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 carcinomas 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 MY05/04 widely used in anogenital HPV detection.

**Conclusion.** This method is different from others because it detects HPV genotypes with the highly specific and sensitive real-time PCR technique in the most invasive and site-specific oral brushing. This technique is easy to apply and can be made in any condition, but qPCR, even if it is very expensive, is less 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 excess cancer prevention because OSACCs are very well differentiated in the surface and will oral brushing 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 loci 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. Lesions are located on the gums (cheeck, gum and erosive forms localized on the gums are called 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 also rare, probably due to scarce use of some related drugs (e.g. antihistamines, as frequently happened in elderly) or to frequent infections by some viruses (e.g. HIV, already institutionalized). Also genital lichen planus in children is extremely rare.

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

**Methods and results.** In 2005, a 10-year-old boy was referred to the Department of Surgical, Oncological and Oral Sciences, University of Palermo, with worsening oral pain. Clinically, bullous lesion on the dorsal of the tongue and reticular lesion on the right buccal mucosa were recognized. Oral hygiene was good.

**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 dental/maxillofacial 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 into 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). T and T+L received intraperitoneal zoledronic acid 0.1 mg/kg and intramuscular dexamethasone 1 mg/kg every 2 days for 3 weeks. Rats of group C and L were injected with saline. After 9 weeks, the first auxiliary molars were extracted in all rats. The operative site and frequency of tooth fractures were recorded as indicators of surgical trauma. Rats of groups C and T+L received laser therapy (Nd:YAG, 1064 nm, 1.25W, 15Hz, 5 min.) at 16:30 on 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 dedicated software. Histomorphometric evaluation was performed following a western blot analysis of osteopontin and osteocalcin expression.

**Results.** The operative 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 2.2 vs. 2.9, grade 1.5 vs. 1.8). No side effects, such as bone resorption were found, without reaching statistical significance. The average wound area of group T+L was 2939 ± 27968.52 µm², whereas the area of group T was 47911 ± 27987.25 µm² (P = 0.025). There was no statistically significant difference between the two groups without irradiation. The histomorphometric evaluation showed a significantly lower osteopontin level in the irradiated area compared to the non-irradiated area (P < 0.05).