periodontitis. A first phase of dental hygiene was carried put extractions of 28 and 38, and a second surgical phase. Treatment was performed under the supervision of a hematologist who made the following indications: During the hygiene phase: 2 g amoxicillin 2 h before intervention. During the surgical or extraction phase: 1 week before: 80 mg prednisone per day. After intervention: 60 mg/day accompanied by an ampoule of amchafibrin every 8 h for 3 days, 30 mg per day for 3 days, and 15 mg/day for a further 3 days. Platelet counts were taken before each intervention. An increase in platelet count was achieved over the period 1 week before intervention until the second week after surgery. After treatment, no bleeding or hematomas were observed.

Outcomes: The patient passed to the maintenance phase, maintaining oral hygiene, although at some check-ups purpura lesions and petequiae were observed. Maintenance was a key periodontal treatment phase, in which it was important to motivate the patient in oral hygiene practices to prevent gingival bleeding, inflammation or increases to periodontal sacs. It is essential to continue communication with the hematologist when dealing with this type of case.

PC044

Importance of recognition of Gardner's syndrome

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Background: Aim: The aim of this case report is to emphasize the importance of an early diagnosis of Gardner's syndrome through the detection of lesions appearing in the oral, maxillofacial and periodontal area as well as to present a case of the disease. Background: Gardner's syndrome is a variant of familial adenomatosis polyposis which is characterized by polyps of the colon, multiple osteomas and surface tumours of soft and hard tissues. It is an autosomal dominant syndrome and emerges in relation to the X gene. It has an incidence of 1 in 4000–12,000. Early diagnosis is crucial since polyps usually undergo malignant change by the fourth decade. The dentist might be the first one to see its features in oral cavity, such as osteomas, odontomas, and other dental anomalies.

Clinical Procedure: Report: A 12-year-old girl was referred to a periodontist by her orthodontist because of gingival hyperplasia which was preventing the installation of brackets. The radiographic image revealed multiple radio opacities in the mandible and prominent both angles. Just before the referral she had a fibroma on her lower back removed which turned out to be Gardner's fibroma. Later on she was scheduled for a genetic screening, followed by colonoscopy and gastroscopy.

Outcomes: Summary: Since dental practitioners may be the first to suspect the diagnosis, it is important to be familiar with the features of Gardner's syndrome.

PC045

Novel mutation of the cathepsin C gene identified in a Portuguese patient with atypical Papillon-Lefèvre syndrome

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Background: Papillon Lefèvre syndrome (PLS) is an autosomal recessive disorder characterized by palmoplantar hyperkeratosis and severe periodontitis leading to the loss of both primary and permanent teeth. It has a worldwide prevalence of 1–4 cases per million in the general population and is often related with consanguinity. Approximately 20% of PLS cases suffer from an increased susceptibility to skin infections and, occasionally, liver abscesses or pneumonia may occur. Atypical cases with isolated manifestations have been described. PLS is caused by biallelic hypomorphic mutations in the *cathepsin C* (*CTSC*) gene encoding the lysosomal protease dipeptidyl-peptidase I (DPP-I), a protease that activates serine proteases in immunoinflammatory cells. There is allelic heterogeneity with no clear genotype/phenotype correlation.

Clinical Procedure: In this report, we present a 35 years old male patient with clinical features of PLS except for premature loss of deciduous and permanent dentition. The patient has been followed in dermatological consultation for hyperkeratosis of the palms of hands and soles and a history of recurrent skin abscess. He also developed a staphylococcus pneumoniae. To exclude immunodeficiency and allergic etiologies, an immunoallergological evaluation was requested. With no conclusive results, the diagnosis of PLS was proposed. Oral, periodontal and radiographic examinations showed preserved dentition with mild localized chronic periodontitis. Sequencing of *CTSC* gene supported the clinical diagnosis by identifying a novel homozygous nonsense mutation in exon 7 (p.Glu447Ter) in the patient. His consanguineous parents were heterozygous. This mutation is predicted to produce a truncated dipeptidyl-peptidase 1, affecting the light-chain domain, which interfere with tetramerization of the mature enzyme that is crucial for its function.

Outcomes: PLS should be considered in the differential diagnosis of patients suffering from hyperkeratosis palmoplantar and/or idiopathic recurrent skin abscess, even in the absence of periodontitis. In atypical cases genotyping is useful for establishing the diagnosis.

PC046

Oral fibro-epithelial polyp presenting as pyogenic granuloma: a case report

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Background: Fibro-epithelial polyp, one of the most common epithelial benign tumor of the oral cavity, is an inflammatory hyperplastic lesion in response to local chronic irritation due to calculus, sharp tooth edges, irregular denture borders, or overhanging restorations. Benign reactive lesions should be considered for differential diagnosis of fibro-epithelial polyp. The current case report presents the diagnosis and the management of an intraoral fibro-epithelial polyp.

Clinical Procedure: A 58-year-old female patient referred to periodontology department with a chief complaint of severe swelling of her gums in the area of maxillary incisors. Intraoral examination revealed nodular, erythematous, edematous, circumscribed polypoid lesion measuring about 1.6 cm × 1.1 cm located at the keratinized gingiva, which bled with slight provocation, and was painless. The lesion involved the marginal and interdental gingiva on the facial surface of the maxillary central incisors. Surgical excision of the lesion was performed and the excised lesion was sent for histopathological examination. Histopathological findings confirmed the clinical diagnosis of a fibro-epithelial polyp. A follow-up at 1 and 6 month revealed uneventful healing of the site without reoccurrence of the lesion.

Outcomes: Diagnosis of an inflammatory hyperplastic lesion is quite difficult for clinicians since all lesions exhibit overlapping clinical features. In such clinical cases, solely clinical findings

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might not be sufficient for final diagnosis. Peripheral giant cell granuloma, peripheral ossifying fibroma and pyogenic granuloma might present similar clinical findings with fibro-epithelial polyp; thus histopathological examination is strongly recommended to clinicians for supporting their clinical findings and final diagnosis.

PC047

Oral mucosal lesions in heart transplanted child – case report

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Background: The number of transplanted solid organs and life expectancy after transplantation are steadily rising world-wide. Medication and drug induced immunosuppression after transplantation predispose to local and general infections especially bacterial, viral and fungal infections. Aim of the study was description kinds of oral lesions in six-year-old patient who was heart graft recipients.

Clinical Procedure: We report a child who received heart transplantation at Silesian Centre of Heart Diseases in Zabrze 5 years ago because of dilated cardiomyopathy. Induction therapy included cyclosporine then tacrolimus (Prograf 2.5 mg daily), corticosteroids (Encorton 2 mg daily). Clinical examination of oral cavity revealed API 100%, dmf = 8. Microbiological study showed: *Staphylococcus aureus*, *Candida* species, EBV. Food allergy was detected to nuts, yolk of eggs, sunflower, Biseptol. Since the time of transplant there had been a history of resistant cheilitis in association with oral mucosa lesions, cobblestone tongue, dermatitis. The patient was diagnosed with erythema exudativum multiforme. The goal of treatment was to help decrease severity of the symptoms. It included improved oral hygiene, topical antiseptic, antifungal medication, dietary advice to eliminate irritating foods and beverages.

Outcomes: The successful management of various oral lesions associated with organ transplantation patient necessities close cooperation of pediatric dental specialists, specialists in oral medicine with the transplant team. Keeping in good oral hygiene is very important to prevent oral mucosa diseases in developmental age patient who was graft recipients.

PC048

Periodontal treatment during chemotherapy of a patient with follicular lymphoma

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Background: Follicular lymphoma is a non-Hodgkin lymphoma originating in the B lymphocytes with a follicular growth pattern. Its treatment consists of chemotherapy accompanied by maintenance therapy. The oral health professional plays a relevant role in prevention and treatment of oral infections and complications in the oral cavity caused by antineoplastic agents. Dental management of the patient with follicular lymphoma involves establishing optimal buccodental health conditions before chemotherapy, as well as monitoring during and after the chemotherapy.

Clinical Procedure: A 57-year old male patient diagnosed with follicular lymphoma, sought dental attention from the Special Care in Dentistry Unit at the Faculty of Dentistry, University of Granada (Spain), before commencing a new chemotherapy cycle. The patient presented the following dental care needs: oral hygiene improvement, periodontal and restorative treatment. Before dental treatment a full report was requested from the oncologist, with hemogram and biochemical analysis. Relevant data included the patient's neutrophil count, 1350/μl and platelets 150,000/μl, whereby it was considered safe to proceed with periodontal treatment. In addition a personalized bucco-dental hygiene regime was instated with ongoing monitoring.

Outcomes: Dental care/management during chemotherapy in patients with lymphoma aims to improve oral health and eliminate all dental and periodontal infection foci, and reduce the incidence and/or severity of oral complications associated with chemotherapy, in order to improve general health by means of a personalized preventative bucco-dental hygiene regime, always in collaboration with the oncologist. In the present case, periodontal infection foci were eliminated and an oral hygiene regime instated that improved the general state of the patient before commencing another chemotherapy cycle.

PC049

Periodontal treatment of a heart transplant patient

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Background: A heart transplant population represents a relatively severely compromised cardiovascular patient population. 76% of the patients had various degrees of periodontal disease prior to undergoing a heart transplant (Lessem et al., 2002). There is consistent and strong epidemiologic evidence that periodontitis imparts increased risk for future cardiovascular disease; and (ii) while in vitro, animal and clinical studies do support the interaction and biological mechanism, intervention trials to date are not adequate to draw further conclusions (Tonetti et al., 2013). Heart failure is a multi-organ, pro-inflammatory syndrome that impairs bone metabolism. Pro-inflammatory cytokines and bone catabolism enhance periodontal disease, a local inflammatory, bacteria-induced disease that causes bone loss and periodontal soft tissue destruction. Patients with HF exhibit more severe periodontal disease associated with increased bone turnover markers when compared with control patients (Schulze-Späte U et al., 2017).

Clinical Procedure: A 66-year-old male patient with transplanted heart presented with multiple root caries, severe generalized chronic periodontitis and a combined periodontal-endodontic lesion affecting three remaining lower incisors. Due to heart transplant he was on life-time tacrolimus and mycophenolate mofetil therapy known to cause the side effects in the oral cavity such as gingivitis, gum hyperplasia, mouth ulceration, nausea and vomiting, oral moniliasis, and stomatitis. Initial surgical removal of periodontally involved lower incisors with horizontal bone resorptions beyond apices resulted in uneventful healing and complete bone formation. Further periodontal treatment involved full-mouth scaling and root planing and rinsing with 0.2% chx mouthwash. Maintenance periodontal treatment was conducted every 3 months, and the patient has been periodontally healthy for 3 years after heart transplantation.

Outcomes: Despite initial worsening of periodontal health after heart transplantation due to complex immunosuppressive medications, it is possible to improve the periodontal health with thoughtful non-surgical cause-related mechanical treatment taking into account systemic health and medications.

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