

- Poster 1

TITLE: Use of shorts implants in atrophic jaws in geriatric patients

AUTHORS: Pérez González ME, Gonzalez Suarez V, Gonzalez Suarez S, Ortiz García I, Jiménez Guerra A, Velasco Ortega E.

Máster de Implantología Oral. Facultad de Odontología. Universidad de Sevilla.

SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S34.

* doi:10.4317/medoral.17644077

<http://dx.doi.org/10.4317/medoral.17644077>

Implant dentistry is becoming more and more routinely popular in dental care of aged patients, as a treatment modality especially with the emergence of newer, improved implantation technologies. Much of this can be attributed to the relatively high success rates of implants in both partially and completely edentulous patients. Anatomical structures in the mouth, such as the inferior alveolar canal and maxillary sinus, often hinder the use of conventional length (>10mm) implants. In these cases, another treatment option is the use of short implant (≤ 10 mm). This is particularly true in the posterior jaw where occlusal force is relatively high. Implant survival varied largely in one study from 86%-00%. In clinical situations with severe bone reabsorption in geriatric patients, short implants as a suitable treatment option. However, further studies, implementing stronger study designs and controls, must be carried and provide a long-term assessment of short implant survival.

- Poster 2

TITLE: Patient satisfaction and long-term results of mandibular overdentures retained by miniimplants in the geriatric patient

AUTHORS: Al-Adib Mendiri A, Romero Medina E, Bish González MJ, Ortiz García I, Jiménez Guerra A, Velasco Ortega E.

Máster de Implantología Oral. Facultad de Odontología. Universidad de Sevilla.

SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S34.

* doi:10.4317/medoral.17644078

<http://dx.doi.org/10.4317/medoral.17644078>

The main problem with the overall geriatric edentulous patient, is the retention of full dentures, which results in increased discomfort and decreased treatment satisfaction received. In these cases, a good alternative is the

use of miniimplants due to the high resorption of the jaws and also because they are compromised patients. The objective of this review is to assess the level of satisfaction of geriatric patients and the long-term treatment with miniimplants. The parameters evaluated to measure satisfaction were chewing, speech, aesthetics, comfort, healing process, socialization, stability and retention of mandibular overdentures, oral hygiene and removal of the prosthesis. The satisfaction of the patients with mandibular overdentures with miniimplants, increased over time, however, this treatment requires considerable maintenance.

- Poster 3

TITLE: Hyposalivation and xerostomia in older adults

AUTHORS: Bish González MJ, González García C, Cordero Galante M, Jiménez Guerra A, Ortiz García I, Velasco Ortega E.

Máster de Implantología Oral. Facultad de Odontología. Universidad de Sevilla.

SOURCE: Med Oral Patol Oral Cir Bucal. 2016 December 15;21(Supplement1):S34.

* doi:10.4317/medoral.17644079

<http://dx.doi.org/10.4317/medoral.17644079>

Saliva is a key element in oral function and maintenance of oral health. Older adults are susceptible to reduced saliva production related to some external factors. Importantly, xerostomia or the perception of a dry mouth is now being recognized as an important risk factor for dental diseases, and it impacts on the quality of life of sufferers. In fact, the incidence of dry mouth and its public health impact are increasing due to the aging population, the effects of some systemic diseases, and medical management and commonly prescribed medications that reduce saliva production. The use of effective screening tools for xerostomia and hyposalivation would be helpful in identifying those at risk. By the way, obtaining routine unstimulated salivary flow rates in addition to self reported information and oral evaluation may increase early detection of oral dryness, which would assist in implementing early interventions to improve patients' quality of life. The clinicians are important to determine the patient's unstimulated salivary flow rate, because visually inspecting oral tissues for dryness and asking a patient if his or her mouth is dry are insufficient measures to use to determine if the patient has hyposalivation.