

and reduce a pathological fracture has the rationale to improve postoperative morbidity and prognosis. Therefore, if the more traditional approach has its undoubted value, the opportunity to access the cystic lesions by using the gap caused by the fracture line, the way we decided to approach our first case, should be, in our opinion, taken into serious consideration in similar clinical and surgical situations.

CBCT radiological features as predictors of nerve injuries in third mandibular molar extraction

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Aim: The surgical extraction of impacted mandibular third molars exposes the patient to the risk of peripheral neurological injuries. The first aim of this work was to study the distribution of radiographic proximity of the third molar to the inferior alveolar canal, considering Maglione's Classification, in a population at risk. The second aim was to evaluate the influence of specific factors (age, gender, operator experience, duration of surgery, depth of impaction, absence of corticalization) on the development of neurological complications.

Methods: This prospective observational cohort study was conducted on 378 patients, undergoing third mandibular molar's extraction, in a year's time. The patients were informed about the study procedure and informed consent was obtained.

Surgical procedures were performed in a standardized way, using the same surgical and pharmacological protocols. Each patient underwent first radiologic investigations (OPT and/or intraoral radiography) and 193 patients underwent CBCT scan, because of diagnostic suspect of NAI proximity. Preoperative and postoperative data were collected. The patients were visited again for suture removal after seven days and postoperative neurological disorders were investigated. A therapy with ALAnerv® was prescribed and a thorough follow up at 14 days was applied in order to monitor the development of symptoms until the eventual resolution. At the end of one year period, data collected were statistically processed using the Pearson chi-square test for evaluating variables distributions within the population with paresthesia with respect to patients without complications.

Results: Results showed a significant prevalence of teeth belonging to 3a and 3b classes, according to Maglione classification, in which the mandibular canal runs touching the tooth apically or buccally. 12 patients (3.17%) developed a neurological

complication. 1 patient (0.26%) showed a permanent NAI paresthesia. 6 patients (1.58%) suffered IAN complications, 4 patients (1.06%) LN complications, 1 patient (0.26%) IAN and LN complications, 1 patient LN and BN complications. 1 patient showed dysesthetic symptoms in the region innervated by IAN. Third molar's lingual position in close contact with IAN (classes 4a and 4b) was correlated with increased risk of paresthesia. Age older than 25 years was statistically associated to neurological risk, probably due to the differences in bone biodynamics and regenerative capacity of nerve trunks in youth age. A statistically significant correlation was noted between longer duration of surgery procedures and neurological injuries. Operative time could influence postoperative edema and could be directly proportional to the intrinsic difficulty of surgical extraction.

Conclusions: Classes 4a and 4b of Maglione's classification, age older than 25 years and operative duration longer than 30 minutes represent indicators of increased risk for neurological complications in mandibular third molar surgery.

A rare case of mandibular exostosis at the mental hole

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Aim: Exostoses are localized, non-pathological bony protuberances that arise from the cortical and sometimes from the spongy bone. Tori mandibularis are the most common exostosis of the jaws. The purpose of the present study is to report an atypical case of mandibular exostosis.

Methods: A 22-year-old male patient reported having a hard and asymptomatic swelling at the right side of the mandible, present for many years and slowly increased over time causing difficulty in maintaining proper oral hygiene as well as aesthetic and functional problems. The swelling, which was already perceptible extra-orally, on both inspection and palpation, appeared as a sessile mass of about 1.5 cm of maximum anteroposterior diameter, located on the buccal wall of the right mandible at the level of the canine and the first premolar, which were vital at the cold test. It was covered by normotrophic mucosa, hard-wood in consistency and painless on palpation. On the orthopantomogram radiograph, a roundish shaped homogeneous radiopaque area, located at the level of the lower right premolars, was clearly visible. The subsequent dentascans CT revealed that the swelling