

use of it. To be a common problem that affects our daily life, patients do not associate the symptoms with the area to be treated. For example, many headaches or neck pain do not come from the back but from this joint. The poor function or position of the components that form the ATM can lead to the appearance of very disabling symptoms for patients. Introduction: It is under large number of disorders, not only of traumatic, neoplastic, autoimmune, infectious origin, but also those derived from the dysfunctional alterations of their internal muscular and joint structure. Of all of them, the most frequent is the so-called temporomandibular dysfunction syndrome, in which there is an abnormal relationship between the articular disc with respect to the condyle, the fossa and the eminence of the ATM. There are other very frequent pathologies, such as bruxism and myofascial syndrome, which, although they can not be considered as pathologies specific to ATM, can lead to it and have stress and muscle spasm as associated factors. stood as ATM pathology those organic or functional nosological entities that affect the craniomandibular relationship system. Conclusions: TMJ pathologies have high prevalence (20-40% of the population). Stress is a predisposing factor. The conservative treatment is effective in 90% of the total cases. The complementary study of election is magnetic resonance and ortomography. patients wich presents signs compatibles to TMJ pathologies must visit a dentist.

*Título Nº 270 Microabrasión Del Esmalte Dental.*

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La estética es hoy en día una referencia de salud importante, lo que genera que el tratamiento de blanqueamiento dental se convierta en una necesidad para un gran número de pacientes. Por lo tanto, es importante que el profesional tenga un conocimiento actualizado acerca del diagnóstico de las pigmentaciones y las distintas técnicas de blanqueamiento dentario para lograr satisfacer esa necesidad creciente. Descripción: Las alteraciones del color pueden ser de origen extrínseco (bebidas, alimentos, tabaco, bacterias) o intrínseco (tetraciclinas, traumatismos dentarios, fluorosis, enfermedades sistémicas), el realizar un correcto diagnóstico de las mismas permite indicar el agente blanqueador y la técnica adecuada para su remoción. Los agentes blanqueadores utilizados son el peróxido de hidrógeno o de carbamida, el perborato de sodio y el ácido hidroclorídrico y las técnicas de blanqueamiento son las externas tanto ambulatorias como realizadas por el profesional, de microabrasión del esmalte, técnicas de blanqueamiento interno o una combinación de las mismas. Se debe conocer y prevenir los efectos nocivos de los agentes blanqueadores tales como la sensibilidad dentaria postoperatoria, la gingivitis ulcerativa, las anquilosis y reabsorciones dentinarias internas en dientes no vitales y las inflamaciones pulpares. Conclusiones: La microabrasión del esmalte dental es un tratamiento conservador, de bajo costo que da resultados satisfactorios, aunque no predecibles que permite satisfacer la demanda creciente de los pacientes.

Dental Enamel microabrasion.

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Aesthetics is today an important reference in health, which means that teeth whitening treatment becomes a necessity for a large number of patients. Therefore it is important that the professional has an updated knowledge about the diagnosis of pigmentations and the different teeth whitening techniques to achieve this growing need. Description: The color alterations can be of extrinsic origin (beverages, food, tobacco, bacteria) or intrinsic (tetracyclines, dental trauma, fluorosis, systemic diseases), making a correct diagnosis of them can indicate the bleaching agent and the technique suitable for removal. The bleaching agents used are hydrogen peroxide or carbamide peroxide, sodium perborate and hydrochloric acid and whitening techniques are both external and performed by the professional, microabrasion enamel, internal whitening techniques or a combination of the same. The harmful effects of bleaching agents should be known and prevented, such as p Aesthetics is today an important reference in health, which means that teeth whitening treatment becomes a necessity for a large number of patients. Therefore, it is important that the professional has an updated knowledge about the diagnosis of pigmentations and the different teeth whitening techniques to achieve this growing need. Description: The color alterations can be of extrinsic origin (beverages, food, tobacco, bacteria) or intrinsic (tetracyclines, dental trauma, fluorosis, systemic diseases), making a correct diagnosis of them can indicate the bleaching agent and the technique suitable for removal. The bleaching agents used are hydrogen peroxide or carbamide peroxide, sodium perborate and hydrochloric acid and whitening techniques are both external and performed by the professional, microabrasion enamel, internal whitening techniques or a combination of the same. The

harmful effects of bleaching agents should be known and prevented, such as postoperative tooth sensitivity, ulcerative gingivitis, ankylosis and internal dentin resorption in non-vital teeth and pulpal inflammations. Conclusions: The microabrasion of the dental enamel is a conservative treatment, of low cost that gives satisfactory results, although not predictable that allows to satisfy the growing demand of the patients. ostoperative tooth sensitivity, ulcerative gingivitis, ankylosis and internal dentin resorption in non-vital teeth and pulpal inflammations. Conclusions: The microabrasion of the dental enamel is a conservative treatment, of low cost that gives satisfactory results, although not predictable that allows to satisfy the growing demand of the patients.

*Título Nº 271 Rehabilitación Para Colocación De Implantes*

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Introducción: Se realiza rehabilitación de paciente de 54 años de edad que concurre a la consulta para la colocación de implantes. En conjunto con la docente se decide cual será el plan de tratamiento a seguir. Descripción del Caso: Luego del examen bucal se verifica ausencia de piezas dentarias 14,15,16,25,26,27,36 y 46, donde se efectuarán los correspondientes implantes dentales. A continuación, se procede a realizar la toma de impresiones con alginato y cubeta tipo Rimlock, para la obtención de los modelos de estudio y las placas de registro. En la segunda consulta se lleva a cabo el montaje en articulador para el análisis de la oclusión del paciente, para luego realizar la armonización oclusal correspondiente. Por último, se establece una fecha de quirófano para la conclusión del tratamiento con la colocación de los implantes. Conclusiones: Se considera fundamental para el éxito del tratamiento el correcto diagnóstico de la situación clínica, centrándonos en el análisis de las arcadas dentarias para determinar la cantidad de implantes a colocar, que devuelvan función y estética al paciente.

Rehabilitación Para Colocación De Implantes

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Introducción: The rehabilitation of a 54-year-old patient who attended the consultation for the placement of implants was performed. Together with the teacher it is decided what will be the treatment plan to follow. Descripción del Caso: After the oral examination, there is an absence of dental pieces 14,15,16,25,26,27,36 and 46, where the corresponding dental implants will be made. Then, we proceed to take impressions with alginate and Rimlock type cuvette, to obtain the study models and registration plates. In the second consultation, the articulator assembly is carried out for the analysis of the patient's occlusion, to then perform the corresponding occlusal harmonization. Finally, an operating room date is established for the conclusion of the treatment with the placement of the implants. Conclusiones: The correct diagnosis of the clinical situation is considered fundamental for the success of the treatment, focusing on the analysis of the dental arches to determine the number of implants to be placed, which return function and aesthetics to the patient.

*Título Nº 272 Tratamiento Gingival Con Clorhexidine*

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Entre los ingredientes activos para el control de la placa bacteriana (antiplaca/antigingivitis) el más potente, considerado como el patrón de actuación es la clorhexidina. La clorhexidina es una bisbiguanida catiónica, que se une a la hidroxiapatita del esmalte, a la película adquirida y a las proteínas salivares. Parece ser que la clorhexidina inhibe la formación de placa bacteriana por los siguientes mecanismos: a) Por la unión de grupos ácidos aniónicos en las glucoproteínas salivares y por ello reduciendo la formación