**Results**: We selected 90 patients, 60 under age 65 and 30 greater of 65 years.

We have not found significant clinical difference between the two groups.

We have not found differences between findings of epithelial Dysplasia in both groups.

The rate of malignant transformation is (6.7%) in older than 65 Años and (8.3%) under the age of 65 years. Of all the factors related to the malignant transformation the only relevant (p< 0.026) is the presence of dysplasia.

## **Conclusions:**

- 1. Have not found clinical or pathological differences in patients with oral Leukoplakia older and younger than 65 years.
- 2. The presence of dysplasia is the only factor associated with malignancy.

## - Oral Presentation 12

TITLE: Treatment of bisphosphonate-related osteonecrosis of the jaws in elderly patients

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S5.

\* doi:10.4317/medoral.17644006 http://dx.doi.org/10.4317/medoral.17644006

**Objectives**: To analyze theapeutic options in bisphosphonate-related osteonecrosis of the jaws (BRONJ) in elderly patients.

Material and Method: A search in the PubMed-Medline database was conducted in April 2016 in order to identify narrative and systematic reviews related to the treatment of BRONJ published in the last 5 years. Only English papers were considered. Furthermore, the treatment modalities performed in a group of patients older than 65 years of age and diagnosed with BRONJ in the Master of Oral Medicine, Oral Surgery and Implantology at the University of Santiago de Compostela were analyzed.

**Results:** The electronic search retrieved 130 articles. Of these, 17 studies were finally included in this analysis: 9 narrative reviews and 8 systematic reviews. 4 articles assessed different surgical procedures in the management of BRONJ and 5 were focused on new therapeutic strategies such as laser therapy, teriparatide therapy, hyperbaric oxygen therapy and autologous platelet concentrates. Our series of patients affected by BRONJ

were treated with several conservative and/or surgical techniques.

**Conclusions:** Numerous treatment strategies to manage BRONJ cases are considered in the scientific literature. Nevertheless, there is not enough evidence to establish a definitive therapeutic protocol. For this reason, we considered that more randomized clinical trials and rigurous studies should be performed in order to determine the efficacy and effectiveness of each treatment modality.

## - Oral Presentation 13

TITLE: Osteorradionecrosis prevalence in patients older than 65 years receiving radiotherapy of head and neck

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S5.

\* doi:10.4317/medoral.17644007 http://dx.doi.org/10.4317/medoral.17644007

**Objectives:** To study the prevalence of osteorradionecrosis in patients in patients older than 65 years with head and neck cancer who have been treated with radiotherapy.

Evaluate the risk factors associated with the occurrence of osteorradionecrosis

Material and Method: A retrospective study was conducted on a sample of 100 patients older than 65 who were referred to the Teaching Unit of Oral Medicine from January 2013 to January 2016. This sample was obtained from the patients referred for preliminary assessment to treatment Radiotherapy head and neck, by the Clinical Radiotherapy Service Hopistal University of Santiago de Compostela, part of the Galician Health Service (Sergas). All patients are protocolised and complications during treatment and therapeutic needs are evaluated.

**Results:** A 100 patients (90 men and 10 women) over 65 years were studied, of which 50 patients were excluded because they did not attend subsequent checks. Of the 50 patients attending routinely 42 needed dental extractions performed before starting treatment. Just 7 will develop posteoradionecrosis (3 of them spontaneously, 2 after pre-RTP tooth extractions and 2 after post-RTP tooth extractions).

**Conclusions:** It is essential to protocolise patients who will receive radiation treatment to minimize the risk of complications.