

because the disorders are of variable intensity. Clinical case description: A 16-year-old female patient who is diagnosed with an osteological maxillary lesion due to routine x-ray studies to undergo orthodontic treatment. Afterwards, complementary studies are requested to perform the surgical removal. treatment of the bone cavity with platelet-rich plasma filling the extracted material is sent to the histopathological laboratory, diagnosing lateral radicular inflammatory cyst, by the reabsorption that produced the cystic lesion the patient loses the neighboring tooth (piece 12). Conclusions: In practice, difficulties have been placed on the clinical and radiographic interpretation of these lesions, due to the similarity of the different cysts. Where the clinical and histological behavior differs substantially so that the surgical considerations of maxillary cysts are directly related to the clinical case and to the biopsy or histopathological response of each of them. The growth is slow and always expansive and osteolytic, being able to cause fractures and important bone resorption, they are recurrent and are classified as non-odontogenic and odontogenic. Within the latter the most frequent are the epithelial ones in a 90% and within these the dentigerous and the radicular are the highest incidence.

[Exodoncia Complicada Con Un Granuloma Gigantocelular Periférico.](#)

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Introducción: El Granuloma gigantocelular periférico de células gigantes, es conocido también como granuloma de células gigantes, épulis de células gigantes, granuloma periférico reparativo de células gigantes; se trata de una lesión exofítica que se sitúa en la zona gingival y en el hueso alveolar, es de carácter benigno y de etiología no muy bien definida. Existen dos factores primordiales en su génesis, interactuando ambos en forma conjunta: los irritantes locales (sarro, gingivitis, obturaciones desbordantes, etc.) y el efecto hormonal:(el hiperestrogenismo y el embarazo). Se presenta exclusivamente en los tejidos gingivales, su localización más frecuente suele ser en las zonas posteriores de las arcadas dentarias, aunque también puede aparecer en los sectores anteriores. Representa el 7% de los tumores benignos de los maxilares. Caso clínico : En este trabajo, describimos un caso en una paciente mujer de 45 años de edad, con una lesión de crecimiento rápido, localizada en el maxilar superior y realizamos diagnóstico clínico (presuntivo), tratamiento indicado(legrado quirúrgico de la lesión),estudio histopatológico (nódulos de células gigantes multinucleadas en un fondo de células mononucleares y eritrocitos extravasados) Conclusión: el diagnostico de certeza es la base para una terapia preventiva de una recidiva enseñando una correcta higiene oral.

[Internal Complicated Exodontia with A Peripheral Gigantocellular Granuloma.](#)

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Introduction: Peripheral giant cell granuloma is also known as giant cell granuloma, giant cell epulis, peripheral reparative giant cell granuloma; It is an exophytic lesion that is located in the gingival area and in the alveolar bone, of a benign nature and not very well-defined etiology. There are two main factors in its genesis, both interacting together: local irritants (tartar, gingivitis, overflowing fillings, etc.) and hormonal effect: (hyperestrogenism and pregnancy). It occurs exclusively in the gingival tissues, its most frequent location is usually in posterior areas of dental arches, although it can also appear in anterior sectors. It represents 7% of benign tumors of the jaws. Clinical case: In this work, we describe a case in a 45-year-old woman with a fast growing lesion, located in the upper jaw, and we made a clinical (presumptive) diagnosis, indicated treatment (surgical curettage of the lesion), study histopathological (multinucleated

giant cell nodules against a background of mononuclear cells and extravasated erythrocytes)
Conclusion: the diagnosis with certainty is the basis for preventive therapy of a recurrence, teaching correct oral hygiene.

Extracción Dentaria Con Complicación Buco sinusal.

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Introducción: El tratamiento de la comunicación buco sinusal, se basa en lograr el cierre hermético del mismo y la cicatrización por primera. Uno de los principales inconvenientes para lograr el mismo se debe a la falta de tejido fibromucoso; Existen diferentes alternativas quirúrgicas dependiendo del caso clínico a tratar, realizando osteotomías de las tablas alveolares, colgajos marginales, a puente, vestibulares, palatinos e incluso utilizando la bola adiposa de Bichart. En este caso no se utilizó ninguna de las técnicas quirúrgicas convencionales, minimizando así el trauma quirúrgico optando por realizar la sección del periostio logrando desplazar los tejidos blandos para su posterior reposición y sutura. Caso clínico: Paciente de 25 años, sexo femenino normo glucémico; concurre a la Asignatura de Cirugía A Curso III, para que se le realicen exodoncias múltiples. Conclusiones: El tratamiento de la comunicación buco sinusal, se basa en lograr el cierre hermético del mismo y la cicatrización por primera. Uno de los principales inconvenientes para lograr el mismo se debe a la falta de tejido fibromucoso; Existen diferentes alternativas quirúrgicas dependiendo del caso clínico a tratar, realizando osteotomías de las tablas alveolares, colgajos marginales, a puente, vestibulares, palatinos e incluso utilizando la bola adiposa de Bichart. En este caso no se utilizó ninguna de las técnicas quirúrgicas convencionales, minimizando así el trauma quirúrgico optando por realizar la sección del periostio logrando desplazar los tejidos blandos para su posterior reposición y sutura.

Tooth Extraction with Bucosinusual Complication

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Introduction: The treatment of bucosinusual communication is based on achieving hermetic closure and healing for the first time. One of the main disadvantages to achieve it is due to the lack of fibrous muscle tissue; There are different surgical alternatives depending on the clinical case to be treated, performing osteotomies of the alveolar tables, marginal, bridge, vestibular, palatal flaps and even using the Bichart fat ball. In this case, none of the conventional surgical techniques was used, thus minimizing the surgical trauma, opting to perform the periosteal section, moving the soft tissues for later replacement and suture. Clinical case: Patient of 25 years, normoglycemic female sex; She attends the Course of Surgery A Course III, so that multiple extractions are performed. Conclusions: The treatment of bucosinusual communication is based on achieving hermetic closure and healing for the first time. One of the main disadvantages to achieve it is due to the lack of fibrous muscle tissue; There are different surgical alternatives depending on the clinical case to be treated, performing osteotomies of the alveolar tables, marginal, bridge, vestibular, palatal flaps and even using the Bichart fat ball. In this case, none of the conventional surgical techniques was used, thus minimizing the surgical trauma, opting to perform the periosteal section, moving the soft tissues for later replacement and suture.

Tercer Molar Inferior Retenido Con Complicación Quística.

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