Case report
44-year-old patient comes to the Master of Aesthetics demanding a more aesthetic solution than the rehabilitation with two crowns screwed over implants in the anterior front. Crowns were placed to vestibular to compensate the incorrect emergence of the implants and it appeared a periimplantary soft tissue defect which was tried to solve with pink resin. After aesthetic analysis with Digital Smile Design, another therapeutic options were evaluated and eventually it was decided using connective tissue graft and a mesostructure screwed to one of the implants, the other one was not loaded. Two lithium disilicate crowns were cemented to the mesostructure and same material veneers were done in the rest of teeth of anterior sector. To solve the soft tissue problem, pink porcelain mesostructure combined with pink composite were used according to the Coachman and cols technique.

Conclusions
In cases of excessively soft and bony tissue deficit, where surgical techniques are limited, prosthetic mesostructures with pink porcelain combined with pink composite can be a suitable solution.

- Oral Presentation 78
TITLE: Dentists attitude towards deep dental caries

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Objectives
To know the attitude of dentists of the First Region towards deep dental caries, since, according to scientific literature, the partial removal of caries, from primary or permanently asymptomatic teeth, is preferable to the complete removal in deep lesions, to reduce the risks associated with pulp exposure.

Materials and Methods
To perform this work an anonymous on-line survey was elaborated (e-encuestas.com) with results automatically retrieved. This survey was sent to the dentists of the First Region via e-mail and social networks.

Results
457 surveys were retrieved. 59% of those inquired believes cariogenic micro-organisms should be completely removed since, otherwise, the caries might progress; 53.7% of those inquired believes residual caries is a risk for the vitality of the pulp. 54.4% would eliminate the caries near the pulp even if there was evidence that the pulp does not present irreversible pathology, 51.4% uses dental excavators until hardness feeling of sound dentin when probed by hand instruments and 48.3% still uses a caries detector. 96.1% uses composite as restorative material for posterior teeth and, in case a cavity base is applied, 73.4% uses glass ionomer cement and 25.5% calcium hydroxide. 54.5% is unaware of the partial caries removal technique, but 85.6% would leave caries in the bottom of the cavity to preserve pulp vitality if there was enough scientific evidence.

Conclusions
According to scientific evidence, updating the knowledge of deep caries treatment by the dentists of the First Region is required.

- Oral Presentation 79
TITLE: Photodynamic therapy as an adjunct to the root canal treatment. A series of cases


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Introduction
The anatomy of the root canal system is a surgical field of difficult access for the current disinfection systems. This makes the removal of bacterial deposits inside of the radicular canals difficult and it is responsible for a large number of secondary infections that it causes the loss of the affected tooth. That is the reason why therapeutic alternatives are required which favour the use of disinfecting agents. The disinfecting agents reduce the bacterial load present in the root canal systems and the results obtained by conventional disinfection systems have improved. One of the proposed systems is the photodynamic therapy or light-activated disinfection / or disinfecting with light. This system is minimally invasive, safe and biocompatible. This method does not generate bacterial resistance and it has shown some promising results in disinfecting root canals and as active therapy to traditional methods of disinfection of endodontic therapy.

Case report
Four clinical cases for which applied the photodynamic therapy were exposed. Patients undergoing this clini-
cal procedure presented a clinical picture compatible with non-suppurative chronic apical periodontitis. The root canals of the affected tooth incorporating a light-activated disinfection method to conventional treatment took place. As an agent photosensitizer was used the toluidine blue O. The toluidine blue O was radiated by a source of light from a laser diode. Patientes were required to make periodic reviews in order to analyze the result of this adjunctive procedure to the traditional methods of disinfection.

Conclusions
The cases made by photodynamic therapy as a complement to the traditional root canal treatment have obtained a favourably evolution.