



the implant to the first bone to implant visible contact point. All data were inserted in a statistical software (SPSS 20, IBM) and processed. Afterwards delta, mean and statistical correlation results were analyzed (Pearson Two-Tailed 95% Conf. Int.).

Results: After three years, it is observed that the interproximal bone around SP implants is more stable than in NSP implants in every follow-up. While at the third year follow-up the zenith around conventional implants (NS) shows an average resorption of 0,080 mm, in SP conditions the average resorption is just 0,037mm. This results are statistically significant at every follow up. Provisional crown ($p = 0,002$), 1 year ($p = 0,016$), 2 years ($p = 0,011$), 3 years ($p = 0,068$). (Pearson Two-Tailed 95% Conf. Int.).

Conclusions: Whenever a correct surgery is performed, patient's domiciliar maintenance is observed and good prosthetic design is reached, platform switching implants play a cutting edge role on inter-proximal bone stability. The evidence confirms that a Platform Switching value of 0,25mm is enough to reduce interproximal bone resorption around implants, especially in the first 2 years period of maturation.

Management of post surgical pain in third molar extraction. Non pharmacological treatment with kinesiotopeing

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Aim: Although the extraction of an impacted third molar is a routine procedure, patients are often subject to postoperative morbidities such as swelling, pain, and trismus. After its introduction in the 1970s, kinesiologic tape (KT) has increasingly become popular in the treatment of sport injuries and a variety of other conditions. There are several claims to the effects of KT including supporting injured muscles and joints, relieving pain, and increasing blood and lymph flow in the injured area. The main purpose of KT method to improve the blood and lymph flow, remove congestions of lymphatic fluid or hemorrhages, and thus, its use has gained popularity in the management of lymphedema. These effects are due to the elevation of the space under skin and soft tissue, so that the space for movement can be enlarged, the circulation of blood and lymph fluid can be facilitated, and healing rate of tissue can be increased. Besides there is positive effect on opening microvalves due to dynamic pressure variation. Since periodic compression and decompression to superficial and deep lymphatics, through expansion

and contractile properties of the tape during active movement, the flow and circulation are improved, pressure in each segment can be changed. The lymph and interstitial fluid can recirculate and decrease the swelling and pain sensation. Given scientific literature has yet to completely address KT method in oromaxillofacial surgery, the aim of the present pilot study is to investigate whether the application of elastic therapeutic tape prevents or decreases postoperative complications after third molar surgery, thus improving patients' well-being.

Methods: Tape was applied directly on 5 patients after surgery (third molar removal in local anesthesia) and maintained for at least 3 days postoperatively. Pain, degree of mouth opening and facial swelling were measured. Pain scores were assessed using a 10-level visual analog scale (VAS) subdivided in 10 mm increments, where 0 indicates no pain; 5, moderate pain; and 10, severe pain. Patients were asked to place a mark along the line to specify their pain sensation. Mouth opening range was assessed by means of standard calipers. Facial swelling was quantified comparing the operated side with contralateral. In addition patients' objective feeling and satisfaction was queried: they were asked to evaluate overall satisfaction and swelling and the effect of the tape on movement and comfort.

Results: The results of this pilot study seem encouraging. The postoperative application of kinesiologic tape reduced significantly all investigated parameters: swelling, pain, and trismus. Furthermore, patients with kinesiologic tape reported a significantly lower morbidity rate.

Conclusion: Although the removal of third molars is one of the most frequent and routinary operations in oral cavity, postoperative morbidity affect patients' quality of life. This pilot study shows that KT after third molar surgery is a simple, less traumatic, and economical approach for managing postsurgery swelling that is free from systemic adverse reactions, thus improving patients' well-being. Given these qualities, KT application holds promise to enhance the quality of life of a large cohort of the population.

Bleeding events after simple dental extraction among patients undergoing anticoagulation therapy: cohort prospective comparative study

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Aim: The aim of the study is to evaluate and compare the intra- and post-operative bleeding during a

simple dental extraction, among patients undergoing conventional Oral Anticoagulant Therapy (OAT) and patients assuming Direct Oral Anticoagulants (DOACs).

Methods: Patients in chronic oral anticoagulant therapy (at least 6 months) with indication of a single dental extraction were enrolled and divided between OAT e DOACs group. All the participants were evaluated at four different time-points: T0 during the first examination, T1 during surgery, T2 thirty minutes after surgery and T3 the day of suture removal (seven days after surgery). At the different time-points anagraphic, medical history, local periodontal and dental variables were collected. The surgical protocol consisted in a simple dental extraction lead by the same surgeon (FB), in the least invasive procedure. Bleeding occurrence and biological complications were registered, according to Iwabuchi classification.

Results: 15 patients (mean age $77,27 \pm 5,72$) and 18 patients (mean age $75,94 \pm 12,18$) were enrolled respectively in OAT e DOACs group. Overall 33 teeth were extracted within 20 minutes of surgical time (cut off that defined the simple extraction in our research protocol). The results of the present study showed no statistical difference between the two groups regarding the intraoperative bleeding and post-extraction bleeding complications. In detail, no intra-operative bleeding occurred, two patients for each group reported a post-operative bleeding managed with a single gauze compression during the week after the extraction, three patients of OAT group and one subject belonging to DOACs group needed more than two compressions in the week, and finally one patient for each group referred to our dental first aid. In these two cases, the urgency was managed with the local application of tranexamic acid and the complication could be attributable to high blood pressure values.

Conclusion: Within the limits of the present study, apparently, patients assuming DOACs can be treated for simple oral surgery like patients undergoing OAT with INR index in therapeutic range. No discontinuation or changes of anticoagulation treatment with novel oral anticoagulants are possibly required. The adoption of local hemostasis techniques represents the most important precaution to prevent bleeding complications and to discriminate between bleeding caused by anticoagulation therapy and surgical technique. The patient education for the post-operative care of surgical site appears also strictly necessary.

Mandibular ameloblastic fibroma: a case report

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Aim: Ameloblastic fibroma is an uncommon benign odontogenic tumor, composed of proliferating odontogenic epithelium embedded in a cellular ectomesenchymal tissue. This type of neoplasm comprises about 1.5-4.5% of all odontogenic tumors. It is located in the posterior mandible, corresponding to the second primary molar or first permanent molar region, and associated with an impacted tooth in 75% of cases. Ameloblastic fibroma is frequently diagnosed between the 1st and 2nd decades of life and it is primarily considered tumor of childhood and adolescence. Males show a slightly higher prediction than females (M : F = 1.4 : 1). This odontogenic tumor appears as well-defined unilocular or multilocular radiolucencies. Unilocular lesions are predominantly asymptomatic, while the multilocular cases are often associated with jaw swelling. Frequently, ameloblastic fibroma is encountered as an incidental finding reiterating their radiographic significance in the differential diagnosis with entities such as dentigerous cyst, ameloblastoma, odontogenic keratocyst, and ameloblastic fibrosarcoma. In this case report we describe the diagnosis and surgical therapy of mandibular ameloblastic fibroma found in a child.

Methods: A 7-year-old boy was referred to Dentistry Unit of Bambino Gesù Children's Hospital for dental treatment. During radiographic evaluation, we found the presence of an unilocular radiolucent area, with sclerotic borders, extending from the right first permanent molar to the mandibular ramus on the same side. Extraoral physical examination showed an unperceivable swelling in the mandibular angle on the right side, which caused a light facial asymmetry. Intraoral examination revealed a light swelling of the alveolar ridge in the right posteroinferior region. His medical history revealed no pathologies and the parents reported no eating difficulties. Tomographic examination through three-dimensional reconstruction indicated a neoplastic mass involving the labial and buccal cortex and extending up to mandibular ramus and its dimensions were 32x20x40 mm (DAPxDTxDL). The lesion was excised and curettage of the adjacent mandibular bone was performed under general anesthesia. The surgical specimen was then sent for histopathological analysis. Microscopically, the lesion showed proliferation of strands of ameloblastic epithelial cells within an cellular connective tissue stroma that closely simulates the dental papilla.

Results: The young patient is followed up for 2 years