

# 34th Annual Congress **NEW FRONTIERS IN GERODONTOLOGY**

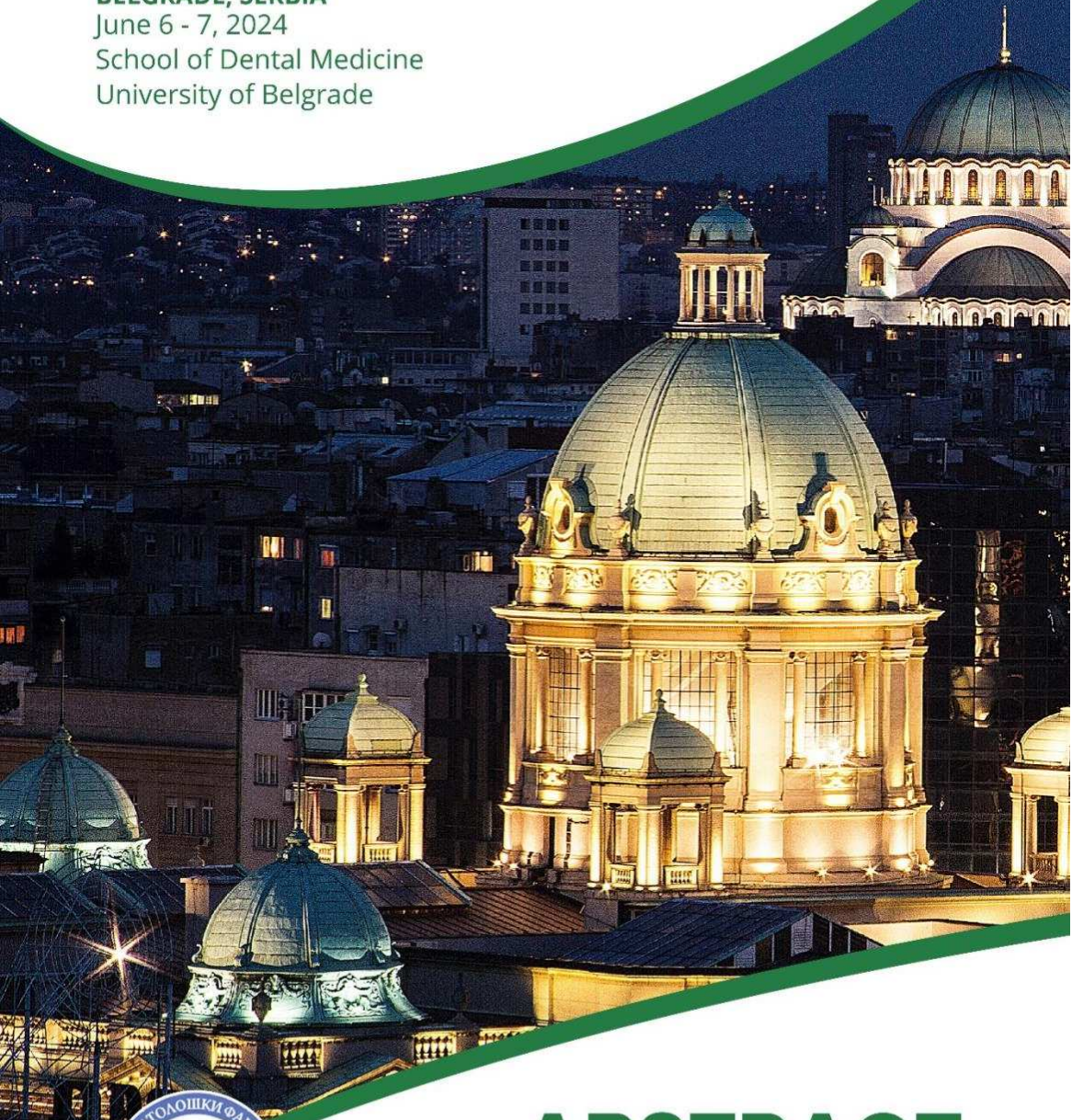
*European  
College of  
Gerodontology*

**BELGRADE, SERBIA**

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School of Dental Medicine

University of Belgrade



# **ABSTRACT BOOK**

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SCHOOL OF DENTAL MEDICINE, UNIVERSITY OF  
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## **ECG AWARD 2024 FINALISTS**



The variance in average values obtained for determining the vertical dimension of occlusion, "OLO," and "ELE" in the first group served as a benchmark for determining the vertical dimension of occlusion in the second group. The second group comprised 31 edentulous individuals (14 females and 17 males), aged between 54 and 85 years, who underwent full denture fabrication.

**Results.** The average value for the vertical dimension of rest across the entire sample was 2.16 mm. for the word "OLO," was 5.51 mm. and For the word "ELE," was 7.47 mm.

**Conclusion.** Determining the vertical dimension of occlusion entails subtracting 5.5 mm from the position of the mandible during the pronunciation of the word "OLO" or 7.5 mm during the pronunciation of the word "ELE."

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## OR - 40

### Management and protocols for oral surgical interventions in older patients

Biljana Evrosimovska<sup>1</sup>, Vesna Jurukovska-Sotarovska<sup>2</sup>, Marijan Petkov<sup>2</sup>, Bruno Nikolovski<sup>3</sup>

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**Background/Aim.** The main oral diseases and conditions impacting on older people are dental caries (or tooth decay), periodontal disease (a group of inflammatory diseases of the gum, connective tissue and dental bone), tooth loss, xerostomia (dry mouth) and oral precancer/cancer lesions. Compromised oral health is associated with respiratory and cardiovascular diseases, diabetes and stroke. This study describes the oral surgical management of older people, including the preoperative assessment and considerations required for those with specific conditions and illnesses. An overview of procedural considerations and diagnoses such as osteoradionecrosis and medicine-related osteonecrosis were explained, as are measures that can be considered to reduce the likelihood of adverse outcomes. The management of older patients with an increased risk of post-procedural bleeding were elaborate. A summary of indications for oral surgery procedures on edentulous ridges was provided.

**Methods.** A non-invasive approach for oral surgical interventions was used, because in these patients who are with compromised health, we have to be especially careful – with minimal bone removal and constant cooling, which avoids heating the bone tissue and avoids the additional risk of bone necrosis.

**Conclusion.** Our choice for the application of PRF in older patients for management of oral surgical interventions was based on the benefits that PRF itself possesses: anti-inflammatory, anti-edematous and regenerative effects. Namely, PRF is an addition to the natural wound healing process and has the following effects: the fibrin network is involved in cell migration, mainly of endothelial cells necessary for

neovascularization and vascularization; the healing process is further aided by the continuous release of various growth factors (PDGF, TGF- $\beta$ , IGF-1 and the presence of leukocytes and various cytokines enables self-regulation of infectious and inflammatory processes.

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## OR - 41

### The Impact of Partial Edentulism on Oral Dysphagia in the Elderly Population

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**Background/Aim.** The act of swallowing is carried out through three successive phases, each named according to the bolus's position within the digestive tract: the oral, pharyngeal, and esophageal phases. Damage to any of these phases leads to the corresponding type of dysphagia. Oropharyngeal dysphagia (OD) implies damage to the formation or movement of the bolus. It is present in 1% of the general population over the age of 65 and in 51% of institutionalized elderly individuals. Common risk factors for OD include: toothlessness, loss of muscle mass or function, reduced saliva production, and tissue elasticity. Partial edentulism is a syndrome characterized by the absence of one or more healthy teeth in one or both jaws. After tooth loss, pathological tooth migration, inflammation, formation of periodontal pockets, gingival recession, and root exposure can occur. The aim of this study is to review the literature and analyze studies dealing with the impact of toothlessness and periodontal diseases in the elderly on outcomes in the treatment of oral dysphagia.

**Methods.** Available literature was analyzed using the databases: Google Scholar, PubMed, and Scopus. Studies published from 2014 to 2024 were considered. The keywords used were toothlessness, periodontopathy, and dysphagia. Several studies meeting the criteria were selected and analyzed for the purposes of this paper.

**Results.** Dental status is a significant factor in the oral preparation phase of the swallowing act. For individuals diagnosed with OD, dental status is associated with the severity of symptoms. Elderly people suffering from OD often have poorer hygiene and a high prevalence of toothlessness, periodontal disease, and caries. Oral health significantly affects OD outcomes, particularly in preventing aspiration pneumonia. Oral dryness and the number of teeth can contribute to dysphagia more than aging, lifestyle, and comorbidities in adults over the age of 50.

**Conclusion.** Partial edentulism and the preservation of oral soft tissues are extremely important in the treatment of OD in the elderly.

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