

steroid treatment because don't cause any adverse reaction. This result, although not conclusive, are a step forward for enhanced management of this quite common condition.

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## Oral squamous cell carcinoma as a complication of chronic graft-versus-host disease: a case report

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**Objectives.** Chronic Graft-Versus-Host Disease (cGVHD) is an immunoregulatory disorder which occurs after allogeneic hematopoietic-cell transplantation (HCT) and often shares features of autoimmunity and immunodeficiency. GVHD related oral manifestations include severe oral pain, xerostomia, ulcerative lesions, and mucositis. Furthermore, a major late suggested complication of HSCT is the dramatically increased risk of secondary malignancies including oral cancer and oral cGVHD-related inflammation may be considered a potential risk factor.

**Case report.** A 51-year-old male patient referred in 1994 to our surgery for cGVHD oral lesions secondary to HCT for acute myelogenous leukemia developed in 1992. In 2010, an incisional biopsy in left retrocommissural region for an erosive lesion was performed and microscopic analysis revealed an intense lymphoplasmacytic inflammatory infiltrate. In 2011, clinical intraoral examination revealed white verrucous plaque lesion associated with ulcerations on the gingiva of the V sextant and on the lower labial mucosa; two incisional biopsies of oral mucosa and an incisional skin biopsy were performed. Microscopic analysis revealed a well differentiated SCC, a moderately differentiated SCC and a skin high grade dysplasia. Patient was surgically treated and is currently in follow up.

**Conclusions.** Several authors suggest that cGVHD-related inflammation could be an important risk factor for carcinogenesis, also for oral cavity. Then it is recommended close follow-up to all patients treated with HCT, particularly when they develop graft-versus-host disease, and any suspicious oral lesions should be biopsied to rule out dysplasia or malignancy.

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## Segmental resection for the excision of two multicystic ameloblastoma

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**Objectives.** The purpose of this study was addressed at the understanding and management in the ameloblastoma treatment, performing a segmental surgical resection. Ameloblastoma represents nearly 1% of all neoplasm located

in the oral cavity. In 80% of cases it could be found in the mandible, of these lesions 70% are located in the molar region or the ascending ramus, 20% in the premolar region and 10% in the anterior part. It is considered as a benign neoplasm with slow growing-pattern and locally aggressive behaviour.

**Methods.** On the basis of clinicoradiological findings, ameloblastoma is divided into 3 groups: solid or multicystic, unicystic and peripheral. The solid ameloblastoma represents nearly 86% of all lesions; it has a tendency to be more aggressive than the other types with a higher incidence of recurrence. The high rate of recurrence represents a danger for patients. The prognosis for ameloblastoma is more dependent on the method of surgical treatment rather than the histologic type of tumour. Resection with some safe margin is considered the best primary method for treating solid/multicystic ameloblastomas because it results in a lower recurrence rate compared with a conservative approach.

**Results.** In this study we report the treatment of two multicystic ameloblastomas located in the anterior part of the mandible with a surgical segmental resection. Challenges, in these two cases, were related to extension and position of the lesions, which required a careful isolation of the mental foramen.

**Conclusions.** After a follow-up period of two years no recurrence has been detected. These two cases support the evidence of literature, that considers the surgical resection as the best approach to reduce recurrence in patients with multicystic ameloblastoma.

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## Conscious sedation with nitrous oxide-oxygen in dentistry: a retrospective study on 546 interventions in 199 patients

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**Objectives.** The aim of this report was to analyse retrospectively the effectiveness of conscious sedation with nitrous oxide in outpatient during a period of 10 years.

**Methods.** From a standard computerised database, the case records of dental patients treated with inhaled sedation with nitrous oxide, over a 10-year period (2004-2014) were retrospectively reviewed. A descriptive analysis was performed on age, gender, clinical indications and nitrous oxide percentage. A detailed score was reported for patient's and clinician's perception during this modality of treatment; it was classified as 0 (insufficient, described as a not finished session), 1 (sufficient, described as a finished session with difficulties reported), 2 (very good, described as a finished session satisfactory for both clinician and patient), 3 (very good, described by the patients as a wonderful sensation).

**Results.** A group of 199 Caucasian patients underwent 546 conscious sedation sessions. The group was divided in 82 male and 117 female, mean age 35.9 (range 2-79).

The anxiety was the indication most commonly required for the treatment (54.27%) followed by poor collaboration (14.57%), pediatric age (8.04%), heart diseases (4.52%), mental handicap (4.02%), panic attack (3.51%), vomit reaction (3.01%), vagal hypertone (3.01%), prolonged treatment (1.50%), elderly age (1.50%) and sympatic hypertone (2.00%). The nitrous oxide's percentage used ranged between 30 and 70% range.

The score obtained was detailed as follow: 3 in 124 sessions (22.76%), 2 in 354 (64.76%), 1 in 55 (10.02%), 0 in 13 (2.43%).

There was not reported side effects to the sedation technique.

**Conclusion.** Anxiety and emotional reactions were the most common indications for sedation; in the majority of cases (87.52%, score 2 e 3), conscious sedation was totally satisfactory for both patient and clinician; inhaled sedation technique has been shown safety in all treated cases.

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