

thalassemia minor. She refers history of multiple bone fractures that required surgical treatment, having been subjected to a caesarean and premature exfoliation of both dentitions. Physical examinations shows that the patient has low skeletal size, short and arched tips and ligamentous laxity. Intraorally a severe bone atrophy is observed, that she has two mandibular implants and a conventional maxillary prosthesis. Currently she is being treated with HidroferolR and Natecal D FlasR. After the patient's consent we proceeded to the preparation of the lower overdenture with 2 locators.

Conclusions: Hypophosphatasia is a rare disease with which the dentist should be familiar to detect and refer the patient to ensures the correct treatment.

- Oral Presentation 57

TITLE: Benign lymphoepithelial lesion of the parotid gland. A case report

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S23.

* doi:10.4317/medoral.17644051

<http://dx.doi.org/10.4317/medoral.17644051>

Introduction: The benign lymphoepithelial lesion of the parotid gland is commonly associated with viral infections and normally causes painless, slow-growing and bilateral swelling.

Case report: 60-years-old female patient presenting swelling in the right parotid area, appearing to be well-defined, slightly depressible and soft, from 5 years ago. CT and MRI were performed and both showed right parotid (22 x 34 mm) and left (14 x 28 mm) enlarged. Besides, multiple small laterocervical lymph nodes were observed, so a fine needle aspiration was performed. The presence of acinar and ductal cells in plaques with no other nodal components was observed. The blood tests highlighted positive detection of certain high-risk HPV types and slight gamma-globulins increase, being the C-reactive protein negative. "Bilateral benign lymphoepithelial lesion" was established as diagnosis based on clinical features and observed findings. Expectant management was performed with periodic reviews every 6 months.

Conclusion: Depending on the final diagnosis, given mainly by imaging and serological tests and FNA, it is possible to establish an expectant management. If clinical symptoms requires it, there are other pharmacological or surgical therapeutic alternatives.

- Oral Presentation 58

TITLE: Glossopharyngeal Neuralgia. A case report

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S23.

* doi:10.4317/medoral.17644052

<http://dx.doi.org/10.4317/medoral.17644052>

Introduction: Glossopharyngeal neuralgia (GN) is a condition characterized by a severe, stabbing and paroxysmal pain located in the pharynx and back of the tongue, which is triggered by stimuli such as swallowing. The diagnosis is primarily clinical and imaging such as CT or MRI is used to differentiate between idiopathic or secondary form. Pharmacological treatment is initially administered with antiepileptic, and in refractory cases surgical alternatives will arise. The aim of this communication is to describe how to perform sequentially the diagnosis of NG and assessing treatment with carbamazepine.

Clinical Case: 83 year old male patient, smoker, with a history of prostate cancer, went for a consultation for a pain in the back of his tongue and pharynx on the left side, attributing the same to contact with a complete denture. Anamnesis is performed by collecting the characteristics of pain and what triggers it and later performing the clinical examination, while exploring the somatic and gustatory sensitivity of the posterior third of the tongue finally ending with a topical lidocaine test resulted positive. A brain CT was requested which ruled out the presence of associated pathologies due to clinical suspicion of GN. A treatment of carbamazepine was prescribed.

Conclusions: GN is a pathological process that requires knowledge of the clinical manifestations and pharmacological responses, in which the dentist has an important role.

- Oral Presentation 59

TITLE: Lip mucocele: a case report

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SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S23.