

CA5367

Preprosthetic Laser Surgery Versus Single Tooth Implant In Hypodontic Cases

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Introduction: The primary objectives of any treatment procedure in dentistry include the restoration of the form and function, but identification and correction of mucogingival defects are critical for achieving optimal esthetic results. Both single tooth implants and prosthetic bridges are viable options for replacing a missing maxillary lateral incisor due to hypodontia. The best choice will depend on individual circumstances, including patients' oral health, cost, and preferences.

Case description: This is a case of a 35 years old, healthy female patient with absence of the permanent maxillary lateral incisors and evident asymmetry when smiling. We used Er:YAG laser technology for soft tissue recontouring in ovoid pontic as a natural emergence profile. Similar laser treatment was done at the posterior teeth, doing simple gingivoplasty on the left side, while on the opposite side closed flap osseous crown lengthening was the solution for achieving full symmetry.

Discussion: Here's a breakdown of the pros and cons of both treatment options to help us make an informed decision: natural look and feel, lifespan, improved oral health versus upfront cost, treatment time, age, bone health and budget. The final restorative solution is a prosthetic bridge made of lithium disilicate as a quicker, and less invasive treatment option.

Conclusion/clinical significance: Such approaches can lead to improved patient outcomes and satisfaction. Ultimately, successful tissue recontouring as a pre-prosthetic preparing, not only enhances smile aesthetics but also contributes to the patient's overall dental health and well-being.

Key Words: hypodontia, laser, tissue recontouring, surgery, dental implant, bridge.

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Case Report: Maxillary Osteonecrosis In A Cushing'S Syndrome Patient

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Introduction: We provide a case report of maxillary osteonecrosis in a patient with Cushing's syndrome (CS). Cushing's

syndrome, characterized by chronic glucocorticoid excess, carries well-documented risks of avascular osteonecrosis predominantly linked to high-dose corticosteroid exposure.

Case description: A 52-year-old male with Cushing's syndrome secondary to bronchial neuroendocrine tumor, maintained in postoperative remission since 2016, presented with progressive gingival swelling, purulent rhinorrhea, and halitosis persisting for one month. Intraoral examination identified a vertical crown-root fracture of tooth 26 accompanied by surrounding soft-tissue edema and purulent discharge in the left maxillary buccal vestibule. Cone-beam computed tomography (CBCT) demonstrated extensive osteolytic lesions extending from the alveolar bone in the left maxillary premolar and molar regions to the sinus floor, indicative of fracture-induced osteonecrosis. The patient underwent combined dental extraction, surgical debridement, and endoscopic sinus surgery with successful resolution.

Discussion: Chronic glucocorticoid exposure impairs bone remodeling via osteoblast dysfunction and vascular compromise, typically causing avascular necrosis in weight-bearing joints. This case demonstrates maxillary osteonecrosis due to odontogenic infection, rare given the region's vascularity. Bisphosphonates treat steroid-induced osteoporosis but risk jaw necrosis, necessitating pre-treatment dental clearance and drug holidays. Multidisciplinary management combining dental intervention and sinus surgery succeeded. Symptom overlap with sinonasal malignancies underscores histopathological confirmation to differentiate inflammatory from neoplastic processes.

Conclusion/clinical significance: This case highlights the critical role of multidisciplinary surgical management in odontogenic sinusitis, particularly in CS patients where maxillary osteonecrosis involves multifactorial pathogenesis with odontogenic infection as the primary instigator.

Key Words: Cushing's syndrome, odontogenic sinusitis, Maxillary osteonecrosis.

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Presence Of Necrotic Bone In Patients With MRONJ Stage 0

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Introduction: The diagnosis of medication-related osteonecrosis of the jaw (MRONJ) primarily relies on clinical history, clinical exam, and radiographic findings. However, early-stage MRONJ occurring in the maxilla often presents with nonspecific or deceptive clinical and radiographic features, posing greater diagnostic challenges compared to mandibular involvement

Case description: A female patient with iliac hemangioma who treated with denosumab and bisphosphonate over a 5-year postoperative period. The patient presented with severe mobility of the left maxillary posterior teeth accompanied by gingival swelling. No evidence of bone exposure or fistula