

Poster Session

Conclusion: The use of single session aPDT therapy as an adjuvant to non-surgical periodontal treatment does not promote additional clinical benefits in individuals with DS and periodontitis.

P-041

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Category: Case report

Title: SURGICAL REMOVAL OF INFLAMMATORY FIBROUS HYPERPLASIA USING DIODE LASER - A CASE REPORT

Aim: To present a case report of surgical removal of Inflammatory Fibrous Hyperplasia (IFH) using a Diode laser.

Case description: A white male 72-year-old patient, with a history of former smoker and former alcoholic and using an ill-fitting superior denture, came to service on 04/20/2004. Clinical examination revealed two asymptomatic lesions smaller than 1cm in size, similar in color to the mucosa, with a smooth surface and well-defined contours, located on the right anterior superior alveolar ridge and the left anterior superior sulcus with duration indeterminate. The patient had no skin lesions or palpable lymph nodes. The diagnostic hypothesis was IFH. The excisional biopsy of the two lesions was performed using the Diode laser - Lasering (808nm), CW, 2.0W, 300-400 micrometers. Sutures were not necessary and Diclofenac Sodium 50mg, 8 hourly for 3 days was prescribed. The removed tissue fragments were sent for histopathological analysis and the patient returned to the service after 1 week and after 21 days for post-operative assessment. The report of the histopathological examination was IFH. In the 1-week post-operative evaluation, the surgical areas showed normal healing with the formation of a whitish pseudomembrane in the region of the left anterior sulcus. The patient only had pain when handling the denture, so the anti-inflammatory was prescribed for a further 3 days. After 21 days of surgery, the areas were completely healed, the patient had no pain and the denture was relined with soft resin.

Discussion: The literature shows that the conservative surgical removal and local irritant removal are the standard treatment for HFI and the surgical excision of this lesion can be performing using high-power lasers with various advantages.

Conclusion: The diode laser can be used in the surgical excision of IFH lesions with several advantages: less trans-operative bleeding, the possibility of elimination of the need for suturing, minimizing post-operative pain, and favoring healing.

P-042

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Category: Case report

Title: PHOTOBIO-MODULATION IN THE TREATMENT OF BELL'S Palsy: CLINICAL CASE SERIES REPORT

Aim: We report the clinical evolution of thirteen patients diagnosed with Bell's Palsy (BP,) under the use of corticosteroids and photobiomodulation (PBM).

Case description: Thirteen patients diagnosed with BP, at different evolution stages, were enrolled to receive conventional therapy (Prednisolone start at 60mg/day, 5 days, followed by a daily reduction in dose of 10 mg/day for a total treatment time of 10 days and Valaciclovir, 1.5g/day, orally, for 7 days). PBM was irradiated along facial nerves branches (temporal, zygomatic, buccal, and marginal of the mandible, with a distance of 1cm between each point) with laser equipment Therapy EC, DMC São Carlos, Brazil, with follow parameters: Wavelength 808nm \pm 10nm; Operating mode CW; Emission potency 100mW \pm 20%; Beam spot area 0.098cm²; Irradiance 1.02W/cm²; Punctual irradiation; Time exposure per point 20s; Energy density per point 20J/cm²; Total time per session 400s; Energy per point 2J; Number of points 20; Cumulative energy density 4000J/cm²; Active medium AlGaAs (semiconductor); 10 sessions, 3x/week. The facial nerve involvement was assessed weekly using House-Brackmann scale.

Discussion: BP is an acute, idiopathic clinical condition of paralysis or paresis of the facial nerve (VII cranial nerve). Conservative treatment consists of the administration of corticosteroids, antivirals or a combination of both. However, the results are not always satisfactory. In addition, there are situations such as patients with uncontrolled diabetes, glaucoma, hypertension