

dental practice with orthodontic braces for 3 years and with overfilled composite restorations from 12 to 22. An initial approach with Digital Smile Design treatment plan was made, from 15 to 25, as she refused to go through another orthodontic therapy. For an economical reason she decided to proceed just with the 4 upper incisors. It was performed a gingivectomy in order to relocate the zenith position and decrease the excess of keratinization of the attached gingiva. Temporary resin composite, Integrity (Dentsply, De Trey, Konstanz, Germany) was used and replaced later by permanent feldspathic veneers (Norikate, Japan). Calybra (Dentsply, De Trey, Konstanz, Germany) cement was used as a permanent cement, Prime & Bond NT (Dentsply, De Trey, Konstanz, Germany) as a bonding agent and conditioner 36 for the etching procedure.

Conclusions

The interdisciplinary team approach is critical to allow in a predictable way, the diagnosis and the treatment plan in order to execute in a conservative way an excessive gingival display case.

- Oral Presentation 37

TITLE: Ortho-conservative treatment of attrition with microimplants and composites

AUTHORS: Gómez-Pérez P, Faus-Matoses V, Faus-Matoses I, Alegre-Domingo T, Faus-Llácer VJ.
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Introduction

Attrition is the weathering of dentition as a result of the occlusal contact between upper and lower teeth. This process may expose the dentinal tubules causing dentinal hypersensitivity. The treatment consists of sealing the dentinal tubules. An interdisciplinary management allows performing a conservative treatment for dentinal hypersensitivity caused by attrition.

Case report

33-year-old woman presented at the clinic complaining of hypersensitivity during chewing on tooth 1.7. After clinical and radiographic exploration, occlusal attrition and compensatory extrusion of tooth 1.7 was observed, being the cause of dentinal hypersensitivity. A conservative treatment through the intrusion of tooth 1.7 with vestibular and palatine microimplants Abs Anchor (Dentos Co, Taegu, South Korea) was chosen. Vestibular microimplant 8 mm long placed on free gingiva,

palatal microimplant 10 mm long placed distal to tooth 1.7 on attached gingiva.

Intrusion was carried out after 6 months. Free interocclusal space was leaved for the subsequent direct composite restoration avoiding the preparation of the tooth. After removing the microimplants, a direct restoration of the tooth using total-etch adhesive XP Bond (Dentsply De Trey, Konstanz, Germany) and composite resin Ceram-X Duo 3 (Dentsply De Trey, Konstanz, Germany) was done.

Conclusions

After an interdisciplinary and minimally invasive treatment, through the intrusion with microimplants and a direct composite restoration, dentinal sensitivity disappeared, satisfying the expectations of both patient and operator.

- Oral Presentation 38

TITLE: Multidisciplinary planning, the importance of diagnosis. A case report

AUTHORS: Gómez Álvarez G, Gómez Martín C, Zorita García M, Alonso Ezpeleta LO, Mena Alvarez J.

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Introduction

Nowadays, a large number of treatments are interdisciplinary in dentistry, that's why the resolution of a case must involve different experts in different fields of dentistry, one of them will guide the treatment plan according to disease that have to be treated

Case Report

25 years old female patient, attended to Alfonso X el Sabio dental hospital, For "fix her teeth" is presented. Following the complete dental check-up is referred to orthodontic and implantology department assessment of class II/II with 15mm projection, periodontal status and replacement of absences respectively. Finally endodontist assessing is required to possible realization of root canal treatment in mandibular incisors in order to preserve alveolar ridge for future implant rehabilitation after orthodontic treatment.

Conclusions

The growing demand for dental treatment by adult patients with multiple disease makes interdisciplinary collaboration essential. This collaboration may result in changes on the treatment plan.

Before orthodontic treatment, the endodontist must diagnose and treat endodontic pathology if it's present. Should also assess the suitability of previous endodontic treatments.

- Oral Presentation 39

TITLE: Endodontic surgery in teeth with apical radiolucent lesion

AUTHORS: Guerra Caamaño M, González Bahillo J, Fernández Pazos G, Varela Patiño P, Martín Biedma B.

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Introduction

The endodontic surgery is an alternative of treatment when endodontic therapy has failed. It includes the surgical removal of pathological periapical tissue. Root-end resections of 3 mm are usually done to eliminate possible canal ramifications, and it is done, properly, the sealing of the root canal. Seeks, in this way, create optimum health, tissue regeneration and formation of a new support system for tooth.

Case report

A female, 48 years old, comes to the clinic of the Master of endodontic for a re-endodontic therapy in 1.2. Present, radiographically, an apical radiolucent lesion. Has been done the endodontic retreatment (February 2013). The apicals 6 mm have been sealed with MTA, and the rest of the root canal with thermoplastic guttapercha. In January 2014, it is verified that the apical lesion has not diminished after endodontic retreatment. Therefore, it was decided to perform endodontic surgery, in the following way: incision with surgical knife number 11 and 15; retraction of the flap Luebke-Ochsenbein; osteotomy; root-end resection (3 mm); curettage of periapical cyst; insertion of heterologous bone mixed with tetracycline and serum; placing the membrane for regeneration of vestibular tissue; and, finally, the suture, which is removed the following week. In subsequent revisions, the favorable evolution of the patient was found.

Conclusions

Endodontic surgery is effective. With his embodiment, the periapical lesion was removed, which, in this case, it is independent of the tooth.

In many cases periapical lesions will require surgery in addition to endodontic treatment.

When healing do not occurs with endodontic therapy, we must proceed to surgical treatment of the tooth with apical radiolucent lesion.

- Oral Presentation 40

TITLE: Immediate adhesive properties to dentine of two multi-mode adhesives with different adhesion strategies

AUTHORS: Hurtado Fernández A, Cura M, Elvira Gómez P, Fuentes MV, Ceballos L.

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Objectives

“Universal” or “multi-mode” adhesives can be applied either with the etch-and-rinse or the self-etch technique. Objectives: The purpose of this study was to determine the bond strength and nanoleakage of two universal bonding agents using different bonding techniques on human coronal dentine in comparison with a self-etch adhesive.

Materials and Methods

30 extracted caries-free human molars were assigned to five groups: 1- A two-step self-etch adhesive (control), Clearfil SE Bond (Kuraray); the “universal” adhesive Xeno Select-SE (Dentsply), a 2-step self-etch adhesive; 2- Xeno Select-SE (Dentsply), applied as a one-step self-etch adhesive; 3- Xeno Select(Dentsply) applied as a 2-step etch-and-rinse adhesive; 4- the “universal” adhesive Scotchbond Universal Adhesive (3M ESPE), applied as a one-step self-etch adhesive; 5 - Scotchbond Universal Adhesive (3M ESPE) applied as a 2-step etch-and-rinse adhesive. Adhesives were applied following manufacturer's instructions. Crowns were constructed applying three increments of Filtek Z250 resin composite. Specimens were stored in sodium azide (24h, 37°C) and subsequently prepared for μ TBS and nanoleakage testing. Data were analyzed by one-way ANOVA and SNK tests ($p < 0.05$).

Results

μ TBS mean values in MPa (standard deviation, sd) are shown in the table. Clearfil SE Bond resulted in significantly higher mean μ TBS (60,37 MPa), followed by Scotchbond Universal Adhesive applied as a 2-step

Group	Bond Strength (sd) MPa
G1.Clearfil SE Bond	60,37(36,1) 1
G2.Xeno Select- Self-Etch	12,8 (12,7) 4
G3.Xeno Select- Etch-and- Rinse	22,86 (22,6) 3
G4.Schotchbond Universal -Self-Etch	42,1 (31,8) 2
G5.Schotchbond Universal - Etch-and- Rinse	54,57 (31,5) 1