

failed. Twenty patients experienced no or slight postoperative pain; 6 experienced moderate pain. No patient reported severe pain. No or slight edema was recorded for 23 patients and moderate edema for 3 patients.

No major complications occurred. Implants placed in the maxilla with a flapless insertion can be successfully loaded the same day of surgery with minimal complications.

Conflict of interest: None declared.

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Implant-assisted rehabilitation in reconstructed atrophic maxillas

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Introduction: Atrophic maxillas do not allow dental rehabilitation, it is therefore necessary to perform a previous structure reconstruction that allows the installation of implants. The purpose of this work is to show the team experience in the rehabilitation of this type of patients.

Materials and patients: 46 patients treated between 2004 and 2010 will be presented. 15 reconstructions were performed using Calvarium grafts and 31 using interpositional bone grafting of Iliac Crest in connection with Le Fort I osteotomy. 115 Oseo Integrated Implants were installed on patients treated with Calvarium grafts and 244 were installed to the patients treated with Iliac Crest graft.

Results: 2 out of 15 patients (1 male and 14 females), treated with Calvarium graft, suffered a partial graft loss. 6 out of 114 installed implants suffered osseointegration failure (5% failure).

From the 31 patients treated with Le Fort I osteotomy (9 males and 22 females), 13 were done with anterior Iliac Crest graft and 18 with posterior Iliac Crest graft. Complete loss of the unilateral graft was observed in 1 patient (3%). Sinusitis and partial bone loss were observed in 15 patients (48%). 17 out of 244 installed implants suffered osseointegration failure (7% failure).

Conclusion: Maxillas reconstruction using Calvarium or Iliac Crest autologous extraoral graft is adequate for implant's installation and patient rehabilitation considering the indication is accurate and the adequate protocols are followed.

Conflict of interest: None declared.

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Bibliometric analysis of publications about third-molar

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Objective: To characterize and describe the bibliometric profile of publications about third-molar as a model for study of maxillofacial surgery in the last decade.

Method: Descriptive study. A search was made on reference database ISI-Web of Knowledge, time-span 2000–2010, including items whose title had the word “third-molar”.

Results: A total of 560 publications. Trend shows an increase in the number of items, 34 (6.07%) in 2000 to 84 in 2010 (15.0%). Countries with more publications are United States (23.03%), England (7.67%) and Spain (7.14%). The author who has published most is White, R.P. (27 items, 4.8%), followed by Phillips, C. (19 items, 3.39%) and Dodson, T.B. (17 items, 3.3%). The most cited papers in the last decade are Valmaseda-Castellón et al. (50 references) followed by Bataineh A.B. (42 citations) and Blaeser B.F. et al. (37 citations).

Brazil dominates Latin American region (27 articles, 69.2%) followed by Chile (6 articles, 15.3%) and Mexico (3 articles, 7.6%). In Chile the most cited article is “Third Molar Agensis in Native Ethnies from North of Chile: Atacama you or Lican Antai” of Garcia-Hernandez F. and V. Beltran with 4 cites.

Conclusion: There is a growth trend in the use of third-molar as a model to study prevalence, methods of diagnosis and treatment in maxillofacial surgery. We recommend the use of this model given the scientific interest shown in the number of publications and citations registered in the last decade.

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Signs and symptoms of postoperative complications in third-molar surgery

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Objective: To describe and characterize the set of signs and symptoms used to evaluate postoperative complications in third-molar surgery.

Methods: Descriptive study. A search was made on reference database ISI-Web of Knowledge for main authors (White RP, Phillips C, Dodson TB and Gay-Escoda C) related to third-molar surgery published over the last decade. We included items with following topic sentences: “third-molar surgery”, “complications” or “postoperative”. We excluded diagnostic tests articles, quality of life measuring surveys and letters to the editor.

Results: We find 47 papers of which 25 (53.2%) were included in our full-text analysis. In total there were 38 different types of signs and symptoms to be evaluated. The most frequent term was “nerve injury” and “swelling” (13.1%) followed by “local alveolitis”, “pain” and “surgical site infection” (10.5%). However, there is no consistency in the definition of variables such as “surgical site infection”, “supuration”, “dry socket”, “exposing bone” or “local alveolitis”.

Conclusion: There is a wide variety of signs and symptoms to be measured as complications of third-molar surgery. Despite the impact of articles and their findings, there is no unification of criteria to define each variable. We suggest the creation of a scale to measure signs and symptoms to determine the complication level in third-molar surgery.

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