

Conclusions: Uncontrolled type 2 diabetes favors the EP Both diseases can promote atherosclerosis.

Diabetes cases with intense Macroalbuminuria and severe periodontitis, are associated with increased mortality Cardio-Renal.

It is very important after the diabetes diagnosis, strict coordination between the physician and dental dpto, for the prevention of periodontitis.

In decompensated chronic periodontitis with increased oxidative stress it is not necessary to have dental plaque.

- Poster 21

TITLE: Relationship between xerostomia and occlusion disturbances. A case report

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Introduction: Xerostomia is a quite frequent symptom particularly in elderly patients. The causes of dry mouth syndrome include pharmacological compounds intake like antidepressants, antihypertensive, opiates, bronchodilators... On the other hand may be due to autoimmune disease (Sjögren syndrome), radiation therapy and chemotherapy for the treatment of cancer, hormone disorders and some infections.

Other xerostomia common causes may be dehydration, blockage of the transporting saliva ducts, swallowing increased, local irritant effects and anxiety or stress pathological conditions.

Clinical case: A 67-year-old female suffer sudden change occlusion due to one prosthetic crown, stomatognathic apparatus disorder and antihypertensive and anxiolytic medication. Combined with a personal high stress situation, began developing a mastication referral losing, nervousness and significant dry mouth feeling.

In this clinical case were identified a coincidence of adverse life events and iatrogenesis with the beginning of the dry mouth clinic which was the main reason for the visit. Treating the occlusal situation improved xerostomia satisfyingly.

Conclusions: We suggest exploring mastication function and dynamic besides static occlusion as possible trigger factor of xerostomia. There are in addition other elements like in the case here stressors and xerostomizing drugs that may limit in significant way our patients quality of life.

- Poster 22

TITLE: Oral fibrolipoma: a purpose of a case

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Introduction: Fibrolipomas (FL) are an uncommon, histological variant of the classic lipomas. Clinically, fibrolipoma is a soft tissue neoplasms, slow growing, asymptomatic, well circumscribed and soft or semi-firm consistency. Their presence in the oral cavity is rare, being more frequent in buccal mucosa and tongue. Histologically, FL is composed of mature adipose cells, divided into lobes by fibrous outbreaks, with fibrous connective tissue in the periphery. As for the pathogenesis no consensus can be inherited by degeneration of fat, trauma, infection or hormonal. The differential diagnosis should be realized with other lesions, such as inflammatory hyperplasia, benign tumors or malignant tumors. Diagnosis should be made with clinical dates and histopathology. The treatment of choice is surgical and monitoring of the patient.

Clinical case: Woman 92 years old who attends the Master of Oral Medicine, Oral Surgery and Implantology of the University of Santiago de Compostela for oral rehabilitation. On examination we see a growth 2 cm in diameter, pedunculated in palatal mucosa, smooth surface, long time of evolution, which prevented us use her prosthesis. Surgical removal and histopathological study program. The result was fibrolipoma.

Conclusion:

- For diagnosis and proper management of this rare lesion of the oral cavity should always be done the clinical and histopathology study.

- The importance of complete histological description, as the FL can infiltrate adjacent tissues, simulating a malignant lesion.

- Poster 23

TITLE: The relationship between primary hypothyroidism and oral lichen planus. A review of the literature and case series

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