



22nd BaSS Congress

Contemporary Challenges
in Dentistry

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ABSTRACT BOOK



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manifests as white reticular and plaque-like hyperkeratotic lesions, erythematous lesions or ulcerations. The changes vary from limited lichenoid reticulatum to severely painful ulcerations. Mucosa of the soft palate and oropharynx is sometimes also involved. The AIM of this presentation is to review the current staging and treatment of oral GVHD related to its severity. METHODS. A MEDLINE search of articles using the key words "oral", "graft", "versus", "host", "disease" and "treatment" was conducted to identify relevant clinical trials, review articles and case reports up to January 2017. The search was limited to human studies. CONCLUSION. The international system for clinical staging of oral GVHD represents an adequate basis for diagnosis and treatment. However, in most of the reviewed studies the treatment was not

PP.274. LOCALIZED LOWER-LIP GIANT-CELL REACTION DUE TO FOREIGN BODY (BEARD HAIR) ENCAPSULATION

ANDREADIS D, PANTAZI A, DEMI F, PANAGIOTOU E, POULOPPOULOS A.

ANDREADIS DIMITRIOS-ASSISTANT PROFESSOR-ARISTOTLE UNIVERSITY OF THESSALONIKI DEPARTMENT OF ORAL MEDICINE/PATHOLOGY
PANTAZI ANASTASIA-DOCTOR-ARISTOTLE UNIVERSITY OF THESSALONIKI DPT OF DENTISTRY
DEMI FIORELA-DOCS-ARISTOTLE UNIVERSITY OF THESSALONIKI DPT OF DENTISTRY
PANAGIOTOU ELEUTHERIOS-MD-ARISTOTLE UNIVERSITY OF THESSALONIKI DEPARTMENT OF ORAL MEDICINE/PATHOLOGY
POULOPPOULOS ATHANASIOS-ASSOCIATE PROFESSOR-ARISTOTLE UNIVERSITY OF THESSALONIKI DEPARTMENT OF ORAL MEDICINE/PATHOLOGY

Background: The foreign body reaction begins as wound healing, including accumulation of exudate at the site of injury, infiltration of inflammatory cells to debride the area, and the formation of granulation tissue. However, the persistent presence of a foreign body inhibits full healing and occasionally causes the accumulation of giant cells which encapsulate the foreign body, chronic inflammation and finally the formation of a granuloma. **Purpose:** The aim of this report is to present an unusual case of a patient with focal lower-lip giant-cell reaction due to foreign body – beard hair encapsulation. **Case description:** A forty-four year old patient presented with painless nodule 0.5x0.5 that grew within a fortnight on the left side of the lower lip's vermillion border. The consistency of the lesion was solid-elastic and it was covered by normal mucosa. The lesion was completely removed and sent for biopsy. Histological findings were consistent with focal giant-cell reaction of the lower lip, due to foreign body encapsulation and infection, specifically in this case beard hair. No signs of malignancy were observed. There has been no post-surgical recurrence after a 2-month observation period. The affected area presents with perfect aesthetics. **Conclusions:** The clinical appearance of a localized giant-cell response to foreign body encapsulation may be mistaken for malignancy. The importance of proper biopsy is greatly indicated in the differential diagnosis as it is presented in this case report.

PP.275. T DENTAL CALCULUS IN RELATION TO IDIOPATHIC NEHROLITIASIS

TONEVA V, TONEVA A, RISTOV STOJAN OVA A, PETROVSKIM, RISTOV O.

VERICA TONEVA-DOCTOR-UNIVERSITY GOCE DELCEV STIP
ALEKSANDRA TONEVA -DOCTOR-UNIVERSITY GOCE DELCEV STIP



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ALEKSANDRA RISTOVA STOJANOVA -UNIVERSITY GOCE DELCEV STIP
MIHAEL PETROVSKI -DOCTOR -UNIVERSITY GOCE DELCEV STIP
OLIVER RISTOV -UNIVERSITY GOCE DELCEV STIP

Background: Renal stones are among the most common cause of morbidity in humans, primarily because of their formation and action can lead to serious kidney function disorders. Dental calculus possesses the same structural construction and mineralization process as in other biological processes, including renal stones. The main main goal of this study was to evaluate the relationship between the presence of dental plaque and tartar and renal stones in individuals with nephrolithiasis.
Material and method: Total number of 80 patients, male and female, aged between 25-50 years, coming at regular intervals control check-ups were evaluated. All of the subjects were with diagnosed nephrolithiasis. All of them had fulfilled a survey about their oral hygiene routine and were checked up for presence of dental calculus. Oral status of persons was investigated by using a simplified OHI calculus index and Voipé Manhoff calculus index.
Results: High prevalence of dental calculus in more than 90 % of the subjects was recorded among the patients with nephrolithiasis. High mean values Calculus Indices scores recorded among study group shown positive high significant correlation recorded between dental plaque with calculus accumulations among study group.
Conclusion: From the results we can noticed that there is a connection between the presence of tartar and renal calculi. Therefor, special oral health preventive programs are needed for those patients.
Key Words: Dental calculus, dental plaque mineralization, idiopathic calcium renal stone, kidney stones, urolithiasis.

PP.276. DMFT INDEX AND SOME BIOCHEMICAL INDICATORS IN PATIENTS WITH IDIOPATHIC URTICARIA AND ANGIOEDEMA

YAPINA M., PETKOVA E., Hristova S., NEDEVA D., YOVCHEV D.

MAYA LYAPINA-DR, PHD-MU SORA, FACULTY OF MEDICINE, DEPARTMENT OF HYGIENE, MEDICAL ECOLOGY AND NUTRITION; ELENA PETKOVA-DR-MU SOFIA, CLINICAL CENTER OF ALLERGOLOGYSTELLA HRISTOVA-DR-DENCHEVA DENTAL CLINIC; DENISLAVA NEDEVA-DR-MU SORA, CLINICAL CENTER OF ALLERGOLOGY; DIMITAR YOVCHEV-DR, PHD-MU SORA, FACULTY OF DENTAL MEDICINE, DEPARTMENT OF ORAL AND IMAGE DIAGNOSTIC

Idiopathic urticaria and angioedema are states with unclear etiology, suddenness and unpredictability. Approximately 40-50% of patients with chronic spontaneous urticaria have angioedema, and about 10% have angioedema alone. In search of a possible reason for the appearance of these conditions we have chosen to study the relationship of oral health and in particular the condition of the hard dental tissues (DMFT index) and changes in some biochemical parameters (levels of vitamin D, TAT, MAT, TSH, albumin, CRP, K, Na, Cl, C3 and C4 esterase inhibitor, Blood glucose). We include in the research microbiological testing of throat swabs and detection of H.pylori in a stool sample.) Results: The values of DMFT index are indicative and show poor oral health of patients with idiopathic urticaria and angioedema compared to healthy controls. We find out low levels of vitamin D and increased levels of TAT, MAT, in the group with angioedema with a statistically significance compared to the group with urticaria. The rest of other studied biochemical parameters do not show important deviations from reference values.