

הסתדרות
לרפואת שיניים
בישראל
ISRAEL
DENTAL ASSOCIATION



שתלים, החולה המורכב ומה שביניהם

הכנס השנתי של האיגוד הישראלי לרפואת הפה
23.5.24 | מרכז רבין, תל אביב





עמיתים יקרים,

על רופאי השיניים מוטלת החובה והזכות למתן שרותי רפואת שיניים איכותיים לאוכלוסיית בני הגיל השלישי ולמטופלים בעלי רקע רפואי מורכב.

לאור זאת, בחרנו לייחד השנה את הכנס השנתי של האיגוד הישראלי לרפואת הפה לנושא: "שתלים החולה המורכב ומה שביניהם", שהוא רלוונטי ומשותף לכלל רופאי השיניים הכלליים והמומחים.

נושא אחר שידון בכנס הוא היישום של בינה מלאכותית ברפואת שיניים וברפואת הפה, נושא שהופך להיות מאד אקטואלי למקצוע, כגון בתחום ההדמיה.

מצפים לראותכם!



ד"ר גלית כהן
יו"ר הוועדה המארגנת



ד"ר אנדי וולף
יו"ר האיגוד הישראלי
לרפואת הפה

חברי הועדות

ועדה מארגנת:

יו"ר: ד"ר גלית כהן

ד"ר אסנת גרינשטיין-קורן

ד"ר אנדי וולף

ד"ר הלא כריני-מטאנס

ד"ר זינאת עואדיה אבו גזאלה

ד"ר רינת שווימר-נוי

ועדה מדעית:

ד"ר יגאל גרנות

ד"ר אנדי וולף

ד"ר איילת זלוטוגורסקי הורביץ

ד"ר מוטי פינדלר

ד"ר אנה פיקובסקי

ד"ר נעמה קשת

ד"ר אכרם שלבי



תוכן העניינים

4-5 **תכנית הכנס**

מרצים מוזמנים

7..... פרופ' מייקל בורנשטיין

7..... פרופ' יצחק ביטון

8..... ד"ר מיכאל פסיס

8..... ד"ר עמיר בשקין

9..... ד"ר דבורה שוורץ-ארד

9..... ד"ר מרינה אומנסקי זומר

10..... ד"ר אלי מיכאלי

10..... ד"ר הלא כריני מטאנס

11..... ד"ר אנדרה רטמן

11..... ד"ר אסנת גרינשטיין-קורן

12..... גב' עינת נטף

12..... ד"ר נועה ברר

12..... ד"ר יהונתן בן צבי

13-19 **תקצירים ל- oral presentations**

20-40 **תערוכת פוסטרים מדעיים**

41..... **החברות המשתתפות**



תכנית הכנס | תכנית מדעית

שתלים, החולה המורכב ומה שביניהם

התכנסות וביקור בתערוכה 08:00-09:00

דברי ברכה 09:00-09:15

ד"ר ליאור קצפ - יו"ר ההסתדרות לרפואת שיניים בישראל

ד"ר אנדי וולף - יו"ר הכנס והאיגוד הישראלי לרפואת הפה

מושב ראשון

יו"ר מושב | פרופ' אילנה קפלן וד"ר טרודי לב דור

How will AI and personalized dentistry change diagnostic workflows in oral medicine? 09:15-10:00

מרצה אורח | פרופ' מייקל בורנשטיין, שווייץ

קוצבי לב ושתלים 10:00-10:20

פרופ' יצחק ביטון

קרובים קרובים... סינוסיטיס, פתולוגיה דנטלית, שתלים ומה שביניהם 10:20-10:40

ד"ר מיכאל פסיס

איזון סוכרת לקראת ניתוח אלקטיבי 10:40-11:00

ד"ר עמיר בשקין

הפסקת קפה וביקור בתערוכה 11:00-11:30

מושב שני

יו"ר מושב | פרופ' דורון אפרמיאן, ד"ר וורדה חאג' וד"ר אנה פיקובסקי

טיפול שתלים והשתלות עצם במטופלי פרוליה לאוסטאופורוזיס 11:30-11:50

ד"ר דבורה שוורץ-ארד

הטיפול הדנטלי במטופל המדוכא חיסונית - איך, למה ומתי? 11:50-12:10

ד"ר מרינה אומנסקי זומר

כירורגיה דנטואלבאולרית והשתלות דנטאליות במטופלים עם נטייה לדמם 12:10-12:30

ד"ר אלי מיכאלי

שתלים ושיקום פה בחולים עם מגבלה בפתיחת הפה 12:30-12:50

ד"ר הלא כריני מטאנס

שתלים ושיקום במטופלים עם הפרעות תנועה 12:50-13:10

ד"ר אנדרה רטמן

שיקולים בשיקום פה משולב שתלים במתמודדי נפש 13:10-13:30

ד"ר אסנת גרינשטיין-קורן

ישיבה עסקית של האיגוד הישראלי לרפואת הפה 13:30 - 13:40

ארוחת צהרים 13:40-14:40

Challenges of Implant Surgery Among Medically Compromised Patients



The Annual Meeting of the Israeli Society of Oral Medicine

23th May 2024

Yitzhak Rabin Center, Tel Aviv



מושב שלישי

יו"ר מושב | פרופ' נועם ירום, ד"ר יגאל גרנות וד"ר דורון חיים

טקס לזכרו של ד"ר דרור לבני ז"ל	14:40-14:50
פרופ' אילנה קפלן	
ניהול סיכונים בטיפול עם שתלים אצל מטופלים עם בעיות רפואיות	14:50-15:10
גב' עינת נטף	
שיקום קבוע מלא נסמך שתלים בחולים אונקולוגיים	15:10-15:30
ד"ר נועה ברר וד"ר יהונתן בן צבי	
FULL MOUTH REHABILITATION IN CONGESTIVE HEART FAILURE AND DENTAL PHOBIC PATIENT	15:30-15:40
Dr. Lauren Badran	
IMPLANT PLACEMENT IN FIBRO-OSSEOUS LESIONS – LITERATURE REVIEW	15:40-15:50
Dr. Leandro Erel	
EPIDEMIOLOGICAL AND MEDICAL CHARACTERISTICS OF XEROSTOMIA PATIENTS	15:50-16:00
Nitzan Aizenbud	
הפסקת קפה וביקור בתערוכה	16:00-16:20

מושב רביעי

יו"ר מושב | ד"ר אלי מיכאלי וד"ר איילת זלוטוגורסקי

INTRAORAL ULTRASOUND IN THE DIAGNOSIS OF PRE-MALIGNANT AND MALIGNANT ORAL MUCOSAL LESIONS – PRELIMINARY RESULTS	16:20-16:30
Dr. Ragda Abdalla-Aslan	
ANALYSIS OF BIG ELECTRONIC MEDICAL RECORDS DATA TO PREDICT CLINICAL OUTCOMES ARTHRITIS PATIENTS USING STATISTICAL TECHNIQUES & MACHINE LEARNING APPROACHES	16:30-16:40
Shmuel Shay Shilo	
EARLY IMPLANT FAILURE AND ANTIHYPERTENSIVE MEDICATIONS	16:40-16:50
Dr. Daya Masri	
DENTOALVEOLAR PROCEDURES IN PATIENTS RECEIVING DIRECT ORAL ANTICOAGULANT THERAPY: A PROSPECTIVE STUDY	16:50-17:00
Dr. Sagit Baaton	
הענקת פרס הפוסטר המצטיין	17:00-17:10
ועדת הפרס: ד"ר אכרם שלבי (יו"ר), ד"ר אנה פיקובסקי וד"ר איילת זלוטוגורסקי	



ד"ר אנדי וולף

Dr. Andy Wolff (1952) is a dentist and Specialist in Oral Medicine. He earned his degrees from Tel-Aviv University, Israel (1981 and 1992, respectively). He was born in Argentina and resides in Israel.

Starting his career in Oral Medicine as a Visiting Fellow at the National Institutes of Health (USA) between 1986-89, he later was named Director of the Saliva Clinic at Tel Aviv University (1989-2000) and Director of the Hospital Dentistry Department at Assuta Hospital, Israel (2000-04). Additionally, he led four public dental clinics and served as the principal dentist overseeing dental treatments under General Anesthesia for adults at the Tel-Aviv Sourasky Medical Center (2005-20).

Currently, Dr. Wolff serves as the President of Saliwell Ltd., a pioneering company specializing in intraoral medical devices. One of their innovations is the SaliPen, an electro-stimulating device designed to alleviate xerostomia.

Dr. Wolff has authored over 75 publications in scientific journals and chapters in books and holds five patents on medical devices. He chaired the Section "Medication-induced salivary gland dysfunction" at the 6th World Workshop on Oral Medicine.

Dr. Wolff has managed a number of animal and multinational human trials aimed at testing drugs and medical devices and has been awarded seven research grants from the European Commission (FP5, FP6 and FP7) dedicated to developing innovative medical devices.

Dr. Wolff serves as reviewer and member of the editorial board of several scientific journals and is member of a number of professional societies. He was co-founder of the Israel Society of Oral Medicine in 1992, where he presently serves as President.



ד"ר גלית כהן

DMD, MSc. מומחית לרפואת הפה
בוגרת הפקולטה לרפואת שיניים בהדסה, ותוכנית התמחות ברפואת הפה בהדסה.
עוסקת בעיקר בטיפול שיניים לחולים סיסטמיים וטיפול שיניים תחת הרדמה מלאה.
בעלים ומנכ"ל של מדארט - מרפאות שיניים.
רופאה בכירה בתחום טיפולי שיניים תחת הרדמה מלאה, במרפאת השיניים של בי"ח אסותא רמת החייל.



מרצים מוזמנים



פרופ' מייקל בורנשטיין

How will AI and personalized dentistry change diagnostic workflows in oral medicine?

Michael Bornstein has been appointed in January 2020 as professor and chair of the Department of Oral Health & Medicine at the University Center for Dental Medicine Basel (UZH) of the University of Basel, Switzerland. Since April 2020 he is also head of "research" and member of the executive board at the UZH.

He obtained his dental degree (1998) and thesis (Dr. med. dent., 2001) at the University of Basel. He continued with a specialisation in oral surgery and stomatology in Basel (1998-1999, Prof. Dr. Dr. J. Th. Lambrecht) and Bern (2000-2002, Prof. Dr. D. Buser). In 2004, he was visiting assistant professor at the Department of Periodontics (Prof. Dr. D. Cochran) at the University of Texas Health Science Center at San Antonio, USA, with a grant from the Swiss National Science Foundation. From 2007-2014 he was head of the Section of Dental Radiology and Stomatology, University of Bern. In 2009, he obtained the Habilitation (Privatdozent / PhD) and in 2014 he became Associate Professor in the field of „Oral Surgery and Stomatology“.

From 2016-2019 he has been Clinical Professor in Oral and Maxillofacial Radiology at the Faculty of Dentistry, The University of Hong Kong, Hong Kong SAR, China. In December 2018 he is been appointed as Associate Dean of "Research and Innovation" of the Faculty of Dentistry. He currently is a Visiting Professor at the OMFS-IMPACT Research Group, Department of Imaging and Pathology, University of Leuven, Belgium, and since January 2020 a Honorary Professor of the Faculty of Dentistry, The University of Hong Kong.

His fields of research include cone beam computed tomography (CBCT) in clinical dental practice, diagnostic imaging, stomatology/oral medicine, GBR procedures and dental implants. He has published over 220 original articles, and is the author / co-author of numerous case reports, review articles, and book chapters.



פרופ' יצחק ביטון

Associate Professor of Medicine Cardiology

HIGHER EDUCATION

2008 M.D., Doctor of Medicine Hebrew University and Hadassah Medical School, Jerusalem, Israel.

09/2009 – 09/2012 Internal medicine residency at Sheba medical center, Tel Aviv, Israel.

09/2012 - 06/2014 Cardiology fellowship at Sheba medical center, Tel Aviv, Israel.

07/2014 - 07/2016 University of Rochester Medical School NY Heart Research Follow Up Program

07/2016 – 07/2018 Clinical fellow in Cardiac Electrophysiology at Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts.

OCCUPATION

Attending Cardiologist (EP) Hadassah Medical Center, Ein Kerem, Jerusalem. Director of Meuhedet HMO Heart Institute, Jerusalem.

SERVICE IN OTHER ACADEMIC AND RESEARCH INSTITUTIONS

Adjunct Assistant Professor of Medicine at Rochester University. Member of the scientific advisory board of the International Academy of Cardiology Congress of Heart Disease. Fellow of the American College of Cardiology (FACC). Guest editor Journal of clinical Medicine.

Author of 46 scientific publications and one patent

קוצבי לב ושתלים

מספר החולים עם הפרעות קצב וחולים הנושאים קוצבים/דפיברילטורים הולך ועולה. נדבר על הסיכונים בפרוצדורות, העיתוי להפסקת מדללי דם ועל ההכנה המתאימה לטיפול בטוח.



ד"ר מיכאל פסיס

Senior Faculty, Attending Surgeon
Co-director of the Odontogenic Sinusitis clinic
Graduated Tel -Aviv University, Sackler Faculty of Medicine, Maurice and Gabriela Goldschleger School of Dental Medicine.
02/2023 – Visiting Professor, Penn State College of Medicine, Pennsylvania, USA
Membership in Professional Societies:
Israeli Medical Association (IMA)
Israeli Dental Medicine Association (IMDA)
Israeli Association of Oral and Maxillofacial Surgeons (IAOMFS)
International Association of Oral and Maxillofacial Surgeons (IAOMS)
European Association for Cranio-Maxillo-Facial Surgery (EACMFS)
Israeli Sleep Research Society (ISRS)
International Surgical Sleep Society (ISSS)
AOCMF Foundation
Lecturer at national and international conferences on a regular basis. Writes and publishes articles in professional journals.

קרובים קרובים... סינוסיטיס, פתולוגיה דנטלית, שתלים ומה שביניהם

Dental-related issues are the primary cause of most cases of chronic unilateral maxillary sinusitis (CMS), known as dental chronic maxillary sinusitis (DCMS). Approximately 25–40% of all CMS cases and 45–75% of unilateral CMS cases are attributed to dental origins. The prevalence of dental implants and associated surgical procedures has contributed to this trend. Patients with DCMS may exhibit an oroantral fistula (OAF), either with or without pus discharge. Maxillary sinus floor elevation (SFE) and grafting, utilizing allografts, xenografts, or alloplastic materials, have become increasingly common for restoring the edentulous upper jaw with implant-supported prostheses. Despite their efficacy and low postoperative complication rates, one potential complication of SFE is the migration of graft material into the paranasal sinuses. Additionally, dental implant placement in the posterior maxilla carries the risk of displacement into the maxillary sinus. Functional endoscopic sinus surgery (FESS) is the prevailing surgical approach for treating DCMS. Post-FESS, addressing dental pathology and treating any OAF present are essential. This presentation advocates for the superior efficacy of a single-stage surgery for DCMS, combining FESS with per-oral procedures, compared to current double or multistage approaches. The findings aim to establish a protocol for surgical intervention in DCMS cases



ד"ר עמיר בשקין

ד"ר עמיר בשקין מנהל את היחידה לאנדוקרינולוגיה וסוכרת במרכז הרפואי לגליל מ 2013 וחבר בוועד המנהל של האגודה הישראלית לסוכרת ובצוות המוביל של מיזם ספרת הסוכרת בגליל של הפקולטה לרפואה בצפת, אוניברסיטת בר אילן. הוא אחראי על מחקרים קליניים רב מרכזיים בתחום הסוכרת המתקיימים ביחידה ויוזם מחקרים בתום הסוכרת ומחלות של בלוטת התריס במאושפזים. ד"ר בשקין גם יועץ אנדוקרינולוג במכבי שירותי בריאות, מחוז צפון וזכה פעמים רבות בהצטיינות בהוראה והובלת הסבב הקליני באנדוקרינולוגיה וסוכרת במרכז הרפואי לגליל.

איזון סוכרת לקראת ניתוח אלקטיבי

ניתוח כאשר הסוכרת לא מאוזנת קשור ביותר סיבוכים, מצד שני, לא תמיד איזון הסוכרת אכן מוריד את הסיבוכים. לגבי ניתוחים בחלל הפה לא קיים בכלל מידע בנושא זה. ננסה לראות מה ניתן ללמוד מתחומים אחרים ומה ההמלצות לאיזון סוכרת סביב ניתוחים.



ד"ר דבורה שוורץ-ארד

A specialist in Oral and Maxillofacial Surgery (OMS), Ph.D. degree in cancer research, anatomy and embryology. Graduated from the Faculty of Dental Medicine of the Hebrew University and was a senior lecturer in the Department of Oral and Maxillofacial Surgery at the School of Dental Medicine, Tel Aviv University until 2008.

Since 2016 Dr. Schwartz-Arad is a Research Professor of the "Pharmacological Research in Dentistry Group" at the Faculty of Dentistry, State University of Granada (Spain) and Visiting Professor, UCAM, Universidad Cattolica De Murcia, Murcia, Spain.

Dr. Schwartz-Arad is the author of 78 research papers focusing on immediate dental implantation, bone augmentation procedures for dental implants, the influence of smoking on the success of dental implants. Dr. Schwartz-Arad presented more than 100 papers in scientific meetings and she is a renowned national and international lecturer. She is the author and editor of 2 books published by Quintessence:

- Ridge preservation & immediate implantation
- Esthetics in Dentistry

She is an active member of the European Academy of Esthetic Dentistry (EAED) and other international organizations .

Dr. Schwartz-Arad performs a wide range of treatments Bone Grafts for implant purposes, Dental Implants, Orthogenetic surgery for jaw correction, Maxillary sinus elevation procedure, Jaw joint problems and tooth (including wisdom tooth) extractions.

She is the Founder and President of "Conflict and Dialogue" study club and she is heading the Schwartz-Arad Continuing Education center and the owner and OMS of Schwartz-Arad Day-Care Surgical Center.

Oral surgery treatment concept in patients treated with Prolia

Devorah Schwartz-Arad, DMD, PhD

Schwartz-Arad Surgical Center, Tel Aviv, Israel

טיפול שתלים והשתלות עצם במטופלי פרוליה לאוסטאופורוזיס

Prolia (denosumab) is a monoclonal antibody that limits bone resorption by osteoclasts, making it a critical treatment option for patients suffering from osteoporosis or secondary bone tumors. Its biannual injections offer convenient treatment. Serum concentration peaks at day 10 post-injection, declining over three months. When considering oral surgery in patients treated with Prolia, few factors need attention: Bone Healing: Prolia works by inhibiting osteoclast activity, which can affect bone remodeling. Risk of Osteonecrosis of the Jaw (ONJ): Although the risk is relatively low, oral surgeons should be aware of this possibility, especially when performing invasive dental procedures like extractions, dental implants or bone augmentation.

Here, we present cases of successful oral surgeries in Prolia patients with varying osteoporosis diagnosis durations (5-15+ years) and exposure to Prolia (2-5+ years). Precise scheduling to avoid osteonecrosis of the jaw (ONJ) is essential: surgery scheduled 4.5 months after Prolia injection, optimizing medication effects and post-surgery healing. Subsequent Prolia doses given 1.5 to 2 months post-surgery, extending the injection interval to about 6.5 months. Collaboration with the patient's endocrinologist ensures optimal healing. This adapted schedule accommodates bone procedures and dental implants while effectively managing osteoporosis, highlighting Prolia's flexibility and convenience in treatment.



ד"ר מרינה אומנסקי זומר

Oral Medicine Unit, Sheba Medical Center, Tel-Hashomer

ד"ר אומנסקי זומר, מומחית לרפואת הפה בוגרת תוכנית ההתמחות של המחלקה לרפואת הפה, סדציה ודימום במרכז הרפואי הדסה. כיום רופאה בכירה ביחידה לרפואת הפה, שיבא תל השומר. אחראית מרפאת כאב פנים ולסתות וכן עוסקת בטיפול דנטלי ושיקומי בחולים בעלי רקע רפואי מורכב.

הטיפול הדנטלי במטופל המדוכא חיסונית - איך, למה ומתי?

עם העלייה בתוחלת החיים, אנו עדים לעליה משמעותית במחלות סיסטמיות מורכבות הגורמות לירידה בפעילות החיסונית התקינה. בנוסף, חלק גדול מהטיפולים התרופתיים הכרוניים עשויים לגרום לדיכוי חיסוני בצורות שונות. בהרצאה זו ננסה לעבור בקצרה על ההשפעה של סוגים שונים של דיכוי חיסוני על הטיפול הדנטלי - איפה זה פוגש אותנו ומה אנחנו עושים עם זה.



ד"ר אלי מיכאלי

Dr. Eli Michaeli is the head of the Oral Medicine Department and the post-graduate program at Barzilai University Medical Center in Ashkelon. He served as Acting Chairman of the Israeli Society of Oral Medicine.

Dr. Michaeli graduated the Faculty of Dental Medicine at Hebrew University in Jerusalem in 1999 and immediately after completed his post-graduate program at the Oral Medicine Department of Hadassah Medical Center.

On 2006 he concluded a two years program at the Dental Implant Center of the Faculty of Dental Medicine at Hebrew University and served as a clinical instructor since then up until 2011.

His main interest area is dental care for the medically compromised patient with an emphasis on dental implantology, having published various articles in the international literature.

כירורגיה דנטואלבאולרית והשתלות דנטאליות במטופלים עם נטייה לדמם

Dentoalveolar Procedures and Dental Implant surgery in Patients with Bleeding Tendency

One of the main complications encountered by dental practitioners, especially when performing dentoalveolar procedures and dental implant surgery, is bleeding. }

The lecture will be focusing on acquired bleeding disorders, with an emphasis on drug related conditions, while discussing proper bleeding tendency evaluation, relevant laboratory blood tests and applicable management measures.



ד"ר הלא כריני מטאנס

המרכז לניתוחי פה פנים ולסתות, המרכז הרפואי לגליל

בוגרת הפקולטה לרפואת שיניים של האוניברסיטה העברית והדסה שנת 2007, סיימה התמחות ברפואת הפה במרכז הרפואי לגליל ב 2022, וממשיכה לעבוד כרופאה בכירה שם. כמו כן השתלמה ב Eastman Institute of Oral Health, רוצ'סטר, ניו-יורק בנושא כאב אורופציהלי.

שתלים ושיקום פה בחולים עם מגבלה בפתיחת הפה

Restricted mouth opening can be a significant issue for dental clinicians and patients. There are several reasons for restricted mouth opening, which can be acute or chronic. These reasons may include Temporomandibular joint disorders, infections, trauma, or connective tissue disorders. This presentation will provide an updated literature review on the causes of restricted mouth opening with a focus on dental management in systemic sclerosis patients, including implants and prosthetic rehabilitation. The presentation will also include our department's experience in treating these patients and provide suggestions for treatment recommendations.



ד"ר אנדרה רטמן

Faculty of Dental Medicine, Hebrew University of Jerusalem Department of Oral Medicine, Sedation and Imaging, Hadassah Medical Center, Jerusalem

Dr. Rettman is a graduate of the Hebrew University Faculty of Dental Medicine and successfully completed her oral medicine residency at the Department of Oral Medicine, Sedation, and Imaging, Hadassah Medical Center. With a strong passion for providing comprehensive dental care to patients with complex medical conditions, the elderly, and individuals dealing with dental phobias, Dr. Rettman has dedicated her career to improving oral health. As a senior doctor at the Sedation and Medically Compromised Clinic, Dr. Rettman takes on a vital role in educating and mentoring oral medicine residents and dental students. Furthermore, she serves as the director of the Sedation branch at the HMO dental clinic, specializing dental treatment under general anesthesia, oral medicine and dental rehabilitation. Dr. Rettman's commitment to enhancing oral health extends to her private clinic.

שתלים ושיקום במטופלים עם הפרעות תנועה

Enhancing Quality of Life: Dental Management for Motor System Disorders

Motor system disorders, including Parkinson's disease, Huntington's disease, and amyotrophic lateral sclerosis (ALS), pose unique challenges for dental professionals. Patients affected by these conditions often experience uncontrollable movements, tremors, Hypertonia, muscle Spasticity and paralysis. Difficulty with oral motor control, impacting oral health and overall well-being. This lecture explores the essential dental management principles tailored to these patients, emphasizing early intervention, adaptive techniques, and multidisciplinary collaboration. By addressing specific considerations for each disorder, we can significantly enhance the quality of life for individuals living with motor system disorders.



ד"ר אסנת גרינשטיין-קורן

המחלקה לפתולוגיה אורלית, רפואת הפה ודימות מקסילופציאלי, בית הספר לרפואת שיניים, אוניברסיטת תל אביב
ד"ר אסנת גרינשטיין-קורן בוגרת בית הספר לרפואת שיניים באוניברסיטת תל אביב משנת 2002 ובוגרת תכנית ההתמחות ברפואת הפה באותו מוסד (9002). חברת סגל, מורה מצטיינת ואחראית על תחום המתרפא בסיכון רפואי במחלקה לפתולוגיה אורלית, רפואת הפה ודימות מקסילופציאלי בבית הספר לרפואת שיניים, אוניברסיטת תל אביב. אחראית על תכנית ההתמחות ברפואת הפה במוסד זה משנת 2020. ד"ר גרינשטיין-קורן משמשת משנת 2002 כיועצת בכירה בתחום רפואת הפה בקופת חולים מכבי, ובעלת מרפאה פרטית בתחום רפואת הפה ברעננה. משנת 2019 פעילה בוועד האיגוד הישראלי לרפואת הפה וכיהנה כגזברית ובהמשך כיו"ר האיגוד.

שיקולים בשיקום פה משולב שתלים במתמודדי נפש

מחלות פסיכיאטריות הן קבוצה הטרוגנית של הפרעות נפשיות, המלוות בפגיעה תפקודית בדרגות שונות. מטופלים הסובלים מחרדה, דיכאון, הפרעות אכילה, פוסט-טראומה, התמכרויות לסמים ואלכוהול, סכיזופרניה ועוד, נבדלים זה מזה מהותית בתסמינים ובאופן תפקודם היומיומי, אך המשותף לכולם הוא היותם נתונים בסיכון גבוה יותר לתחלואה אוראלית ודנטלית. רבים ממתמודדי הנפש חווים קשיים שונים בקבלת טיפול דנטלי, ובמיוחד כאשר נזקקים לטיפול שיקומי נרחב הכולל שתלים, ולכן זקוקים לתשומת לב מיוחדת. סוג המחלה, חומרתה והטיפול התרופתי בה הם גורמים המשפיעים הן על מצב בריאות הפה והן על ההתאמות שיש לבצע בטיפול השיניים. בהרצאה יידונו שיקולים שונים שיש לקחת בחשבון לקראת טיפול דנטלי שיקומי והתקנת שתלים במתמודדי נפש.



גב' עינת נטף

גב' עינת נטף בוגרת קורס הסמכת שינניות בפקולטה לרפואת שיניים הדסה עין כרם. עבדה שנים רבות כשיננית במסגרת מרפאת שיניים ציבורית ומרפאה פרטית. במקביל, משמשת כמנהלת סיכונים בתחום הדנטלי בחטיבה המשפטית/רפואית בסוכנות הביטוח מדנס. בוגרת קורס מנהלי סיכונים ובטיחות הטיפול במערכת הבריאות מטעם המכון הטכנולוגי הטכניון. במסגרת תפקידה מייעצת לרופאי שיניים ומנהלי מרפאות, עורכת תוכן מקצועי וטפסי הסכמה בתחום הדנטלי ומעורבת בניהול תיקי תביעה ואירועים חריגים.

ניהול סיכונים בטיפול עם שתלים אצל מטופלים עם בעיות רפואיות

ההרצאה תציג את מגוון הפעולות הקליניות והמנהליות שעל רופא השיניים לאמץ כשהוא ניגש לטפל במטופלים בעלי רקע רפואי מורכב. וישם דגש על ניהול סיכונים בטיפול כירורגי ככלל והשתלות דנטליות בפרט.



ד"ר נועה ברר

שיקום קבוע מלא נסמך שתלים בחולים אונקולוגים

ד"ר נועה הינה בוגרת הפקולטה לרפואת שיניים באוניברסיטת תל אביב בשנת- 2010 ובוגרת תכנית ההתמחות לרפואת הפה במחלקה לרפואת הפה ופתולוגיה אוראלית באוניברסיטת תל אביב בשנת 2017. בעבודתה היומיומית מבצעת טיפולי שיקום מורכבים במטופלים מורכבים מבחינה רפואית. בנוסף, משמשת כיועצת מקצועית למחקר ופיתוח בתעשיית הביוטכנולוגיה וחידושים טכנולוגיים בעולם השתלים הדנטליים ועל שמה שלוש פטנטים רשומים. ד"ר נועה אחראית על פיתוח, מחקר ופרסום מאמרים במרכז הרפואי Lorian Medical והינה המנהלת הרפואית של המרפאה.



ד"ר יהונתן בן צבי

ד"ר יהונתן הינו בוגר הפקולטה לרפואת שיניים באוניברסיטת תל אביב 2010. בעל תואר Ph.D. בחקר ביומכניקה של העצמות ממכון ויצמן למדע ברחובות. מומחה בכירורגיית פה ולסתות, בוגר תכנית ההתמחות בית חולים בילינסון 2021. בעל פרסומים רבים בספרות המקצועית העוסקים בסיבוכים לאחר ביצוע שתלים דנטליים. כיום, רופא בכיר במחלקת כירורגיית פה, פנים ולסתות בבית חולים שערי צדק ונמנע על הצוות הכירורגי במרפאת לוריאן מדיקל.

שיקום קבוע מלא נסמך שתלים בחולים אונקולוגים

Full Arch fixed Implant-Prosthetic Rehabilitation in oncology patients

Dr. Yehonatan Ben Zvi & Dr. Noa Barer

In the past two decades, dental implant treatment with immediate loading and fixed full arch rehabilitation is a valuable procedure providing a major improvement in the patient's quality of life.

However, full arch rehabilitation with dental implants in oncology patients is a challenging procedure that requires careful evaluation, planning and cooperation between several doctors.

In our joined lecture, we will share cases of patients in different stages of their disease and the surgical and rehabilitation treatment showing the decision-making process and work flow.



תקצירים ל-oral presentations

FULL MOUTH REHABILITATION IN CONGESTIVE HEART FAILURE AND DENTAL PHOBIC PATIENT

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Background: A compromised medical status can alter the dental treatment plan and, if ignored, can lead to severe and sometimes fatal consequences. Cardiovascular disease (CVD) is one of the most common medical conditions encountered in dental practice. A multidisciplinary approach including a cardiologist and an anesthesiologist can potentially minimize complications and improve treatment outcomes. The presence of dental phobia may further complicate the treatment, where anxiety about having dental treatments may cause neglect of oral health. As a result, a poor prognosis of dentition could lead to a radical treatment choice, that needs to be performed in stressless settings such as sedation or even general anesthesia. When it comes to a cardiac patient, the challenge is twofold because stress that is induced by surgical procedures, including dental treatments may lead to sudden cardiac events and can be fatal. On the other hand, sedation or general anesthesia can be challenging, which requires accurate planning, considering advantages and disadvantages of each approach.

Objectives: To be able to analyze the case of a medically compromised patient, and provide the best treatment, while paying attention to his needs and wishes, without jeopardizing his health.

Case Presentation: A 49-year-old male, Seeking dental treatment under general anesthesia due to dental phobia. Medical background of: ISCHEMIC HEART DISEASE, CONGESTIVE HEART FAILURE WITH SYSTOLIC DYSFUNCTION, MITRAL VALVE REPLACEMENT (2014), HYPERLIPIDEMIA, HYPOTHYROIDISM, EWING SARCOMA (1990) also a heavy smoker. On Clinical Examination No evidence of pathologies was discovered in the extra oral examination; the intra-oral examination revealed: multiple missing teeth, lack of oral hygiene, multiple carious lesions, mobile teeth, swollen, bleeding, and erythematous gingiva.

Dental Management: His treatment plan was decided according to clinical and radiographic examination, which included smoking cessation and improving oral hygiene and Total clearance due to hopeless teeth. Due to his young age, the patient preferred having an implant-based prosthesis. And to reduce his stress levels a treatment under IV moderate sedation was suggested. Further dental investigations were made, including intraoral radiographic images, panoramic, and CBCT. Due to his medically challenging status, we referred him to CBC, blood chemistry, thyroid function, and coagulation blood tests, Eco-doppler was performed, and cardiac evaluation estimated EF of 35%. Treatment was done on multiple visits. Where dental surgery was done under IV moderate sedation, INR was checked, and prophylaxis antibiotics were given.

Conclusion: The case presented is a complex case in terms of dental management, but we succeeded with the help of learning all the details and their consideration, while understanding the risks we face, in performing extensive dental treatment and restoring oral function to a young patient with a complex systemic background.



IMPLANT PLACEMENT IN FIBRO-OSSEOUS LESIONS – LITERATURE REVIEW

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Introduction: Fibro-osseous lesions (FOLs) encompass a group of conditions in which fibrous tissue with mineralized components replaces normal bone tissue. This group includes Fibrous Dysplasia (FD), Cemento-Osseous Dysplasia (COD), and Ossifying Fibroma (OF). Due to FOLs' limited blood supply, implant placement is generally discouraged, but there have been reports of inadvertent implant placement or when other prosthodontic alternatives were lacking. This literature review aims to determine the outcomes of implant placement in FOLs and to identify positive prognostic factors.

Methods: A comprehensive database search between the years 1990-2023 was performed using PubMed and Google Scholar. Only case-studies or case-series with words or a combination therein pertaining to FOLs were included in the search.

Results: The search yielded a total of 11 articles reporting implant placement in FOLs with varying survival rates. Eight articles detailed implant placement in COD lesions, three in FD lesions, and none in OF. In total, 29 implants were placed in 11 patients, predominantly in the mandible. Five out of 29 (17.2%) implants failed during follow-up periods ranging from 0.25 to 16 years (mean 4.1 years). Upon implant failure, subsequent pain, bony defects, and osteomyelitis were reported.

Conclusions: Although some articles reported successful long-term implant placement in FOLs, there were relatively high failure rates and associated morbidity. Limited cases and potential reporting bias hinder drawing meaningful conclusions regarding successful implantations. Given the inherent risks, implantation in FOLs should be considered only as a last resort when all alternative prosthodontic options have been exhausted.



EPIDEMIOLOGICAL AND MEDICAL CHARACTERISTICS OF XEROSTOMIA PATIENTS

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Introduction: Xerostomia is a highly prevalent condition, defined as a subjective feeling of dry mouth. Since objective evidence for decreased salivary flow requires generally flow to diminish by more than 50%, measurement of the salivary flow rate is not paralleled for the diagnosis of xerostomia. This study aimed to describe the characteristics of patients suffering from xerostomia using a comprehensive medical and dental screening, as well as measurement of salivary flow rate (SFR).

Methods: Upon IRB approval and signed informed consent, 102 patients with xerostomia were recruited for the prospective cohort of this study. Demographic data were collected (such as sex, employment, marital status, and birth country). Patients completed a comprehensive medical questionnaire and clinical evaluation, including SFR. For descriptive statistics, means and standard errors (for continuous variables), and absolute numbers and percentages (for categorical variables) were calculated.

Results: The mean age of the participants was 63.51 ± 13.81 years (range 20-90), including 91 (89.2%) women and 11 (10.8%) men. Most of the patients were married (67.7%), did not work (56.8%) and were native Israelis (53.9%). Over half of the patients suffered from Sjögren's Syndrome (52.0%). Another common systemic condition was hypertension (37.3%). The most common salivary gland impairment related condition was medication-induced salivary gland dysfunction (52.0%). The average unstimulated and stimulated SFR was 1.98 ± 0.27 ml/10min and 2.63 ± 0.30 ml/10min, respectively.

Conclusions: Xerostomia is highly diverse medical condition that can affect patients with a wide range of background systemic diseases. Consumption of different medications by xerostomia patients may be related to their hyposalivation phenomenon.



INTRAORAL ULTRASOUND IN THE DIAGNOSIS OF PRE-MALIGNANT AND MALIGNANT ORAL MUCOSAL LESIONS- PRELIMINARY RESULTS

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Objectives: The purpose of this study was to assess intraoral ultrasound (US) features that may predict malignant transformation in oral mucosal lesions.

Methods: Patients over 18 years from both genders with clinically suspected pre-malignant or malignant oral mucosal lesion who are scheduled for biopsy were invited to participate in the study. Before the biopsy (within 2-weeks), the patients underwent intraoral US, on a 7-15 MHz L15-7io linear 'hockey stick probe' on a Philips Epiq 5,7 machine. The sonographic parameter include: size in 3-dimensions; echogenicity; presence of cystic areas; presence of calcifications; margins; vascularity. Comparison of ultrasound parameters and pathologic findings was conducted.

Results: Full data was available for 41 patients (with 42 lesions). Nineteen females and 22 males with mean age 55.85 ± 18.78 years [range 18-76] were included. Sixteen lesions diagnosed as squamous cell carcinoma (SCC), 3 lesion with mild, moderate and severe dysplasia, and the remaining 23 were benign lesions. In cases with SCC, overall size in 3 dimensions including depth of invasion showed high correlation between US and pathology. Two main sonographic features were unique in malignant lesions compared with benign lesions: borders (ill-defined) and vascularity (high within the lesion). In cases with SCC, CT and MRI images showed metal artifacts in the region of interest.

Conclusions: Preliminary results show that sonographic features of borders and vascularity may predict malignant transformation. Intraoral US show benefits of higher accuracy in dimensions of malignant lesion over CT and MRI, and has no drawback of dental metal artifacts.



ANALYSIS OF BIG ELECTRONIC MEDICAL RECORDS DATA TO PREDICT CLINICAL OUTCOMES IN RHEUMATOID ARTHRITIS PATIENTS USING STATISTICAL TECHNIQUES & MACHINE LEARNING APPROACHES

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Introduction: Rheumatoid arthritis (RA) is a chronic autoimmune disease characterized by joint inflammation and damage. This study aims to investigate the clinical outcomes in RA patients, including other rheumatologic and non-rheumatologic comorbidities.

Methods: Our study used Electronic Medical Records (EMR) data from Hadassah Medical Center, comprising 52,951 patients who visited the Rheumatic clinic during 2008-2020. We applied various statistical tests and machine learning algorithms to predict and forecast outcomes of RA. The statistical analysis involved the use of univariant and multivariant statistics. machine learning algorithm models including Random Forest, LightGBM (Light Gradient-Boosting Machine) and SHAP (SHapley Additive exPlanations) were applied to identify complex patterns, relationships within the data and visualization of the feature importance.

Results: 3328/52,951 (6.28%) were diagnosed with RA, mean age 56.13 ± 17.44 , 2557 (67.81%) women. The LightGBM algorithm highlighted osteoarthritis, age, and female sex as the top three in feature importance, followed by weight, gout, number of visits at the hospital in the last year, diagnoses of chronic rheumatic heart disease, fibromyalgia, familial mediterranean fever, sarcoidosis were the top 10 predictors. The AUC (Area under the curve) of the model was 0.759, with an accuracy of 0.746, recall of 0.635, specificity of 0.755.

Conclusion: The machine learning algorithm established a profile of a patient vulnerable to RA that includes older age, female sex, higher weight, presence of other rheumatological comorbidities most importantly osteoarthritis and gout and more hospital visits. These results may have implications for the management and follow-up of patients with RA.



EARLY IMPLANT FAILURE AND ANTIHYPERTENSIVE MEDICATIONS

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Introduction: HTN is a common problem in older adults (age 60years), reaching a prevalence as high as 70 to over 80 percent. The available data, from both animal experiments and observational studies, suggest that beta blockers use is associated with higher bone mineral density (BMD) and may be independently associated with a reduced risk of fracture. Preclinical studies provided evidence that renin -angiotensin -aldosterone -system-RAAS-inhibitors reduce periodontal inflammation and increase alveolar bone volume. Osseointegration of dental implants depends on new bone formation and remodeling. In addition, Angiotensin-II induces the expression of receptor activator of nuclear factor kappa-B ligand (RANKL) in osteoblasts, leading to activation of osteoclasts, whereas this effect is blocked by an ARB medication. The physiological events occurring during osseointegration resemble bone fracture healing. Thus, bone metabolic activity may benefit from antihypertensive medications. Consequently, improved osseointegration may be speculated in patients receiving antihypertensive drugs.

Material and Methods: Medical records of implant dentistry individuals (2013-2018) were electronically extracted and manually screened. The cohort was divided into three groups: normotensive patients (NT group), hypertensive patients using antihypertensive drugs (HTN +med group), and hypertensive patients not using antihypertensive drugs (HTN -med group). All implants were inserted by experienced oral and maxillofacial surgeons. Follow-up 12 months following prosthetic delivery was a prerequisite for inclusion. Primary outcome parameter was EIF.

Results: 792 patients received 2971 implants with a cumulative EIF rate of 3.84% at implant level. EIF of 2.29% in the HTN +med group (185 individuals, 784 implants) was significantly lower ($P=0.001$) than that of the NT (4.33%) and HTN -med (6.25%) groups.

Conclusions: Antihypertensive drugs may decrease the EIF rate of dental implants



DENTOALVEOLAR PROCEDURES IN PATIENTS RECEIVING DIRECT ORAL ANTICOAGULANT THERAPY: A PROSPECTIVE STUDY

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Introduction: We aim to assess intra-operative, early postoperative, and delayed bleeding complications of patients requiring dentoalveolar treatment who receive direct oral anticoagulant (DOAC) therapy without intervening in their drug regimen.

Methods: A prospective, case-control pilot study was performed from May 2022 to May 2023 which involved 34 consecutive patients (26 males, 8 females, mean age 74.4 ± 10.3 years, range 51 – 88 years) for the study group (DOAC group) and 30 consecutive patients (14 males, 16 females, mean age 69.7 ± 8.4 years, range 51 - 79) for the control group (No-DOAC group). All study and control groups were treated by local homeostatic measures subsequent to the dentoalveolar procedures. The primary outcome variable was the occurrence of a bleeding event. The frequency and severity of bleeding episodes in the groups were compared. We used VAS 1-5 score system to assess the severity of intraoperative bleeding.

Results: For intraoperative bleeding, the DOAC group demonstrated a 2.41 ± 0.60 (95% CI 1.17 – 3.57) VAS score, and No-DOAC group had a 2.18 ± 0.64 (95 CI 0.80 – 3.54) score ($p=0.20$). The incidence of postoperative and delayed bleeding episodes was negligible and could not be statistically assessed. Only one DOAC group patient had delayed bleeding during the first follow-up week. The age and sex of the participants did not influence the results.

Conclusion: The obtained preliminary results suggest that dentoalveolar surgical procedures when homeostatic measures are being used can be performed safely in patients treated with DOAC who did not interrupt their DOAC regimen.



תערוכת פוסטרים מדעיים

CORRELATION OF FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) TO HISTOPATHOLOGY AS AN AID IN SALIVARY GLAND LESIONS DIAGNOSIS

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Introduction: Fine-needle aspiration cytology (FNAC) is a useful tool to differentiate between primary versus metastatic lesions. It is relatively inexpensive, rapid to perform, well accepted by patients and associated with low morbidity.

The aim of this study was to correlate (FNAC) to histopathology as a tool of salivary gland disease lesions diagnosis.

Methods: This study is a 3-year retrospective analysis of salivary gland FNACs, which were reviewed and classified according to the Milan system. Number of false and true positives and negatives were assessed in comparison with the final histopathological diagnoses, and the sensitivity and the specificity were assessed. The risk of neoplasm and the risk of malignancy for different categories of the Milan system were calculated.

Results: There were 90 salivary gland lesions, with 28 final histopathological diagnoses. The parotid gland was most involved (91.1%; 82/90), followed by the submandibular gland (8.9%; 8/90). Distribution of the Milan categories was as follows: 25.5% were nondiagnostic (ND), 13.3% non-neoplastic (NN), 1.1% atypia of undetermined significance (AUS), 44.4% benign neoplasm (BN), 4.4% salivary gland neoplasm of uncertain malignant potential (SUMP), 1.1% suspicious for malignancy, and 10% malignant. Sensitivity was 100%, the specificity was 86.9%. Risk of neoplasm and Risk of malignancy ranged between 11.1-100% for the different categories.

Conclusion: The Milan classification system can lead the clinicians towards appropriate management strategy and reduce excessive surgical interventions. In cases with unusual or overlapping features the Milan system could be helpful to define appropriate management.



DENTAL MANAGEMENT OF PATIENT WITH CHRONIC GRAFT VERSUS HOST DISEASE AND OSTEOPOROSIS

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Background: Long-term survivors after allogeneic hematopoietic stem cell transplantation (allo-HSCT) increase the need to identify and treat late complications, such as Chronic Graft-versus-Host Disease (cGVHD) that is a common cause of morbidity and non-relapse mortality. cGVHD can influence any organ system such as the skin, eyes, and mouth, leading to immune-mediated manifestations. Osteoporosis is another significant source of morbidity in patients after allo-HSCT. Rapid bone resorption and loss of bone density take place 1-2 years post-transplantation. Contributing factors include myeloablative conditioning, secondary hypogonadism, abnormal metabolism of calcium and vitamin D, reduced mobility of the patient, and immunosuppressive medication consumption.

Objective: To present head and neck manifestations of an Osteoporotic cGVHD patient, and to discuss dental management considerations including treatment plan.

Case Summary: 17-year-old male patient with multisystemic cGVHD and Osteoporosis and medical history of acute myeloid Leukemia, treated twice by HCST resuming with immunosuppressive medications, and a single dose of IV Pamidronate 75mg due to lytic lesions of the spine. The patient complained of dental pain and asked for full mouth rehabilitation. Clinical examination revealed skin and oral manifestations; including dry mucosa, microstomia, lichenoid-like lesions, atrophic tongue, poor oral hygiene, chronic periodontitis, and dental caries.

The treatment plan included total clearance, upper and lower full provisional dentures and implant-based prosthesis after assessment of post-extraction healing.

Therefore, the extractions were done step-wisely to test proper initial healing. After full mouth clearance and healing the patient received full mouth dentures; unfortunately, he passed away before treatment plan completion.

Conclusion: Appropriate treatment planning after considering all the systemic and local factors, makes it possible to provide a functional and aesthetic solution even to severely medically compromised patients.



ANALYSIS OF GRANULOMATOUS LESIONS OF ORAL MUCOSA AND JAWS

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Background: Granulomatous inflammation present focal aggregates of lymphocytes and isticytes, multinucleated giant cells or necrosis. Granulomatous reaction may be localized induced by bacteria, fungi and foreign antigens, or a manifestation of systemic, disseminated diseases.

Objective: To investigate the spectrum of granulomatous lesions of the oral soft tissues and awbone.

Methods: Retrospective analysis; 2004-2022.

Results: The study included 78 cases, 44 F, 26 M and 8 unknown gender, age 7-83, (mean, 49 years). 40 biopsies (51.2%) were taken from jawbones and 38 (48.7%) from oral mucosa and soft tissue (including maxillary sinus).

Pathological diagnoses included foreign body reaction in jawbones 39 cases (90.7%): pulse granuloma 10 cases (25.6%), alveogyl 8 cases (20.5%); in oral mucosa 28 cases (71.8%): amalgam 16 cases (57%), dermatologic filler 5 cases (18%); non-specific single granulomatous formation 5 (6.4%); diffuse granulomatous lesions 10 (12.8%), of which 8 (80%) in oral mucosa and soft tissue and 2 (20%) in bone. 9 of the 10 diffuse granulomatous lesions were non-necrotizing granulomas and only 1 was necrotizing granuloma.

All cases of diffuse granulomatous reaction were negative for the stains` battery for micro-organisms (Ziehl-Neelsen, PAS, Gram, and silver stain); polarized light did not reveal a foreign body/material.

Conclusions: A definitive diagnosis in granulomatous lesions depends on a combination of istologic characteristics, special stains and clinical information. The most frequent type was iatrogenic foreign body reaction (dental materials, dermatologic filler materials).

Immunologic-related reactions were rare and infectious granulomatous diseases (were not present at all).



HISTOMORPHOLOGIC FEATURES OF THE BONE IN MRONJ VERSUS OSTEORADIONECROSIS

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Introduction: Final main microscopic outcomes of both osteoradionecrosis (ORN) and MRONJ are non-vital (necrotic) bone surrounded by massive bacterial colonies, although etiology and biological mechanisms in these conditions are completely different. We aimed at assessing various microscopic parameters in an attempt to define any possible specific feature associated with either of them.

Material and methods: All collected cases were from the mandible and these included diagnoses of MRONJ, ORN, osteomyelitis related to other causes (OM) and normal bone adjacent to extractions that served as control (CON). On hematoxylin and eosin-stained slides, we assessed for each group the mean numbers of empty osteocyte lacuna, microorganisms, acute/chronic inflammation, necrosis of adjacent connective tissue and osteoclasts/osteoclast lacunas, on a 4-tier scale: 0 – no, 0.5 – rare, 1 - mild, and 2 – many; presence of epithelial islands/strands and woven bone – yes/no; number of reversal lines per 10 HPFs. ANOVA and Kruskal-Wallis test were used, p

Results: The study comprised of MRONJ (n=22), ORN (n=8) OM (n=12) and CON (n=5) cases. Reversal lines were most common in MRONJ (3.58+1.57) and significantly differed from OM (1.87+1.2) (p=0.028), but no difference was found versus ORN (2.74+1.88, p0.05). Woven bone formation was found in 31% of the MRONJ cases, which was the lowest compared to ORN (50%) and CON (50%) (p=0.006) and OM (58%) (p0.001).

Conclusion: MRONJ seems to be the condition most associated with increased bone turn-over before undergoing necrosis and has the lowest potential to generate new bone in comparison to ORN and OM.



MANAGING A COMPLEX CASE OF SEVERE CHRONIC OROFACIAL PAIN: A COMPREHENSIVE APPROACH TO NEUROVASCULAR, NEUROPATHIC AND MUSCULOSKELETAL SYMPTOMS

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Background: Orofacial migraine, a specific subtype of migraine primarily targeting facial structures inclusive of the jaw, oral cavity, and dentition, is typified by recurrent instances of severe facial discomfort frequently coupled with additional migraine manifestations.

The etiology of orofacial migraine is conjectured to overlap with those of other migraine types, although it remains incompletely elucidated. We report a case study involving a composite manifestation of orofacial migraine co-occurring with secondary myofascial discomfort and neuropathic elements.

Methods and Results: The subject, a 45-year-old female, has endured a decade-long struggle with acute, chronic orofacial pain and was diagnosed with orofacial migraine and persistent masticatory myofascial pain. Despite the implementation of numerous pharmacological interventions and consultations with a multitude of pain management specialists and neurologists, satisfactory analgesia was not achieved.

Her current therapeutic regimen involves a cocktail of Carbamazepine (1200mg), Amitriptyline (75mg), and Topiramate (100mg), supplemented by weekly trigger point injections targeting the masseter muscles.

Conclusion: Recent administration of botulinum toxin injections to the forehead and scalp, the loci of pain concentration, yielded significant pain reduction. The patient reported substantial alleviation of pain three weeks post-procedure, even reporting complete remission of the migraine symptoms.



FUNCTIONAL AND AESTHETIC REHABILITATION POST PARTIAL MAXILLECTOMY. A MULTIDISCIPLINARY TREATMENT CHALLENGE

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Introduction: Surgical removal of head and neck malignancies typically result in large hard and soft tissue defects leading to reduced function, malnutrition, poor esthetics and overall reduced quality of life (QoL). Multidisciplinary efforts in maxillofacial rehabilitation is of utmost importance for regaining function and the improvement of patient QoL.

Objective: To present a case of hard and soft tissue rehabilitation of a 79-year-old male patient after resection of squamous cell carcinoma (SCC) in the pre-maxilla.

Case summary: In 2017 our patient, with a personal medical history of ischemic heart disease, diabetes type 2 and Chronic kidney failure, was diagnosed with SCC of the pre-maxilla and underwent surgical excision, in the same surgery, he underwent bilateral elective neck dissection and rehabilitation of soft and hard tissue using facial artery musculomucosal flap and patient specific implant (PSI).

He later underwent radiotherapy receiving 60 Gy to the tumor bed as part of the oncologic treatment protocol. the PSI later supported a ball attached prosthesis.

After 4 years, initial reconstruction failed due to recurrent infections, after removal of PSI and healing an even larger defect was to be reconstructed.

In early 2023, after careful interdisciplinary planning, he received 4 zygomatic and 2 pterygoid implants that supported an extensive oro-maxillofacial rehabilitating prosthesis.

Conclusions: Large soft and hard tissue defect following head and neck surgeries may further reduce QoL of oncologic patients, we used state of the art 3D planning and multidisciplinary collaboration to restore function and aesthetics and thus to improve the QoL of our patient.



PEMPHIGUS VULGARIS WITH LICHENOID FEATURES

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Introduction: Pemphigus vulgaris is an autoimmune disease known for its rapid and excruciating onset, years of treatment and followup. Its coexistence with oral lichen planus is rarely documented in the literature.

Methods: Case Summary: In 2017, a 60-year-old female patient was referred for a biopsy to the Maxillofacial surgery department due to a sore throat, hoarseness, cough, weight loss, and an oral lesion unsuccessfully treated with antifungals. The initial biopsy of the right buccal retromolar pad revealed histological and immunohistochemical evidence of pemphigus vulgaris. Subsequent treatment, included Azathioprine, Rituximab, Triamcinolone, and varying Prednisone dosages. Topical treatments included Dexamethasone, Lidocaine, and Chlorhexidine. Clinically, the patient displayed solely oral manifestations of pemphigus vulgaris, which significantly improved with treatment, except for the previously biopsied retromolar pad and buccal area. This area continued to exhibit throbbing pain and an unusual lobular, elevated, erythematous appearance with white striae, measuring 2 cm. A subsequent biopsy of this area confirmed Pemphigus vulgaris with lichenoid infiltration. Intralesional Triamcinolone failed to yield improvement.

Results: The clinical presentation, characterized by an exophytic appearance with a white color change, absence of ulcers or erosions, did not align with the typical presentation of Pemphigus vulgaris, as evidenced by acantholysis in the biopsies. Additionally, the literature suggests that an overlap of lichenoid inflammation and Pemphigus vulgaris can be relatively resistant to therapy.

Conclusion: We present a case of a patient treated for Pemphigus vulgaris with lichenoid inflammation, a rare occurrence with limited mentions in the literature.



KAPOSI SARCOMA IN THE HEAD AND NECK REGION FOLLOWING HEMATOPOIETIC STEM CELL TRANSPLANTATION: ANALYSIS OF 13 CASES

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Introduction: Kaposi sarcoma (KS) occurs mainly in patients who are severely immunocompromised especially following solid organ transplantation where the risk to develop KS is 400–500 folds higher than that of the general population. However, the development of KS following Hematopoietic Stem Cell Transplantation (HSCT) is rare. Human herpesvirus 8 (HHV-8) is causally associated with KS. The aim of this study was to find the prevalence of KS in the head and neck region following HSCT.

Methods: We conducted an English literature search (years 2000-2022) for cases of KS involving the head and neck region following HSCT. Key words included in the search: Kaposi sarcoma, hematopoietic stem cell transplantation, bone marrow transplantation. In addition, a new case from our Medical Center was included.

Results: A total of 12 cases met the inclusion criteria. Ten patients developed KS following allogeneic and 2 following autologous HSCT. The median age at diagnosis was 34.5 years (range: 7-62 years) with predilection for Males (male to female ratio 3M:1F). The median time from HSCT to the presentation of KS of 209 days (range: 100-463). The oral mucosa (8 cases) was the most prevalent site for KS in the head and neck region, followed by skin lesions (6 cases) and only three cases of Lymph nodes involvement.

Conclusion: Kaposi sarcoma is a rare complication of HSCT but often is life-threatening characterized by a rapidly progressive course. Early diagnosis is necessary for best prognosis.



FULL-MOUTH IMPLANT-SUPPORTED FIXED PROSTHESIS FOR AN IMMUNOCOMPROMISED PATIENT WITH SIGNIFICANT MULTIPLE OTHER ILLNESSES

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Background: Patients with significant medical conditions such as, cardiovascular disease, immune-deficiency, endocrine disorders etc., often experience difficulties in finding a dentist with knowledge and training appropriate for providing dental care to medically compromised patients.

Case summary: A 70-yo female was referred to our department for dental treatment. She had received an upper removable complete denture a few years previously, but failed to adjust to it.

Medical history of the patient included recent colon cancer, treated surgically with additional chemotherapy, a kidney transplantation and chronic immunosuppression, and uncontrolled hypothyroidism which often shifts to hyperthyroidism despite a close monitoring by an endocrinologist. Furthermore, the patient suffered from uncontrolled diabetes mellitus affected target organs, which achieved control by her admission, history of 3 cerebrovascular accidents, and well controlled hypertension.

The patient's clinical findings revealed poor oral hygiene, an edentulous upper jaw and severely-decayed teeth in the lower jaw.

The patient was referred to further medical consultation and blood work.

After completing medical investigation a few alternative treatment plans were offered. Following the patient's preference the treatment included total clearance, insertion of 8 implants in each jaw and full-arch fixed prosthesis.

Management strategies included close thyroid functions and vital signs monitoring, antibiotic coverage around surgical procedures, bleeding control measures, pain control and stress management. No notable complications developed.

Conclusion: This case highlights the role of an oral medicine specialist who has the knowledge and skills to properly evaluate risks and allow the medically compromised patient to receive a complicated dental treatment including surgical procedures.



DORSAL TONGUE SQUAMOUS CELL CARCINOMA ARISING IN A SMOKER WITH A LICHEN PLANUS

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Introduction: The tongue is the most common site of oral Squamous cell carcinoma (SCC) but dorsal SCC has a low incidence (2.9–5.0 % of all tongue scc), especially midline surface. Smoking, alcohol consumption and oral lichen planus (OLP) are the main risk factors to oral SCC.

Dorsal tongue carcinoma arising in a long-standing site of non-erosive lichen planus was rarely reported and here we present such a case.

Case presentation: 73-year-old patient, complained at one of his routine follow ups of a new symptomatic nonhealing ulcer on the dorsal tongue for a month. His medical background included Epilepsy, skin solar keratosis and smoking for 25 years. In 2012 he was diagnosed by a biopsy from the buccal mucosa with lichenoid reaction with mild dysplasia, and did not have extraoral involvement. During the 12 years of follow-ups, twice a year, reticular and sometimes erosive forms of lichen planus were noticed at his dorsal tongue and buccal mucosa. At the recent examination, 4 mm symptomatic ulcer was noticed. Due to no response to 4 weeks of topical triamcinolone treatment and palpable margins of the ulcer, a biopsy was made, suspected and diagnosed with SCC. The patient is currently under full examination for staging and treatment plan.

Conclusion: A high-risk patient (with OLP and smoking) should be under a lifelong follow up due to possible malignant transformation. The location of the SCC in the dorsal tongue is rare, but should be suspected when a high-risk lesion is identified.



INVESTIGATION OF MICRO-CT SCANNING FOR ORAL SOFT TISSUE LESIONS – A PRELIMINARY STUDY

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Objectives: MicroCT produces 3D images of mineralized samples, but its use for non-mineralized tissues is of limited practice. We performed a preliminary study to assess the use of microCT for oral soft tissue lesions and compared the images to hematoxylin and eosin (HE)-stained slides.

Methods: Biopsies of oral soft tissues taken for diagnostic purposes were routinely fixed in 10% buffered formalin for 24h. One half was submitted for regular work-up and microscopy, one half was stained with 1% metal iodine and 2% potassium iodide, followed by microCT-scanning (microCT50, Scanco, Switzerland; 3 μ isotropic nominal resolution). After scanning, the tissue underwent regular work-up and microscopic examination. Morphological findings achieved by the two methods were compared.

Results: Twelve samples were investigated: irritation fibroma (n=6), pyogenic granuloma (n=3), oral lichen planus, frictional keratosis and benign HPV-related lesion (n=1 each). MicroCT-scanned images provided a satisfactory contrast and resolution with 3D reconstruction of the tissue, as well as an accurate assessment of the epithelial surface topography and its proliferation pattern in relation to the underlying connective tissue. HE-stained slides represented 2D tissue sections and their range of details was dependent on the plane of sectioning and other technical issues.

Conclusion: MicroCT used appropriately for soft tissue lesions can serve as a complementary method for the routinely HE-stained slides, especially in challenging cases of suspected invasion/initial carcinoma, and may add 3D morphological and topographical findings for a better diagnostic interpretation.



PHOTOBIO-MODULATION TREATMENT IN BURNING MOUTH SYNDROME PATIENTS - PRELIMINARY STUDY

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Introduction: Burning mouth syndrome (BMS) is an idiopathic condition, characterized by a chronic burning sensation in the oral cavity with no evidence for mucosal or laboratory alterations. Pain intensity usually ranges from moderate to severe, compromising patients' quality of life. Photobiomodulation has been used in the field of Oral Medicine for pain relief in a wide range of conditions. Recently, it was reported that it may relieve BMS patients as well. We aimed to measure improvement achieved in a minimum number of treatments.

Methods: The study group included 6 patients, 5 women and 1 male, all above 55 years of age, who were diagnosed with BMS. They were treated with photobiomodulation for only 6 weeks, 1 treatment weekly. Treatment protocol was 940nm, 1.5W 90 seconds per point. Visual analogue scale (VAS) and quality of life (QUOL) questionnaires were taken prior and by the end of the 6 weeks. Statistical analysis was done by data analyzing tools.

Results: All patients reported on pain relief, with VAS scores decreased by 50% (1 patient), 60% (3 patients) and 70% (2 patients).

Regarding the QUOL, only one patient's score improved by 31.3% and the rest were under 20%.

Conclusions: Photobiomodulation is a novel non-pharmaceutical modality for the management of BMS patients. It carries minimum to no side effects regardless of the number of sessions. Pain relief and improvement in the quality of life can be achieved in relatively short period of time. To achieve the maximal results with a long-term consistency, more sessions are recommended.



CHARACTERIZATION OF PATIENTS WITH SJÖGREN'S SYNDROME AT THE HADASSAH MEDICAL CENTER

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Introduction: The aim of this study was to characterize the epidemiological, clinical, and immunological profiles of patients diagnosed with Sjögren's Syndrome (SjS), according to the accepted established SjS criteria, at the Sjögren's Syndrome Center, Department of Oral Medicine at Hadassah Medical Center.

Methods: Records of patients who attended the Sjögren's Syndrome Center between 2010-2020 were retrospectively analyzed. Collected data included socio-demographic clinical parameters. Medical evaluation included serology workout, referrals to rheumatology and ophthalmology and other relevant specialties according to organs involvement. Assessment of salivary glands impairment included salivary flow rates, CBCT sialography, ultrasound and or labial minor salivary gland biopsies.

Results: The cohort included 124 cases with diagnosed SjS, 113 females (91.1%) and 11 males (8.9%). The mean age was 61.02y±14.08y, age range 18y-88y. The most common co-morbid autoimmune conditions were rheumatoid arthritis (37, 29.8%) followed by SLE (8 patients, 6.5%). Non rheumatological systemic conditions included: hypertension (33, 26.6%), hyperlipidemia (25, 21.4%), cardiac disease (19, 15.3%), diabetes (15, 12.1%), oncological disease (14, 11.3%), and hepatitis C (2, 1.6%).

Fulfilment of the accepted SjS criteria was as follows: 123 (99.2%) of patients with dry mouth, and 114 (91.9%) suffered from dry eyes. Of those referred to auxiliary tests, 102 (95.3%) showed sialography impairment features, 49 (90.7%) were positive for SjS in labial gland biopsy, 67 (64.4%) had positive Anti-SSA(Ro) and 52 (52%) were positive for Anti-SSB (La).

Conclusions: SjS is a varied and multisystemic chronic autoimmune disease. Israeli data base registry should be established to increase knowledge about the syndrome, help achieve earlier diagnosis and improve patient care.



VOLTAGE-DEPENDENT ANION CHANNEL 1 EXPRESSION IN ORAL MALIGNANT AND EMALIGNANT LESIONS

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Introduction: The voltage-dependent anion channel 1 protein (VDAC1) plays a role in cellular metabolism and survival. It was found to be down or upregulated (overexpressed) in different malignancies but it was never studied in application to oral lesions.

The purpose of this study was to retrospectively evaluate the expression of VDAC1 in biopsies of oral premalignant, malignant, and malignancy-neutral lesions and to examine the possible correlations to their clinicopathological parameters.

Methods: 103 biopsies including 49 oral squamous cell carcinoma, 33 epithelial dysplasia, and 21 fibrous hyperplasia samples were immunohistochemically stained with anti-VDAC1 antibodies for semi-quantitative evaluation. The antibody detection was performed with 3,30 -diaminobenzidine (DAB). The clinicopathological information was examined for possible correlations with VDAC1.

Results: VDAC1 expression was lower in oral squamous cell carcinoma 0.63 ± 0.40 and in oral epithelial dysplasia 0.61 ± 0.36 biopsies compared to fibrous hyperplasia biopsies 1.45 ± 0.28 ($p < 0.01$ for both; Kruskal–Wallis test).

Conclusion: Oral squamous cell carcinoma and epithelial dysplasia tissues demonstrated decreased VDAC1 protein expression if compared to fibrous hyperplasia samples, but were not different from each other, suggesting that the involvement of VDAC1 in oral carcinogenesis is an early stage event, regulating cells to live or die.



THE PREVALENCE OF BRUXISM AND ORAL PARAFUNCTION ACTIVITIES AMONG ISRAELI JUVENILES WITH AUTISM SPECTRUM DISORDER: A PRELIMINARY STUDY DURING THE COVID-19 PANDEMIC

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Introduction: Juveniles with autism spectrum disorder (ASD) reportedly have a greater prevalence of bruxism, oral habits, and temporomandibular disorders (TMD). The influence of medication intake on their oral behaviors and bruxism has been suggested. We evaluated the validity of these hypotheses. In addition, the influence of stress, anxiety, and depression related to the coronavirus 2019 (COVID19) pandemic on oral behaviors and bruxism was tested.

Methods: In total, 165 juveniles aged 6-21 years who were diagnosed with ASD, were divided into younger group (6-12 years, n=86) and older group (13-21 years, n=79). Data were collected from questionnaires sent to each participant's parents/caregivers.

Results: Sleep bruxism was reported by 26.7% in the younger group and by 5% in the older group. Awake bruxism was reported by 22% and 17.7%, respectively. Oral habits were reported by 43% of all participants, with similar rate in both groups. TMD-related pain was low in both age groups (6.3% and 7% respectively). No significant difference in the prevalence of bruxism was recorded between participants consuming medications associated with bruxism and those who did not, in both groups. The influence of the COVID19 pandemic on oral parafunction was moderate in the younger group (17.4%) and mild in the older group (8.6%), the influence on bruxism was mild in both groups (5.8% and 2.5%, respectively).

Conclusion: The prevalence of bruxism and oral parafunctions did not differ from the reported in the literature for the general population. The COVID19 pandemic had a mild-to-moderate influence on the cohort's oral behavior



THE CONTINUOUS ADVERSE IMPACT OF COVID-19 ON TEMPOROMANDIBULAR DISORDERS AND BRUXISM: COMPARISON OF PRE- DURING- AND POST-PANDEMIC TIME PERIODS

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Aim: To compare the effect of the COVID-19 pandemic on the prevalence of painful and non-painful Temporomandibular Disorders (TMD), and on the prevalence of awake and sleep bruxism (AB, SB): prior to the pandemic (pre-COV), during the lockdown periods (during-COV) and after the pandemic subsided, and social restrictions were abolished (post-COVR). **Methods:** The study population included a total of 587 adult patients, who arrived for a routine dental treatment between October 2018 and January 2023 and underwent complete anamnesis and examination according to the Diagnostic Criteria for Temporomandibular Disorders. SB and/or AB definition depended upon subjects' self-report (possible SB, possible AB).

Results: 539 patients included in the final database allocated to 3 groups (pre-COV 108, during-COV 180, post-COVR, 251). Logistic regression analyses were conducted to establish the impact of time and gender on the prospects of painful TMD, non-painful TMD, SB and AB. The odds of subjects diagnosed with painful TMD in the post-COVR group were 3.3 times higher than pre-COV (95% C.I. 1.438-7.585). The odds of subjects diagnosed with non-painful TMD during-COV were 4.0 times higher than at the pre-COV era (95% C.I. 1.332-12.542). The odds of female subjects to be diagnosed with either painful or non-painful TMD were 3.7- 4.4 times higher, compared to males.

Conclusions: Results indicate that regarding TMD the adverse effects of the pandemic persist also after COVID-19 subsides and the restrictions caused by it are abolished. Apparently, during the pandemic females were affected more seriously by painful and non-painful TMD than males.



CONCURRENT ORAL CAVITY SQUAMOUS CELL CARCINOMA WITH MULTIPLE PRIMARY TUMORS: A CASE SERIES

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Introduction: This case series presents multifocal occurrence of oral squamous cell carcinoma (OSCC) in two elderly female patients. Individuals diagnosed with OSCC face a higher likelihood of developing multiple primary tumors, due to possible risk factors. Few studies have analyzed concurrent primary malignancy associated with OSCC. Comprehending the clinical features and appropriate management of such cases is essential for providing the best possible patient care.

Methods: This study presents two female patients, aged 76 and 82 years, both diagnosed with multifocal OSCC. Medical history, clinical manifestations, clinicopathological features, and diagnosis were comprehensively collected.

Results: Both patients were presented with OSCC at two distinct anatomical sites. The first patient had SCC of the lower lip diagnosed and treated by Mohs surgery. Simultaneously, a physical examination revealed in the alveolar ridge of the left anterior mandible an ulcer with elevated and indurated margins. The pathology report and further imaging described squamous cell carcinoma, with cortical perforation, involvement of left sublingual gland, perineural invasion and cervical lymph node spread. The second patient was presented in our clinic for a follow-up with two distinct oral exophytic verrucous lesions in the floor of the mouth. Histological examination confirmed squamous cell carcinoma in both areas. Treatment approaches for both patients included surgical resection and radiotherapy.

Conclusions: This case series underscores the importance of vigilance in managing OSCC and highlights the need for further research to elucidate the underlying mechanisms and risk factors associated with the development of multiple primary tumors in OSCC patients.



SECRETORY CARCINOMA OF THE MINOR SALIVARY GLAND MIMICKING A RETENTION CYST. ARE MOLECULAR TOOLS ESSENTIAL?

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Background: Secretory carcinoma (SC) is a recently described low- grade malignancy of the salivary glands, which is similar to SC of the breast, harboring characteristic ETV6-NTRK3 gene fusion. SC mostly appears in the parotid and major salivary glands and uncommonly in the oral minor salivary glands.

Methods: We describe a rare case of SC of the minor salivary gland mimicking a retention cyst.

Results: A 36 old male was referred to the OMF clinic to biopsy an upper lip exophytic submucosal lesion. The clinical diagnosis was consistent with a reactive salivary gland lesion. Microscopically, lip mucosa presenting an isolated cystic structure was observed. Tumor cells were either lining the cystic wall or proliferating intraluminally in a solid to microcystic pattern with pale eosinophilic colloid-like intraluminal secretions and vacuolated cells. Nuclei were monomorphic vesicular with distinctive nucleoli.

Immunohistochemically the cells were positive for cytokeratin7, mammoglobin, S100, GATA3 and negative for P63 and DOG1 staining. Ki67 index was below 5%. This immune phenotype with morphological characteristic picture was suggestive of SC. Nevertheless, since the neoplastic epithelium was limited to single cystic structure, both luminal and intraluminal, it was difficult to classify the lesion as a malignancy. Therefore, the tissue was further submitted to ETV6-NTRK3 molecular test that was found positive. The lesion was signed as a SC of the minor salivary gland and the patient underwent surgical widening of the previous biopsy.

Conclusion: Molecular tools are essential and have a key role in determining correct diagnosis and treatment.



HISTOMORPHOMETRIC ANALYSIS OF BENIGN HYPERPLASTIC ORAL LESIONS PRESENTING KOILOCYTOSIS

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Introduction: Human papilloma virus (HPV) is a family of viruses, which can cause various dermal and mucosal lesions. In the female genital mucosa, presence of koilocytes is highly correlated with infection by HPV. Consequently, we aimed to investigate the correlation between koilocytes and papillary/verrucous architecture in oral mucosal lesions.

Methods: TAU Oral Pathology Archive was searched (2010-2022) for cases with the key-word "koilocytes". The slides were retrieved, captured digitally, and in 5 representative "hot-spot" fields (ImageJ software), the total number of koilocyte-like cells were measured and their density per surface area was calculated. In addition, the general architecture of the lesions was classified as verrucous/papillary or dome-shaped. Correlations between density of koilocyte-like cells and architecture were examined.

Results: One-hundred-two cases (48-M, 39-F, 15-unspecified gender) were included. Age range was 14-84 years, mean 48.9 years. Forty-nine (48%) had prominent papillary/verrucous architecture, 30 (29.4%) had vague papillary/verrucous architecture and 23 (22.5%) had dome-shaped architecture. The original diagnosis was verruca vulgaris in 18 (17.6%), oral squamous papilloma in 24 (23.5%) and irritation fibroma/fibro-epithelial hyperplasia in 48 (47%). Koilocyte-like cell density was between 0-0.05 cells/ μ^2 , mean 0.0106 cells/ μ^2 . There were no significant differences between the density of koilocyte-like cells and the histopathological diagnosis. Density was significantly higher in dome-shaped lesions as compared to those with papillary/verrucous architecture ($p=0.039$).

Conclusions: Density of koilocyte-like cells in oral lesions was not correlated with papillary/verrucous architecture, considered a hall-mark of HPV related lesions. Further investigation is warranted to correlate these findings with proof of HPV-DNA in these lesions.



IMPORTANCE OF HISTOPATHOLOGIC EXAM IN PERIAPICAL LESIONS FOR ESTABLISHING CORRECT DIAGNOSIS AND MANAGEMENT

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Introduction: Inflammatory response of the periapical tissues to sub-optimally treated tooth pulp that leads to periapical lesion formation in the alveolar bone, is a well-known sequela. Periapical granulomas/cysts represent most of the periapical inflammatory lesions. Their management includes root canal treatment, re-treatment or tooth extraction, according to the clinical case. We aim to present a patient with simultaneous inflammatory periapical looking lesions, which yielded surprising diagnoses on microscopic examination.

Methods: A 69-y.o. female patient performed X-ray examination of the maxillary dentition for prosthetic purposes. Two radiolucent lesions were observed on the panoramic x-ray: one that extended from the periapical area of the right maxillary central and lateral incisors to the right maxillary first premolar (missing), where the incisors showed sub-optimal root canal treatments. The second lesion was associated with the second maxillary right premolar with root canal treatment and perforation by a post. The patient was immediately referred to CBCT for a more accurate assessment of these hypodense lesions, followed by surgical removal of the lesions and microscopic examination.

Results.: Biopsy of the centrally located lesion showed fragments of a cystic lesion with masses of keratin consistent with a diagnosis of Odontogenic Keratocyst. The biopsy taken from the area with root perforation was diagnosed as a Central Giant Cell Lesion.

Conclusion: In spite of the described lesions being concurrent with periapical inflammatory pathologies based on clinical and x-ray appearance, it is mandatory to submit them for microscopic examination in order to get an accurate diagnosis and plan the appropriate treatment.



BOTULINUM TOXIN INDUCED PAROTITIS: A CASE REPORT AND NARRATIVE REVIEW

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Introduction: Botulinum toxin (BTX) injection is a well-known procedure for treating bruxism. There is no information in the literature regarding salivary gland complications attributed to BTX injections to the masticatory muscles.

Material and methods: In this paper we describe a case of 60-year-old female presented to the oral and maxillofacial department with acute parotitis following BTX injections to the masseter muscle. An electronic search of PubMed and Embase databases was conducted to create a literature review in order to delve into the etiology behind the presented case and suggest potential preventive measures to avoid salivary gland complications.

Results: The presented case highlights the possible salivary gland complication after injection of BTX to the masticatory muscles. Currently, there is no unanimous agreement on the causes of the mentioned complication. However, various factors have been proposed, encompassing anatomical, physiological, biological, and physical aspects. Several methods have been recommended regarding the preferable technique for safe injection of BTX to masseter muscle.

Conclusion: The role of better training and knowledge of the medical practitioner is warranted in order to achieve predictable results, in addition to proper patient explanation and signed informed consent.



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