that they "always" and 65.6% "sometimes" believed in effectiveness of traditional medicine, 44% would not try traditional treatment before resorting to dentist for oral conditions. Only 12.8% would always try traditional treatment first. The most widely used products included clove or clove oil, myrrh, Acacia nilotica extract, and tahini (sesame seed paste).

Conclusions: Traditional home remedies are still being used for oral conditions by some educated people in the two areas. However, the largest proportion favors modern treatment by dentists.

IMMUNOHISTOCHEMICAL EXPRESSION OF AMELOGENIN AND DENTIN SIALOFOSFOPROTEIN IN TEETH WITH AMELOGENESIS IMPERFECTA, DENTINOGENESIS IMPERFECTA AND REGIONAL ODONTODYSPLASIA.

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Objective: To compare the immunohistochemical expression of amelogenin (Amelx) and dentin sialofosfoprotein (DSPP) in teeth with Amelogenesis imperfecta (AI), dentinogénesis imperfecta (DI) and regional odontodysplasia (RO).

Study Design: In the present study we included patients who signed informed consent and agree to donate exfoliated deciduous teeth and third molars. This study analyzed six teeth with hypoplastic AI (HpAI), five teeth with hypocalcified AI (HcAI) three cases of Hipomature AI (HmAI), two teeth with DI and two teeth with RO and seven normal teeth. All cases were non-syndromic forms. Amelx C-19 and Amelx F-11 antibodies were used to detect amelogenin, and DSPP antibodies LFMb 21 and ab122321 were used for DSPP. For the characterization and diagnosis of each case anamnesis, clinical and radiographic examination was performed.

Results: AI cases: Only in cases of HcAI was sufficient enamel matrix left after decalcification, in these cases Amelx was detected in the interrods region. In dentine Amelx was not detected, DSPP was detected in peritubular dentin in most cases.

DI cases: When decalcifying these teeth, the enamel was lost. In dentin, DSPP was only detected with the Ab122321 antibody in the peritubular area. The antibody LFMb21 was negative in dentin.

RO cases: Temporary tooth enamel marked positive for Amlex and for DSPP. the dentin of the temporal tooth marked scarce marking for DSPP. In the permanent tooth the enamel was lost when decalcifying and in dentine no DSPP was detected.

Conclusions: The teeth with AI lost the enamel when decalcifying, except those with HcAI that presented Amelx in the enamel matrix. Dentin presented normal distribution of DSPP in AI teeth. The teeth with DI did not present DSPP in dentin. The teeth with OR presented anomalous marking of these proteins in enamel and dentin.

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AMELOBLASTOMA: CLINICAL, RADIOGRAPHIC AND HISTOLOGICAL ASPECTS OF 98 CASES..

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Ameloblastoma is the most common benign odontogenic tumor of dental epithelial origin in the jaw. Its behavior is variable and the most common types of this neoplasia are the multicystic (MA) and the unicystic (UA) pattern; the latter considered a less aggressive entity when compared to the MA.

Objective: To analyze cases of ameloblastoma with emphasis on the clinical, radiographic and histopathological findings and compare MA to UA.

Methods: This retrospective study was conducted from 98 cases diagnosed from January 2005 to February 2018 in the Oral Pathology Laboratory of the São Leopoldo Mandic Institute and Research Center (Brazil). The cases were classified as MA or UA by the radiographic aspects. Furthermore, characteristics such as anatomical region, cortical expansion, gender, age and histopathological patterns were compared.

Results: The radiographic analysis revealed that the posterior region was the most prevalent one (84.6%), while 15 cases were located in the anterior region and 7 cases were observed in both regions. Moreover, 55 cases were classified as MA and 43 as UA. The cortical expansion was observed in 90 cases; from this amount, 54 cases of ameloblastoma were MA (98.2%) and 36 cases of UA (80%) (p=0,01). The gender distribution was higher in men (55%) than in women. The general average age was 31.3 years (range 9-74 years); the average for MA was 35.6 years and 27.1 years for UA (p=0,007). The painful symptomatology was referred to 21 cases. The predominant histological patterns in MA were the plexiform (36%) and the follicular type (29%) and in UA were cystic (51%) and plexiform (31%).

Conclusion: Radiographs and histopathologic exams are a fundamental aid for the diagnosis of ameloblastoma. It is important for practicing clinicians to know the salient features of this tumor in order to accomplish a correct diagnosis and an adequate therapeutic care.

CLINICAL AND HISTOPATHOLOGICAL CHARACTERIZATION OF HEAD AND NECK CANCER PATIENTS: THE NEED FOR EARLY DIAGNOSIS.

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Objectives: To determine clinical and histopathological characteristics in a group of patients with diagnosis of head and neck cancer.

Findings: A retrospective study of 257 chilean patients with head and neck cancer was carried out. Clinicopathological, habits and survival rates were registered. Descriptive analysis was performed.Ages fluctuated between 20 and 92 years old, average of 65 years. Sex distribution showed 76.65% of males. TNM analysis showed 82.38% diagnosed in III or IV stages and 27% of lesions were located in oral cavity. Differentiation degree analysis showed 45.58% well differentiated and 46.90% moderately differentiated lesions. 72.15% reported being a smoker and 67.46% reported drinking alcohol. 26.58% of patients were treated with surgery plus radiotherapy and 23.21% only with radiochemotherapy. Survival rates showed 53 % at 5 years.

Discussion: Head and neck cancer is globally considered a health problem. Its impact involves not only affected patients but also the family, health team and society. At present, in spite of growing knowledge and advanced research, poor survival rates are found in the literature, mainly because of late diagnosis.

Knowledge of clinical features is necessary to improve early diagnosis rates among clinicians. Statistics are coincident with the literature; however, a remarkable finding is the late diagnosis (173 of 210 patients in stages TNM III or IV). Consequences are related to complex and expensive therapies and a considerable commitment to the quality of life of patients and their families.

Conclusion: Strategies to improve early diagnosis are needed in order to improve therapeutical and survival rate conditions.

USE OF VIRTUAL MICROSCOPY IN NON-PRESENTIAL TIME FOR THE TEACHING OF HISTOPATHOLOGY IN DENTAL STUDENTS.

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INTRODUCTION: Virtual microscopy (VM) in teaching histopathology is widely accepted by students and teachers around the world as a tool of multiple benefits. This methodology has only been evaluated in face-to-face applications (PVM), but not in non-presential modality (NPVM). NPVM is a systematic learning tool that allows to optimize classroom times.

Objective: To compare the degree of knowledge and user satisfaction using VM applied in non-presential versus presential modality for the teaching of histopathology in dentistry students.

MATERIALS AND METHODS: For this experimental study, a population of 150 students enrolled in the course of "Human Pathology" (2nd year) and "Pathology and Oral Diagnosis" (3rd year) of the Odontology career of the University of Talca, Chile, were selected. A quantitative comparison was made based on the qualifications obtained in the laboratory test (T test) and satisfaction controls through a survey (Chi square).

Results: When analyzing the grades obtained by working with both modalities, in 3rd year, statistically significant differences were observed in favor of the NPMV. In 2nd year, this resuly was inverse, with PMV showing better grades. From the satisfaction point of view, there was poor perception with the application of NPMV.

Discussion: NPMV modality is a method that improves the teaching of histopathology in courses previously exposed to PMV. This could be due to the fact that prior exposure to the methodology is required to achieve a better performance. On the other hand, the students raise their dissatisfaction on both levels with the NPMV given that, in their opinión, it uses too much time in an academic program already saturated with autonomous work.

Conclusion: NPMV improves the qualifications of students who have had a previous exposure to the PMV. Perception of this methodology by the students must be improved by optimizing the use of the resource in non-presential time.

DETERMINATION OF THE PREVALENCE AND THE RISK OF DEVELOPING PATHOLOGIES OF THE ORAL MUCOSA IN THE MAULE REGION, CHILE.

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Introduction: There are few studies that report the prevalence of Pathologies of the oral mucosa (POM) in Latin America. The development of these can be associated with environmental, genetic, cultural and social factors. Establishing the prevalence of POM and its association with these factors is very important to create public policies in oral health.

Objectives: Establish the prevalence and risk factors associated with the development of POM in the Maule Region, Chile.

Materials and Methods: 2417 people, from all the communities of the Maule Region, were clinically examined by 5 students, previously calibrated with the teachers of the Oral Pathology Unit of the University of Talca. The examination technique, the registers and forms were standarized with the recommendations and the WHO criteria. Age, sex, rural-urban condition, the presence of systemic and oral pathologies, smoking and the clinical diagnostics of POM were taken as parameters. A risk analysis was performed with the Cox and Snell test.

Results: 17.2% of the subjects presented POM, with a higher prevalence of reactive lesions in the groups of 6, 12 and 15 years and fungal infections in the groups of 35-45 and 65-79 years. The greatest risk of presence of POM was associated with sex and age (groups of 35-45 years and 65-79 years), but not with the urban-rural condition, smoking or the presence of diabetes or hypertension.

Discussion: The prevalence of POM is very similar to other reports around the world. Most of the POMs detected can be diagnosed and treated by the general dentist. It is important to prioritize the teaching of these POMs in the undergraduate programs and focus the publics heath programs in its treatement.

Conclusion: The most prevalent POMs are those of reactive etiology and fungal infections in very well-established age groups. Age and gender increase the risk of POMs.

ANTI-ANGIOGENIC EFFICACY OF AFLIBERCEPT AND BEVACIZUMAB IN PRIMARY ORAL SQUAMOUS CELL CARCINOMA CELLS.

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