

O.321 V-Two-V & NobelGuide™: innovative approach for the immediate rehabilitation of edentulous maxillae

S. Panigatti, E. Agliardi. *Sezione di Chirurgia Maxillo-Facciale, Chirurgia Odontostomatologica e Implantologia presso la Clinica San Carlo di Paderno Dugnano, Milano, Italy*

Objectives: The aims of this report was to assess the treatment outcome of the V-Two-V technique associated with the Nobel Guide™ concept for the rehabilitation of a fully edentulous maxilla and to compare the outcome of axial versus tilted implants.

Methods: A male 58 year old patient eager to have an immediate fixed rehabilitation of his edentulous maxilla without bone grafting or sinus elevation has been treated with the V-Two-V technique & NobelGuide™.

A duplicate of the denture of the patient with radiographic marked was necessary. With this prosthesis, the patient made the TC scan exam. The TC DICOM files are acquired with the Procera software® and the clinician could plan the surgery according with the V-Two-V configuration. A steriolitographic surgical guide was then realized and the technician was able to build the immediate fixed bridge.

Following this surgical guide, two anterior implants (Nobel-Speedy™, Groovy®, Nobel Biocare AB, Göteborg, Sweden) were placed axially in the pre-maxilla, parallel to the midline, in position of lateral incisors. Then, for each side, one implant was tilted distally approximately 30°-45° relative to the mesial implant previously positioned, close to the anterior sinus wall while another implant was placed tilted mesially 30°-45° close to the posterior sinus wall.

The flapless surgery was relative simple and the prosthesis was placed 10 minutes after implant and Multi Unit Abutments (MUA) positioning.

Results: None of the implants were lost. No significant difference in marginal bone loss was found between tilted and axial implants at one-year evaluation.

Conclusion: The present preliminary data suggests that the V-Two-V technique together with NobelGuide™ could be considered a viable treatment modality for the edentulous maxilla. Absence of swelling and pain and a relative simple and short surgery seems to be the most positive aspects of this technique.

Friday, 12 September 2008, 14.30–15.30

Room 1

Oral surgery III**O.322 Ameloblastic fibroma in a 6-year-old child: case report**

A. Anesi¹, G. Bissolotti¹, N. Toller¹, G. Corrocher¹, L. Chiarini², P.F. Nocini¹. ¹Section of Oral Maxillofacial Surgery, University of Verona, Italy; ²Unit of Dentistry and Maxillofacial Surgery, University of Modena and Reggio Emilia, Italy

Objectives: Clinical and surgical management of an early onset of a large mandibular ameloblastic fibroma (AF) in a 6-year-old patient.

Clinical case: AF is a rather uncommon tumour, accounting for only 2.5% of all odontogenic tumours. AF is a true mixed tumour, in which the epithelial and ectomesenchymal elements are neoplastic. AF raises at any age, ranging from 6 months to 42 years (mean 14.6 to 15.5 years); it does not show sex predilection. The lesion occurs in nearly 70% of cases in posterior areas of the mandible. Patients exhibit swelling of the jaw; pain is not usually described. The parents of 6-year-old female child noticed a firm painless mass in inferior left vestibule, because of a distortion of mandibular angle contour. The mucosa overlying the mass posterior to first definitive molar was thin and mobile; no pulsation or bruits were detected. Panoramic radiographs and CT

scan showed an oval circumscribed radiolucent area, measuring 3.5 cm in diameter, that surrounded the crown of an immature second molar. The differential diagnosis of the mass was an antigerous cyst, an ameloblastoma or an odontoma. An intraoral approach in general anesthesia was chosen. After an envelope-type incision, the superficial bony layer was drilled. A cautious dissection established a plane and the entire lesion with the immature second molar were removed intact. The adjacent bone appeared normal.

Pathological findings were consistent with an AF. Follow-up included: a clinical examination twice a year and CT/panoramic radiographs on yearly basis for two years. Two years after surgery, there are no signs of recurrence.

Conclusions: conservative treatment and long term follow-up of a initial large AF is a suitable management in a child.

O.323 High implant torque and bone healing

A. Dotti, D. Travaglini, M. Todisco, U. Consolo. *University of Modena and Reggio Emilia, Modena, Italy*

Objective: Immediate or early implant loading protocols are based on high torque implant insertion in order to achieve primary stability. Poor fixation may lead to micromovements during implant healing, potentially causing fibrous encapsulation, and are associated with higher failure rates. The aim of this study was to verify, from a clinical and histological point of view, tissue's (sheep) periimplant osteogenetic response to highly different insertion's torque.

Methods: Operative protocol considered five sheep: each one received 8 implants, 4 placed on the right mandible, insertion torque <20N/cm, (LT); 4 implants placed on the left mandible using a maximum insertion torque (HT). Data were registered after 1–2–3–4–6 weeks and focused on screwing and unscrewing torque ISQ analysis through OSSTELL device. Histological observation considered periimplant gap and bone formation.

Results: Results demonstrated that high torque implant insertion compromised also short term bone healing; an insertion torque of about 10N/cm produces an unscrewing torque four times greater after four weeks. These results were also confirmed by histological observations, which displayed perimplant new bone formation after four week in implants placed with 10N/cm insertion torque.

Conclusions: Within the limitations of this study, it can be concluded that searching for excessive primary stability could lead to a high risk of implant loss.

O.324 IgA, IgG of oral fluid under abscesses treatment

Y.M. Kazakova, I.O. Pohodenko-Chudakova. *Belarusian State Medical University, Minsk, Belarus*

Objectives: Pyoinflammatory diseases are more frequent among maxillofacial diseases. In spite of treatment improvement, quantity of patients with those diseases is increasing.

Aim is to study dynamics of IgA, IgG levels in oral fluid for patients with abscesses of perimaxillary soft tissue under different rehabilitation complexes.

Methods: We examined 40 patients with odontogenic abscesses of soft tissues in maxillofacial area, divided into 2 groups in 20 persons. Patients had standard antibacterial and antiphlogistic therapy after primary surgical treatment (PST) of the suppurative focus. Patients of the 1st group had physiotherapy course additionally with ultra-high-frequency current. Patients of the 2nd group had acupuncture treatment additionally. 20 healthy persons consisted group of control. Oral fluid sampling done before PST and 5 days after treatment began. Samples kept in liquid nitrogen before samples processing. Immunoglobulin level determined with reagent "DIALAB".

Results: IgA indices in the oral fluid (groups 1 and 2) were not different (0.15±0.02; 0.1±0.02, accordingly) and were less