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PREVALENCE OF RETAINED THIRD MOLARS TREATED AT THE SURGERY DEPARTMENT OF THE FOUNT BETWEEN 2003 AND 2012

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The third molar is the tooth that most frequently fails to complete its normal eruption process, its retention being a very common condition. The mandibular growth pattern is genetically independent of tooth volumetric development. The last teeth to erupt have fewer possibilities of reaching an adequate location, therefore third molars usually adopt an anomalous position in the arcade due to lack of space, compromising the disposition of other teeth. The aim of this study is to determine the prevalence of the position of retained third molars according to age, sex, location (upper or lower molar) in order to determine which is the most common position (angle) so as to establish the degree of surgical difficulty. 87 panoramic and periapical radiographs were selected from medical histories of patients treated at the Surgery Department, determining the variables of our research and excluding fully erupted third molars. The results showed that out of 87 molars, 66 (75.86%) were lower and 21 (24.14%) upper molars. Out of 66 lower molars, 40 (60.62%) were mesioangular, 10 (15.15%) were vertical, 5 (7.57%) were distoangular and 11 (16.66%) were horizontal, from which we concluded that the most common position is the mesioangular and that age, sex or tooth disposition have no influence on it.

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PROTOONCOGENE C-MYC IN BUCCAL MUCOSA OVEREXPRESSION

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The superfamily c-myc would be associated with different neoplasms. C-myc is amplified when the cell proliferation index is high. For some epithelial tumors, aggressiveness and risk of metastasis would increase when there is overexpression of c-myc. The objective of this work was to study the amplification and/or overexpression of the protooncogene c-myc in benign proliferative lesions and cancer located in buccal mucosa. Consequently, we analyzed 15 footage samples corresponding to the former and 10 carcinomas corresponding to squamous cells, all HPV, and 10 control samples. We applied the molecular technique of coamplification with locus of reference (B-globin) with reading of the amplicons by electrophoresis run in polyacrylamide minigels 6%. In benign lesions (proliferative), c-myc was amplified 33% and 27% in oral cancer. Controls were amplified 10%. Conclusions: The protooncogene c-myc was amplified in a low way in normal cells (controls) and at higher percentages in benign proliferative lesions and cancer of the oral mucosa; but according to previous findings, c-myc amplification would be insufficient by itself to cause the cellular transformation, although it could be a prognostic biomarker.

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STUDY OF HUMAN DENTAL ENAMEL MICROSTRUCTURE IN RELATION TO MICROHARDNESS AND CHEMICAL COMPOSITION

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We identified two types of human enamel, radial (outer) and with bands (inner), both with a defined organization that determines a different functional behaviour. That is why it is interesting to relate enamel types to their microhardness and chemical composition. The objective of this study was to determine the chemical composition by using Energy Dispersive X-Ray Spectrometry (EDS) analysis and Vickers microhardness testing in both types of enamel. Samples of enamel of deciduous teeth, which were resin-embedded and worn, were analyzed with EDS for Ca, P and CL ions in the outer enamel (OE) and inner enamel (IE) of the free faces, microhardness testing with 10g loads and application time of 10" in the same zones. The results were \bar{X} in radial OE: Ca 37.02 (DE 3.84); P 15.16 (DE 4.79); Cl 0.41 (DE 0.14) and for IE: Ca 37.42 (DE 4.92); P 14.99 (DE 4.40), Cl 0.23 (DE 0.09). Anova test: there was no difference between OE and IE for Ca (p= 0.78) or P (p=0.9), but there were significant differences in CL (p = 0.0001). \bar{X} of microhardness in radial OE was Hv₁₀= 351.47 Vk (DE 63.84) and in EI Hv₁₀= 251.15Vk (DE 27.25) with a significant difference p<0.000 (t-test) Microhardness does not depend on mineral content but on prism disposition in the different enamel types. The high Cl content can account for its low solubility in the acid used in dental treatments.