Conclusion: As we could demonstrate, there are further substances appearing every year, inducing MRONJ. Also well known drugs s.a. cladribine should be observed and analyzed more in detail to reduce the risk of MRONJ occurrence.

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Use of platelet-rich fibrin in osteoradionecrosis treatment: a case series

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Background: Osteoradionecrosis (ORN) is a possible complication of patients with head and neck cancer submitted to radiotherapy. The treatment is complex and based on its particular features as well as in the stage classification of each case. Some adjuvant therapies are suggested and platelet-rich fibrin (PRF) have been described to aid in the healing process.

Objectives: The aim of this study is to report a six-case series using PRF to assist in the healing process after removal of bone sequestration.

Methods: Six head and neck cancer patients submitted to radiotherapy diagnosed with stages 2–3 of ORN were included. Patients were under pre and postoperative antibiotic therapy protocol. Surgeries were performed under general anesthesia. Necrotic bones were removed by local ostectomies with healthy bone margin. Patient's own blood were collected and centrifuged to obtain PRF, which were placed in the bone defect areas with primary closure.

Findings: All patients were men with a mean age of 52.16 years that received an average dose of radiation of 70.25 Grays. Four of the six cases affected the mandible. Recurrence occurred in only one case with no signs of infection.

Conclusion: PRF seems to be effective as an adjuvant therapy contributing to primary closure and increasing the healing process in the treatment of ORN. Further studies are necessary to the establishment of parameters to the correct indication and better results achievement of PRF use in ORN treatment. Canellas JV, et al: Platelet-rich fibrin in oral surgical procedures: a systematic review and meta-analysis. Int. J. Oral Maxillofac. Surg. 2018.

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Surgical removal of giantform unilateral mandibular tori: a case report

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Background: Mandibular and palatine tori it's an exostosis formed by a dense cortical and a reduced amount of medular bone covered by a tiny and poorly vascularized mucosa. Commonly diagnosed during middle age, not presenting large proportions, fast growing or malignant evolution. Recommended it's surgical removal when frequently injured or presenting occlusal interference. The justification for it's maintenance it's the fact that it could be used as an autogenous graft in periodontics and implantology.

Objectives: The present work aims to report a surgical removal of a giantform unilateral mandibular tori.

Methods: Patient R. A. G., male, 34 years old, feoderma, appeared on our service complaining of pain, frequent ulcerations, speech problems and teeth movement. Report that have noticed the lesion's appearance at the age of thirteen and the same has been growing slowly since then. On clinical examination, it was noticed extensive and unilateral tumor lesion on the lingual right side of the mandible's body and on radiographic examination, multilobulated radiopaque lesion similar to the adjacent cortical bone projecting to the median line. It's was opted for surgical removal under local anesthesia, realized mucoperiosteal detachment on the lingual side and it's exeresis was realized by osteotomies with segmentation and wear drills.

Findings: The amount of bone removed was sufficient to end the patient's complaints and was limited by the portion above the miloid line. There were no complications. The bone fragments' histopathological examination presented the diagnosis of lamellar bone tissue.

Conclusion: It's important to perform a complete oral evaluation when removing such lesion, since the same can be used as an autogenous bone graft.

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Use of pedicled and free buccal fat pad in medication-related osteonecrosis of the jaw treatment

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Background: Management of medication related osteonecrosis of the jaw (MRONJ) remains a clinical challenge. Many treatment options are described, but each case should be treated individually, depending on clinical manifestations as well as patient's medical condition. Sequestrectomy and primary closure are usually employed, but surgical resections could be necessary. Pedicled buccal fat pad (PBFP) has been proposed to aid in soft tissue covering and healing, especially in posterior maxillary cases. However, free buccal fat pat (FBFP) use in MRONJ treatment has not been described.

Objectives: The objective of this study was to evaluate the use of pedicled and free buccal fat pad (BFP) in MRONJ treatment.

Methods: This study was previously approved by local ethical committee. Thirteen MRONJ patients were treated – 8 under osteoporosis treatment (Group 1) and five undergoing malignant neoplasm therapy (Group 2). All patients were submitted to sequestrectomy and primary closure using BFP. In Group 1, five patients were treated by means of PBFP and three with FBFP. In Group 2, four patients were treated with PBFP and one with FBFP. All PBFP treatment were in posterior maxillary region whereas FBFP were in mandible.

Findings: All cases achieved complete healing after 8 weeks of follow-up. PBFP had a higher volume maintenance in the treated sites comparing to FBFP.

Conclusion: The use of BFP in MRONJ treatment looks promising in both groups. Despite its apparent postoperative success in both forms, future prospective studies with a larger number of patients are necessary to prove these results.

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A multimodal protocol treatment to odontogenic keratocyst

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Background: Treatment modalities to Odontogenic Keratocyst (OKCs) remains controversial, vary from conservative to aggressive approaches and modifications have been aimed at balancing the recurrence potential with the associated morbidity.

Objectives: The aim of this study was to evaluate the effectiveness of a multimodal therapy based on decompression followed by enucleation combined with liquid nitrogen cryotherapy under local anesthesia as a surgical treatment of OKCs.

Methods: Seven patients diagnosed with OKC after anatomical histopathology analyses were longitudinal evaluated. Clinical and histological examination, pre and post-panoramic radiograph were measured and analyzed. In addition, data as gender, age, time that remained with drain, location of the lesion, recurrence and local complications were collected. The study began in March 2010 and it is in progress.

Findings: Substantial reduction in cyst volume and an epithelial differentiation was observed after decompression period. There were no recurrences until the present moment, average time of follow-up was 48.57 months (range from 7 to 85 months). There were no pathologic fractures, in none of the patients permanent loss of nerve function has been observed and no further complications were observed.

Conclusion: Based on these results, the proposed multimodal protocol is effective in the management of OKC as it reduces the size of the lesions avoiding possible damage to adjacent structures, allowing a surgical treatment with less morbidity under local anesthesia. Longitudinal follow-up of these patients determine that this treatment modality is associated with low rate of recurrence.

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Three dimensional cone-beam CT sialography in non tumour salivary pathologies: procedure and results

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Background: Three-dimensional cone-beam CT sialography (3D-CBCT sialography) tends to replace conventional sialography for exploring salivary gland diseases.

Objectives: We aim at presenting our procedure and results obtained with 3D-CBCT sialography in non tumour salivary pathologies.

Methods: Twenty-seven patients with parotid or submandibular salivary symptoms were examined by 3D-CBCT sialography. They received an intraductal injection of 0.5 mL of water-soluble contrast medium maintained in the gland, followed by the examination in a NewTom® wide-field CBCT device. Images were processed with multiplanar and three-dimensional reconstructions. The radiation dose and an early adverse effect of cannulation were recorded.

Findings: A ductal exploration could be performed until the fourth ductal divisions. The main lesions found were stones, stenosis, dilatations and "dead tree" appearance of the ductal system. No side effect of the catheterization or the iodine contrast was reported, nor tissue damage related to the contrast keeping technique. We noted a 15% rate of failure linked with catheterization difficulties in the submandibular gland. The mean dose area product generated was 552 mGy.cm^{-2}. Artifacts of metal and dental origin did not interfere with image reading.

Conclusion: 3D-CBCT sialography seems to represent a reliable non invasive diagnostic tool for the ductal salivary diseases. More studies are needed to assess the value of 3D-CBCT sialography compared to conventional imaging.

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Nasal septal abscess in a pediatric patient: surgical treatment

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Background: Nasal Septal Abscess (NSA) was first described in 1810 when Cloquet identified and drained an abscess of the septum and noted a septal perforation [2]. NSA develops when pus collects in the submucoperichondrial plane resulting in ischemia of the underlying cartilaginous septum. Necrosis of the septum often follows which results in nasal septal perforation and or saddle nose deformity and propagation of the infection can lead to serious complications such as cavernous sinus thrombosis, orbital cellulites, or bacteremia

Objectives: We report a case of NSA following surgical treatment.

Methods: A 11-year-old Caucasian male presented to the emergency department, with a seven-day history of trauma, fatigue, and difficulty swallowing following three days of treatment with amoxicillin. The patient also reported nasal congestion, drainage, facial pain, and a fever. Physical exam at this time revealed bilateral nasal obstruction due to septal fullness that was tender and fluctuant on palpation.

Findings: Incision and drainage of the abscess with evacuation of purulent fluid was performed, antibiotic therapy is continued for one to two weeks, and his clinical symptoms resolved.

Conclusion: Treatment of NSA typically involves combined medical and surgical management of the necrotic septal tissue with drainage and debridement and reconstruction if needed. Merrill T, Francom C, Kris RJ and Chiang T. Delayed Presentation of Nasal Septal Abscess in a Pediatric Patient Following Infectious Mononucleosis and Acute Bacterial Sinusitis. Inter J Otorhinolaryngology. 2017;4(1):3.

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Giant radicular cyst of the maxilla: enucleation and follow-up

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Background: Radicular cysts are inflammatory odontogenic cysts of tooth bearing areas of the jaws. Most of these lesions involve the apex of offending tooth and appear as well-defined radiolucencies.

Objectives: The present case report documents of an unusual case of an infected giant radicular cyst in the maxilla crossing the midline of the palate. In spite of its massive size and lying close to vital structures, it did not erode the bone and integrity of important anatomical structures such as maxillary sinus, orbital floor and nasal floor were maintained.

Methods: The lesion was surgically enucleated along with the endodontic treatment of the associated tooth, preservation of all