



30

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TREATMENT OF PRIMARY HERPETIC GINGIVOSTOMATITIS: A SYSTEMATIC REVIEW

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Aim: Herpes simplex virus 1 (HSV-1) is the main pathogen responsible for herpes infections. In 13-30% of the cases primary HSV-1 leads to the primary herpetic gingivostomatitis (PHGS), often a self-limiting infection; however, it can limit the ability to drink/eat with sometimes the need for hospitalization. Multiple therapeutic methods were proposed. This systematic review aims to collect and critically appraise the available evidence about the clinical management of PHGS.

Methods: literature search, study design, and data analysis were performed following PRISMA guidelines according to SPIDER and the PICO tools (PROSPERO n° CRD42023391386).

Results: 5 studies on a total of 364 patients (average age: 7.6 y) were identified. The treatment regimens were summarized in: acyclovir (24.5%); acyclovir+honey (13.7%); maalox+di-

phenidpamine (9.6%); CHX+mucosyde (8.2%); CHX+ialuronic acid (8%); topical antiviral+ antimicrobial photodynamic therapy (aPDT) (4.4%); aPDT (4.1%); CHX (4.1%); topical antiviral (3.8%); fluids and analgesic (3%); lidocaine (1.9%); others (14.3%).

Conclusions: PHGS is a disease with a high worldwide prevalence, the lack of consensus about therapeutic management indicates gaps in existing evidence. Most of the proposed treatment consist in symptomatic drugs with empiric regimens which are ineffectiveness for the viral replication. The main limit to realize randomized clinical trial is due to the rapid onset and remission of the disease. In fact, the diagnostic delay, estimated in 72 hours, decreases the effectiveness of the antiviral drugs.

LOCATION AND GENDER DIFFERENCES IN MRONJ: A META-ANALYSIS AND TRIAL SEQUENTIAL ANALYSIS

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Aim: the objective of this systematic review is to identify and quantify whether there is a proportionally greater risk of MRONJ in male or female subjects and whether there is evidence of greater involvement of osteonecrosis at the various extraction sites, differentiating them into mandibular or maxilla and in the anterior or posterior sector.

Methods: the revision protocol followed the indications of the Cochrane Handbook and was recorded in Prospero while the drafting of the manuscript was based on PRISMA.

All prospective and retrospective studies and RCTs reporting data on location and gender of BRONJ, MRONJ, or ARONJ in patients who underwent dentoalveolar surgery were considered potentially eligible.

The risk of bias was calculate using the ROBINS-I tool.

Results: the results of the systematic review after the study identification and selection process included 24 studies. The results of the meta-analysis report: Odd Ratio (Random-Effects Model): 1.476 (0.684 3.184) between male and female; Odd Ratio (Random-Effects Model): 1.390 (0.801, 2.412) between mandible and maxillary and Odd Ratio value of 0.730 (0.250 2.137) between anterior and posterior extraction sites.

Conclusions: in conclusion, we can evaluate that there is a trend in the onset of MRONJ as a complication of dentoalveolar surgical procedures which proportionally mostly involves the male sex and the posterior mandibular sectors, however, further studies are needed to confirm this trend.