



The Joint Meeting of The European Association of Oral Medicine • Region V •

Istanbul Okan University
Faculty of Dentistry

Association of Oral and Maxillofacial
Surgery Society

25-27 October 2024

Health Sciences Education Complex, Istanbul Okan University, Tuzla Campus
Istanbul/ Türkiye



Innovation and
Current Concepts in Oral Medicine

Proceedings

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PREFACE

Dear Colleagues and Friends,

On behalf of the Local Organizing Committee, we would like to hospitalised you to participate in the upcoming **Joint Meeting of The European Association of Oral Medicine: Region V, The Oral and Maxillofacial Surgery Society of Turkey and Dental School of Istanbul Okan University**. The event is scheduled to take place from the 25th to the 27th of October 2024 in Istanbul, Türkiye.

The meeting focus on “**Innovation and Current Concepts in Oral Medicine**” and aims to bring together leading academic scientists, researchers and students to exchange and share their experiences and research results on all aspects of Oral Medicine, Oral Pathology and Oral Surgery. It will provide a premier interdisciplinary platform to present and discuss the most recent innovations, trends, and concerns as well as practical challenges encountered and solutions adopted in the fields of Oral Medicine. Experienced colleagues will have the opportunity to share their knowledge with others, provide access to innovative products and devices in the industry and facilitate connections between experienced users and enthusiastic learners. Finally, the conference promises to be an exceptional occasion for the exchange of knowledge, ideas, and the latest advancements in the field.

In addition to professional program, the meeting will offer a great opportunity to explore the beauties of Istanbul with a dedicated tourist guide. Istanbul, renowned for its dynamism, rich history, and cultural significance, is a vibrant city that bridges the continents of Asia and Europe. It offers a kaleidoscope of colours, fragrances, and flavours. The congress centre is conveniently located near the marina, restaurants, and breath-taking landscapes in Tuzla Bay.

It is an honour for us to invite you to this unique international platform of the Joint Meeting which brings together academicians of Oral Medicine, Oral Pathology & Oral Surgery as well as representatives from related sectors and students.

We pleased to welcoming you to Istanbul in October 2024.

Respectfully,

Dr. Gonca Mumcu
EAOM Region 5 Representative

Dr. Kıvanç Bektaş Kayhan

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AWARDS

ORAL PRESENTATION AWARDS

1st Place

A Study of the Impact of P53 Mutations on EMT in a Local OSCC Cohort

Rana Alaaddin Ibrahim¹, Hong Wan¹, Raju Kumar¹, Teck Teh¹, Angray Kang¹, Emma Bailey², Hannah Cotton³,
Adrian Biddle⁴, Ines Sequeira¹, Farida Fortune¹

¹Centre For Oral Immunobiology And Regenerative Medicine, Institute Of Dentistry, London, UK

²Barts Cancer Institute, Barts And The London School of Medicine and Dentistry, Queen Mary University, London, UK

³Barts Health NHS Trust, London, UK

⁴Centre For Cell Biology and Cutaneous Research, Barts and the London School Of Medicine And Dentistry, Queen Mary University, London, UK

2nd Place

Evaluation of the Hypothalamic-Pituitary-Adrenal Axis in Patients with Primary Sjogren's Disease

Ana Glavina¹, Petar Zurak², Dinko Martnovic³, Majda Gotovac⁴, Livia Cigic¹, Daniela Supe Domic⁵

¹Department of Oral Medicine, School of Medicine

²Department of Dental Medicine, School of Medicine, University of Split, Croatia

³Department of Maxillofacial Surgery and Pathophysiology, School of Medicine, University of Split, Croatia

⁴Teaching Institute for Public Health Of Split and Dalmatia Country, Croatia

⁵Department of Health Studies, School of Medicine, University of Split, Split, Croatia

3rd Place

Identifying Low Disease Activity and Its Related Factors in Behcet's Syndrome Through K-Means Cluster Analysis and Correspondance Analysis

Bercesta Polat Akmansoy¹, Burcu Aksoy², Zehra Özge Çandereli³, Sarah Sacoar⁴, Bindi Gokani⁴, Fatma Alibaz Öner⁵,
Nevsun İnanç⁵, Tülin Ergun⁶, Meral Yay⁷, Haner Direskeli⁵, Farida Fortune⁴, Gonca Mumcu⁸

¹Department of Oral and Maxillofacial Radiology, Faculty Of Dentistry, Marmara University, Istanbul, Türkiye

²Institute of Postgraduate Education, Istanbul-Cerrahpasa University, Istanbul, Türkiye

³Department of Health Management, Faculty of Economics and Administrative Sciences, Katip Celebi University, Izmir, Türkiye

⁴Centre for Oral Immunobiology and Regenerative Medicine, Institute of Dentistry, Queen Mary University, London, UK

⁵Department of Internal Medicine, Division of Rheumatology, Faculty of Medicine, Marmara University, Istanbul, Türkiye

⁶Department of Dermatology, Faculty of Medicine, Marmara University, Istanbul, Türkiye

⁷Department Of Statistics, Faculty of Science and Literature, Mimar Sinan Fine Arts University, Istanbul, Türkiye

⁸Department of Oral and Maxillofacial Radiology, Faculty of Dentistry, Okan University, Istanbul, Türkiye

POSTER PRESENTATION AWARDS

1st Place

Diagnostic and Therapeutic Considerations of Riga-Fede Disease, Presentation of Challenging Case

Maria Smaragdenia Vogiatzoglou¹, Konstantinos Tzanavaris¹, Maria Kouri¹, Maria Georgaki¹, Evangelia Piperi¹,
Anthia Papanastasiou², Sotiria Gkizani², Nikolaos G. Nikitakis

¹Department of Oral Medicine and Pathology and Hospital Dentistry, National and Kapodistrian University, Athens, Greece

²Department of Pediatric Dentistry, National and Kapodistrian University, Athens, Greece

2nd Place

Long Term Follow-Up in Patients with Proliferative Dysplasia

Arman Fahrioglu, Günay Gasımlı, Füsun Karatepe, Kıvanç Bektaş Kayhan

Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Istanbul University, Istanbul, Türkiye

3rd Place

Oral Keratotic Lesions-Diagnostic, Treatment and Relapses 14 Years of Evaluation: A Case Report

Ioanina Partalescu¹, Cosmin Totan¹, Andrei Serban², Mariana Costache³, Carmen Nicolae¹, Serban Tovar¹

¹Faculty of Dentistry, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

²Doctoral School of Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

³Faculty of Medicine, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania



SCIENTIFIC PROGRAMME

25th October 2024

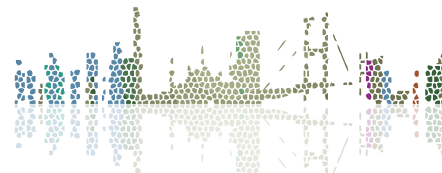
08.00-10.00	Registry
10.00-10.20	Opening Ceremony
	Prof. Güliz Muğan (Rector), Istanbul Okan University, Türkiye Dr. Marco Meleti , EAOM-President, Dental School, Parma University, Italy Dr. Gonca Mumcu , EAOM-Region 5 Representative, Department of Dentomaxillofacial Radiology, Dental School, Istanbul Okan University, Istanbul, Türkiye Dr. Kıvanç Bektaş Kayhan , Dental School, Istanbul University Dr.ERCÜMENT Önder , The Oral and Maxillofacial Surgery Society-President; Dental School, Lokman Hekim University, Ankara, Türkiye
	Opening Lecture
10.20- 10.30	Education in Oral Medicine and Oral Surgery Dr. Deniz Gökçe Meral , Department of Oral and Maxillofacial Surgery, Dental School, Istanbul Okan University, Istanbul, Türkiye
10.30-12.00	Current Treatment Strategies from Multidisciplinary Perspective
10.30-10.50	Oral Microbiome in Behçet's Syndrome and Recurrent Aphthous Ulceration Dr. Farida Fortune , Faculty of Medicine and Dentistry, Queen Mary University of London, UK
10.50-11.10	Management of Refractory Oral Ulcers in Behçet's Syndrome Dr. Haner Direskeneli , Department of Internal Medicine, Division of Rheumatology, Medical School, Marmara University, Istanbul, Türkiye
11.10-11.30	Oral Manifestations and Management of Autoimmune Blistering Disease Dr. Soner Uzun , Department of Dermatology, Medical School, Akdeniz University, Antalya, Türkiye
11.30-12.00	Q&A
12.00-13.00	Break
13.00-14.50	Health Technologies in Oral Medicine Practice
13.00-13.20	Laser in Oral Medicine and Surgery Dr. Marco Meleti , EAOM-President, Department of Medicine and Surgery, Dental School, Parma University, Italy
13.20-13.40	USG Imaging Technique for the Evaluation of Salivary Glands in Primary Sjogren Syndrome Dr. Nevsun Inanç , Department of Internal Medicine, Division of Rheumatology, Medical School, Marmara University, Istanbul, Türkiye
13.40-14.00	Dental Imaging in Oral Medicine: Pros vs. Cons Dr. Güniz Baksı Şen , Department of Dentomaxillofacial Radiology Dental School, Ege University, Izmir, Türkiye
14.00-14.20	Vascular related cone beam CT findings in healthy and medically compromised patients Dr. Spyros Damaskos , Department of Oral Diagnosis and Radiology, Dental School, National and Kapodistrian University of Athens, Greece
14.20-14.50	Q&A
14.50-15.00	Ceremony-Honorary Turkish Professors in Oral Medicine and Oral Surgery Prof. Turhan Atalay, Prof. Hakkı Tanyeri, Prof. Meral Ünür
15.00-15.30	Coffee Break / Poster Presentation

25th October 2024

15.30-18.45	Course
15.30-16.45	Statistic Section
	Sample Size Definition, Common Problems in Study Design and Statistical Analyses, Validation Procedures of Patient-Reported Outcome Measures (PROMs) in Oral Medicine
	Dr. Meral Yay , Department of Statistics, Science and Letters Faculty, Mimar Sinan Fine Arts University, Istanbul, Türkiye
	Dr. Gonca Mumcu , EAOM-Region 5 Representative, Department of Dentomaxillofacial Radiology, Dental School, Istanbul Okan University, Istanbul, Türkiye
16.45-17.00	Coffee Break
17.00-18.15	Oral Pathology- Oral Surgery Section
	Common Questions and Problems in Biopsy Procedure (Cases and Discussions) and Treatment Plan according to Clues of Pathology Reports (Cases and Discussions)
	Dr. Kıvanç Bektaş Kayhan , Department of Oral and Maxillofacial Surgery, Dental School, Istanbul University, Türkiye
	Dr. Merva Soluk Tekkesin , Department of Oral Pathology, Dental School, Istanbul University, Türkiye
18.15-18.45	Q&A

26th October 2024

09.00-10.50	Current Concepts in Oral Medicine	
09.00-09.20	Diagnosis and Comprehensive Treatment of Chronic Orofacial Pain: A New Insight into Human Brain	
	Dr. Michele Mignogna , President Elect-EAOM, Chief of the Oral Medicine Complex Unit Department of Neuroscience, Reproductive and Odontostomatological Sciences, Head & Neck Clinical Section, Federico II University of Naples, Italy	
09.20-09.40	TMD and Orofacial Pain: New trends in management	
	Dr. Vasileios Psarras , Department of Orofacial Pain Management Clinic, School of Dentistry, National and Kapodistrian University of Athens, Greece	
09.40- 10.00	Oral Mucosal Diseases in Children	
	Dr. Athanasios Pouloupoulos , EAOM-Region 5, Past Representative Head of Department of Oral Medicine/Pathology, Dental School, Aristotle University of Thessaloniki, Greece	
10.00-10.20	Oral Manifestations of Chronic Graft versus Host Disease (cGvHD)	
	Dr. Konstantina Delli , Secretary General of the EAOM, Faculty of Medical Science, University of Groningen, the Netherlands	
10.20-10.50	Q&A	
10.50-11.20	Coffee Break / Poster Presentation	
11.20-12.20	HALL 1	HALL 2
	Oral Presentations 1 OP-1, OP-2, OP-3, OP-4, OP-5, OP-6	Oral Presentations 2 OP-7, OP-8, OP-9, OP-10, OP-11, OP-12
12.20-13.20	Break	
13.20-14.20	HALL 1	HALL 2
	Oral Presentations 3 OP-13, OP-14, OP-15, OP-16, OP-17	Oral Presentations 4 OP-18, OP-19, OP-20, OP-21, OP-22, OP-23
14.20-14.50	Coffee Break / Poster Presentation	



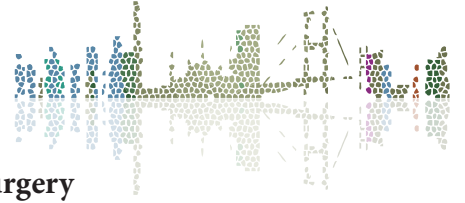
26th October 2024

14.50-16.40	Prevention of Oral Cancer
14.50-15.10	Primary Prevention in Oral Cancer: Smoking Cessation, Alcohol Control, HPV Vaccination Dr. Maria Georgaki , Department of Oral Medicine & Pathology and Hospital Dentistry, School of Dentistry, National and Kapodistrian University of Athens, Greece
15.10-15.30	Secondary Prevention in Oral Cancer-1: Diagnosis of Oral PMDs, Screening/Early Diagnosis of Oral Cancer Dr. Evangelia Piperi , Department of Oral Medicine & Pathology and Hospital Dentistry, School of Dentistry, National and Kapodistrian University of Athens, Greece
15.30-15.50	Secondary Prevention in Oral Cancer-2: Management of Oral PMDs, Appropriate Management of Early Stages of Oral Cancer Dr. Nikolaos G. Nikitakis , EAOM-Past President, Head of Department of Oral Pathology & Hospital Dentistry, School of Dentistry, National and Kapodistrian University of Athens, Greece
15.50-16.10	Tertiary Prevention in Oral Cancer: Prevention of oral cancer recurrences or New Primary Cancers, Reducing/Managing Morbidity of Oral Cancer Dr. Vasileios Zisis , Department of Oral Medicine/Pathology, School of Dentistry, Aristotle University of Thessaloniki, Thessaloniki, Greece
16.10-16.40	Q&A
16.40-17.10	Coffee Break / Poster Presentation
17.10-18.40	Treatment Strategies in Oral Cancer
17.10-17.30	Surgery for Oral Cancer Treatment Dr. Selçuk Güneş , Department of ENT, Istanbul Memorial Hospital, Türkiye
17.30-17.50	Radiotherapy for Oral Cancer Treatment Dr. Beste Atasoy , Department of Radiation Oncology, Faculty of Medicine, Marmara University, Türkiye
17.50-18.10	Chemotherapy and Immunotherapy for Oral Cancer Treatment Dr. Meltem Ekenel , Department of Clinical Oncology, Institute of Oncology, Istanbul University, Türkiye
18.10-18.40	Q&A
18.40-19.00	Awards for Poster and Oral Presentations & Closing Remarks Dr. Marco Meleti , EAOM-President, Parma University, Italy Dr. Gonca Mumcu , EAOM-Region 5 Representative, Department of Dentomaxillofacial Radiology, Dental School, Istanbul Okan University, Istanbul, Türkiye Dr. Kıvanç Bektaş Kayhan , Istanbul University Dr. Ercüment Önder , The Oral and Maxillofacial Surgery Society-President Dr. Nikolaos G. Nikitakis , EAOM-Past President, Head of Department of Oral Pathology & Hospital Dentistry, School of Dentistry, National and Kapodistrian University of Athens, Greece • EAOM-17th Biennial Meeting, 2027, Athens, Greece • Joint Meeting of the American Academy of Oral Medicine (AAOM) and EAOM, 2025, Las Vegas, USA
20.30-22.30	Gala Dinner

27th October 2024 | Social Program

- Hippodrome
- Blue Mosque
- Hagia Sophia Grand Mosque
- Hagia Irene Church
- Grand Covered Bazaar
- Topkapı Palace

ABSTRACTS OF LECTURES



Education in Oral Medicine and Oral Surgery

Dr. Deniz Gökçe Meral

Maxillofacial Surgery, Dental School, Istanbul Okan University, Istanbul, Turkey

Oral medicine is a dental specialty that focuses on diagnosing and managing diseases that affect the oral and maxillofacial region, as well as oral manifestations of systemic diseases. Education in oral medicine generally begins after a dentist has earned a general dental degree. Oral medicine education varies by countries depending on the country's healthcare system and the role of oral health professionals. It involves postgraduate programs after dentistry graduation with clinical training and research components. This presentation is a brief overview of training pathways of Oral Medicine.

Oral Microbiome in Behçet's Syndrome and Recurrent Aphthous Ulceration

Dr. Farida Fortune

Faculty of Medicine and Dentistry, Queen Mary University of London, UK

Behçet's disease is a chronic, multi-systemic inflammatory disorder which presents with oral and genital ulcers as well as cutaneous, musculoskeletal, vascular, ocular, neurological and gastrointestinal involvement. In addition to genetic background (HLA-B51), immune dysregulation, hormonal and environmental factors, infectious agents and microbiome signature are implicated in the pathogenesis of the disease. The environment including geographic area, genetic/ethnic factors, lifestyle including diet and age are associated with the composition and biodiversity of host microbiota. The main characteristic of BD is oral ulceration found in over 90% of patients and contributes to, and is a consequence of the oral dysbiosis which drives the underlying immune pathogenesis of BD.

In order to understand the pathogenesis of BD, the biodiversity and the role of dysbiosis in the disease course need to be assessed. *The oral microorganisms are composed more than 700 different bacterial species, to which the oral mucosa is exposed, they form a dynamic gene pool of the host microorganisms. Complex interactions between the bacterial load, saliva proteins and the oral mucosa occur.* The assessment of salivary microbiome provides a basis for the development of new treatment options. It also provides information using real-time monitoring of patients, patient and disease-related activity. In this presentation, the role of the oral microbiome in the disease management of Behçet's Syndrome and Recurrent Aphthous Ulceration are discussed.



Management of Refractory Oral Ulcers in Behcet's Disease

Dr. Haner Direskeneli

Marmara University, School of Medicine, Istanbul, Turkey

Behçet's Disease (BD) is a systemic, chronic inflammatory disorder with both innate and adaptive immune responses leading to mucocutaneous, ocular, arthritic, neurological, gastrointestinal and vascular involvements. BD is mainly a clinical diagnosis with the presence of recurrent oral ulcers and at least 2 of genital ulcers, erythema-nodosum-like (EN) lesions, folliculitis, uveitis (anterior or pan-uveitis) and pathergy test. Male sex and young age at disease onset (<30 years) is associated with a more severe disease course and mortality. Although BD is a clinical diagnosis, pathergy skin test is useful as a specific diagnostic tool.

Oral ulcers of BD disease cause major morbidity leading to oral pain and loss of function. Complete resolution of oral ulcers in the long-term usually require continuous therapy with neutrophil inhibitor colchicine. However, colchicine is not sufficient in a significant subset of patients requiring low-dose glucocorticoid therapy. Azathioprine as an immunosuppressive agent is effective as a second-line agent. New agents such as phosphodiesterase-4 inhibitor apremilast and biologic agents such TNF-alpha inhibitors are used in refractory cases. Impaired oral health due to poor dental hygiene also effect oral ulcer development and treatment of dental and periodontal diseases with antibiotics such as azithromycin or interventional approaches are useful to decrease oral ulcers in the long-term.

Behcet's disease has a remitting-relapsing course with a decreasing disease activity with the passage of time. However, among various manifestations of BD oral ulcers are usually the last one to disappear.

Oral Manifestations and Management of Autoimmune Blistering Diseases

Dr. Soner Uzun

Akdeniz University Faculty of Medicine, Department of Dermatology & Venereology, Antalya, Türkiye

Among the many skin diseases that affect the oral mucosa, immune-mediated diseases play a significant role. Autoimmune blistering diseases (ABDs) are a group of disorders characterized by an immune response against adhesion molecules in the skin. These diseases are classified into two groups based on the anatomical location of blister formation: intraepidermal and subepidermal. If the immune response targets desmosomal proteins between keratinocytes, an intraepidermal blister forms. The primary disease in this group is pemphigus. Among ABDs, pemphigus vulgaris (PV) is the most prevalent disease affecting the oral mucosa in Türkiye. PV typically begins with chronic, non-healing oral ulcers and is an important differential diagnosis for various other oral ulcer conditions.

The primary treatment approach involves the use of systemic corticosteroids, with rituximab as the primary adjuvant immunosuppressive therapy. Local treatments are necessary to prevent secondary infections, reduce the need for systemic corticosteroids, and accelerate wound healing.



Ultrasound of the Salivary Gland in Sjögren's Disease

Dr. Nevsun Inanc

Marmara University School of Medicine, Istanbul, Türkiye

Sjögren's disease (SD) is a chronic, systemic, autoimmune disease characterized by immune-mediated destruction of exocrine glands, systemic B-cell hyperactivation, and activation of inflammatory cells, affecting notably the salivary and lacrimal glands. The diagnosis is made using a mix of subjective symptoms including dry mouth and dry eyes, as well as clinical, serological, histological, and functional findings that indicate involvement of the salivary and lacrimal glands. Nonetheless, while it is not mentioned in the ACR/EULAR criteria, salivary gland ultrasonography (SGUS) has been shown to have a strong correlation with clinical or serologic data, as well as between different US scores, making it a promising tool in the diagnostic workup of SD. To standardize SGUS, the Outcome Measures in Rheumatology Clinical Trials (OMERACT) group proposed an expert consensus definition of SGUS elementary lesions and a new four-grade scoring system (Grades 0-3) for diagnosing salivary gland involvement in SS. This method's high specificity may be useful in supporting the diagnosis of SS in circumstances when Ro-SSA is negative or a biopsy is not available. Furthermore, SGUS should be used as the initial step in the diagnostic route for individuals with sicca syndrome, rather than doing more invasive procedures on sicca syndrome patients who are seronegative for Ro-SSA and have normal or unclear functional tests.

Dental Imaging in Oral Medicine: Pros vs Cons

Dr. B. Güniz Baksı Şen

Department of Dentomaxillofacial Radiology Dental School, Ege University, Izmir, Turkey

In recent years, improvements in imaging techniques have profoundly facilitated the diagnosis of pathologies of the maxillo-facial region. The oral cavity is a challenging area for radiological diagnosis. Soft-tissues, glandular structures and osseous relations are in proximity and a sound understanding of radiological anatomy and common pathologies as well the awareness of pros and cons of various imaging methods is obligatory.

In this lecture, the relationship of mostly encountered oral diseases and frequently used imaging methods will be discussed along with different case presentations. The diagnostic challenge of pathological diseases of the oral cavity will be evaluated with emphasis on the complementary contribution of diagnostic imaging modalities.



Sample Size Definition, Common Problems in Study Design and Statistical Analyses, Validation Procedures of Patient-Reported Outcome Measures (PROMs) in Oral Medicine

Dr. Meral Yay¹ & Dr. Gonca Mumcu²

¹ Department of Statistics, Science and Letters Faculty, Mimar Sinan Fine Arts University,

² Department of Dentomaxillofacial Radiology, Dental School, Istanbul Okan University, Istanbul, Turkey

As it is widely known, determining the appropriate sample size is crucial in clinical studies to ensure the reliability and validity of the study results. A properly calculated sample size enhances the study's statistical power, allowing researchers to detect true treatment effects while minimizing the risks of false negatives (Type II errors) and false positives (Type I errors). An adequate sample size ensures efficient use of resources and increases the generalizability of the study's results, making the study both scientifically sound and practically applicable.

In clinical practice, selecting an appropriate patient group, defining the sample size and performing the correct statistical analyses and validation steps correctly are essential points for using patient-reported outcome measures (PROMs) in the health care. Clinical manifestations are defined as objective criteria and primary outcomes in chronic disease management. Nowadays, PROMs are commonly used in clinical practice and selected as outcomes particularly in randomised clinical trials. Significant impairment can be observed in oral functions, daily life and social relations of patients with oral diseases. Therefore, the assessment of PROMs reflecting patients' perspective provides valuable insights in decision-making process and follow-up periods in clinical practice and trials. However, a common issue arises when the results of PROMs are either underestimated or overestimated due to errors in statistical methods. In this course plan, sample size calculation using G*Power program and validation steps of PROMs will be discussed.

Common Questions and Problems in Biopsy Procedure

Dr. Kıvanç Bektaş Kayhan

Istanbul University Faculty of Dentistry, Department of Oral and Maxillofacial Surgery

Oral biopsy is a critical diagnostic procedure used to assess lesions or abnormal tissues within the oral cavity. While it plays a pivotal role in identifying conditions such as oral cancer, infections, and inflammatory disorders, patients and clinicians often encounter common questions and challenges throughout the process. Key concerns include the indications for performing a biopsy, the types of biopsies available (e.g., incisional, excisional, and punch biopsy), and the decision-making process regarding the appropriate method based on lesion characteristics. Clinicians may face challenges in selecting the correct site for biopsy, handling tissue specimens adequately, and ensuring an accurate diagnosis while minimizing patient discomfort. Another frequent issue is the difficulty in distinguishing between benign and malignant lesions, which can complicate the interpretation of results. This lecture aims to address common queries and highlight potential problems related to the oral biopsy process, with a special focus on biopsy in oral potentially malignant lesions, offering insights into improving patient outcomes, reducing complications, and enhancing the overall patient experience. By understanding these issues, healthcare providers can better communicate with patients, optimize procedural protocols, and ensure a more effective diagnostic process for oral diseases.



Oral Surgery-Oral Pathology Course

Dr. Merva Soluk Tekkeşin
Oral Pathology Part

Department of Oral Pathology, Dental School, Istanbul University, Turkey

Oral pathology is the branch of dentistry that deals with the diagnosis and study of diseases affecting the oral and maxillofacial regions. Oral pathologists play a critical role in identifying abnormalities through the examination of tissue biopsies and other diagnostic tools. However, effective collaboration between oral pathologists and oral surgeons is vital to ensure accurate diagnoses and appropriate treatment plans.

This talk will highlight the importance of seamless communication between these two specialties, emphasizing how better interaction can significantly improve patient outcomes. I will explore how oral pathologists provide detailed reports that help guide surgical decisions, offering crucial insights that may impact the scope of a procedure. For surgeons, understanding the nuances of pathology reports and engaging in discussions with pathologists about borderline or uncertain cases is key to refining surgical strategies.

The presentation will also clarify the role of oral pathology within the broader scope of healthcare, demonstrating how oral pathologists work behind the scenes to deliver accurate diagnoses that shape treatment plans. Case studies will illustrate situations where clear communication between surgeons and pathologists has led to more precise diagnoses and improved surgical outcomes.

Diagnosis and Comprehensive Treatment of Chronic Facial Pain: Mapping Pain Sites in the Human Brain

Dr. Michele Mignogna

*President Elect-EAOM, Chief of the Oral Medicine Complex Unit Department of Neuroscience, Reproductive and Odontostomatological Sciences,
Head & Neck Clinical Section, Federico II University of Naples, Italy*

The lecture, “Diagnosis and Comprehensive Treatment of Chronic Facial Pain: Mapping Pain Sites in the Human Brain,” explores recent advancements in diagnosing and treating Burning Mouth Syndrome (BMS) through an examination of white matter hyperintensities (WMHs) and intracranial hypertension. WMHs are often seen in normal aging, dementia, and chronic pain conditions and are believed to play a crucial role in pain processing. These recent studies use the Age-Related White Matter Changes scale (ARWMCs) to assess WMHs in BMS patients, aiming to understand how these structural brain changes correlate with pain perception and persistence in chronic facial pain.

The lecture also addresses the impact of intracranial hypertension on pain modulation and brain health. Emphasis is placed on the importance of comprehensive assessments that consider both WMHs and intracranial pressure, as these factors may serve as indicators of disease progression and potential responsiveness to treatment.

This approach underscores the value of neuroimaging biomarkers and highlights the need for a multidisciplinary strategy to diagnose and treat chronic facial pain. By integrating structural brain assessments and individualized treatments, the lecture aims to provide insights that could improve patient outcomes through targeted, personalized interventions.



TMD and Orofacial Pain: New Trends in Management

Dr. Vasileios Psarras

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Orofacial Pain (OFP) and Temporomandibular Disorders (TMD) represent a significant, often disabling chronic pain, affecting up to 15% of the adult population. TMD refer to a complex set of conditions affecting the temporomandibular joints and the orofacial muscles; presenting mostly with orofacial pain and limitation of jaw movements.

In complex and chronic TMD cases, the implications often extend beyond local pain and functional impairments, presenting signs as headaches, tinnitus, and neck pain, and also induce or exacerbate psychological health issues, including anxiety and depression, which can further affect the patient's overall quality of life .

In these cases, enhanced pain perception, altered conduction mechanisms, and dysregulation of the nervous system could play a central role .

The management of TMD aims on reducing pain, improving functional impairments, and restoring normal function to the greatest extent feasible. Treatment modalities are diverse, including pharmacotherapy, physical therapy, biofeedback, behavioral interventions and orthotics. Approaches, as acupuncture, low-level laser therapy and neuromodulation could also have a role in the treatment of chronic TMD. All intervention strategies: a. should be tailored to individual patient needs, b. should be non-invasive and reversible, and c. the close collaboration of multiple medical specialties is often needed.

The effective and timely management of TMD is significant from personal, social, and economic perspectives, as it enhances patients' quality of life and optimizes the long-term efficient use of available medical resources.

Oral Mucosal Diseases in Children

Dr. Athanasios Pouloupoulos

*EAOM-Region 5, Past Representative Head of Department of Oral Medicine & Oral Pathology, Dean of the Dental School,
Aristotle University of Thessaloniki, Greece*

The signs and symptoms of oral mucosal disorders in childhood can change with aging and are often different from common adult oral pathologies. These differences should be recognized by clinicians and are aided by epidemiologic studies that document the frequency of oral lesions in children. Although there were a number of surveys relating to the prevalence of oral mucosal lesions in children and adolescents, reported prevalences varied and few studies were directly comparable in terms of the methodology applied.

The most frequent lesions in children and adolescents, according to the recent literature, will be presented and discussed. The relative frequencies of the most common oral lesions were similar between regions in both clinical and biopsy studies, and included geographic tongue (migratory glossitis), HSV lesions, fissured tongue, aphthous ulceration and trauma-associated ulcers as the most commonly reported paediatric oral mucosal lesions in clinical studies, while mucocoeles, fibrous lesions and pyogenic granuloma were the most commonly biopsied lesions.

In conclusion, the recent scientific literature suggests that paediatric oral mucosal lesions are not uncommon. Most lesions are benign or transient, with either an infectious or traumatic aetiology, whereas Rhabdomyosarcomas appeared to be the most common oral soft tissue malignancy in majority of the geographic regions.



Oral Manifestations of chronic Graft vs Host Disease

Dr. Konstantina Delli

Secretary General of the EAOM, Faculty of Medical Science, University of Groningen, the Netherlands

Approximately 80% of patients with chronic Graft vs Host Disease (cGVHD) exhibit oral involvement. The pathogenesis of cGVHD is driven by immune dysregulation, leading to inflammation, tissue damage, and subsequent abnormal tissue repair and fibrosis. Oral cGVHD is associated with morbidity and negatively impacts the quality of life. It can present with various clinical features, including reticular white striae, erythema, white plaques, and ulcerations. Notably, the oral mucosa is often the initial site of cGVHD and may continue to exhibit symptoms even after other organs have improved.

When cGVHD impacts the salivary glands, both a reduction in salivary flow (hyposalivation) and qualitative changes in saliva composition are typically observed. This can lead to xerostomia, difficulties in speaking, chewing, and swallowing, along with an increased risk of dental caries and oral candidiasis. Additionally, patients often experience alterations in taste.

Diagnosis of cGVHD is typically based on clinical findings, patient-reported symptoms, and medical history, with a biopsy reserved for unclear cases or when malignancy is suspected.

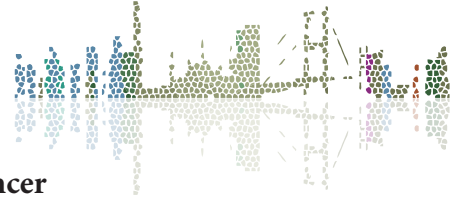
Since patients with cGVHD are often on multiple systemic treatments, the management of oral cGVHD should be straightforward and easy to follow. Topical prescription-strength corticosteroids or calcineurin inhibitors in the form of creams, gels, or mouthwashes are typically effective in reducing oral symptoms. In cases where topical treatment is insufficient, systemic immunosuppressive therapy may be necessary. Prescription of sialogogues, such as pilocarpine or cevimeline, can help stimulate salivary production. Lastly, maintaining good oral hygiene is essential for managing the condition effectively.

Tertiary Prevention in Oral Cancer: Prevention of oral cancer recurrences or new primary cancers, reducing/managing morbidity of oral cancer

Dr. Vasileios Zisis

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The prevention of oral cancer is divided into primary, secondary and tertiary. Tertiary prevention aims to prevent cancer recurrences, the emergence of new primary cancer and to reduce the related morbidity. Tertiary prevention is the most complicated stage with fewer chances to prevent the disease. The entire tertiary prevention scheme normally involves primary and secondary prevention as well; thus, the strategies involved in the aforesaid preventions are complementary to enhancing the overall effectiveness and probabilities of survival. These strategies involve certain lifestyle changes that may be adopted by the patient, and the uptake of specific medications and/or supplements that act as chemopreventive agents. Immunoprevention constitutes a novel field which employs vaccines and even agents to intercept the transition from potentially malignant disorders into oral cancer. Primary immunoprevention, in conjunction with genetic screening, targets cancer predisposing cancer mutations. Although a consensus regarding the optimal follow up strategy has not been reached, nevertheless, the way that these follow ups are conducted is being revolutionized. Screening techniques such as Oral CDx, Vizilite, Orascope DK, Microlux and Velscope aim to detect possible recurrences in a noninvasive manner, rendering the screening of large populations as easy as possible. On top of this clinical imaging, noninvasive next generation sequencing on brushed cells may detect the presence of genetically altered fields, illustrating the molecular profile of the lesions under investigation. The end result of this effort, is the establishment of fully personalized medicine which both enhances the survival rate of the patients and their quality of life.



Surgical Treatment in Oral Cavity Cancer

Dr. Selçuk Güneş

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Treatment for oral cavity cancer is primarily surgical. RT and KT are evaluated according to postoperative pathology. Current evidence suggests that the best survival can be achieved with primary surgery. Surgical treatment varies from minimally invasive procedures to complex processes requiring free tissue transfers.

90% of oral cavity cancers are SCC. A resection margin of 1 to 1.5 cm is recommended. A tumor-free surgical margin is critical for locoregional control and survival. Negative margin must be ≥ 5 mm on final pathology report.

Positive margins require adjuvant therapy or re-resection. Close (1–5 mm) surgical margins reduce overall survival and disease-free survival. Therefore, adjuvant therapy is recommended.

In the presence of mandible or maxilla invasion, bone resection is required. If the tumor is adjacent to the mandible, marginal resection is performed; if there is invasion, segmental resection is performed. If the lower border of the mandible is ≤ 1 cm after marginal mandibulectomy, a recon plate should be placed.

At presentation, 40% of patients are N positive. Occult metastasis rate is over 25%. Neck dissection is performed in almost all cases, either electively or therapeutically. Neck metastasis is the most important prognostic indicator as it reduces survival by 50%. The most commonly used pedicled flaps for reconstruction of defects are the pectoralis major flap and the latissimus dorsi flap. The radial forearm free flap and the fibula free flap are the most commonly used for free tissue transfer.

Chemotherapy and Immunotherapy for Oral Cancer Treatment

Dr. Meltem Ekenel

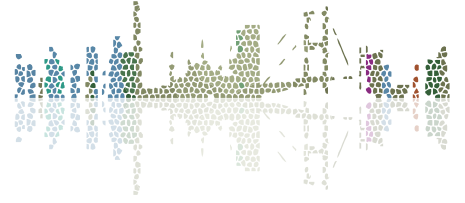
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Systemic therapy has been an important component of multimodal treatment in oral cancer both in the primary setting and after surgery, particularly in high-risk patients. Also, it is recommended as a palliative option in recurrent and metastatic disease.

For locally advanced disease, the current standard of treatment is chemoradiotherapy and the standard systemic treatment is cisplatin, which is given at a dose of 100mg/m² three-weekly during radiation therapy. A total cumulative dose of ≥ 200 mg is recommended. The Meta-Analysis of Chemotherapy in Squamous Cell Head and Neck Cancer ('MACH-NC') database, updated in 2021, demonstrated that concomitant chemotherapy improved overall survival compared to radiotherapy alone. The absolute survival benefit was 6,5% at 5 years and 3,6% at 10 years. Despite these improved survival rates, severe late toxicities could negatively affect patients' quality of life in the long term. Therefore several groups studied alternative biological agents with radiation therapy in patients with locally advanced disease. One of these agents was cetuximab, a chimeric monoclonal antibody directed against the epidermal growth factor receptor. Although the initial study showed a survival benefit with cetuximab and radiation therapy compared to radiation therapy alone, other studies demonstrated that overall survival was negatively impacted when cetuximab is substituted for cisplatin, particularly in human papillomavirus positive oropharyngeal cancer. Also, the place of immunotherapy in the primary setting has been studied. So far, the results of clinical trials that add PD-1 inhibitors, like avelumab and pembrolizumab to concomitant chemoradiotherapy were negative. Moreover, atezolizumab, another PD-1 inhibitor, administered as adjuvant treatment after definitive chemoradiotherapy did not meet study endpoints.

Chemotherapy with radiation therapy also demonstrated improved local control and survival after surgery in patients with positive resection margins and extracapsular nodal extension.

In recurrent and metastatic disease treatment landscape has been changed with the introduction of immunotherapies. PD-1 inhibitor pembrolizumab alone or in combination with chemotherapy is accepted as the standard of care in the first line of metastatic disease if the combined positive score is 1 or more in the pathology specimen. Monotherapy with both nivolumab or pembrolizumab has also demonstrated clinical efficacy in patients who have progressed during or after platinum-based chemotherapy compared to single agent chemotherapy with less toxicity.



ORAL PRESENTATIONS

OP-01

Oral Cancer in Female Patients in The Twenty First Century; Significance of Age and Associated Morbidities

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Objective: Early detection and timely diagnosis of oral cancer (OC) are extremely important in improving disease and treatment outcomes. This is particularly important in females who are historically stereotyped as safe of OC. This study aims to analyze the potential interplay between patient demographics and disease characteristics among females diagnosed with OC.

Materials-Methods: We conducted a systematic review of literature to retrieve case reports of OC diagnosed in females, of any language and from any country that were published in the past twenty years.

Results: A total of 63 cases for females affected by OC were included. Tongue represented the most commonly affected site (44.4%), followed by the gingiva (36.5%), and other locations (floor of mouth, labial and buccal mucosae, palate). Age was a significant factor for cancer location; tongue in patients younger than 50 years ($P<0.001$), and gingiva in patients ≥ 50 years ($P=0.001$). Tumors presenting as mass were significantly located on the gingiva ($P=0.011$). Although, most tongue cancers were mainly presenting as ulcers, there was no significant difference between mass or ulcer presentation ($P=0.058$). Twelve (19.0%) cases were pregnant with OC significantly presenting on tongue ($P=0.025$). habitual and medical history were not significantly associated with location or presentation of cancer ($P>0.05$).

Conclusion: Cases of OC in the 21st century are increasingly reported in females regardless of age and associated comorbidities. Females of all age groups and variable medical/habitual background should be properly screened for OC with proper thorough examination particularly of the tongue and gingiva.

Keywords: Female, Oral Cancer, Pregnancy



OP-02

Effect of Pre-radiation Dental Extractions vs. Endodontic Treatment on the Incidence of Osteoradionecrosis in Patients with Head and Neck Cancer

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Objective: Osteoradionecrosis of the jaws (ORNJ) is a severe chronic complication of radiotherapy (RT) for head and neck cancer (HNC) patients. This review aimed to explore whether dental extractions (DE) and endodontic treatment (ET) pre-RT are related to the risk of ORNJ development in patients with HNC.

Materials-Methods: PubMed and Embase databases were searched for English language literature from January 2014 to August 2024, following the PRISMA guidelines using the terms “dental extraction AND endodontic treatment AND osteoradionecrosis prevention”, revealing 499 articles. The filters applied were “full text” and “humans”. Articles not referring to HNC patients were excluded.

Results: Twenty relevant articles were included, 16 about DE and 4 about ET. Twelve studies reported ORNJ development at pre-RT DE sites in 1.3-17% of cases; comparing patients with or without pre-RT DE, an increased incidence of ORNJ in pre-RT DE patients was found in two studies (9% and 16.9%, respectively), while no differences were observed in another two studies. Regarding ET studies, one study reported a 5.82-fold increased ORNJ risk in patients undergoing ET 2-4 weeks pre-RT compared to those without pre-RT ET, one identified a lower ORNJ incidence in pre-RT ET patients and two found no differences.

Conclusion: Although the literature does not provide conclusive results on the optimal protocol of dealing with teeth with questionable prognosis, i.e. pre-RT DE vs. ET, adequate management before RT is important for minimizing the risk of ORNJ, also allowing prosthetic rehabilitation with functional restoration and improving patients' overall quality of life.

Keywords: dental extraction, endodontic treatment, osteoradionecrosis

OP-03

Effects of Photobiomodulation on Radiotherapy-Related Trismus in Head and Neck Cancer Patients: A Systematic Review

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Objective: Radiotherapy is one of the most frequently employed treatment modalities in head and neck cancer (HNC) patients causing significant oral complications, including trismus, that impair quality of life. Photobiomodulation (PBM) has emerged as a significant therapeutic weapon for the management of radiotherapy-related oral complications. The aim of this review was to evaluate the efficacy of PBM for management of radiotherapy-related trismus in HNC patients

Materials-Methods: PubMed, Scopus and Web of Science databases were searched on August 2024, following the PRISMA guidelines with the following keywords: (“photobiomodulation” OR “PBM” OR “laser therapy” OR “LLLT” OR “low level laser therapy”) AND (“head and neck cancer” OR “head and neck neoplasms”) AND (“trismus”). ClinicalTrials.gov was also searched, where the “condition” was “trismus”, the “other terms” were “radiotherapy”, and the “intervention” was “photobiomodulation”. References of the retrieved articles were hand-searched for other relevant articles.

Results: A total of four articles (three prospective studies and one case report) were included in this systematic review. Infrared laser (of 808-950nm wavelength) was used in three studies and red visible laser (wavelength 660nm) in one. A statistically significant improvement in mouth opening ($p < 0.05$) was reported in the prospective studies either versus control population or on a start-end of PBM therapy observation; an amelioration of 10mm in mouth opening was observed in the case report.

Conclusion: PBM could be an important means of management of radiotherapy-related trismus. Since there is a paucity in the literature on this topic, more randomized, ideally placebo-controlled, studies should be conducted.

Keywords: trismus, photobiomodulation, head and neck cancer



OP-04

Analysis of Salivary Microbiota Composition in Patients Affected by Oral Squamous Cell Carcinoma Before and After Surgical Treatment: A Single Center Pilot Study

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Objective: The present study aimed to investigate potential changes in the salivary microbiome composition of patients affected by oral squamous cell carcinoma (OSCC) before and after surgical treatment.

Materials-Methods: Patients over 18 years old with a histological diagnosis of OSCC were enrolled at the Oral Medicine Unit of A.U.O. P "P. Giaccone" (Palermo, Italy) and unstimulated saliva was obtained before cancer therapy (Hospital Ethical approval #11/2020). After surgical treatment, patients were re-examined with a mean follow-up time of 12 months, and the salivary sample was recollected. DNA sequencing was performed using the MinION device. Descriptive statistics were used to study the differences in the microbial profiles of OSCC patients before and after treatment.

Results: Seven males and six females were enrolled, with a mean age of 68.2 ± 11.6 years. The border of the tongue was the most affected site by OSCC, followed by buccal and masticatory mucosa. Regarding the TNM staging, 7 patients were diagnosed with stage I, 6 with stage II, 5 patients with stage III, and 6 patients with stage IV. Despite no statistically significant data was observed, Bacteroidia and Fusobacteriia were the most common classes identified in OSCC patients before surgical therapy and Bacilli was the most common class identified in OSCC patients after surgical therapy.

Conclusion: Even if our results are not statistically significant, the oral microbiome is subject to continuous quantitative and qualitative changes and saliva remains an easily accessible, non-invasive biologic tool for genomic study in patients with OSCC.

Keywords: Next Generation Sequencing (NGS); OSCC; metagenomics; microbial composition; microbiota; squamous cell carcinoma of head and neck

OP-05

A Study of the Impact of p53 Mutations on EMT in a Local OSCC Cohort

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Background: Oral Squamous Cell Carcinoma (OSCC) is a common form of oral cancer with a low 5-year survival rate. Recent studies highlight the significant intra-tumour heterogeneity in OSCC. TP53, a tumour suppressor, is the most frequently mutated gene in human cancers, leading to altered p53 expression that contribute to increased aggressiveness, therapeutic resistance, and poor prognosis.

Objective: This study investigated TP53 mutations in a small OSCC patient cohort, focusing on their effects on epithelial-mesenchymal transition (EMT). The effect of p53 mutation was further elaborated by an in vitro study of the mutant p53R248Q.

Materials-Methods: (1) Whole-exome sequencing on multiple tumour regions and the matched metastatic sites from nine OSCC patients. (2) Analysis of the TP53 regulated EMT genes by RT-qPCR in OSCC patients. (3) In vitro gain-of-function study on the effect of p53R248Q, one of the common TP53 mutations in SCC cell lines to validate changes in EMT genes and proteins.

Results: WES identified unique TP53 mutations in patients and different tumour regions. TP53 mutations were found in seven of nine patients, all within the core DNA binding domain. RT-qPCR showed a marginal increase of the EMT genes in samples with TP53 mutants compared to those without TP53 mutations. Transfection of p53R248Q in SCC cell lines also detected an increase of the EMT markers such as N-cadherin.

Conclusion: This study confirms tumour heterogeneity and underscores the critical role of TP53 mutations in OSCC progression and survival.

Keywords: Oral squamous cell carcinoma, TP53 mutation, whole-exome sequencing



OP-06

**DAPK-1 as A Possible Early Marker of The Probability of
Malignant Transformation of Oral Lichen Planus**

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Objective: The aim of this study is the immunohistochemical investigation of the Death-associated protein kinase 1 (DAPK-1) in Oral Lichen Planus (OLP) compared to Oral Squamous Cell Carcinomas (OSCC) and to evaluate its possible role as an early predictor of malignant transformation of OLP lesions.

Materials-Methods: 4µm thick sections from paraffin embedded tissue samples were selected for the immunohistochemical procedure from 18 samples of OLP (9 of erosive and 9 of reticular type), 22 samples of OSCCs subdivided into 3 groups: well differentiated (2 samples), moderately differentiated (17 samples) and poorly differentiated (3 samples). The immunohistochemical expression of the Anti-DAPK1 (Novus Biologicals, Centennial, Colorado, USA) (dilution 1:100) was detected and evaluated by calculating the percentage of the positively stained epithelial cells by the aid of a 1 to 4 scale.

Results: The descriptive analysis revealed that in 80% (4/5) of normal tissue samples very strong expression of DAPK-1 was observed (grade III). A similar pattern of staining intensity was detected in OLP lesions in which maximum staining intensity (grade III) showed up in the total number of lesions (18/18) 100%, whereas in OSCC lesions the expression of DAPK-1 was mostly mild.

Conclusion: DAPK-1, due to its property to promote apoptosis and its role as a tumor suppressor factor, could potentially be used as an early predictor of malignant transformation of an OLP lesion. OLP could also offer the background for further investigation of a possible correlation between methylation and the development of inflammation..

Keywords: Oral Lichen Planus

OP-07

Evaluating Self-Reported Disease Activity and Influencing Factors in Patients with Primary Sjögren's Syndrome

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Objective: The aim of the study was to assess self-reported disease activity and associated factors in patients with Primary Sjögren's Syndrome (pSS).

Materials-Methods: In this cross-sectional study, 78 patients with pSS (F/M: 76/2; mean age: 52.71±11.18 years) were included. Data were collected through clinical examinations and a questionnaire including patient global assessment (PtGA) and physician global assessment (PGA) scores for disease activity, as well as patient-reported outcome measures (PROMs). A discrepancy score was calculated by subtracting the PGA from the PtGA. Self-reported symptoms attributed to the disease were assessed using the Identity score of The Revised Illness Perception Questionnaire (IPQ-R), Hospital Anxiety and Depression Scale (HADS) and EULAR Sjögren's Syndrome Patient Reported Index (ESSPRI). Additionally, unstimulated whole salivary flow rates (U-SFR) were measured. After performing preliminary analysis, a mediation analysis was conducted.

Results: Prominent clinical manifestations were Hyposalivation in the Positive Discordance group (PtGA>PGA), Schirmer test positivity and arthritis in Negative Discordance group (PtGA<PGA). In the mediation analysis, the Identity score of IPQ-R scale reflecting the number of symptoms was mediated directly by ESSPRI-Fatigue score (p=0.0274) and indirectly HADS-Depression score (p=0.0369).

Conclusion: While assessing the disease activity, hyposalivation, ocular dryness and arthritis were prominent manifestations. Close associations were observed between increases in fatigue and anxiety levels and an elevated number of self-reported symptoms in pSS. These factors must be considered in the development of patient empowerment strategies in pSS.

Keywords: disease activity, patient empowerment, primary Sjögren Syndrome



OP-08

**Evaluation of The Hypothalamic-Pituitary-Adrenal Axis in Patients
with Primary Sjögren's Disease**

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Objective: The objective of the study was to determine the salivary cortisol concentrations between patients with primary Sjögren's disease (pSjD) and control subjects. The specific objectives of the study were to determine clinical and laboratory parameters, the EULAR Sjögren's Syndrome Disease Activity Index (ESSDAI), the psychological profile, the Oral Health-related Quality of Life (OHRQoL) and their correlations.

Materials-Methods: A total of 34 subjects participated in the cross-sectional study: 17 patients with pSjD and 17 control subjects. The stimulated whole saliva (SWS) was used as a reference for the determination of salivary cortisol concentration (collected between 9 and 10 am to avoid diurnal fluctuations) by enzyme-linked immunosorbent assays (ELISAs).

Results: The salivary cortisol concentration showed a statistically significant difference between patients with pSjD and control subjects (4.49 ± 2.88 vs 0.49 ± 0.37 ; $p < 0.001$; Student t-test). The area under the curve (AUC) was 100.0% in patients with pSjD ($p < 0.001$). The cut-off point was set at > 1.454 . The patients with pSjD had four times higher scores for depression and stress, six times higher scores for anxiety compared to control subjects ($p = 0.048$, $p = 0.038$, $p < 0.001$; Mann-Whitney U test). The patients with pSjD had statistically significantly poorer QHRQoL (total) compared to the control subjects ($p < 0.001$, Mann-Whitney U test).

Conclusion: The patients with pSjD showed impaired regulation of the hypothalamic-pituitary-adrenal (HPA) axis compared to control subjects. Determination of salivary cortisol can serve as an additional diagnostic method (rapid and non-invasive) and indicates the need for an additional therapeutic approach (psychological, psychiatric) in patients with pSjD.

Keywords: biomarkers, cortisol, Sjögren's Disease

OP-09

Associations among Clinical Manifestations, Patient Empowerment, Patient Engagement, Patient Activation and in Primary Sjögren's Syndrome

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Objective: This study aimed to evaluate the relationships between clinical symptoms and patient-reported outcome measures (PROMs) related to patient empowerment, patient engagement, and patient activation in pSS.

Materials-Methods: In this cross-sectional study, 116 patients with pSS (F/M:111/5; 53.78±12.30 years) were included. Data were collected through clinical examinations and a questionnaire including the Patient Empowerment, Engagement and Activation Scale (PEEAS), the 5-level EQ-5D-5L and Work Productivity and Activity Impairment (WPAI) scale. After performing preliminary analysis, simple Mediation analysis was conducted to understand complex relationships.

Results: Patients without comorbidities had a higher PEEAS-Patient Activation subgroup score (27.16±5.13) compared to those with comorbidities (23.10±7.03)(p<0.001). Decreases in PEEAS subgroup scores were associated with older age, low education, longer disease duration, impaired general health status and poor scores on the EQ-5D-5L scale and WPAI-Activity impairment score(p<0.05). Furthermore, patients treated with steroids (30mg daily dose) (n=6;29.83±1.72; 29.84±1.70; 29.66±1.36) or Methotrexate (n=8; 28.75±0.70; 28.75±0.71; 27.62±2.72, respectively) had higher PEEAS subgroup scores than those not treated with these medications (26.45±3.72; 26.50±3.73; 21.77±7.61 and 26.29±4.89; 26.12±4.93; 23.44±7.29, respectively)(p<0.05). In 3 simple MAs, General Health status as the dependent variable was directly mediated by WPAI-Activity Impairment as the independent variable in each Mediation analysis(p<0.05). In these models, Patient Empowerment score in the first MA, Patient Engagement in the second MA and Patient Activation in the third MA were found to be mediator variables, respectively (p<0.05).

Conclusion: Disease-related conditions, personal factors, treatment protocols, quality of life status and daily life impairment were associated with Patient Empowerment, Engagement and Activation in pSS.

Keywords: Primary Sjögren's Syndrome, Patient Empowerment, Engagement and Activation



OP-10

The Effects of Immunosuppressive Therapy on Glandular Involvement in Patients with Primary Sjögren's Syndrome

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Objective: The aim of the study was to evaluate the effects of immunosuppressive (IS) therapy on salivary glandular function in patients with pSS.

Materials-Methods: In this retrospective study, 75 patients with pSS were included in this retrospective study (F/M: 71/4; mean age: 53.20±11.14 years). Patients were categorised according to treatment protocols such as “Intermittent IS use” (n=10; %13,3), “Long-term IS use” (n=36; %48) and “No need to use IS” (Non-IS; n=29; %38,7). Patients were also grouped based on the presence (n=29; %38,7) or absence (n=46; %61,3) of hyposalivation determined by U-WSFRs (≤ 0.1 ml/min).

Results: The duration for IS use was 41,44±36,95 months for the “Intermittent IS use” group and 79,69±72,01 months for the “Long-term IS use” group. Arthritis was commonly seen in the “Intermittent IS use” group while major organ involvement was more frequent in the “Long-term IS use” group. The highest rate of hyposalivation (≤ 0.1 ml/min) was observed in non-IS group (52%) compared to the “Intermittent IS use” group (25%) (p=0.056). Similarly, elevated unstimulated and stimulated salivary flow rates (SFRs) were observed in patients in the “Long-term IS use” group (0,24±0,18 ml/min. and 1.04±0,69 ml/min, respectively), compared to those in the “Intermittent IS use” group (0,20±0,31 ml/min and 0,54±0,41 ml/min, respectively) (p=0.038; p=0.069) and patients treated with non-IS medications (0,14±0,15 ml/min and 0,20±0,31 ml/min) (p=0.009; p=0.025).

Conclusion: “Long-term IS use” may have positive effects on preserving salivary gland functions in patients with pSS within the limits of the study.

Keywords: Immunosuppressive therapy, glandular involvement, primary Sjögren's Syndrome

OP-11

A Randomized Controlled Clinical Trial Assessing the Efficacy of A Carbamide Peroxide Gel in Oral Wound Healing, Postoperative Symptoms and Oral Hygiene Following A Punch Biopsy of Oral Attached Mucosa

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Objective: This double-blind, randomized controlled clinical trial aims to assess the efficacy of a carbamide peroxide (CP) gel in secondary intention oral wound healing, postoperative symptoms, and oral hygiene.

Materials-Methods: The study's cohort was composed of 54 patients with lesions on oral attached (gingival or palatal) mucosa necessitating biopsy performed by punch. Participants were randomly assigned to either the study group (SG), receiving the active CP gel, or the placebo group (PG) and were instructed to apply the gel to the biopsy area and the corresponding quadrant 3 times daily for 14 days. The healing area was measured post-surgery (V0), at 7 (V1) and 14 (V2) days. Percentage Healing Index (PHI) and postoperative pain were documented. Oral hygiene was appraised through the Plaque Index (PI) and Gingival Index (GI). Oral Health Impact Profile-14 (OHIP-14) scale and Treatment Satisfaction Questionnaire (TSQ) were completed.

Results: PHI was slightly better for the SG at V1, but without statistical significance at either time point. Regarding PI and GI, both groups demonstrated similar reductions compared to baseline. Similarly, no detectable differences were noted in postoperative symptoms, OHIP-14 or TSQ between groups. Among SG participants, 15.38% reported a stinging sensation for the first 2 days following biopsy.

Conclusion: The CP gel does not appear to affect wound healing, postoperative pain and oral hygiene after punch biopsy of attached oral mucosa. However, it is safe and can enhance patients' perception of improvement in wound healing, and the sensation of cleanliness in oral cavity.

Keywords: Hydrogen carbamide, Wound healing, Secondary intention healing



OP-12

Retrospective standardized uptake values (SUVmax) assessment of fluoro-2-deoxy-D-glucose-positron emission tomography/computed tomography (FDG-PET/CT) images for dentomaxillofacial pathologies

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Objective: Dentomaxillofacial pathologies often exhibit metabolic activity, which can be detected using fluorine-18-labeled fluoro-2-deoxy-D-glucose-positron emission tomography/computed tomography (FDG-PET/CT) imaging method. The accumulation of FDG in these lesions reflects their metabolic activity. This study aims to assess the FDG-PET/CT imaging characteristics of dentomaxillofacial conditions combined with Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) method.

Materials-Methods: A total of 463 FDG-PET/CT, CT and MRI images were retrospectively evaluated. A total of 44 patients imaging data obtained before first-line radiotherapy and/or chemotherapy were included in this study. The increased FDG uptake of dentomaxillofacial structures on FDG-PET/CT scans were evaluated. Standardized uptake values (SUVmax) were analysed for common dental lesions, periodontal lesions, maxillary sinus pathologies, temporomandibular joint disorders.

Results: This study analyzed FDG-PET/CT, CT, and MRI images from 44 patients. Artifacts from dental prosthetics and crowns often mimicked FDG uptake. Acute infections showed higher FDG uptake, while periodontal bone loss and maxillary sinus pathologies typically did not. FDG uptake varied significantly between different malignancies. The inter-observer agreement, assessed by comparing FDG uptake in various conditions from two radiologists and quantified by Cohen's kappa coefficient, demonstrated a kappa value of 0.638.

Conclusion: SUVmax value may increase in the oral and maxillofacial region due to various non-malignant reasons. These conditions need to be carefully distinguished from malignancies and metastasis. This study highlights the importance of considering benign causes of increased metabolic activity to avoid misdiagnosis and unnecessary treatment and to detect inflammatory foci before the cancer treatment.

Keywords: PET/CT imaging, oral cancer, FDG uptake

OP-13

Patients with Oral Ulcers Display High Levels of Salivary Acidic Glycoproteins in Behçet's Syndrome

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Objective: The oral mucosa is subjected to antigenic stimulation by oral microorganisms, which play crucial roles in inducing immune responses and manifesting clinical symptoms in Behçet's Syndrome (BS). The aim of the study was to assess salivary levels of glycoproteins associated with oral ulcer (OU) activity in BS patients.

Materials-Methods: Patients with BS (F/M:15/18), active patients with oral lichen planus (OLP, F/M:5/5) as a diseased and healthy controls (F/M:18/14) were included in this cross-sectional study. Stimulated and unstimulated saliva flow rates (ml/min) were measured. The Alcian Blue method was used for the quantitative measurement of sulfated and sialylated glycoproteins in the stimulated saliva samples (µg/ml).

Results: The salivary levels of glycoproteins in BS patients were significantly higher ($51,08 \pm 26,12 \mu\text{g}/\text{min}$) than the OLP group ($1,63 \pm 0,75 \mu\text{g}/\text{min}$) and HC ($12,84 \pm 23,62 \mu\text{g}/\text{min}$) ($p < 0,05$). In BS, the levels of glycoproteins were categorised into a low-level group (25th percentile: $29 \mu\text{g}/\text{min}$, $n=8$) and a high-level group (50th percentile: $47 \mu\text{g}/\text{min}$; 75th percentile: $72 \mu\text{g}/\text{min}$, $n=25$). Although 85% ($n=17$) of patients with active OU ($n=20$) were in the high-level group, only 3 patients (15%) were in the low-level group. Additionally, increases in the number ($2,43 \pm 1,99$) and healing time of OU ($6,43 \pm 5,5$) were observed in high-level group compared to another group ($0,75 \pm 1,16$; $2,0 \pm 2,97$). However, no significant relationships were observed among the levels of glycoproteins, age, gender and medication use in BS patients ($p > 0,05$).

Conclusion: Elevated salivary levels of sulfated and sialylated glycoproteins could be explained by their roles in the innate immune system which maintains oral homeostasis against the microbial ecosystem in the presence of OU in BS.

Keywords: Behçet's syndrome, oral ulcer, salivary glycoproteins



OP-14

**The Impact of Necrotic and Sclerotic Bone on Discriminative
Changes in Trabecular Bone of Patients Using
Anti-Resorptive Drugs - A Panoramic Radiographic Study**

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Objective: To investigate the effect of necrotic and sclerotic bone areas in the assessment of trabecular changes in patients using anti-resorptive drugs with panoramic radiography (PR).

Materials-Methods: Digital PR images of 92 cancer patients with osteonecrosis of the jaw (ONJ) and without ONJ (non-ONJ) and 46 healthy controls were used for evaluation. Fractal dimension (FD) and lacunarity were measured using PR. Standard ROIs including either only necrotic or sclerotic bone surrounding the necrotic areas and both necrotic and sclerotic areas were measured in the ONJ group. ROIs located 5 mm distal to the mental foramen at the contralateral jaw of the ONJ group, the non-ONJ group and healthy controls were measured as well. One-way ANOVA and Dunnett tests were used for comparisons ($p=0.05$).

Results: The non-ONJ group showed the highest FD and the lowest lacunarity values ($p<0.05$). While both FD ($p=0.041$) and lacunarity ($p=0.023$) measurements of necrotic bone could discriminate the trabecular bone changes due to the use of anti-resorptives, only lacunarity ($p=0.049$) revealed a difference in the joint assessment of sclerotic and necrotic bone between the ONJ group and healthy controls. The contralateral jaw in the ONJ group demonstrated lower FD and higher lacunarity measurements than the other two-groups ($p<0.001$).

Conclusion: FD and lacunarity measurements of necrotic bone using PR can be a potentially useful method for the discrimination of ONJ-related trabecular changes. FD and lacunarity measurements of joint assessment of sclerotic and necrotic bones seem promising in distinguishing ONJ-related trabecular changes from healthy and cancer patients without ONJ.

Keywords: Medication-related osteonecrosis of the jaws, panoramic radiography, trabecular bone

OP-15

Formulation, Technology and Biopharmaceutical Evaluation of Triamcinolone Oral Mucoadhesive Films

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Objective: Rational pharmacotherapy of oral diseases (lichen planus, pemphigus, pemphigoid) is one of the complex challenges of the modern era. The existing drug forms (gels, tablets, lozenges), despite their mucoadhesiveness, are not characterized by high pharmacological effectiveness. Mucoadhesive films made by nanotechnology provide a new method of treating lichen planus. The research aimed to determine the formulation of triamcinolone oral mucoadhesive, two-layered films based on biopharmaceutical studies and technology development.

Materials-Methods: Modern pharmaco-technological, biopharmaceutical and physicochemical methods were used for the research. The appearance and organoleptic properties of the drug form were controlled (color, smell, consistency). Homogeneity, pH, flexibility, thumb test and moisture absorption were determined during the research process. The active substance release dynamics were studied under in vitro tests by applying Franz diffusion cells with subsequent spectrophotometry.

Results: Based on biopharmaceutical studies, triamcinolone mucoadhesive, two-layered films are formulated %: (Triamcinolone acetone - 0,20. Lidocaine hydrochloride - 2,0. Ethylcellulose - 2,4. METHOCEL K100 -2,4. Sorbitol 70% solution - 4,0. Polyethylene glycol 400 - 4,0. Polysorbate 60 - 2,4. Sorbic acid - 0,2. Eucalyptus essential oil - 0,4. Peppermint essential oil - 0,2. 96% ethyl alcohol - up to 100.

Conclusion: Quality indicators of mucoadhesive films are determined. The quality and consumer properties of the provided films within optimal limits. The dynamics of triamcinolone release are studied. The release of API from the films reaches 70% within 180 minutes. Triamcinolone films maintain stability throughout the study period, when stored under different conditions.

Keywords: Nanotechnology, lichen planus, mucoadhesive



OP-16

Acousto-Holographic Imaging of Oral Mucosa with Stiffness Maps

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Objective: Accurate assessment of cell stiffness distribution is essential due to the critical role of cell mechanobiology in regulation of vital cellular processes like proliferation, adhesion, migration, and motility. This study aims to evaluate the healthy oral mucosa cells with acousto-holographic microscopy method.

Materials-Methods: In this study, cell samples were collected from three healthy individuals using a non-invasive method with a pine-type smear brush. The samples were placed on a chip specifically designed for use with an acoustoholographic microscope. Cell stiffness was calculated using Young's modulus. The mechanical properties of the samples were analyzed non-invasively in the laboratory utilizing an acousto-holographic microscope. The vibration of the cell membrane was measured in real time through off-axis digital holographic microscopy, employing the Mach-Zehnder configuration.

Results: The study employed acousto-holographic microscopy to conduct detailed 3D imaging and mechanical characterization of oral mucosa cells collected from three healthy individuals. The analysis revealed a significant range in stiffness values across the samples, with 2503.67 Pa for Sample 1, 3867.79 Pa for Sample 2, 1199.41 Pa for Sample 3, and 5338.44 Pa for Sample 4. These findings demonstrate a notable variation in cell stiffness, with the lowest recorded at 1199.41 Pa and the highest at 5338.44 Pa.

Conclusion: The application of acousto-holographic microscopy provided detailed 3D imaging and mechanical characterization of healthy oral mucosa cells. The findings highlight the method's potential to accurately assess cell stiffness and morphological properties in a non-invasive manner.

Keywords: acousto-holographic microscopy, atomic force microscopy, oral mucosa

OP-17

Identifying Low Disease Activity and Its Related Factors in Behçet's Syndrome through K-Means Cluster Analysis and Correspondence Analysis

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Objective: Although oral ulcer is a common clinical manifestation in Behçet's Syndrome (BS), the definition of "low oral ulcer activity" is not clear. The aim of the study was to define low oral ulcer activity through K-Means Cluster Analysis and to understand the pattern of oral ulcer activity (OUA) using Correspondence Analysis for treat-to-target strategies in Behçet's Syndrome (BS).

Materials-Methods: Five hundred twenty-six BS patients from two tertiary centres in Turkey and the United Kingdom were included in this cross-sectional study. Disease severity scores were calculated based on organ involvement. In patients with active oral ulcers (n=306), 4 clusters were identified based on the number of oral ulcers and the disease severity scores in K-Means Cluster Analysis. Then, Correspondence Analyses (CA) were performed to visualize associations among clusters, gender (female vs. male) and treatment protocols regarding Immunosuppressive (IS) or non-IS medications as input variables for CA.

Results: According to K-Means Analysis, the number of oral ulcers was 2.18 ± 1.13 in the "Low OUA" cluster (65,03%), 2.19 ± 1.37 in the "Low OUA with Major Organ Involvement" cluster (19,25%), 7.60 ± 1.88 in the "Moderate OUA" Cluster (9,8%), 14.91 ± 2.34 in the "High OUA" cluster (3,59%) ($p < 0.001$). In CA, "Low OUA" cluster was associated with female treated with non-IS medications whereas IS medications were main protocol for both genders in "Low OUA with Major Organ Involvement".

Conclusion: The presence of two oral ulcers could be thought as a cut-off value for low oral ulcer activity although main treatment protocols were different in both low OUA clusters.

Keywords: Behçet's syndrome, disease activity, cluster analysis



OP-18

**Challenges in Post-Therapy Surveillance of Oral Squamous Cell Carcinoma Patients
due to Radiation-Induced Trismus. A Case Series**

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Objective: Trismus, as a complication of radiation therapy (RT) in patients with oral squamous cell carcinoma (OSCC), not only impairs essential oral functions, but also complicates clinical surveillance by hampering detection of precancerous lesions and early signs of recurrences and second primary tumors (SPTs). Our aim is to present three representative cases of OSCC patients, who developed significant trismus following RT and to discuss the challenges encountered during their clinical follow-up.

Case: All 3 patients, two females (72 and 67 years old, respectively) and one male (65 years old), developed significant trismus following RT for OSCC. In all patients, multifocal oral potential malignant disorders (OPMDs) were present at the time of initial diagnosis and/or appeared during the follow-up period (ranging from 7 to 16 years). In addition, SPTs occurred in two patients, while the third developed osteoradionecrosis (ORN) of the maxilla and mandible. In all cases, oral clinical examination, including visual inspection and palpation, as well as performance of simple oral surgical procedures, such as biopsy, removal/laser ablation of OPMDs or sequestrectomy at ORN sites, were significantly hampered by progressively worsening limitation in mouth opening due to trismus.

Conclusion: Close follow-up and meticulous monitoring of the entire oral cavity of OSCC patients is crucial due to the frequent co-existence of OPMDs, high risk of recurrences and SPTs, and potential treatment complications, such as ORN. This study underscores the importance of managing trismus as a critical factor in the ongoing surveillance and care of OSCC patients.

Keywords: trismus, radiation therapy, clinical surveillance

OP-19

Oral Squamous Cell Carcinoma Developing From Lichen Planus In a 67-Year-Old Woman: A Case Report

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Objective: Oral lichen planus is a mucocutaneous chronic inflammatory and precancerous autoimmune disease of unknown etiology and pathogenesis, affecting approximately 2% of the world population, with an age of onset usually between the fourth and sixth decades. In patients diagnosed with oral lichen planus, early detection and treatment is important considering the possibility of malignant transformation. In this article, we aimed to draw attention to the fact that lichen planus, which is rare in the community, can transform into oral squamous cell carcinoma when left untreated.

Case: A 67-Year-Old woman came to our clinic with complaints of pain, swelling, bleeding gums and tooth mobility in the right maxilla. In the radiographic evaluation of the patient, bone involvement extending from the posterior to the midline of the right maxilla was detected. An incisional biopsy was taken from the bone covering the lesion and the underlying lesion by intraoral approach. Histopathological examination of the biopsy revealed oral squamous cell carcinoma developing from lichen planus. Under general anesthesia, the operation field was reached using a weber ferguson flap. Hemimaxillectomy was performed at the bony involvement margins previously determined on cbct. The remaining anatomical structures were closed with a previously made plate. Half of the removed maxilla and related soft tissues were sent for pathologic examination.

Conclusion: Lichen planus is a rare precancerous lesion. Diagnosis, treatment and follow-up are important because of the possibility of conversion to scc. Mucosal diseases should be carefully examined in every patient.

Keywords: oral squamous cell carcinoma, lichen planus, oral cancer



OP-20

Imatinib-Induced Oral Lichenoid Drug Eruption in an Elderly Patient with Chronic Myeloid Leukemia: Report of a Case

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Objective: Imatinib mesylate (IM) is a selective tyrosine kinase inhibitor used for treatment of Chronic Myeloid Leukemia (CML) and Gastrointestinal Stromal Tumors. Although IM-related cutaneous reactions are the most common non-hematological adverse events, IM-associated lichenoid drug eruptions (IM-LDE) are rare, especially intraorally. Our aim is to present a case of oral IM-LDE in an elderly patient with CML.

Case: An 83-year-old female patient with CML treated with IM 400 mg per os twice daily for the last 8 years was referred due to painless oral lesions of unknown duration. Clinically, erythematous areas with erosions and white striations at the periphery were observed bilaterally on the buccal mucosa, palate, and lateral borders of the tongue along with desquamative gingivitis and positive Nikolsky sign. With a differential diagnosis of oral lichen planus, discoid lupus erythematosus and IM-LDE, incisional biopsies from the gingiva and buccal mucosa were performed. Histopathologically, a partially detached, ulcerated, spongiotic epithelium with focal hydropic degeneration of the basal cell layer along with a subepithelial band-like lymphohistiocytic infiltrate were observed, while direct immunofluorescence showed strong deposition of IgM in colloid bodies and focal deposition of fibrinogen at the basement membrane. Clinicopathological findings were consistent with oral IM-LDE, and systemic corticosteroids were prescribed with satisfactory gradual improvement, avoiding the need for imatinib withdrawal.

Conclusion: The occurrence of oral IM-LDE, although rare, highlights the need for increased awareness and close monitoring for possible IM side effects, especially in older individuals in whom multiple comorbidities may be present, complicating diagnosis and management.

Keywords: imatinib, imatinib related mucocutaneous drug eruption, imatinib related oral lichenoid reaction

OP-21

Coexistence Of Multiple Leukoplakia And Pigmental Lesions: Case Report – Diagnostic Approach

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Objective: The presentation and diagnostic approach of a case with coexistence of oral leukoplakia with multiple localization and pigmented lesions.

Case Report Methods & Results: A 56-year-old woman, with a history of 30-year smoking, was referred for clinical evaluation of multiple white non-detachable plaques on the lingual frenum, the floor of the mouth, and the ventral surface of the tongue. During the clinical examination, in addition to the mentioned white lesions, pigmented spots were identified on the vermillion of the lower lip. The patient was referred for endoscopic-gastrointestinal investigation and returned with the histologically confirmation of the presence of polyps in the gastrointestinal tract, so the prevailing possible diagnosis was of Peutz-Jeghers Syndrome. Biopsies and histopathological examination were performed from all white and pigmented oral mucosal lesions.

Conclusions: The histopathological reports showed the diagnosis of Leukoplakia with focal low-grade dysplasia for all white lesions, whereas on the pigmented lesion of the lip was recorded increased basilar melanin with melanin incontinence into the submucosa. The patient was referred for the confirmation of the diagnosis for the STK11 gene test. The co-existence of Leukoplakia lesions with multiple localization, simultaneously with pigmented lesion with a possible diagnosis of Peutz-Jeghers syndrome is not a frequent clinical finding. The recording in detail of the medical/pharmaceutical history combined with the accurate clinical assessment, the performance of biopsies from all locations of the lesions and the required endoscopic examinations are essential steps for the final diagnosis.

Keywords: Leukoplakia, Pigmental



OP-22

**Challenges in Diagnosing and Managing Juvenile Pemphigus Vulgaris:
A Case Report and Literature Review**

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Objective: Pemphigus vulgaris (PV) is a rare autoimmune mucocutaneous disorder, with oral involvement being particularly uncommon in pediatric patients. This rarity often leads to misdiagnosis, emphasizing the need for its consideration in differential diagnoses of persistent oral ulcerations in children. This case report aims to highlight the clinical presentation, diagnostic process, and management strategies for juvenile oral PV, contributing to the literature on pediatric cases.

Case: A 14-year-old male presented with painful oral lesions severely affecting his quality of life, including difficulties in eating and speaking, accompanied by widespread ocular redness. The patient's history revealed recent antibiotic use, with the onset of oral lesions following this treatment, initially leading to an evaluation for erythema multiforme. However, detailed clinical examination revealed extensive ulcerative lesions on the bilateral buccal mucosa, palate, gingiva, and lips. Despite a negative family history, juvenile PV was diagnosed through histopathological examination and direct immunofluorescence testing. Initial treatment with topical corticosteroids was attempted, but the emergence of cutaneous lesions after one week necessitated referral to dermatology and hospitalization. Systemic corticosteroid therapy was initiated during the 10-day hospital stay. Oral lesions were closely monitored, and the patient was educated on maintaining oral hygiene. Upon stabilization, the patient was discharged with a continued oral corticosteroid regimen.

Conclusion: This case highlights the importance of considering PV in the differential diagnosis of persistent oral ulcerations in children. Early diagnosis and timely systemic treatment are crucial for improving outcomes and preventing complications. Further studies are needed to establish standardized treatment protocols for juvenile PV.

Keywords: juvenile pemphigus vulgaris, autoimmune mucocutaneous disease, corticosteroid therapy

OP-23

The Systemic Inflammatory and Hyper Reactions That Caused by Body Tattoos and The Tattoo Ink Should not be Underestimated: A Case Study

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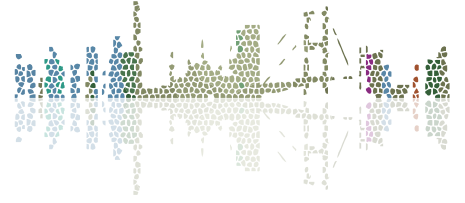
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Objective: Tattoos are common in Western countries, and there is a growing interest in tattoos in other parts of the globe. Several patients at our Behçet's Centre have been noted to have body tattoos, which may activate Behçet's Disease symptoms due to a hyperactive immune response to injury and ink. This case study aims to highlight the importance of patients' education and awareness that any tattoo procedures may cause hyperactive immune reactions and disease activation.

Case: A 29-year-old White-British male with whole-body covered with black and coloured tattoos was referred by his GMP. He has had a significant inflammatory history of recurrent tonsillitis, glandular fever, sore throat, and oral and genital ulceration. Also, he complained of a painful skin acne-like spot with a yellow head on most of his body. He denied eye symptoms, GIT, CVs, or CNs issues. The significant findings were that there was widespread lymphadenopathy in the cervical, axillary, and groin areas. There were hypertrophic and pustular lesions widespread over the surface of tattoos that extended from neck to feet. Herpetiform ulcers were presented on the labial and buccal mucosa and tongue. The left side of his throat was hugely scarred, and there was some encroachment on the oropharynx entry. Also, it was noticed scars of previous ulceration on the penis shaft. His blood test result was unremarkable.

Conclusion: This patient was diagnosed with a mucocutaneous Behçet's disease. Clinicians should discuss the short and long-term tattoo risks with their patients to avoid the side effects.

Keywords: body tattoos, skin hyperactivity, autoimmune and autoinflammatory diseases



POSTER PRESENTATIONS

PP-01

Is TMJ Treatment in Short Time Dream or Real?

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Objective: The incidence of Temporomandibular disorders in society is quite high. These disorders may be at varying levels from internal disc disorders to osteoarthritis. In this speech, the approach of dentists to patients with temporomandibular disease in the practice of the clinic will be explained and the ways to shorten the treatment period and during the treatment, the tricks to be considered will be explained.

Case: Many sample my cases and experiences will be shared. Especially in cases of bruxism, my practical and rapid methods for the relaxation of chewing muscles will be explained. In addition, we will share my case video as an example of temporomandibular intra-articular injection treatment, in cases that cannot be concluded with conservative methods. Discussion: When we look at the treatment, we see multiple alternatives. There are many methods in its treatment, from medication to physical therapy, from the use of night plates (splint therapy) to manipulation, and from jaw joint washing (arthrocentesis) to advanced surgical procedures. We have to decide which of these are going to apply correctly. These treatments are performed by a multidisciplinary team including dentist, oral and maxillofacial surgeon, physical therapist and psychiatrist.

Conclusion: The important thing in the treatment of jaw joint problems is correct diagnosis. First of all, it is necessary to clearly determine where the problem is, whether it is in the jaw joint, the chewing muscle, or whether there is parafunction. Then, we apply our treatment methods sequentially according to the cause.

Keywords: Arthrocentesis, TMD, Bruxism



PP-02

The Oral Manifestations of Drug Abuse- Case Reports

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Objective: Oral manifestations in drug-using patients can vary depending on the type of substance used and often involves significant adverse effects on oral health. Oral health, as an integral part of general health, is particularly important, as pathology at this level can affect both an the individual's quality of life and their social interactions.

Case: Stimulant drugs, such as methamphetamines and cocaine, can cause a decrease in saliva production leading to xerostomia and bruxism, which results in extensive tooth decay, enamel erosion, and dental fractures. Additionally, by reducing saliva flow, these substances promote the development of cavities and gingival infections (case report 1- 35 y.o. male pacient with meth mouth). Opioid drugs, such as heroin, can also cause xerostomia, and increased user risk of dental and gingival infections. Severe cavities and tooth loss are common among chronic users of opioids and cannabis, particularly due to poor oral hygiene and an unbalanced diet.. (case report 2 – 36 y.o. female pacient). Hallucinogenic and psychoactive drugs, such as LSD and ecstasy, can cause bruxism and repetitive behaviors, leading to dental wear and injuries to the oral mucosa. Excessive nicotine consumption is the most common cause of black hairy tongue (case report 3 – 29 y.o. male pacient).

Conclusion: Drug use can have devastating effects on oral health, manifesting as cavities, which, through their complications, can lead to tooth loss, gingival infections, and other severe dental problems. Prevention and early intervention are essential to limit these damages and to maintain oral health.

Keywords: drugs, meth mouth

PP-03

Inverted Ductal Papilloma on Lower Labial Mucosa: A Rare Case Presentation and Management Approach

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Objective: This report presents a rare case of inverted ductal papilloma (IDP) on the lower labial mucosa, discuss its clinical presentation, diagnostic challenges, management and review the existing literature on IDPs in atypical locations.

Case: A 51-year-old male presented with a slow-growing, asymptomatic mass on the lower labial mucosa. Clinical examination revealed a firm, well-circumscribed lesion. The mass was excised under local anesthesia and histopathological examination confirmed the diagnosis of an inverted ductal papilloma. The patient experienced no complications post-operatively and there was no recurrence observed at the six-month follow-up.

Conclusion: This case highlights the rarity of IDP in the lower labial mucosa and emphasizes the importance of including it in the differential diagnosis of oral lesions in atypical locations. Accurate histopathological evaluation is crucial for proper diagnosis and effective management. This report contributes to the limited literature on IDPs in the oral cavity and underscores the need for clinician awareness.

Keywords: Inverted ductal papilloma, benign lesion, oral cavity neoplasms



PP-04

**Oral Mucosal Burns Induced by Topical Application of
Chemical Agents for Pain Relief: Case Series**

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Objective: Traumatic lesions in the oral cavity, whether induced chemically, mechanically, or thermally, are frequently observed. Chemical damage to oral tissues depends on a variety of factors, such as the strength (pH) or concentration of the agent, the quantity ingested, the duration and manner of tissue contact, the depth of tissue penetration, and the specific mechanism of action. This case series aims to describe instances of chemical burns affecting the oral mucosa caused by different agents and their management strategies.

Methods-Results: Cases of chemical burns to the oral mucosa resulting from the topical application either therapeutic or non-therapeutic chemical agents intended for self-relief by patients are reported. Diagnosis was made on a comprehensive history obtained from each patient. Clinical findings ranged from simple desquamation (sloughing of the mucosa) to localized or diffuse ulcerations. Management strategies were similar, involving the removal of the offending agent and symptomatic treatment.

Conclusion: The common misconception among patients that direct application of agents to oral tissues will provide rapid pain relief underscores the need for dental professionals to be aware of the potential for oral mucosal burns, including their aetiology and differential diagnosis. Obtaining a detailed and accurate patient history is crucial for proper diagnosis. The primary challenge lies in eliciting relevant information from the patient. In symptomatic cases, removal of the offending agent and symptomatic treatment are generally sufficient, while asymptomatic cases may only require patient reassurance.

Keywords: Mucosal Burns

PP-05

Familial Oral Lichen Planus – A Case Series Presentation

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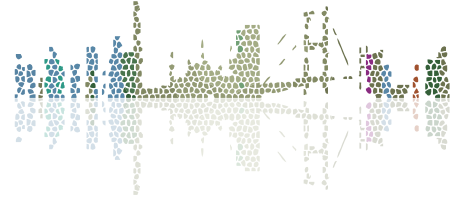
Objective: Lichen planus is a complex condition with various manifestations, but it can sometimes be noticed only on the oral mucosa. The pathogenic mechanism shows a cell-mediated immune response, which induces basal cell apoptosis. Lichen planus is a multifactorial condition with diverse etiology. The genetic factor is a possible etiological factor, this association being demonstrated in some studies.

Aim: Identification of clinical-evolutionary particularities and response to treatment, in the case of patients with familial oral lichen planus.

Case: The 4 selected cases include clinically and histologically diagnosed patients with familial lichen planus. All patients were women with mean age at the time of diagnosis 44.8 years, non-smokers. Most of them associated general conditions (autoimmune diseases or hepatitis C) and in one case chronic autoimmune thyroiditis. Also, the patients complained of painful symptoms and the most common clinical form was the atrophic-keratotic one. Most of the patients had lesions on two or three topographic areas. In half of the patients, we noticed a significant remission. A possible factor associated with pathogenesis is the genetic one that influences immune function. Familial lichen planus occurs mainly in younger patients and can sometimes present extensive clinical forms. This analysis shows certain characteristics, sometimes atypical.

Conclusion: The study of familial cases of oral lichen planus is important to better observe the clinical aspects and evolution, to evaluate the therapeutic response and prevent complications. The familial oral lichen planus can also be associated with a higher risk of progression to malignancy.

Keywords: familial oral lichen planus



PP-06

**Topical Corticosteroid Treatment of Oral Lichen Planus:
Presentation of Two Cases**

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Objective: Oral lichen planus (OLP) is a chronic inflammatory disease. While OLP lesions are often asymptomatic, common symptoms include spontaneous soreness, severe pain that can interfere with eating, speaking and swallowing. Clinically, OLP typically presents as white papular lesions and a reticular pattern of slightly elevated white lines. Erosive and ulcerative lesions may also be observed. These lesions can occur on buccal mucosa, tongue, lips or gingiva and are often bilateral or symmetrical.

Case: A 53-year-old female patient was referred to our Department of Oral and Maxillofacial Surgery with a chief complaint of persistent gum pain, redness, and bleeding for one year. Clinical examination revealed erythematous areas and reticular white lace-like lesions on both mandibular and maxillary anterior gingiva and vestibular mucosa. Our second case involves a 51-year-old female patient presenting with similar symptoms. The treatment plan for both cases included topical corticosteroid therapy administered using custom dental trays. In this poster presentation, we aim to present these two cases, highlighting the different outcomes observed.

Conclusion: Oral lichen planus (OLP) is an oral potentially malignant disorder with a malignant transformation risk of 0.44% to 2.28%. Therefore, symptomatic management and regular surveillance of these patients are of critical importance. Topical corticosteroids are the mainstay of treatment for OLP, as they effectively reduce inflammation and alleviate symptoms. However, in some patients with persistent OLP, topical corticosteroid treatment may be insufficient. In such cases, the injection of a high concentration of corticosteroids directly into the lesion may serve as an alternative treatment option.

Keywords: Oral Lichen Planus, Corticosteroids

PP-07

Unusual Presentation of Oral Lichen Planus - A Case Report

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Objective: Oral lichen planus usually has typical oral presentation and the diagnosis is frequently established without histopathological analysis.

Case: A 49-year-old male patient was referred to our department because of palatal erythema. The lesion was asymptomatic and present for one month. His medical history was unremarkable. He denied recent antibiotic intake, dry mouth, and use of any herbal preparations. A clinical examination revealed erythema of the palate on the gingival areas of the upper jaw and in the central part of the palate, without affecting the entire surface of the palate. A mild erythema was also noticed in the lower jaw papillae, together with the presence of plaque deposits. A diagnosis of chronic atrophic candidiasis was suspected. The patient received miconazole gel and was advised to stimulate salivation. At the control examination after one month, clinical finding was stationary. A biopsy sample was taken for histopathological analysis. Histopathological finding revealed “acanthotic, parakeratotic multi-layered squamous epithelium, accentuated rows, reactively changed epithelium in the basal and parabasal layers. The epithelium only shows proliferative activity parabasally, and p16 is negative. Dysplasia is not found.” Histopathological finding could fit into oral lichen planus. The patient was given antiseptic solution and corticosteroid ointment for topical application and the lesions improved. On one of the following control examinations, discrete hyperkeratotic lesions, consistent with oral lichen planus, appeared on gingiva and buccal mucosa.

Conclusion: Rare clinical presentations of oral lichen planus can be misdiagnosed or undiagnosed. A close follow-up of the patient is necessary.

Keywords: Oral lichen planus, palatal erythema



PP-08

**Pemphigus Vulgaris of The Oral Mucosa:
A Case Report Highlighting The Potential for Significant Diagnostic
and Therapeutic Flaws**

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Objective: A variety of topical and systemic conditions of diverse etiopathogenesis, including neoplastic and autoimmune diseases, may present as oral ulcers. Precise diagnosis of oral ulcerative conditions is always a prerequisite to their successful management, but, due to overlapping clinical features and/or lack of familiarity with diagnostic nuances, significant challenges may arise. Our aim is to report a case of pemphigus vulgaris (PV), in which diagnostic confusion resulted in delayed diagnosis and significant morbidity.

Case: A 57-year old male, non-smoker and otherwise healthy, was referred for evaluation of painful oral ulcers of approximately 8 months duration, initially misdiagnosed as aphthae. Following a tongue biopsy 4 months ago, a diagnosis of oral squamous cell carcinoma was made and the patient underwent wide surgical excision and neck dissection. However, diffuse painful oral, including tongue, ulcers persisted. On clinical examination, multiple ulcers with irregular border were seen on the buccal mucosa, upper and lower lips, palate and tongue, along with a positive Nikolsky sign. Representative biopsies of perilesional mucosa showed typical features of PV on histopathologic examination and direct immunofluorescence. Treatment with prednisolone (50mg daily with tapering) resulted in rapid and significant improvement. The patient has been under close follow-up for the last 6 months and PV remains in total remission; there is also lack of any signs of oral premalignant or malignant lesions.

Conclusion: Expertise in clinical oral medicine and oral pathology is necessary in order to avoid delays or fallacies in diagnosis and successful management of oral ulcerative conditions, including PV.

Keywords: Pemphigus Vulgaris, Case report, Diagnostic confusion

PP-09

Arteriovenous Malformation in Corpus Mandible: Case Report

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Objective: Arteriovenous malformations (AVMs) are vascular anomalies consisting of direct connection of abnormal vascular channels between arteries and veins. AVMs can be seen congenitally or as a result of factors such as trauma. The aim of this case report is to present a case of AVM affecting the left mandibular corpus vestibular region.

Case: A 17-year-old male patient applied to our clinic for a routine examination. It was learned that there was no systemic diseases in the anamnesis. The patient did not have any symptoms or complaints at that time. A radiolucent lesion was observed in the left mandibular corpus region on the panoramic radiograph taken after the intraoral examination and CBCT was obtained for detailed evaluation. It was observed that the mandible invaginated lingually in the buccal region of the teeth number 35 and 36 on the left side of the mandible, in an area approximately 24 mm long and 8 mm deep. No trabecular bone was observed in the relevant area. Incisional biopsy was performed and the pathology result was AVM. In this case, excessive bleeding during the biopsy and radiographic findings brought us closer to the diagnosis of AVM.

Conclusion: AVMs can be dangerous due to their potential for excessive bleeding and they can remain undiagnosed until dental procedures such as tooth extraction, incisional/excisional biopsy. As a result, vascular lesions should also be taken into consideration in radiolucent lesions seen in the posterior region of the mandible and further examinations should be performed.

Keywords: arteriovenous malformations, mandible, CBCT



PP-10
**Removal of Unresorbed Alloplastic Bone Graft Material as
a Foreign Body in the Maxilla - 3 Case Reports**

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Objective: Bone grafts commonly used in oral surgery are divided into four main categories: autograft, allograft, xenograft, and alloplastic grafts. Alloplastic grafts consist of synthetic materials and are frequently preferred for bone augmentation. However, the long-term biocompatibility and resorption status of such grafts may pose a problem in some cases. In this case series, the treatment of non-resorbed alloplastic bone grafts thought to be foreign bodies is reported.

Case: Three patients applied to our clinic with complaints of gingival redness, swelling, and pain average 5 years after oral surgeries. After taken anamnesis, it was understood that alloplastic bone grafts were used for maxillary bone augmentation after implant surgery/apical root resection. Radiopaque foreign bodies were detected in dental tomography and removed under local anesthesia. Histopathological examination concluded that these foreign bodies were non-resorbed alloplastic bone grafts. Two of the cases were male and one was female. All patient were in good general health and hadan uncomplicated recovery.

Conclusion: Although alloplastic bone grafts are frequently preferred materials in oral surgery, they may cause complications such as non-resorption in the long term. This case series highlight the potential risks of alloplastic grafts. Long-term follow-up of such cases is important in preventing and treating complications

Keywords: Alloplastic graft, oral surgery, bone augmentation

PP-11

Diagnosing Cowden Syndrome Via Oral Lesions: A Case Report

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Objective: Cowden syndrome(CS), or multiple hamartoma syndrome, is a rare autosomal dominant disorder caused by mutations in the PTEN(phosphatase and tensin homologue) gene, vital for cellular regulation. This mutation results in a range of clinical manifestations, including hamartomatous mucocutaneous lesions and a higher risk of malignancies in organs such as the breast, thyroid, endometrium, and gastrointestinal tract. Early detection of oral manifestations is crucial for timely diagnosis and intervention.

Case: We describe a 54-year-old male presenting with asymptomatic papules on the lip mucosa, bilateral buccal mucosa, and retromolar regions, along with a pebble-like appearance on the tongue and hard palate due to multiple discrete papules. The patient had no significant medical history, medication use, or allergies. Laboratory tests were normal. A biopsy of an oral lesion from the lower lip confirmed a papilloma, with negative results of testing for high- and low-risk human papillomavirus(HPV) types. These clinical and histological findings were indicative of CS, leading to referrals for comprehensive evaluations by specialists in gastroenterology, dermatology, endocrinology, ophthalmology, and otolaryngology. Except for a hyperplastic polyp found and removed during colonoscopy, all evaluations were unremarkable. The patient was subsequently referred for genetic counseling and further systemic assessment.

Conclusion: Oral mucocutaneous lesions may be early indicators of CS, often preceding more serious systemic manifestations. Early recognition of these signs is vital for diagnosis, monitoring, and risk management. Patients and their families should be educated about the disease course and the importance of regular, multidisciplinary follow-up.

Keywords: Cowden syndrome, Oral manifestations, Genodermatoses



PP-12

**Diagnostic and Therapeutic Considerations of Riga-Fede Disease.
Presentation of Challenging Case**

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Objective: Riga-Fede Disease (RFD) is a benign reactive lesion representing a distinct form of chronic traumatic ulcer in infancy, due to irritation by lower primary incisors. Although the clinical presentation is typically characteristic, diagnostic concerns and therapeutic challenges may arise. This study aims to present a case of RFD focusing on diagnostic approach and management.

Case: An 11-month-old male infant was referred for evaluation of a tongue lesion associated with bleeding episodes of 4 months duration. Clinical examination revealed extensive ulceration of the tip and anterior ventral surface of the tongue, in close proximity to primary lower incisors. With a clinical diagnosis of a chronic traumatic ulcer, smoothing the incisal edges of the teeth was recommended and topical corticosteroids and healing agents were prescribed. Due to clinical aggravation of the lesion after two weeks, an incisional biopsy was performed, revealing an extensive mixed inflammatory infiltrate with numerous eosinophils; immunohistochemical analysis for CD30 was negative. The final diagnosis of RFD was made and the patient was referred to a specialized pediatric dentist; restoration of sharp edges of the lower incisors with composite resin resulted in significant regression of the lesion within two weeks.

Conclusion: RFD is typically diagnosed solely on the clinical findings of a solitary ulcer on the anterior tongue associated with adjacent natal or neonatal lower incisors. However, a biopsy may become necessary to confirm the diagnosis in persistent and/or severe cases. Addressing the mechanical causative factor, ideally in collaboration with a pediatric dentist, may be also challenging.

Keywords: Riga-Fede Disease, chronic traumatic ulcer, primary incisors

PP-13

Mouth and Genital Ulcers with Inflamed Cartilage (MAGIC) Syndrome or Behçet's Disease? A Diagnostic Challenge

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Objective: Mouth and genital ulcers with inflamed cartilage (MAGIC) syndrome is a rare condition presents with symptoms including orogenital ulceration and relapsing polychondritis. Diagnosing MAGIC syndrome can indeed be quite challenging, particularly due to a complex presentation and overlapping symptoms with Behçet's disease (BD). It was noticed that BD is often the initial assumed diagnosis.

Case 1: A 32-year-old female was referred to Bechet's clinic with a 5-year history of recurrent oro-genital ulceration, chondritis, intense headaches, fatigue, and poor quality of sleep. Examination revealed two small ulcers on the lateral side of the tongue. Genital examination revealed evidence of scarring of previous ulceration.

Case 2: A 58-year-old female with underlying co-morbidity hypertension, and hypothyroidism. She was referred by Rheumatology with recurrent oro-genital ulceration and polychondritis. She had a background history of arthralgia and occasional skin lumps. Examination revealed a few oral and genital ulcers with no evidence of scarring.

Case 3: A 67-year-old male who had a history of recurrent oral ulceration. He was diagnosed with relapsing polychondritis and had peripheral axonal neuropathy. On examination, there was evidence of oral scarring and scattered skin rash.

Case 4: A 27-year-old female had a 4-year history of recurrent oro-genital ulceration. Oral ulcers were noticed to coincide with joint pain and swellings affecting the knees and the fingers, with episodes of red and swollen ears.

Conclusion: Patients with orogenital ulcers require detailed history taking, thorough clinical evaluation, and possible genetic and immunological investigations to differentiate between the two conditions to enable their appropriate management.

Keywords: MAGIC syndrome, Behçet's disease, challenges in the diagnosis



PP-14
A Rare Case Of Intraoral Epidermoid Cyst

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Objective: Epidermoid cysts are benign lesions which arise from germinative epithelium and can appear anywhere on the body, mostly in the testicles, ovaries, hands and feet. Intraoral epidermoid cysts are very rare and account for less than 0.01% of all oral cystic lesions. The most common oral site of epidermoid cyst is floor of the mouth but several cases involving the lips and buccal mucosa have been reported in the literature.

Case: A 68-year old woman was referred to the Department of Oral Medicine, School of Dental Medicine, University of Zagreb, Croatia, due to painless, swelling of the right side of the upper lip for many years. There is no history of trauma of the affected area. Medical history of the patient included gastroesophageal reflux disease and gastritis. She was taking pantoprazole on a daily basis. On clinical examination, a whitish, solitary lesion on the labial mucosa of the upper lip, the size of a grain of rice, and movable on palpation was presented. Under local anaesthesia, surgical excision of the lesion was performed. Histopathological examination of the specimen showed cystic cavity lined with stratified squamous epithelium with keratin scales inside lumen. Histopathological findings were suggestive of epidermoid cyst. No signs of recurrence four months after surgery.

Conclusion: Although the appearance of epidermoid cysts in the oral cavity are extremely rare, they must be included in the differential diagnosis of swelling.

Keywords: epidermoid cyst, upper lip

PP-15

Oral Keratotic Lesions-Diagnostic, Treatment and Relapses in 14 Years of Evolution. A Case Report

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Objective: Oral leukoplakia (OLK) is a potentially malignant lesion with an unpredictable evolution in time. We report a clinical case of OLK with a long term follow-up.

Case: A 60-year-old former smoker female patient reported to the outpatient department of Oral Medicine was diagnosed by clinical criteria as oral lichen planus. The reticular lesions of the bilateral buccal mucosa remitted in 2 years but a histopathological examination revealed that the new hard palate white lesion diagnosed non dysplastic OLK. A whitish plaque on the right ventral tongue was discovered three years after the initial visit, and diagnosed as mild and severe dysplasia. It was surgically removed. New palatal lesions that exhibited the clinical features of oral lichen planus the following year, and they were identified histopathologically compatible with oral lichen planus. After a year, the tongue lesion changed the clinical appearance from homogeneous to speckled, with a 3 mm ulcer. and the histopathological diagnosis was carcinoma in situ. Tumoral infiltration was not found during the laterocervical lymph nodes removal. Annual MRI evaluations revealed no evidence of tumor invasion. Over the next 10 years, the lesions of the tongue reappeared once with ulcerative aspect and twice with proliferative aspect and were surgically removed. The histopathology was variable from mild to severe dysplasia and oral carcinoma.

Conclusion: The events that induced transformation of OLK lesions to carcinoma are unknown and the only thing that healthcare providers can do is to follow the guidelines and monitor these patients for the rest of their life.

Keywords: Oral leukoplakia, dysplasia, malignant transformation



PP-16

Long Term Follow-Up in Patients with Proliferative Dysplasia

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Objective: Leukoplakia and erythroplakia are two entities under the moniker of oral potentially malignant disorders that are highly associated with the presence of oral epithelial dysplasia (OED) at first biopsy, while lesions of submucous fibrosis develop OED after being present for years. Leukoplakia which has a prevalence of 1–4% of the population, is defined as a white plaque of questionable risk having excluded other diseases or disorders that carry no increased risk for cancer. Proliferative verrucous leukoplakia is considered a subset of non-homogenous leukoplakia and is characterized by relentlessly progressive, multifocal leukoplakias, or a large leukoplakia at a single site or at contiguous sites.

Case: The cases included in this report were those who applied to our clinic with a preliminary diagnosis of proliferative leukoplakia and had moderate or severe dysplasia as a result of biopsy or developed SCC in the long term. In addition to the clinical appearance, VelScope and toluidine blue were used to assist in preliminary diagnosis. After the first biopsy result, all lesions seen in the patients were excised, and lesions with dysplasia were followed up every month and then every 3 months, and newly seen suspicious lesions were excised again.

Conclusion: After the initial diagnosis of dysplasia, all of these patients should be kept under constant follow-up, patients should be made aware of their oral lesions, and any new suspicious lesions seen during follow-up should be excised to prevent malignant transformation.

Keywords: leukoplakia, malign transformation, dysplasia

PP-17

Surgical and Orthodontic Management of Compound Odontoma: Case Report with Three-Year Follow-Up

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Objective: Odontomas are hamartomas that occur predominantly in the first two decades of life. It is usually associated with an impacted permanent tooth leading to delayed eruption or deflection of the adjacent tooth. The present report describes the surgical and orthodontic management of compound odontoma with impacted central incisors.

Case: A 7-year-old male patient came with a concern of unerupted permanent anterior teeth. He gave a history of natural exfoliation of deciduous incisors four months before. Examination revealed unerupted 11 and 21 with a painless mild expansion of the palatal plate on the anterior rugae region. Cone beam computed tomography revealed two radiopaque masses distal to 11 and one distal to 21 and all were palatally placed. Routine blood investigations done were well within normal limits. The case was provisionally diagnosed as compound odontome. Three denticles were removed along with the capsule using a full-thickness palatal flap under general anesthesia. The flap was secured with interrupted sutures using Vicryl. The patient was followed up after one week and had no postoperative complications. After 12 months, teeth 11 and 21 had begun to erupt. The patient has been undergoing orthodontic treatment and has been under follow-up for the past three years.

Conclusion: An early diagnosis of the maxillary central incisor impactions with surgical removal of odontomes is helpful in the spontaneous eruption of the impacted maxillary central incisors. If the impacted tooth is diagnosed later in a stage where the root apex has closed, it will lose its potential to erupt.

Keywords: Odontoma, Hamartoma, Impacted tooth



PP-18

Compound Odontoma in Maxilla: Case Report

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Objective: Odontomas are the most common type of odontogenic tumors of the oral cavity and generally they are asymptomatic. Odontomas may present in two different types; compound odontoma forms multiple variably sized tooth-like structures, while complex odontoma forms an amorphous calcified mass. The aim of this case report is to present a case of compound odontoma in the left maxillary premolar region.

Case: A 52-year-old female patient was referred to our hospital from another clinic for evaluation of a radiopaque lesion in the left maxillary premolar region on panoramic radiography. The patient did not have any symptoms or complaints at that time. CBCT was obtained for detailed evaluation and a lesion of 16x14x13 mm in size, which has areas of enamel and dentin opacity in its internal structure with radiolucent foci, causing slight expansion in the buccal and palatal cortex is observed. Excisional biopsy was performed and the pathology result was compound odontoma. In this case, the radiopaque appearance of the well defined lesion containing tooth-like structures in the tomography image brought us closer to the diagnosis of compound odontoma.

Conclusion: The correlated clinical problems of odontomas are delayed eruption or impaction of teeth, displacement of teeth and roots, root resorption, congenital missing and widening of follicular space. As a result, in the presence of a radiopaque lesion, odontomas that may affect the surrounding teeth and tissues should not be overlooked and biopsy with advanced imaging methods should be used for a definitive diagnosis.

Keywords: compound odontoma, maxilla

PP-19

Ossifying Fibroma, a Rare Lesion of the Maxilla: A Case Report

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Objective: Ossifying fibroma is a benign fibro-osseous neoplasm arising from the periodontal ligament. Clinically, small OF lesions are often asymptomatic and discovered incidentally, whereas larger lesions may present as painless swellings, leading to facial asymmetry, bony expansion, and dental displacement. This case report aims to underscore the importance of early recognition and accurate diagnosis of similar cases, emphasizing the critical need for timely intervention and appropriate management strategies to optimize patient outcomes.

Case: A 45-year-old female patient presented to the Oral and Maxillofacial Surgery Clinic at Istanbul Kent University with a complaint of a slowly enlarging mass in the left upper molar region. Her primary concerns included facial asymmetry, malocclusion, and difficulties with nutrition. The case was managed with complete surgical excision following meticulous preoperative radiological assessment. Histopathological examination of the excised tissue confirmed the diagnosis of ossifying fibroma.

Conclusion: Ossifying fibromas are rare benign tumors of the maxilla. Since they are clinically asymptomatic, aesthetic issues and local dental problems often present as the initial symptoms. Regardless of the treatment method to be applied, it is crucial to eliminate any possible etiological factors. Most lesions should be treated conservatively with surgical excision to minimize facial deformity and functional loss. Complete removal of the lesion is essential to prevent recurrence.

Keywords: fibro-osseous lesion, maxilla, ossifying fibroma



PP-20
**Peripheral Ossifying Fibroma in Posterior Mandible:
Case Report**

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Objective: Peripheral ossifying fibroma (POF) is a reactive lesion that originates in the gingiva and is characterized by the deposition of bone, cementum-like material or dystrophic calcification. It is most commonly found in the anterior maxilla. It is more common in females and in the second to fourth decades. The aim of this case report is to present a patient who was admitted to our clinic with the complaint of swelling in the gingiva of posterior mandible.

Case: A 38-year-old male patient applied to our clinic with the complaint of an asymptomatic swelling which gradually increased in size during previous 1.5 years in the gum in the posterior region of the left mandible. Patient did not have any systemic condition. Intraoral examination revealed a solitary, pedunculated mass with a smooth pink coloured surface in the posterior region of the left mandible and residual tooth roots were observed in the area. Intraoral periapical radiograph showed the radiopaque foci in the lesion area. Excisional biopsy was performed and pathology result was POF. In this case, the clinical and intraoral findings and radiopaque foci we observed on the periapical radiograph brought us closer to the diagnosis of POF.

Conclusion: POF presents as a localized overgrowth on the gingiva. These growths have generally been considered reactive rather than neoplastic. This lesion usually manifests in the anterior maxilla in females however in this case report POF was diagnosed in the posterior mandible of a male patient.

Keywords: Peripheral ossifying fibroma, mandible, CBCT

PP-21

Clinical Features and Diagnostic Challenges in Orofacial Granulomatosis: A Case Series

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Objective: Orofacial granulomatosis (OFG) is a rare chronic granulomatous inflammatory condition affecting the oral and perioral regions. The precise aetiology and pathogenesis of OFG remain unclear, with genetic, immunologic, environmental, and infectious factors being suggested. OFG includes variants such as Melkersson-Rosenthal Syndrome (MRS) and granulomatous cheilitis of Miescher (GCM). This study presents a series of OFG cases, focusing on medical history and diverse clinical manifestations.

Methods-Results: Patients were referred to our clinic with the chief complaint of facial swelling. Clinical examination revealed various presentations, including recurrent/persistent swelling of the lip (which may affect one or both lips, one or both sides, with or without fissuring), swelling of the cheek (both extra- and intraorally), perioral erythema, erythematous/hyperplastic gingivae, fissured tongue, cheilitis, and unilateral facial palsy. The lips were the most frequently affected site. Histopathologic examination showed the presence of non-specific granulomatous inflammation. After a definitive diagnosis of OFG was made, considering the clinical orofacial features and excluding possible local or systemic granulomatous disorders, patients were referred to the department of oral and maxillofacial surgery for further management.

Conclusion: The diagnosis of OFG can be challenging for oral healthcare providers due to the overlap of its clinical and histopathological features with various systemic diseases and local conditions that may present with similar oral lesions. The treatment is mostly symptomatic, aiming to control acute disease and restore function and aesthetics. Intraoral lesions are typically treated with topical corticosteroids, while intralesional corticosteroid injections are the preferred therapy for labial and facial swelling.

Keywords: Orofacial Granulomatosis



PP-22

Recurrent and Second Primary Oral Squamous Cell Carcinomas in a Patient with Proliferative Leukoplakia: Presentation of a Challenging Case

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Objective: Proliferative Leukoplakia (PL) an oral potentially malignant disorder (OPMD) characterized by multifocality, relentless growth, frequent recurrence and a high risk of malignant transformation into oral squamous cell carcinoma (OSCC). The aim of this report is to present a patient with PL that developed two primary OSCCs in a period of two years following initial diagnosis.

Case: A 58-year-old female, former smoker with a history of psoriatic arthritis and a previous diagnosis of oral lichen planus, presented with multiple intraoral white plaques, some showing erythematous areas and others white striations at the periphery. Representative biopsies from a white plaque at the right posterior mandibular alveolar mucosa, an erythroplakia at the right buccal mucosa and a white plaque with verrucous surface at the right posterior maxillary alveolar mucosa revealed moderate epithelial dysplasia, Ca-in-situ and well differentiated OSCC, respectively; the latter two were treated with complete surgical excision. During follow-ups, several new or recurrent leukoplakic lesions of varying dysplasia were biopsied and excised; a recurrence of the OSCC of the right maxilla developed after approximately 1.5 years and surgically managed. About 3.5 years from initial examination, a white-and-red lesion located at the anterior mandibular gingiva was biopsied. Diagnosis was moderately well differentiated OSCC that was further treated with complete surgical removal. The patient remains under monthly follow-ups.

Conclusion: PL is an OPMD with aggressive biologic behavior, requiring close monitoring and timely management of suspicious lesions to reduce risk of malignant transformation and ensure early detection of OSCC development.

Keywords: Proliferative Leukoplakia, oral potentially malignant disorder, oral squamous cell carcinoma

PP-23

Multiple Oral Squamous Cell Carcinomas: A Case Report Highlighting the Potential Role of Field Cancerization

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Objective: The concept of Oral Field Cancerization (OFC) refers to the presence of a broad field of genetically altered oral mucosa, possibly as a result of diffuse exposure to carcinogens. OFC may explain the higher risk for multifocal oral potentially malignant disorders (OPMDs), as well as for recurrences and second primary tumors (SPTs) in patients with Oral Squamous Cell Carcinoma (OSCC). Our aim is to present a case of multiple metachronous OSCC and to discuss the potential role of OFC.

Case: A 58-year old non-smoker female patient, under treatment with infliximab due to psoriatic arthritis, presented initially with a painful ulceration on the gingiva of the left posterior mandible, proved histopathologically to be a well differentiated OSCC and treated with partial mandibulectomy and radiotherapy. During the next 5 years, the patient developed several leukoplakias (of moderate to severe dysplasia) on the area of the previous SCC, as well as on the left buccal and palatal mucosa, and the left lateral tongue. In addition, 3 metachronous OSCC (well to poorly differentiated) arose, located on the left anterior and posterior tongue and the tonsillar area, respectively, the latter one while on nivolumab treatment. Following treatment of the SPTs, the patient remains free of disease, but under a very close monthly follow up.

Conclusion: OFC theory explains the tendency for development of multiple OSCC. Molecular investigation of clinically or even microscopically normal oral mucosa adjacent to the tumor may help identify genetic and epigenetic alterations, providing helpful prognostic markers and therapeutic targets.

Keywords: oral field cancerization, multifocal oral potentially malignant disorders, second primary tumors



PP-24
**Squamos Cell Carcinoma Around Maxillary Dental Implants:
A Case Report**

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Objective: Squamous cell carcinoma (SCC) is the most common malignant tumor in the head and neck region, frequently occurring in the oral cavity. It typically presents as a non-healing, painless, indurated ulceration. Treatment strategies vary depending on the tumor size and stage, with surgery often being the primary approach, supplemented by radiotherapy or chemotherapy. This case report aims to emphasize the crucial importance of regular post-implant follow-ups for the early detection and management of malignancies that may develop in proximity to dental implants.

Case: A 71-year-old female patient, who had maxillary implants placed eight months ago, noticed thread exposure and a progressively enlarging lesion on the palate four months post-implantation. The non-smoking patient, with a history of controlled Type II diabetes and hypertension, was referred to our clinic for further evaluation. Intraoral examination revealed an exophytic, verrucous, firm, and fixed lesion extending from the upper right central region toward the molar area, reaching the midline of the hard palate. Panoramic imaging demonstrated bone loss around the affected implants. Given the lesion's characteristics, an incisional biopsy was performed, confirming SCC. The patient subsequently underwent a hemi-maxillectomy, and the postoperative healing process was uneventful.

Conclusion: Early detection and intervention are essential for improving outcomes for oral cancer patients. Lesions that persist beyond two weeks, particularly in the absence of etiological factors, should be thoroughly evaluated for malignancy. Regular follow-up after implant procedures is crucial for monitoring and detecting any pathological changes.

Keywords: Squamous cell carcinoma, oral mucosa, dental implants

PP-26

**Diagnosis and Management of Medication-Related Osteonecrosis of the Jaw (MRONJ)
Following Dental Implant Surgery in a 79-Year-Old Male:
A Case Report**

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Objective: Denosumab is a human monoclonal IgG2 antibody that induces changes in bone by inhibiting the differentiation and function of osteoclast precursor cells. As an anti-resorptive medication, it can potentially lead to medication-related osteonecrosis of the jaw (MRONJ). This case describes the diagnosis and treatment approach of osteonecrosis that developed after dental implant surgery in a 79-year-old male patient who was treated with subcutaneous denosumab (anti-resorptive agent) for prostatic adenocarcinoma. The importance of these cases in the field of dentistry is also discussed.

Case: A 79-year-old male patient presented to our clinic with complaints of exposed bone in the mandibular symphysis region, purulent discharge, and gingival bleeding. The patient has a history of prostate adenocarcinoma and had received treatment with X-Geva(denosumab), Eligard and Taxotere. It was also noted that the patient underwent dental implant surgery during the period of these medications. When the patient's serum CTX levels exceeded 100, and with oncology approval, the patient was taken to surgery under sedation. During the procedure, the necrotic bone along with three dental implants was removed, and the wound was closed with primary sutures.

Conclusion: In patients receiving anti-resorptive medications such as denosumab, any procedure that could reduce or impair vascularity and expose the bone. At this point, the clinician's awareness of MRONJ and preoperative evaluation are crucial for preventing the condition and for the diagnosis and management of the disease.

Keywords: anti-resorptive agent, osteonecrosis, MRONJ



PP-27

**Diagnosis and Management of Biphosphonate-induced Osteonecrosis of the Jaw(BRONJ)
in a 62-year-old woman: A Case Report**

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Objective: Bisphosphonates are non-metabolizable synthetic analogues of endogenous inorganic pyrophosphates that regulate bone mineralization. Bisphosphonates, which act by inhibiting osteoclasts, are currently used in the treatment of hypercalcemia due to breast, prostate and lung cancers and many diseases related to bone metabolism, as well as in the treatment of osteoporosis. The use of the drug may cause osteonecrosis of the maxilla and mandible. This case report describes the diagnosis and management of bisphosphonate-induced osteonecrosis (BRONJ) in a 62-year-old woman.

Case: A 62-year-old woman was admitted to our clinic due to infection, pain and paresthesia at the tip of the jaw in the right mental foramen of the mandible for 2 months. In the anamnesis, it was learned that she used oral bisphosphonate for 2 years and subcutaneous denosumab for 1 time. As a result of the clinical and radiographic examinations, it was seen that BRONJ developed in the relevant region and a pathological fracture occurred. The bone sequestrum in the mandible was removed and open reduction of the fracture was performed and a reconstruction plate was placed. The area was closed with primary closure and the patient was followed up prognosis was positive.

Conclusion: Dentists and oncologists should work together to educate patients about oral hygiene before the administration of antiresorptive drugs in order to prevent side effects of antiresorptive drugs. The dentist should be knowledgeable about BRONJ, and when osteonecrosis develops, the treatment approach should be determined according to the degree of progression of osteonecrosis.

Keywords: BRONJ, Osteonecrosis, Fracture

PP-28

Age, sex, Employment, BMI Are Not Important Predictor Variables for The Effectiveness of TMD's Treatment by Physiotherapeutic Methods

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This study investigated the importance of a number of variables as predictor variables in the outcome of treatment of TMD's patients' using physiotherapy modalities of treatment.

A total of 60 patients were included in the study, who were randomly treated by 2 different physiotherapy techniques.

Determinants of TMD's were measured according to well established scales such as: VAS, Disability index questionnaire, JFL scale, Oral Behavior Checklist and HDCI scale.

Measurements were carried out before and after treatment. Measurement values after the treatment were subtracted from those before the treatment. This difference indicated effectiveness of the treatment.

A regression model was built to investigate the factors of: age, sex, employment, height, weight and BMI. Regression models indicated that these factors were not significant predictor variables for the effectiveness of treatment of TMD's.

Keywords: Tempromandibular disorders, physiotherapy



PP-30

Distributions and Frequencies of Oral Mucosal Lesions

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Objective: The objective of this study is to identify the distribution and types of oral mucosal lesions (OML) and to provide current data on their frequency.

Materials-Methods: The study cohort comprises individuals who sought treatment at the Istanbul Okan University, Faculty of Dentistry, between 2021 and 2024, and underwent clinical evaluations. A total of 19,243 individuals were assessed by two radiologists. A total of 19 different OMLs were evaluated within the scope of the study and classified into three categories: benign (e.g., homogeneous leukoplakia, reticular lichen planus), potentially malignant (e.g., non-homogeneous leukoplakia, erosive lichen planus), and malignant (e.g., squamous cell carcinoma). Demographic information, smoking habits, presence of systemic diseases, and medication usage were documented, along with the location of the OMLs and the preliminary diagnosis.

Results: The analysis included 119 individuals (52 female, 67 male) with a mean age of 47 years (range: 18-89). Of these, 80 individuals had systemic diseases, while 39 were healthy; 83 individuals were smokers, and 36 were non-smokers. The most frequently observed OML was homogeneous leukoplakia (20%, n=25), followed by erosive lichen planus (15.1%, n=18). The right buccal mucosa was the most common site of OML localization (26.8%, n=32), whereas the least common site was the upper lip (0%).

Conclusion: OMLs were found throughout the mouth, with the buccal mucosa most commonly affected. These findings highlight the importance of thoroughly examining all oral regions to ensure early detection and improve patient outcomes.

Keywords: Oral mucosal lesions, Oral potentially malignant lesions, Leukoplakia

PP-31

Study on The Prevalence of Oral Mucosa Diseases in A Romanian Dental Practice

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Objective: The aim of the present study was to analyze the oral mucosa diseases in the general population.

Material-Methods: A group of patients was selected from a dental practice in Rosiori de Vede (city of Romania) and a thorough examination of the oral mucosa was carried out. Anamnestic data on present and previous oral mucosa complaints, systemic diseases and information on oral hygiene were collected together with the written consent to participate in this study. Oral mucosa conditions and DMFT index (decayed, missing, and filled permanent teeth) were recorded.

Results: Seventy participants with an average age of 32.98 years were included in the present study. Of these, 48.6% came from the rural area and 51.43% from the urban area; 60% were women and 40% were men. 34.28% of participants were smokers and 65.72% were non-smokers and 50% of people aged 40-49 years were smokers. Most patients (84.29%) reported using mouthwash, followed by flossing (54.29%) and interdental brushing (20%). The mean value of the DMFT index among study participants was 8.74. 25 of the participants (35.7%) had changes and/or lesions of the oral mucosa. The oral conditions observed in 18 cases were normal variations of the oral mucosa such as: linea alba, geographic tongue, fissured tongue or coated tongue and the remaining 7 cases had oral lesions such: papillomas, traumatic ulcers and gingival hyperplasia.

Conclusion: The prevalence of oral mucosal diseases is variable and requires appropriate education and management of these lesions in the general population.

Keywords: Oral conditions, oral diseases, prevalence



PP-32

**Porphyromonas Gingivalis: Is There A Connection Between
The Oral Carcinoma and The Bacterial Quantity?**

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Objective: Porphyromonas gingivalis is a red complex pathogenic bacterium, commonly isolated from periodontal pockets and is responsible for periodontal destruction. One of its main pathogenic mechanisms is tissue invasion with subsequent deterioration. An abundance of evidence suggests the occurrence of P. gingivalis in oral squamous cell carcinoma (OSCC), but the mere presence of the bacteria does not necessarily implicate it as a causative factor. The aim of the study was to evaluate the presence and the quantity of P. gingivalis in different oral mucosal lesions.

Materials-Methods: In total, 90 patients were included in the study: 30 with benign lesions (BL), 30 with oral potential malignant disorders (OPMDs), and 30 with OSCCs. After performing surgical biopsies and DNA extraction, Taqman-based real-time PCR was performed to detect P. gingivalis in the lesions and the relative bacterial quantity was calculated as normalized against GAPDH.

Results: P. gingivalis was identified in 21 benign lesions (70%), 24 OPMDs (80%), and 27 OSCCs (90%). A significant difference in bacterial quantity was observed between OSCCs (18.28 ± 28.57) and benign lesions (1.31 ± 1.85) ($p = 0.045$) and between OSCCs and OPMDs (4.5 ± 14.18) ($p = 0.029$).

Conclusion: The findings of the present study indicate the presence of a substantial quantity of P. gingivalis in OSCC samples compared to the other two groups. These results might implicate the mentioned microorganism's role in oral carcinogenesis.

Keywords: Porphyromonas Gingivalis, OPMD, Oral carcinoma

PP-33

Oral Manifestations and Self-Reported Oral Signs and Symptoms in Inflammatory Bowel Disease Patients

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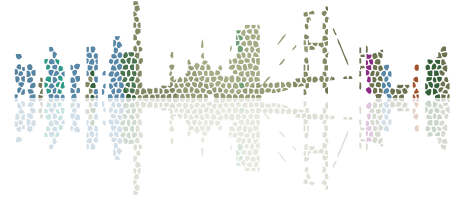
Objective: Determining the prevalence of oral manifestations and oral signs and symptoms in inflammatory bowel disease (IBD) patients.

Materials-Methods: A total of 71 IBD subjects (37 Crohn's disease (CB) and 34 ulcerative colitis (UC) subjects) and 71 healthy control subjects participated in the study. Oral examination, oral mucosa swab test and non-stimulated salivary flow test were conducted for the oral manifestations' evaluation. Subjects completed self-assessment questionnaires regarding oral signs and symptoms.

Results: Higher prevalence of atrophic glossitis ($p=0.001$, $\phi=0.275$), coated tongue ($p=0.010$, $\phi=0.234$), denture palatitis ($p=0.006$, $\phi=0.244$), candidiasis ($p=0.003$, $\phi=0.260$) and hyposalivation ($p=0.000$, $\phi=0.420$) was found in IBD subjects in comparison to control subjects. Atrophic glossitis, coated tongue, denture palatitis and candidiasis were more often in CB ($p<0.001$, $\phi=0.365$, $p<0.05$, $\phi=0.244$, $p<0.05$, $\phi=0.272$, $p<0.05$, $\phi=0.234$, respectively) and UC subjects ($p<0.05$, $\phi=0.248$, $p<0.05$, $\phi=0.234$, $p<0.01$, $\phi=0.288$, $p<0.001$, $\phi=0.356$, respectively) in comparison to control subjects. A higher prevalence of hyposalivation was found in CB ($p<0.01$, $\phi=0.309$) and UC subjects ($p<0.001$, $\phi=0.549$) in comparison to control subjects and UC subjects ($p<0.05$, $\phi=0.226$) in contrast with CB subjects. Halitosis ($p=0.046$, $\phi=0.183$) was more common in IBD than in control subjects. UC subjects more often reported xerostomia in comparison to CB ($p<0.05$, $\phi=0.305$) and control subjects ($p<0.05$, $\phi=0.205$), whilst angular cheilitis was less common in UC subjects when compared to CB ($p<0.001$, $\phi=0.410$) and control subjects ($p<0.05$, $\phi=0.225$).

Conclusion: Oral problems are common in IBD subjects suggesting the need for the inclusion of the oral medicine specialist in the prevention and treatment of IBD patients.

Keywords: Inflammatory Bowel Disease, Oral Manifestation, Symptoms and Signs



PP-34

**Complications of Topical Steroid Treatment in Oral Lichen Planus:
A Case of Oral Candidiasis Due to Overuse**

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Objective: Topical steroids are the cornerstone treatment for symptomatic oral lichen planus (OLP) due to their efficacy in alleviating pain and inflammation. However, their use may lead to side effects, such as secondary oral candidiasis (OC), influenced by factors including their potency, duration and frequency of use, and site of application. In this study, a case of OC following topical steroid therapy for OLP is presented and the importance of patient compliance in treatment is highlighted.

Methods-Results: A 78-year-old female, diagnosed with cutaneous lichen planus four months earlier, was referred to our clinic for evaluation of new oral lesions. Intraoral examination revealed erosive OLP lesions on the buccal and labial mucosae and the tongue. She was prescribed mometasone furoate 0.05% spray twice daily. At the follow-up two weeks later, pseudomembranous OC was observed on the buccal and soft palate mucosae. It was discovered that she used the medication at a higher dose and frequency than recommended. She was instructed to gargle with nystatin oral suspension (100,000 IU) four times daily, resulting in complete resolution of the OC within 14 days. The OLP lesions subsequently reverted to a reticular form with appropriate topical steroid use, and the patient remains under follow-up in our clinic.

Conclusion: The presence of secondary OC may obscure and/or exacerbate the clinical features and symptoms of OLP, potentially impeding successful management. Therefore, close monitoring of pharmacological therapy is essential, early and appropriate management of secondary OC is recommended to ensure optimal treatment outcomes.

Keywords: Topical Steroid

PP-35

Retrospective Evaluation of Clinical Profile and Comorbidities in Romanian Patients with Autoimmune Bullous Dermatoses

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Objective: To analyze the socio-demographic data of patients, evaluate the types and locations of lesions, and assess the comorbidities and medication use among these patients.

Materials-Methods: The study included 33 patients diagnosed with autoimmune bullous dermatoses who presented to the clinical service of the Oral Pathology Department between January 2020 and June 2022.

Results: Of the patients studied, 28 (85%) were diagnosed with pemphigus vulgaris and 5 (15%) mucous membrane pemphigoid. Most of the patients were female (n=24, 73%), and 67% (n=21) were married. The mean age of the study cohort was approximately 57 years. The most frequently observed lesion type was ulceration (85%), predominantly on the buccal mucosa (79% of cases, n=26). Only 12% of patients exhibited extraoral lesions. Most patients (n=16, 48%) presented within less than 3 months of disease onset. A significant proportion (n=11, 33%) had no associated systemic conditions, while 9 patients (27%) had cardiovascular diseases, and 2 patients (6%) had both renal and metabolic disorders. Additionally, 48% of patients were not on any medication, 9% were taking antihypertensives and antidiabetics, and 3% were on anticoagulants, antivirals, and antacids.

Conclusion: The study highlights the importance of accurate and early diagnosis of autoimmune bullous dermatoses through clinical and laboratory examinations, as well as the necessity of assessing and monitoring comorbidities and associated medications in these patients. A multidisciplinary approach is essential in the management of patients with autoimmune bullous dermatoses.

Keywords: autoimmune bullous dermatoses, clinical profile, comorbidities



PP-36

**Assessing the Efficacy of a Carbamide Peroxide Mouthwash for
Oral Wound Healing, Oral Hygiene and Xerostomia Relief:
A Randomized Placebo-Controlled Clinical Trial**

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Objective: This study aims to assess the efficacy and safety of a carbamide peroxide (CP) mouthwash in enhancing oral healing, improving postoperative outcomes, oral hygiene and xerostomia, following minor salivary gland biopsy (MSGB) for Sjögren's Disease (SjD) investigation.

Materials-Methods: This randomized, double-blind, controlled, single-center trial included patients over 18 years reporting dry mouth and requiring MSGB as part of the routine SjD diagnostic workup. Participants were randomly assigned to study group (SG), using CP mouthwash three times daily for 14 days, or placebo group (PG). Follow-up visits occurred on 7 (V1) and 14 days (V2). The primary outcome was oral healing, assessed by the Landry Healing Index (LHI), Early Wound Healing Score (EHS), and incision length change (ILC). Secondary outcomes included postoperative symptoms, plaque and gingival indices (PI, GI), objective and subjective dry mouth scores, quality of life and patients' satisfaction.

Results: 54 participants were randomized, with 53 analyzed. SG showed a marginally greater reduction in ILC at V1 ($p=0.05$) than PG. No significant differences were observed in LHI, EHS, or postoperative symptoms at any timepoint. The SG achieved better xerostomia relief (reporting more saliva and less difficulty speaking), alongside significant reduction in clinical dryness signs by V1 ($p<0.05$). PI and GI improved in both groups, with the SG showing significant difference by V1 ($p<0.05$). Quality of life, satisfaction, and compliance were similar. Minor adverse events were reported.

Conclusion: The CP mouthwash showed benefits in wound healing and dry mouth relief, supporting its potential role in oral care after MSGB.

Keywords: oral healing, carbamide peroxide, Sjögren's Disease

PP-37

Comparison of Smoking Conventional Cigarettes and Heated Tobacco Products on the Salivary Flow Rate and Halitosis in Healthy Adults – A Cross-Sectional Study

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Objective: The study aims to assess and compare the impact of conventional cigarettes and heated tobacco products (HTPs) on salivary flow rate (SFR) and halitosis.

Materials-Methods: The stratified cross-sectional study included 30 HTPs, 30 conventional cigarette smokers, and 30 nonsmokers. All participants were age and gender-matched. Unstimulated whole saliva was collected using the spitting method and SFR was calculated (ml/5min). Halitosis was assessed using the organoleptic method, and the intensity of odor was graded according to the Rosenberg scale (no appreciable odor; 1: barely noticeable odor; 2: slight but noticeable odor; 3: moderate odor; 4: strong odor; 5: extremely foul odor).

Results: The SFR was lower in conventional cigarette smokers (Median (IQR) 1.1 (0.65 – 1.65) mL/5min) and HTPs smokers (1.6 (0.8 -2.2) ml/5min) than nonsmokers group (2.2 (2-2.58)ml/5min; $p < 0.001$). HTPs smokers had higher SFR but without significant difference in comparison to conventional cigarette smokers. The organoleptic method and classification of halitosis according to Rosenberg revealed significant difference with large effect ($p < 0.001$; $V = 0.591$). Halitosis was recorded in 18/30 (60%) HTPs smokers and in 19/30 (63%) conventional cigarette smokers while none of the nonsmokers had halitosis. Regarding the intensity of halitosis, higher values were recorded in conventional cigarette smokers in comparison to halitosis in HTPs but without significant difference.

Conclusion: SFR and halitosis are adversely associated with smoking, regardless of the type of tobacco product.

Keywords: cigarette smoking, halitosis, saliva



PP-38

**Sjögren's Syndrome and Its Impact On Oral Mucosa,
Periodontal Status and Gingival Fluid IL-6's Levels**

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Objective: Depressed salivary flow is a common result of Sjögren's Syndrome, so clinical features include dryness of the mouth. This cross-sectional study evaluated periodontal and implant health in individuals with Sjögren's Syndrome (SS).

Materials-Methods: Clinical assessments included periodontal probing depth (PPD), clinical attachment level (CAL), bleeding on probing (BOP), and plaque index (PLQ) for both natural teeth and implants. Gingival crevicular fluid samples were analyzed for interleukin-6 (IL-6) levels. Data from both SS patients and controls were statistically analyzed.

Results: Significant differences in all periodontal parameters were found between SS patients without implants and the other groups (SS with implants and controls). However, plaque levels in SS patients with implants were similar to those in controls. Other parameters (PPD, BOP, CAL) also showed no significant differences between SS patients with implants and controls. The highest IL-6 levels were found in SS patients without implants, with significant differences compared to the other groups. No significant differences in IL-6 levels were observed between SS patients with implants and the other groups.

Conclusion: SS patients generally have poorer periodontal health than those without SS. However, those with dental implants show improved periodontal conditions, emphasizing the importance of ongoing dental care to reduce periodontal disease risk in SS patients.

Keywords: Sjögren's Syndrome, interleukin-6 (IL-6) levels, gingival crevicular fluid

PP-39

Influence of Low Zinc And Magnesium Serum Levels on Oral Chronic Graft Versus Host Disease

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Objective: To determine serum levels of Zn and Mg in patients with cGVHD in relation to severity of oral cGHVD, presence of dysgeusia and oral sensitivity.

Materials-Methods: Study included 42 cGVHD patients (50% female), median age 43,5 (range 14-66) years who underwent allogeneic HSCT and are being monitored by the multidisciplinary cGVHD team at the University Hospital Center Zagreb, Croatia. This cohort consisted of 23 patients with diagnostic signs of oral cGVHD and 19 control patients without oral cGVHD. Patients with oral cGVHD were distributed according to the disease severity in mild, moderate and severe. Measurements of serum Zn and Mg were performed by using atomic absorption spectroscopy (AAS) (Zn normal range: 9,9-17,9 $\mu\text{mol/L}$) and ion selective method (ISE) (Mg normal range: 0.65-1.05 mmol/L), respectively.

Results: All patients with oral cGVHD had dysgeusia and oral sensitivity and reduced serum Zn ($p < 0.0001$) and Mg ($p = 0.0048$) compared to control patients without oral cGVHD. Serum levels of Zn were in negative correlation with severity of oral cGVHD ($\rho = -0.568$), dysgeusia ($\rho = -0.629$, $p < 0.0001$) and oral sensitivity ($\rho = -0.486$, $p = 0.0011$). Serum levels of Mg had slightly weaker correlation with the degree of cGVHD ($\rho = -0.427$, $p = 0.0048$), dysgeusia ($\rho = -0.497$, $p = 0.0008$) and oral sensitivity ($\rho = -0.396$, $p = 0.0095$). In both cases negative correlation was moderate.

Conclusion: Lower serum levels of Zn and Mg in oral cGVHD patients could have diagnostic and therapeutic implications. Supplementation of Zn and Mg may contribute to immunomodulation and prevention of oral symptoms.

Keywords: Chronic graft-versus-host disease, Zinc, Magnesium

