemic calcitonin therapy was begun intranasally once a day and stretched 6 months. After 6 months and regression of the lesion size and callus formation was determined.

Result: 11 years old boy with CGCG on mandibular molar area and was treated with salmon calcitonin, as a single treatment modality. For three years follow-up there wasn't any findings of recurrence, abnormal dental eruption or functional disturbance.

Conclusion: Avoiding developmental disorder of the jaw and facial deformities non-surgical treatment with systemic calcitonin administration should be the first choice for treatment of CGCG in young patients.

Keywords: calcitonin intraleosonal steroid giant cell granuloma
PP-238
Category: Pathology & maxillofacial reconstruction

ANGULAR FRACTURE ACCORDING TO BISPHOSPHONATE-RELATED OSTEONECROSIS OF THE MANDIBLE

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Bisphosphonates are nonmetabolized analogues of pyrophosphate that are capable of localizing to bone and inhibiting osteoclastic function. Bisphosphonates are used for the prevention ad treatment of osteoporosis, osteitis deformans, bone metastasis, multiple myeloma. However, bisphosphonates have negative effect on bone metabolism. Bisphosphonate-related osteonecrosis of the jaw (BRONJ) is osteonecrosis of the jaw in a person with a history of bisphosphonate use who undergoes subsequent dental surgery. It may lead to surgical complication in the form of impaired wound healing following oral and maxillofacial surgery. We present mandibular fracture according to intraoral bisphosphonate (zoledronic acid) usage. After the extraction of mandibular molar tooth, the extraction site did not heal well and osteonecrosis of mandible began. And than fracture of angulus mandible was seen.

Keywords: Bisphosphonate Mandibular Fracture

PP-239
Category: Pathology & maxillofacial reconstruction

THREE GIANT CYSTS IN MANDIBLE

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Cysts are benign pathologic cavities filled with fluid, lined by epithelium, and surrounded by a connective tissue wall. Radicular cysts and dentigerous cysts are some of odontogenic cysts of jaws. These cysts are the most common type of cysts in the jaws. Two different technic can be used in surgery of these cyst’s: marsupialization or enucleation. To provide the cyst wall becoming more fibrotic, marsupialization can be applied before enucleation. In the present case there are three cysts expand to whole mandible. To avoid bone fracture, the treatment firstly starts with marsupialization, after drainage for one month all three lesions surgically removed under general anesthesia. Patient observed by orthopantographs at 3., 6., 12. months.

Keywords: radicular cyst dentigerous cyst marsupialization enucleation mandible

PP-240
Category: Pathology & maxillofacial reconstruction

A CASE REPORT : OSTEO RADIONECROSIS OF MAXILLA WITH CANDIDA INFECTION SEEN IN THE BONE

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Osteoradionecrosis is one of the most serious oral complications of head and neck cancer treatment. Osteoradionecrosis is a severe delayed radiation-induced injury, characterised by bone tissue necrosis and failure to heal. Osteoradionecrosis either stabilises or gradually worsens and is notoriously difficult to manage. Radiation-induced vascular insufficiency rather than infection causes bone death. It occurs most commonly in the mandible after head and neck irradiation. Risk factors include the total radiation dose, modality of treatment, fraction size and dose rate, oral hygiene, timing of tooth extractions as well as the continued use of tobacco and alcohol. This condition is often painful, debilitating, and may result in significant bone
loss. Infected osteoradionecrosis (IORN) is a severe complication of radiation therapy for head and neck cancer. Infected osteoradionecrosis can lead to fracture and often requires subsequent jaw resection. It is known that irradiated bone is highly susceptible to infections, mainly with Candida species and cardiogenic bacteria. In this case report it is presented that a 53 year old male patient with a large osteonecrotic area from left maxillary tuber region to left maxillary canine who had been diagnosed as Nasopharynx CA and had chemotherapy and radiotherapy. Microbiologic examination designated candida albicans infection in the necrotic bone. Following the patient hospitalization and medical therapy the partial maxillectomy and the application of an obturator was performed.

Keywords: Osteoradionecrosis candida nasopharynx cancer maxillectomy radiotherapy

PP-241
Category: Oral and maxillofacial implantology

USE OF TITANIUM MESH FOR LOCALIZED ALVEOLAR RIDGE AUGMENTATION

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Resorption of the alveolar ridge often results in insufficient bone quantity for the placement of dental implants. Several surgical techniques have been proposed to augment the bone volume, including bone grafts taken from intraoral or extraoral sites, guided bone regeneration, and distraction osteogenesis. In 1996, von Arx et al., introduced titanium mesh technique for alveolar bone reconstruction. This report evaluated the effectiveness of using allografts with titanium mesh and PRF membrane for localized alveolar ridge reconstruction. Consecutively treated patients required localized alveolar ridge augmentation before placement of dental implants were evaluated. Standardized CBVTs were taken before bone grafting and before implant placement. Clinical and radiographic analysis revealed the efficacy of using the titanium mesh in conjunction with allografts and PRF membrane. In all cases the grafted area had adequate bone volume and consistency for placement of dental implants. Exposure of the mesh did not result in any compromised healing. Radiographic measurements and clinical data that indicate vertical and buccalabial ridge augmentation and evaluate the resorption of the graft for the first 6 months were presented. The use of titanium mesh with a mixture of allograft material and PRF resulted in a satisfactory bone volume for placement of dental implants for localized alveolar ridge defects.

Keywords: titanium mesh alveolar reconstruction PRF

PP-242
Category: Pathology & maxillofacial reconstruction

MULTIPLE SQUAMOUS PAPILLOMA: A CASE REPORT

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Papillomas are the most common benign epithelial neoplasm of the oral cavity. The cause of squamous papilloma is unknown, but the involvement of human papillomavirus (HPV) has been suggested. Lesions are generally solitary, but multiple lesions are occasionally seen. It mostly occurs on the palate, uvula, tongue, frenulum, lips, buccal mucosa, and gingiva. Other HPV-induced lesions, such as the condyloma acuminatum, focal epithelial hyperplasia (Heck disease), and verruca vulgaris, share similar clinical features but are microscopically distinct. In this study, a female patient admitted to our clinic with a multiple lesions which have various shapes in the oral cavity has been presented. After clinical examination, excisional biopsy was performed. Histopathologically lesion was diagnosed as Squamous papilloma associate with HPV. In this case report, a case of Squamous papilloma, literature data, and general information about Squamous papilloma and the alternatives of treatment was discussed.

Keywords: squamous papilloma benign epithelial neoplasm oral cavity
TREATMENT OF A HUGE ODONTOGENIC FIBROMA WITH ANTERIOR Iliac CRESt AND IMPLANT SUPPORTED FIXED PROSTHESIS

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Odontogenic fibroma (OF) is a rare benign odontogenic neoplasm which contains various amounts of odontogenic epithelium imbedded in a mature fibrous stroma. World Health Organization (WHO) classified the odontogenic fibroma as central and peripheral type. OF might be seen in maxilla and mandible equally. Clinically, it appears with different size of painless swelling. In radiographic examinations well-bordered uni or multicellular radiolucent lesions are observed and generally cortical expansion accompanies this situation. This case report presents treatment of a huge OF with anterior iliac crest graft and implant supported fixed prosthesis in a 39 year old male patient. Patient referred to our clinic with complain of a painless swelling in anterior maxilla. Intra-oral examination showed a large and expansive swelling which lies from right premolar region to left molar region. Incisional biopsy was performed and lesion was diagnosed simple type OF. Under general anesthesia, lesion enucleated and defect side reconstructed with anterior iliac graft and fixation plates. 3 months later from surgery mini fixation plate removed and 3 dental implants were placed simultaneously. Osseointegration period completed after 3 months and the final reconstruction was done with fixed prosthesis. The treatment of OF is surgical excision and conservative surgical intervention with enucleation and curettage is often successful. After enucleation of huge OF, reconstruction of the residual defect may be challenging by the size of the defect. Anterior iliac graft is a gold standard among all autologous bone graft sources. It provides adequate bone for the reconstruction of the maxillofacial defects, and also it is possible to place implants with acceptable resorption rates due to long term results results.

Keywords: defect maxilla iliac reconstruction

EARLY MANIFESTATION OF LEUKEMIA: A CASE OF PERSISTENT FACIAL SWELLING

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Leukemia is a hematological disorder which is the most frequent malignant disease of childhood. Some oral manifestations in acute leukemia including, petechiae, ecchymoses, bleeding, ulceration, gingival enlargement have been reported in the literature and these symptoms are arise from an underlying thrombocytopenia, neutropenia, impaired granulocyte function or direct leukemic infiltration. Early detection of these clinical manifestations is important to diagnosis of the underlying leukemia. This case report presents a 8 year-old girl who had an occult T cell acute lymphoblastic leukemia. The patient was referred to our department with the complaint of facial swelling and periorbital edema on her left side. A fossa canine abscess diagnosis was made relying to her decayed deciduous teeth on the left upper jaw, and the patient was hospitalized for intravenous antibiotic therapy. The patient was healed uneventfully, and discharged from the hospital after 3 days. After 2 weeks of her discharge, the patient referred again with the complaint of the swelling on her right side of the face. Upon her clinical and radiological examination revealed no suspicious evidence, she was suspected to have a possible hematological malignancy. The patient was consulted to paediatric haematology and oncology unit, and was diagnosed as T-cell acute lymphoblastic leukemia. Her medical treatment was started after the diagnosis on paediatric department. In conclusion, dental practitioners must be familiar to early manifestations of haematological malignancies for early diagnosis. Close patient follow up and re-evaluation of the working diagnosis is important if routine therapy fails to resolve the problem.

Keywords: oral manifestations facial swelling leukemia child
MANDIBULAR HEMANGIOMA: A CASE REPORT

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Management of hemangioma in the mandible is difficult because of the abundant vaskular network in this region. One of the most common signs of these patients, especially in the mixed dentition period, is hypermobility of the teeth with spontaneous hemorrhage from the surrounding gingival sulcus. Hemangioma is a benign vascular anomaly, and has close relationship with local trauma. The differential diagnosis is usually based upon histopathological findings. This study describes a case of mandible hemangioma that treated with surgical excision. Various therapeutic modalities have been considered, but surgery is the most frequently used. The choice of treatment depends on the size, location of the lesion, the age of the patients and so on. The prognosis good and recurrence of the tumour is rare.

Keywords: Hemangioma Mandible Bening lesion

TEMPORARY FACIAL PARALYSIS AFTER RETROMANDIBULAR APPROACH FOR THE TREATMENT OF SUBCONDYLAN FRACURE

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Introduction: Fracture of the mandibular condyle accounts for 25-50% of all mandibular fractures. Traditionally, closed method for management of condylar fractures was the treatment of choice. The rationale for open reduction and internal fixation in selected cases is that it allows accurate anatomical reduction of the fractured condylar process and earlier return to normal function without the need for intermaxillary fixation. There are multiple approaches that have been proposed for the visualization and the reduction of the condylar fractures. The Retromandibular approach is most useful for all subcondylar fractures and provides the best access to the joint and ascending ramus.

Case: 21 years old male patient was referred to our clinic because of the jaw pain and limited mouth opening subsequent to friend quarrel. Right subcondylar and left symphysis fractures were saw after radiographic evalution. Subcondyler fracture treated via 2 hole miniplates and 4 hole miniplate with monocortical screws using submandibular approach. Parasymphysis fracture treated with two 4 hole miniplate and monocortical screws using intraoral approach. Within 1 week from surgery patient presented grade 3 facial paralysis (House Brackmann classification). Physcal theraphy was recommended and routine controls performed. After 3 months, patient was able to do all facial gesture and expressions and there was no symptoms of facial paralysis.

Discussion: Retromandibular approach is an easy and safe technique for subcondylar fractures but be care of the branches of facial nerve, retromandibular vein, parotid gland and symptoms of facial paralysis.

Keywords: Retromandibular paralysis trauma
A HUGE DENTIGEROUS CYST ASSOCIATED WITH THREE IMPACTED TOOTH IN MAXILLA

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Dentigerous cysts are the second most common odontogenic cysts after radicular cysts. A dentigerous cyst is an odontogenic cyst associated with the crown of an unerupted (or partially erupted) tooth. Regarding its pathogenesis, it has been suggested that the pressure exerted by an erupting tooth on the follicle may obstruct venous flow inducing accumulation of exudate between the reduced enamel epithelium and the tooth crown. They are frequently noted as an incidental finding on radiographs because a majority of these cysts are asymptomatic and are most commonly associated with impacted mandibular third molars and permanent maxillary canines.

Case: A 25 year old man came to our clinic with a pain and small swelling on his right anterior and posterior maxilla. Intraoral examination revealed that his right maxillary central incisor, lateral incisor and canine tooth were all missing. Orthopantomograph examination revealed unerupted 11,12,13 surrounded by well defined, single, unilocular radiolucency extending laterally from the distal surface of root of the left central incisor to the mesial root of right third molar. Impacted teeth extracted and the lesion was enucleated and curretted under local anesthesia. Histologic examination revealed the diagnosis of dentigerous cyst.

Discussion: Dentigerous cysts are very common developmental cysts associated with the crowns of permanent teeth. In this case a large dentigerous cyst containing three impacted teeth is presented.

Keywords: Dentigerous Impacted Enucleation

TREATMENT OF MYOFACIAL PAIN IN BEHÇET DISEASE BY BOTULINUM TOXIN

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Behçet’s disease is a chronic, relapsing vasculitis that can affect most organ systems. It is more common in men than in women, and typically affects young adults. The classic finding in Behçet’s patients is the presence of recurrent mucocutaneous ulcers, and oral aphthous ulcerations are usually the initial symptom. Other manifestations include genital ulcers, skin lesions, vascular, neurological, articular, and ocular disease. As there is no laboratory test for the disorder, it must be diagnosed on a clinical basis. It also presents with generalized muscle pain and arthralgias. Intramuscular injection of botox to reduce facial wrinkles is the most common cosmetic procedure performed in many countries. Other than this well known cosmetic uses, non-cosmetic uses also described for a growing list of conditions in the oral and maxillofacial surgery field, this list includes oromandibular dystonia, bruxism, temporomandibular joint dysfunction, chronic myofacial pain syndrome, trigeminal neuralgia, salivary secretory disorders, perioperative applications and other uses. Action of botox on myofascial pain shows differences with previous indications. The injection of BTX-A into the involved muscles not only has paralysing and muscle relaxation but also analgesic, vascular modulating and antinociceptive effect. In this presentation a 54-year-old female with severe facial pain due to Behcet disease and treatment with Botulinum Toxin is described.

Keywords: botulinum toxin behcet myofascial syndrome
PP-249
Category: Orthognatic surgery

BAD SPLIT DURING BILATERAL SAGITTAL SPLIT OSTEOTOMY OF THE MANDIBLE

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Bilateral sagittal split osteotomy (BSSO) is one of the most common techniques used to correct mandibular deformities. Since it was first described by Trauner and Obwegeser, efforts to reduce associated complications have led to several modifications. However, the procedure still presents a degree of technical difficulty, and is associated with several potential complications. One such operative complication is an irregular osteotomy pattern or unfavourable fracture, known as a bad split. The reported incidence of bad split at the site of a sagittal split osteotomy ranges from 0.5% to 5.5%. This unwanted fracture is normally located in either the distal (lingual plate) or the proximal cortical plate (buccal plate) of the mandible, and more rarely affects the coronoid process or the condylar neck. Bad splits can be provoked by an anatomically thin mandibular ramus, a high mandibular lingula, the presence of third molars, incorrect inclination of the osteotome, or even by the inexperience or lack of attention of the surgeon. If a fracture occurs, fractured segments should be reconsolidated if possible. Fractured segments should be incorporated into the fixation scheme to avoid unfavorable post-surgical positional changes and provide stable continuity between the most proximal portion of the mandible and the distal segment. In this case report, a bad split of proximal segment which was difficult to overcome is presented. Buccal plate and coronoid process was fractured together and condyle was with distal segment after split. To overcome this problem, an additional osteotomy was performed in posterior distal segment with piezosurgery, the mandible was repositioned and the fragments were reconsolidated separately. Postoperative course was uneventful except mild inferior alveolar nerve paresthesia.

Keywords: buccal fracture BSO segment

PP-250
Category: Pathology & maxillofacial reconstruction

USE OF BUCCINATOR MUSCULOMUCOSAL FLAP IN REPAIR OF ORO-ANTRAL FISTULA

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Introduction: Oro-antral comminucation commonly occur after extraction of maxillary posterior teeth. Acute openings of healthy maxillary sinus that are smaller than 4-5 mm in diameter often heal spontaneously. If the comminucation fails to close spontaneously, it remains patent and is epithelialized so that an oro-antral fistula develops. Larger openings and chronic fistulas require surgical procedures to close the oro-antral communication. Various surgical techniques have been described in the literature for the closure of oral defects and most of them based on mobilizing the tissue and advancing the resultant flap into the defect. The type and size of the defect determine the technique to be used. And secondary closure of oroantral fistulas produces comparably low success rates and poses a challenge for the oral surgeon. This report describes the technique of the buccinator musculomucosal flap procedure for the repair of oroantral fistula.

Case report: The patient referred to our department complaining of an unhealed wound by the extraction of the maxillary molars which was extracted 10 years ago. In our department the patient had undergone 4 operation including 2 buccal sliding flap, palatal rotational flap and buccal fat pad flap. After these surgical procedures, the oro-antral fistula was closed by buccinator musculomucosal flap. The healing of the defect was uneventful and the patient experienced no difficulties with mastication or oral competence.

Conclusion: The buccinator musculomucosal flap is a convenient and safe flap procedure with fewer donor site complications that can be used in oro-antral fistula reconstructions.

Keywords: oro-antral fistula buccinator musculomucosal flap
PP-251
Category: Dentoalveolar surgery

ORAL MANIFESTATIONS AND PROSTHETIC REHABILITATION OF HEREDITARY SENSORY AND AUTONOMIC NEUROPATHY TYPE IV: A CASE REPORT

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Hereditary sensory and autonomic neuropathy (HSAN) is a rare genetic syndrome of unknown aetiology. It is seen in early childhood and categorized in five different types by its symptoms. Absence of pain and self-mutilation are characteristic findings of the syndrome. HSAN type 4 has an autosomal recessive transmission, with such major characteristics as loss of sense of pain, anhidrosis and mental retardation. Sympathetic innervations are deficient despite the existence of sweat glands. The cases are hypotonic without any tendon reflexes, and neuromotor development is retarded. In some cases sense of tactile and vibration may be intact. Teeth in the oral cavity can cause damage to the oral tissues and tongue in these patients. This case report presents the oral and dental findings, surgical treatments and prosthetic rehabilitation of a HSAN type 4 male patient.

Keywords: Hereditary sensory and autonomic neuropathy genetic syndrome dental findings prosthetic rehabilitation insensitivity to pain

PP-252
Category: Oral and maxillofacial implantology

PLATELET RICH FIBRIN AND ITS USAGE IN DENTAL PRACTICE

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Platelet-rich plasma (PRP) is an autologous concentra- tion of human platelets in a small volume of plasma. Therefore, the term PRP is preferred to autologous platelet gel, plasma-rich growth factors (PRGFs), or a mere autologous platelet concentrate. Blood-derived products have been used to seal wounds and stimulate healing for over 40 years. Platelet rich fibrin is a second generation platelet concentrate which has a simplified preparation protocol without biochemical blood handling. The aim of this study to describe the preparation protocol of platelet rich fibrin, the differences from the other platelet concentrates, its biochemical properties and to overlook the studies about the usage of platelet rich fibrin in dentistry. Platelets are rich in growth factors that may contribute to an accelerated tissue regeneration process. The therapeutic osteogenic effect of local platelet administration probably depends on the amount of growth factors delivered within. To improve platelet-derived factor preparations, the platelets have to be concentrated without loss of the granular growth factor load. An autologous procedure according to the Good Manufacture Practice (GMP) guidelines to prepare a high concentrate from platelet-rich plasma (cPRP) for clinical application in bone regeneration is presented.

Keywords: GMP PRP platelet plasma

PP-253
Category: Dentoalveolar surgery

ACCIDENTALLY FINDING OF UNCOMMON NASAL ENTITY: A CASE REPORT

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Rhinoolith is an unusual entity of the nasal cavity. They can be endogenous or exogenous characteristics. They are often an asymptomatic condition diagnosed accidentally during a routine dental examination. As the rhinoolith increases in size, the
symptoms to which it gives rise may range from unilateral nasal discharge, unilateral purulent rhinitis with or without consecutive sinusitis, facial pain, epistaxis, impairment of nasal breathing ending in complete obstruction, septal perforation. We usually see dense radiopacities in the anterior maxillary region at radiographic examination of rhinoliths. In this case report, we presented a 51-year-old man who arrived at Kirikkale University, Faculty of Dentistry, for routine dental examination. A radiopaque image in the nasal cavity region was identified in a panoramic radiograph. We will discuss the symptoms, etiopathology and relationship with oral situations of this unusual entity in the literature of light.

**Keywords:** Rhinolith, nasal cavity oral findings

**PP-254**  
**Category:** Oral and maxillofacial implantology

**NECK NECROTIZING FASCIITIS OF ODONTOGENIC ORIGIN IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION.**

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Introduction: Necrotizing fasciitis of the head and neck is a dangerous complication of odontogenic infections. Neck necrotizing fasciitis is a serious, rapidly progressing infection between layers of fascia, which sometimes includes the skin, subcutaneous tissue and muscle.

Material: Odontogenic infections arise from bacteria that reside in the oral cavity and are often polymicrobial. Patients with immunodeficiency disease belong to a population subset at increased risk of a dental infection. We reviewed 55 HIV-infected patients with neck necrotizing fasciitis of odontogenic infection managed at a hospital at Saint-Petersburg, Russia.

Results: 11 patients were treated with HAART. The average age of the patients was 34 ± 1,2 years. Among the patients were male (71%). Mandibular molars were the source of infection in 70% of cases. Computed tomography showed evidence of neck necrotizing fasciitis. Treatment involved four main vectors: early diagnosis, surgery (incision and drainage and debridement), the application rational antibiotics and systemic support measures. All patients underwent surgery within 24 hours. No mortality was observed. The need for early detection and immediate treatment, the practitioner to minimize the risk of morbidity and mortality is important in such cases.

Conclusions: The keys of successful treatment are surgical debridement combined with broad-spectrum of antibiotics. In HIV-infected patients undergoing HAART, acute odontogenic diseases of maxillofacial region favorable flow (p<0,005) and require a shorter duration of hospital stay (p<0,005).

**Keywords:** odontogenic infections Necrotizing fasciitis HIV-infected HAART
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