with pSS, while the remaining 43 were diagnosed with sSS, mostly related to chronic autoimmune diseases such as rheumatoid arthritis, systemic scleroderma, systemic lupus erythematosus or undifferentiated connective tissue disease. Of the 57 pSS patients, 13 of them (22.81%) were found with a concurrent thyroid disease such as hyperthyroidism, goiter, and thyroid hyperplasia, treated with levothyroxine in 8 (61.54%) cases.

On the other hand, 16 (37.2%) of the 43 sSS patients reported a coexisting thyroid malfunction, predominantly in the form of goiter (enlarged thyroid gland) or autoimmune thyroiditis, so that levothyroxine substitutive treatment was also required for 14 (87.5%) of them.

CONCLUSIONS: Our study shows the presence of a possible association between thyroid disease and sSS, expressed in more than one third of patients suffering from this condition, compared to remaining patients affected with pSS; in particular autoimmune thyroiditis has proved, in three cases, to be the endocrine disorder that determined the nature of secondary Sjögren’s syndrome.

On the other hand, one every five pSS patients was found to suffer from a concurrent thyroid disease.

Further studies are needed to clarify if this association is the result of confounding factors (age, sex, postmenopausal period) or if the presence of thyroid malfunction can rise to predict of Sjögren’s syndrome, as demonstrated in the only study that, to our knowledge, has investigated this captivating relationship.

Analysis of the topographic distribution of burning sensation in patients diagnosed with burning mouth syndrome (BMS)

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BACKGROUND: The BACKGROUND of this work is to study the topographic distribution (exact location) in the mouth of the burning sensation as reported by a group of patients affected by BMS.

METHODS: 83 patients diagnosed as affected by primary BMS and followed at the of Turin University Oral Pathology department of the dental School were selected and the oral topographic location of the areas affected by the burning sensation was observed. Every patient was instructed to indicate the location(s) of the symptom on a scheme of the mouth.

RESULTS: 80 patients (96.39%) reported a location at the tongue (60 at the tip, 45 at the edges, 39 at the back, 5 at the palatine?), 56 patients (63.7%) reported a palatal location, 33 (39.36%) at the lower lip, 28 (33.73%) at the upper lip, 13(15.66%) at the gingiva, 7 (8.43%) at the cheeks, 6 (7.23%) at the throat, 3(3.61%) at the mouth floor.

24 patients (28.92%) reported only one location, of these 23 at the tongue and one only at the upper lip, 21 patients (25.30%) at two sites, 18 patients (21.69%) at three sites, 14 patients (16.87%) at four sites, 5 (6.02%) at five sites and one patient (1.2%) at 6 sites, that is to say at the entire mouth.

CONCLUSIONS: An analysis of these data shows that the location that is most affected is the tongue, either as a single location, either as multiple localization in combination with other oral districts. This finding could be related with the rich network of nerve fibers present in the tongue.

Oral lichenoid lesion (lupus-like) occurred as possible first manifestation in a female patient with PROMM

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BACKGROUND: Performing a research on digital scientific literature databases, associating the words “PROMM” and “Myotonic dystrophy” to the words “lupus”, “lichenoid”, “oral lesion” and “mouth”, there are not encountered cases of lesions in the oral mucosa related to myotonic dystrophy type II (PROMM) or however appeared in such patients. However, it is highlighted that often the PROMM can present with unusual symptoms or different phenotypes from the classic form.

CAS REPORT: A 49 year-old female patient arrived at the oral medicine unit of CIR - Dental School in July 2008, referring the appearance from about 3 months of persistent red spot located on the palate folds. The clinical feature put the suspect of lupus. In September, a biopsy of the lesion with histopathological test and direct immunofluorescence was performed, which gave outcome of lichenoid mucositis. Histological signalled a weak positivitiy of basement membrane to IgM. Search for specific Ab for Systemic Lupus Erythematosus gave negative results. Also the dental Patch test gave a negative result. She doesn’t take drugs. In February 2010 she underwent a new biopsy, giving the result of “diagnosis of interface vascular mucositis and lichenoid a prevalence of lymphocytes, and a negative immunofluorescence for pemphigus”. In the same year, the patient reports the first muscle aches, which are repeated with certain cyclicality about once monthly. Autoantibodies, ESR, C-protein, rheumatoid factor are always negative. In 2013 in the control blood tests will detect increased s-CK, Rheumatologist and neurologist consulted the patient. In 2014 she reported to be followed for genetic and family assessments to neuromuscular Center, concerning the s-CK value increased. In November 2015 the genetic diagnosis of myotonic dystrophy type 2 (PROMM) was finally made.

DISCUSSION: The lesion described, lichenoid (lupus-like) type, has never had a clear etiologic context. All the diagnostic hypotheses formulated were excluded from histological and blood tests performed.

Seven years after the first sign target patient found to be suffering from myotonic dystrophy type II. The palatine saint anticipated of about two years the first typical symptom of the disease, the muscle pain, and five years the first alterations in blood chemistry levels.

To the best of our current knowledge, this could be the first described case of lesion to the oral mucosa arose in the context of multi system disease that is the PROMM, with also appeared as the first clinical manifestation of the disease.

Dual localization of oral Kaposi’s sarcoma in HIV-negative patient: a rare case report

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BACKGROUND: Kaposi’s Sarcoma (KS) is a well-known spindle-cell malignant vascular tumor with multifocal locali-
zation on the skin, lymph nodes and visceral organs, firstly described by Moriz Kaposi in 1872. As many vascular lesions, Kaposi’s Sarcoma can clinically show different red gradation from fair pink to dark purple or blue. In the current literature, four main types of Kaposi’s Sarcoma are described: epidemic or AIDS-related KS, KS in the immunocompromised patient, classic KS and endemic or African KS. All types of Kaposi’s Sarcoma are more frequent in men than in women. In the head and neck region, especially in the oral cavity, Kaposi’s Sarcoma is frequently observed in AIDS-related malignant neoplasm. The oral Kaposi’s Sarcoma differential diagnosis includes several malignant tumors, such as squamous cell carcinoma, lymphoma, angiosarcoma. Classic KS, a solitary and no aggressive form, has been rarely described in oral cavity of HIV-negative and non-immunosuppressed subjects. Up to one-third of these patients with classic Kaposi’s Sarcoma develops a second primary malignancy, most often non-Hodgkin’s lymphoma.

We report a case of HIV-negative woman affected with oral localization of oral Kaposi’s Sarcoma and with concomitant and diffuse cutaneous lesions.

CASE REPORT: A 75-year-old Caucasian woman referred to our Department Surgical, Oncological and Oral Sciences of Palermo for worsening diffuse oral pain. Medical history showed hypertension and diabetes. Oral examination showed blue nodular lesions on the dorsum of the tongue and on the hard palate. Oral hygiene was poor. Concomitant and diffuse cutaneous blue lesions were present. Biopsy was performed and histological examination led to the final diagnosis of Kaposi’s Sarcoma. Serological tests did not provide data on HIV-infection neither immunocompromised status. The patient was hospitalized in the hematology department for management.

CONCLUSIONS: Oral Kaposi’s Sarcoma could be a common finding in patients with advanced HIV infection, but it is an extremely rare condition in the non-HIV-infected people. Classic Kaposi’s Sarcoma in oral cavity should be included in the differential diagnosis of oral lesions that are clinically suspicious and it is important considered in order to plan a multidisciplinary approach.

Quality of life and medication-related osteonecrosis of the jaws (MRONJ): a preliminary study

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BACKGROUND: MRONJ (Medication Related Osteonecrosis of the Jaws) is an exposed or probing non-healing bone lesion in the maxillofacial region that persists for more than 8 weeks, without history of radiation therapy to the jaws in patients exposed or currently under antiresorptive (bisphosphonates and/or denosumab) and/or antiangiogenic treatment for osteo-metabolic or cancer diseases. Redness and mucosal swellings, purulent exudate sometimes with fistula formation can determine a further decrease of quality of life in these patients. Often the patients complain of bad taste and feeding difficulties, pain and discomfort in the mouth. MRONJ condition may progress to severe forms with involvement of the lower margin and fracture of the mandible, severe maxillary sinusitis, oro-antral fistula, orbital abscess, extra-oral fistula, intractable pain and inability to eat, especially when it affects debilitated patients.

The BACKGROUND: of this study is to evaluate the health related quality of life (HRQoL) under a physical and mental point of view in patients affected by MRONJ, compared with the general population.

METHODS: The study has been accomplished through the administration of the SF-12 questionnaire which investigates the HRQoL. MRONJ patients of “C.R.O.Ma.” (Coordination of Research on Osteonecrosis of the Jaws) project of “Sapienza” University of Rome were included in the study, and the collected data were compared with general population data, previously reported in scientific literature.

RESULTS: 15 patients with MRONJ were included; the values of test sample showed how MRONJ can aggravate patients’ conditions, above all under a physical point of view. Significant differences based on the level of education and age of the subjects, on the location and finally on the stage of necrosis of the jaw, have been identified.

CONCLUSIONS: This study shows that MRONJ can be a further cause of QoL decrease in debilitated patients, mainly under a physical point of view. We want to reach at least 30 of these questionnaires to confirm the preliminary results. Prevention of MRONJ and its symptoms as oral pain, immunological compromise, dysphagia and the need of frequent antibiotic therapies is an important issue for oral pathology and dentistry, above all in oncologic patients, who already have an overall decrease of health-related quality of life. Spreading the mind-set of prevention in the whole health specialists community and intercepting early stages of MRONJ can avoid side effects and improve the conditions of our patients.

Low-level laser therapy: a therapeutic approach for oral mucositis in oncological patients

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BACKGROUND: Oral mucositis (OM) are frequent side effects in oncological patients treated by radiotherapy and/or chemotherapy and hematopoietic stem cell transplantation. OM are inflammatory-like process resulting from a complex array of cytokine-mediated events, which begins with mucosal atrophy and eventually leads to the painful ulceration of the mucosa. Chemotherapy associated mucositis typically peaks at 7 to 14 days after the initiation of chemotherapy and resolves within a few days as compared to radiotherapy associated mucositis in head and neck cancer patients, which peaks at weeks 4 to 6 of treatment and usually lasts few weeks after completion of radiation. The World Health Organization (WHO) classification of OM is graded from 0 to 4: 0 no signs and symptoms; 1 painless ulcers, edema, or mild soreness; 2 painful erythema, edema, or ulcers but able to eat; 3 painful erythema, edema, or ulcers but unable eat; 4 requirement for parenteral or enteral support. Many pharmacologic therapeutic approach are proposed to prevent and to treat OM, but clinical trials have yielded inconsistent results.