

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**

**AUTHORS: Hurtado Celotti D, De la Calle Cañadas C, Leco Berrocal I, Martínez-Rodríguez N, De Dios Cano J, Martínez-González JM.**

*Máster Cirugía Bucal e Implantología. Hospital Virgen de la Paloma. Madrid.*

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**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**

**AUTHORS: Maidagan Valderrama A, Caño Gómez N, Belarra Arenas C, Santos Marino J, Rubio Alonso L, Martínez González MJS.**

*Máster en Cirugía Bucal e Implantología. Hospital Virgen de la Paloma. Madrid.*

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**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**

**AUTHORS: Puente Fernández S S, Garnier Rodríguez JL, Leco Berrocal I, Martínez-Rodríguez N, Gutiérrez Sánchez L, Martínez González JM.**

*Máster en Cirugía Bucal e Implantología Hospital. Virgen de la Paloma. Madrid.*

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**Introduction:** The term “mucocele “ refers to a benign cystic neof ormation of the minor salivary glands lining the oral mucosa. It is most commonly in the lower lip but can appear in other places. The most of the cases, the diagnosis may be suspected by the practitioner, although it should be to confirmed with histopathology. The aim of this case is to describe the clinical characteristics and to establish the treatment of this lesion.

**Case report:** A 66-years-old woman was referred to go to the Oral Surgery Servica of Virgen de la Paloma Hospital with a tissue growth into the right lower lip. The intraoral examination revealed a lesion of 1 cm in diameter, oval, soft consistency and pink -blue coloration. It refers not pain, but discomfort when eating and speaking. After signing the informed consent proceeded to perilesional infiltrative anesthesia and surgical excision of the lesion and adjacent glands by conventional scalpel. Histopathological analysis reported the presence of lip Mucocele. After 1 year follow-up of the patient there was no recurrence.

**Conclusion:** It is characteristic of mucocele , the presence of a rounded growth with a rose - bluish color. Treatment consists of surgical removal of the lesion and patient counseling to eliminate habits that favor the appearance of new lesions

## - Oral Presentation 60

**TITLE: Breathing problems during sleep. Report of clinical case**

**AUTHORS: Franco Alfonso p, Romero Gutiérrez C, Belarra Arenas C, Franco Carro B, Arriola Riestra I, Barona Dorado C.**

*Máster en Cirugía Bucal e Implantología . Hospital Virgen de La Paloma. Madrid.*

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**Introduction:** The obstructive sleep apnea-hypopnea syndrome (OSAHS) is a highly prevalent disease, whose great relevance is very high as it implies remarkable public health problems. OSAHS is used to define patients who suffer from recurrent airway collapses during sleep, followed by transient awakening. The aim of the present scientific communication is to describe a new diagnosis procedure and therapeutic approach using the APNiA® system.

An 80-year-old lady consulted the Oral Surgery and Implantology department of Hospital Virgen de la Paloma

in Madrid, presenting bruxism and TMJ pain. After a detailed clinical history and exhaustive clinical and radiological exams, sleep disorder was suspected and the diagnostic polysomnography realized to the patient indicated a light-to-moderate apnea-hypopnea index (AHI). The patient was treated with an advanced intraoral device (AID-APNiA®), which is a splint for both maxillae connected with tensors that prevent the mandibular jaw from retraction, by decreasing the number of apnea episodes the patient may suffer. In order to confirm the effectiveness of the treatment, a post-polysomnography was performed using the AID.

**Conclusions:** The odontologist has a major role in sleep apneas diagnosis. Today, thanks to significant technology advances, some sleep studies can be done in an outpatient setting.

## - Oral Presentation 61

**TITLE: Dentigerous cyst: a case report**

**AUTHORS: Salido Iniesta N, Maidagan Valderrama A, Belarra Arenas C, Santos Marino J, Rubio Alonso L, Páez Egido V.**

*Máster de Cirugía Bucal e Implantología, Hospital Virgen de la Paloma. Madrid.*

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**Introduction:** A dentigerous cyst is a developmental odontogenic cyst which has an epithelial origin and it represents the second most frequent entity in this group. Normally, it is asymptomatic and its finding is mostly radiologic, being characteristic the radiotransparency surrounding the crown of the non-erupted tooth.

The treatment consists of a surgical approach, reaching the final diagnosis through the anatomopathological study.

The aim of the present communication is the exposition of a case report consisting of a dentigerous cyst and its surgical approach and also a literature review of the subject.

**Case Report:** A patient 65-year old woman is referred to our Service presenting an associated image to the crown of the third lower left molar without associated symptoms.

After the radiographical exploration, a 6 mm diameter radiotransparent image is observed surrounding the Crown of the third lower left molar.

After obtaining the informed consent of the patient, the extraction of the 38 and the cyst were performed under local anaesthetic. The cystic lesion was sent for its anatomopathological study after its removal, which confirmed the pressuntion diagnosis, dentigerous cyst.