

to avoid false negative results, all samples should be tested for the quality of extracted DNA, amplifying the housekeeping gene glyceraldehyde-3-phosphate dehydrogenase (GAPDH) instead of amplification of a 400 bp fragment of the human leukocyte antigen (HLA), used in anogenital HPV detection.

Results. Many oral brushes result negative for the HLA gene amplification used in traditional DNA extraction, probably because of fragmented DNA, therefore resulting also not amplifiable with the consensus primer MY09/11 widely used in anogenital HPV detection.

Conclusion. This method is different from others because it detects HPV genotypes with the highly specific and sensitive qPCR technique in the not-invasive and site-specific oral brushing. This technique is easy to apply, and can be made in any condition, but qPCR, even if is very reliable, is expensive. This disadvantage makes it difficult to use oral brushing as a screening test for OSCC. Moreover this technique is not equally effective than one in exocervix cancer prevention because OSCCs are very well differentiated in the surface and with oral brushing we collect only superficial cells, with an underestimation of carcinoma's cases.

Further studies are needed to demonstrate the role of the disclosure of HPV in oral lesions in malignant transformation.

Oro-genital lichen planus in a child: a case report

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Aim. Lichen planus is a rare, autoimmune, chronic, inflammatory mucosal and cutaneous disease that affects middle aged and elderly population, with a prevalence of about 0.5% to 2%. Clinical spectra include papules, reticular pattern, plaque-like, atrophic, bullous and erosive forms.

Mucosal lesions have symmetrical distribution, in particular on the mucosa of the cheeks, near the region of molars, and on the dorsal and border mucosa of the tongue, less frequently on the gums (atrophic and erosive forms localized on the gums are called as desquamative gingivitis), more rarely on the palate and floor of the mouth. Moreover, an association between OLP and genital lichen planus was recognized and confirmed.

In childhood, OLP is even more rare probably due to scarce use of some related drugs (e.g. antihypertensives, as frequently happened in elderly) or to infrequent infections by some viruses (e.g. HCV, already incriminated). Also genital localization in children is extremely rare.

We present a case of a young boy with bullous and reticular OLP and, later a genital involvement.

Methods and results. In 2005, a 10-year-old boy was referred to the Department Surgical, Oncological and Oral Sciences, University of Palermo, with worsening oral pain. Clinically, bullous lesion on the dorsum of the tongue and reticular lesion on the right buccal mucosa were recognized. Oral hygiene was good. No

significant medical history or family history were distinguished.

Histopathological examination confirmed oral lichen planus diagnosis.

In 2015, he came back to our attention and reported a new datum of genital concomitant lesions with Lichen Planus diagnosis. Intraoral examination showed reticular lesions on the dorsum of the tongue and on the right buccal mucosa. No skin lesions were found.

OLP therapy was based on topical clobetasol and genital lesions were treated with topical difluocortolone with isoconazole.

Conclusion. Lichen planus diagnosis in childhood is very infrequent, both in mono or multi localization (oro-genital sites). However clinicians should be aware of its existence also in early age and in case of suspected OLP diagnosis, a concomitant genital localization should be considered in order to plan a multidisciplinary approach (then oral medicine, dermatology and urology/gynecology).

Effect of Nd:YAG laser light on post-extractive socket healing in rats treated with zoledronic acid and dexamethasone

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Aim. Effective strategies are needed to manage denoalveolar surgery in patients at risk for medication-related osteonecrosis of the jaw (MRONJ). The aim of this study was to investigate the effects of Nd:YAG laser light on healing of post extractive sockets in a rat model for MRONJ.

Methods. Thirty male Sprague-Dawley rats were divided in 4 groups: control group (C, n = 5), laser group (L, n = 5), treatment group (T, n = 10) and treatment plus laser group (T+L, n = 10). Rats of group T and T+L received intraperitoneal zoledronate 0,1 mg/Kg and intramuscular dexamethasone 1 mg/Kg every 2 days for 10 weeks. Rats of groups C and L were infused with saline. After 9 weeks the first maxillary molars were extracted in all rats. The operative time and the frequency of tooth fractures were recorded as indicators of surgical trauma. Rats of groups L and T+L received laser therapy (Nd:YAG, 1064 nm, 1.25W, 15Hz, 5 min, 14.37 J/cm²) in the socket area at days 0, 2, 4 and 6 after surgery. At 8 days from extraction, the sockets were clinically assessed with a grading score and the wound area was measured with a dedicate software. Histomorphometric evaluation was performed followed by western blot analysis of osteopontin and osteocalcin expression.

Results. The operatory surgical time and the frequency of tooth fractures were similar among the groups (P>0.05). Rats of group T+L showed a better clinical grading score compared to rats of group T (grade I 22% Vs 28% - grade II 56% Vs 28% - grade III 22% Vs 44%, respectively), without reaching statistical significance. The average wound area was 47084.4 pxl ± 27487.25 pxl, 61040.25 pxl ± 16241.82 pxl, 50427.83 pxl ± 23298.81 pxl, 68393.89 pxl ± 33021.32 pxl in group C, L, T and T+L, respectively (P>0.05). Inhibition of osteoclastic alveolar bone resorption was found in groups T and T+L (P<0.001). Rats of groups L and T+L