

[TG]), while the other 42 implants placed in 31 subjects had surface roughness (Ra) of 2.50 μm (control group [CG]). A comparison was made of implant stability via osstel measuring, success and survival rates, marginal bone loss, and soft tissue evaluation between the groups 1 year after implant placement.

Results: Among the implants that were initially registered for study, 1 from TG and 4 from CG dropped out, leaving 37 implants in the TG and 38 implants in the CG to be analyzed. Although 1 case from TG showed unstable primary stability in implant stability quotient, all cases showed stable secondary stability. Success and survival rates at 1 year after implant placement were 100% in both groups. Marginal bone loss and soft tissue evaluation also showed no significant difference in both groups.

Conclusion: This study shows that within the appropriate range of surface roughness in SLA implants, there are no difference in efficacy and safety in the prognosis of implants. Therefore, could conclude that both two types of implants can be used safely and with promising outcomes.

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P004

ANATOMICAL EVALUATION OF DIFFERENT DONOR SITES FOR ORAL SURGERY

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Maxillofacial reconstructions are required for the patients that are boneless. This kind of surgery restore the local function and the final result restores the patient's self-esteem, and quality of life. Five hundred dry mandibles were studied and measured at predetermined points. Various measurements of the coronoid process and chin bone were done. The coronoid process in average had a smaller thickness (2.11 mm) in its uppermost portion and greater thickness (3.63 mm) in its base, all other measures are at the chin, a greater mean thickness was observed in the midline (12.90 mm), in addition, this thickness was 1.57 mm greater in males. The knowledge of these anatomical structures' measures, which are used as sites for oral reconstructions, aims to facilitate the surgeon's choice for removal area of the graft and make surgery safer and predictable.

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P005

MANDIBULAR SEGMENTAL DEFECT RECONSTRUCTION WITH NONVASCULARIZED BONE GRAFT AND IMPLANT SUPPORTED PROSTHESIS — A CASE SERIES

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Introduction: Nonvascularized bone graft is an established method for bone reconstruction, however, its use to

reconstruct mandibular continuity defects longer than 6 cm is controversial. Establishing dental rehabilitation with implant-supported prosthesis over that long segment of nonvascularized bone graft is not widely reported.

Methods: Three patients underwent segmental mandibular resection due to benign pathological lesions. The continuity defect extended more than 6 cm (mean 9.8 cm) including the anterior symphyseal area. A staged reconstruction approach was used. Nonvascularized bone graft taken from the anterior iliac crest was used to reconstruct the resected segment. Dental implant placement (total 12 implants) with additional bone grafting using guided bone regeneration protocols were done in a separate procedure. A split-thickness skin graft was used for vestibular deepening and keratinized tissue creation along with implant exposure. Then implant supported fixed prosthesis was delivered to two patients and one had implant supported overdenture.

Results: Partial resorption of the iliac bone graft was evident in the three patients especially in the anterior midline area requiring additional grafting procedures. 2 implants (16.6%) underwent implantoplasty procedure due to exposed treated surface due to early crestal bone resorption. All implant was successful till the time of the prosthetic rehabilitation.

Conclusion: Reconstruction of long mandibular continuity defect (more than 6 cm) with nonvascularized bone graft and implant supported prosthesis can be achieved in a staged approach. Additional bone grafting procedures are required especially in the midline area.

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P006

THE INFLUENCE OF ELECTRICAL HIGH-SPEED ROTATION ON MANDIBULAR THIRD MOLAR SURGERIES. A PROSPECTIVE, RANDOMIZED, SPLIT-MOUTH CLINICAL AND RADIOGRAPHIC STUDY

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Third molar extraction surgery is associated with postoperative disorders caused by tissue trauma. The aim of this split-mouth randomized clinical study was to evaluate the clinical and histological effects and alveolar repair after using high-speed pneumatic and electrical rotation for the extraction of mandibular third molars. Sixteen patients underwent extraction of the two mandibular third molars with a minimum interval of 15 days. On one side of the participant's mouth, high-speed pneumatic rotation was used (control group) while for the other side, high-speed electrical rotation was used (study group [SG]). The outcome variables were surgical time, postoperative pain, edema and trismus (at 1, 3 and 7 days), histological assessment of the peripheral bone damage and postoperative alveolar bone repair (at 2 and