

**Introduction:** The migration of dental implant to the maxillary sinus is an increasingly frequent complication in implantology, this occurs at the time of implant placement or at the first subsequent months, but there is also risk of impulsion to the antrum of Highmore of the implant in the process of explantation.

**Case Report:** A 75 years old woman came to the Oral Surgery and Implantology department at the Hospital Virgen de la Paloma, without any transcendent medical history, presenting symptoms consistent with chronic sinusitis. In the intraoral examination is discovered the presence of an oro-antral fistula on the alveolar ridge at the location of the right first molar. The patient reported that an explant have taken place in the same location a month ago in a dental clinic. In the radiographic examination with CT and panoramic radiograph is seen the presence of a dental implant in the right maxillary sinus, along with a full occupation of it.

Through a Cadwell-Luc approach it was accessed within the maxillary sinus. All granulation tissue and the implant inside was removed, then we proceeded to carry out disinfection of it with profuse irrigation with 0.2% chlorhexidine. Finally the edges of the orasinual fistula were cleaned and the surgical wound was sutured which was removed two weeks later.

**Conclusions:** There were no intra or postoperative complications. Nowadays, one year after the intervention, a complete sinus health can be seen without the presence of any kind of oro-antral communication.

## - Oral Presentation 65

**TITLE:** Menière's syndrome. A case report

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**Introduction:** Menière's syndrome is characterized by vertigo, hearing loss, hearing fullness, tinnitus; being the disenchanting factor a endolymphatic edema. The etiology is unknown, it is associated with high salt intake, HSV infection, blocked drainage and in recent years is believed that may have close relationship with the intraosseous pathology of maxilla and mandible. The diagnosis is by exclusion and there is no resolute treatment.

The purpose of this communication is to present a case

in which a clinical examination is carried out to study whether the disenchanting factor of vertigo can be an intraosseous dental pathology.

**Clinical Case:** Woman 65 years after NMR studies audiometric tests and was diagnosed by an otolaryngologist Sd. Menière 9 years ago. Patient under daily treatment with diuretics and nightly lingual apparatus "Bonnet". The patient presents as constant tinnitus symptoms. Given the possibility that the etiology could be a odontogenic lesion and a clinical examination was performed to study it.

The examination consisted of intra and extraoral exam, radiological tests with panoramic radiography and periapical radiography of the incisors previously endodonticed, adding a functional study due to malocclusion of the patient.

The tests were negative, there was no presence of dental pathologies, through radiological tests there were no signs of pathology, whereas in the functional study atypical swallowing was observed malocclusion, negative scan ATM.

**Conclusion:** In recent years maxillofacial pathology is considered a possible etiologic cause of Menière's syndrome.

## - Oral Presentation 66

**TITLE:** Warthin's tumour: description of a case report

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**Introduction:** Warthin's tumour (WT) is a benign tumour of the major salivary glands, restricted to the parotid gland.

It is a soft, irregular, slow-growing tumour, generally painless and unlikely to become malignant.

Clinical suspicion is based on test such as ultrasounds, NMRs and FNABs, whereas a definitive diagnosis will be determined with tumour resection accompanied by superficial parotidectomy. The treatment of WTs is surgical, consisting in the full resection of the tumour.

This paper focuses on a case report relative to female patient, including an analysis of the clinical manifestations and diagnostic management of this pathological process.

**Case Report:** The 69-year-old female patient was referred to our Service presenting with a two-moth history of painless mass in the right parotid gland. The medical history of the patient includes a treatment for arterial hypertension, dyslipidemia and a surgical thyroidectomy.

A 1.5 cm lump, soft in consistency and movable when palpated, was observed during the physical examination.

A supplementary ultrasound and NMR were requested, the visualization of which resulted in a diagnosis of suspected WT. After the supplementary trials, the patient was briefed and the possibility was pondered considering her age and general condition at the moment of the parotidectomy.

**Conclusion:** WT is a relatively frequent entity, and odontologists must be aware of its clinical manifestations and most relevant diagnostic tests.

### - Oral Presentation 67

**TITLE: Osteonecrosis generated by the use of Bisphosphonates in geriatric patients. A case report**

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**Introduction:** Bisphosphonates are drugs able to inhibit the rework process through the detention of osteoclastic activity. Since it comes into contact with the bone tissue, their effect can remain until to ten years. Osteonecrosis cases have been related to bisphosphonates and protocolos of actions have been developed. The aim of the present communication is to set the importance of making a correct diagnosis and the dentist's responsibility held by the dentist in clinical management of these patients.

**Clinical Case:** A 66 year old female patient with a second quadrant pain history and who was referred to our service by a possible osteonecrosis in that place.

\* Her clinic history refers taking steroids due to lupus erythematosus and oral zolendronato for the last eight years. \* Intraorally, fistulas and edematous areas were observed in the region between the 23 and the 25 th. \* A radiological study was requested (periapical and panoramic), showing the presence of bone remains. \* The

initial diagnosis was second stage OBF, reporting the patient about the different therapeutic options and their risks. \* Treatment, prior informed consent, consisted of removed the damage bone, regularisation and suture. She was given Amoxicilina 750 mg each 8 hours, Ibuprofeno 600 mg each 8 hours and clorhexidina 0,12 %. The patient was checked up afterwards with radiographic control without symptoms or clinical signs.

**Conclusion:** The intake of bisphosphonates in adult patients requires a rigorous control of the applied treatments in the oral cavity.

### - Oral Presentation 68

**TITLE: Viability of short implants in atrophic posterior areas of the maxilla and mandible: current status**

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**Objective:** To evaluate the success and survival of short implants placed in atrophic posterior areas of maxilla and mandible and compare it with the results of the longer conventional implants.

**Material and Method:** We have done a literature review in PubMed database over 40 articles about the use of short implants made between 2011 and 2016. Inclusion criteria were the use of implants of length between 4 and 7 mm. and follow up one year, at least, from the load.

**Results:** A total of 40 items on 65.006 implants placed in 29.014 patients were analyzed. The results were similar to those obtained with the use of longer implants, finding no statistically significant differences in complications and failures between the two procedures.

**Conclusions:** In elderly patients with atrophic posterior areas of the maxilla and mandible short implants can be a faster and less aggressive alternative than other techniques (regeneration and vertical bone augmentation, lateralization of dental nerve, etc.).

Short implants offer percentages of success and survival similar to those of the longer implants.

We must be aware of certain considerations and specificity in these implants regarding biomechanics, surgical technique and implant design.