among the groups (p>0.05). Histological examination indicated advanced healing stages in the L-PRF group, suggesting the efficacy of both T-PRF and L-PRF in bone regeneration, with L-PRF showing superior effects.

CONCLUSION(S): Due to the surface modifications of titanium tubes used in the preparation protocol of T-PRF extracts, sterilization conditions, and environmental factors, they can influence the quality of the obtained extract. Considering the challenges in standardizing the factors in the preparation protocol of T-PRF, it is recommended to apply L-PRF for the healing of bone defects.

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Quercetin regulating oxidative stress damage repair in periodontal OMSCs

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AIM or PURPOSE: Exploring the mechanism of action and validation studies of quercetin in regulating the repair of oxidative stress damage in periodontal OMSCs from an m6a epigenetic perspective.

MATERIALS and METHOD: An oxidative stress injury model of OMSCs was created in vitro. CHiRP and protein profiling were used to screen the proteins that bind to the RNA of the differential gene Per1. q-PCR and WB confirmed the presence of the RNA-binding protein hnRNPU. Furthermore, targeted overexpression and silencing of hnRNPU in vitro resulted in alterations in OMSC proliferation and osteogenesis. On this basis, quercetin therapy was administered to observe the regulatory interaction between quercetin and hnRNPU.

RESULTS: Mass spectrometry, q-PCR, and WB validation revealed that hnRNPU functions as an RNA-binding protein that binds directly to Per1. Crystal violet and alizarin red staining revealed that, as compared to the blank vector control group, hnRNPU overexpression reduced cell proliferation and osteogenic differentiation ability, whereas hnRNPU inhibition increased cell proliferation considerably and osteogenic differentiation of OMSCs.

CONCLUSION(S): The ability of quercetin to repair the oxidative stress injury of OMSCs through m6A methylation modification of the Per1 gene involved in hnRNPU binding is of great research significance. hnRNPU can directly bind Per1 and may function as a novel m6A-modified reading protein and participate in the regulation of proliferation as well as osteogenic differentiation of OMSCs, which is of profound research prospect.

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Quality of life evaluation after jaw reconstruction with free-flaps

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AIM or PURPOSE: There are some jaw and facial lesions that require surgery and reconstruction of the mandible and maxilla. One of the best methods for jaw reconstruction is free-flap. Few studies have evaluated the quality of life in patients who had reconstruction of jaw after free- flap in Iran. Considering this issue, we decided to use SF-36, UW-QOL and FACE-Q questionnaire to measure quality of life of these patients.

MATERIALS and METHOD: In this study, patients who underwent jaw reconstruction with free flaps in Erfan and Firoozgar hospitals from 2013-2019 were included. FACE-Q Aesthetic-V1.0, the short form of 36 questionnaire of health survey (SF-36), and the university of Washington quality of life questionnaire (UW-QOL) were filled by patients. All analyses were done by IBM SPSS 25.0 and StataCorp. 2015 statistical software.

RESULTS: In this study 95 patients including 59 (62.1%) men and 36 (37.9%)women with the mean age of 54.33+-15.04 years participated. The mean quality of life score based on FACE-Q questionnaire was 76.77+-23.26. Regarding the SF-36 questionnaire in the mental health section, it was seen that comorbidity (p-Value=0.02) and age (p-Value=0.05) were significantly different between patients. Regarding the UW-QOL questionnaire, in the physical function section, the gender was significantly different between patients (p-Value=0.03).

CONCLUSION(S): FACE-Q Aesthetic questionnaire is appropriate for evaluating the quality of life of patients treated with free flaps in maxilla and mandible reconstruction in aesthetics aspect. Use of different questionnaire should take into consideration for evaluation of patients quality of life before and after surgeries.

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Case Study - Accepted: Poster Presentation

Treatment of Pyogenic Granuloma in the Edentulous Mouth

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INTRODUCTION: Pyogenic granuloma is a benign and reactive inflammatory tumor-like lesion of the skin and mucous membranes.

CASE DESCRIPTION: A 58-year-old male patient with edentulous maxilla and mandibula was referred to Mustafa Kemal University (MKU) Dentistry Faculty, Periodontology Department from the Prosthodontics Department. He complained that he had not been able to use his prosthesis for 1 year due to swelling in his mandibular area. In intraoral examination, there was localized sessile, hyperaemic, and partially necrotic gingival enlargement in the right anterior region and vestibule site of the mandibula. Radiographic examination revealed that the massive mass affected the alveolar bone. The surgical excision was performed, and the excised mass sizes were 20x20 mm. The bone tissue, under the mass, had a

spongious structure, irregular surface, and a torus-like growth towards the buccal side. The bone mass excision, whose sizes were 10x5 mm, was made by piezosurgery. The excised biopsy masses were sent for pathological evaluation. Antibiotic (Amoxicillin, 1000 mg, 2x1, 7 days) Chlorhexidine mouthwash (Klorhex, 0,12%, 2x1, 14 days) was prescribed.

Pathological evaluation reported that the excised mass was pyogenic granuloma. The recovery process was uneventful. After 3 months of follow-up, the new prostheses of patients were placed.

DISCUSSION: Pyogenic granuloma can occur in the edentulous mouth. The mass grew to a large size and caused changes in the underlying bone, for reasons such as prosthesis irritation and trauma.

CONCLUSION/CLINICAL SIGNIFICANCE: Surgical excisions of the gingival enlargement and the underlying affected bone mass are successful techniques in the treatment of pyogenic granuloma.

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Gorlin-Goltz Syndrome: Keratocyst Revelation in Diagnosis

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INTRODUCTION: Gorlin-Goltz syndrome, an autosomal dominant hereditary condition caused by a PTCH gene mutation, manifests with various clinical features, including odontogenic keratocysts. This syndrome poses diagnostic challenges due to its rarity and diverse presentations.

CASE DESCRIPTION: A 10-year-old presented with delayed tooth eruption and craniofacial anomalies. Oral examination revealed dental malocclusions, caries, and a palpable mandibular prominence. Radiological imaging identified mandibular and maxillary cystic lesions, along with intracranial calcifications. Enucleation of the cysts confirmed keratocyst diagnosis.

DISCUSSION: The presence of keratocysts alongside craniofacial anomalies suggests Gorlin-Goltz syndrome. Genetic testing and long-term monitoring are essential for confirmation and management, emphasizing the need for interdisciplinary care.

CONCLUSION/CLINICAL SIGNIFICANCE: This case underscores the importance of comprehensive evaluation and timely intervention in suspected Gorlin-Goltz syndrome. Multidisciplinary collaboration optimizes patient care and outcomes, emphasizing early recognition and treatment for improved prognosis.

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Vestibuloplasty and Frenectomy in Edentulous Mandibula and Maxilla

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INTRODUCTION: The vestibular depth decreases due to atrophy of the mandible. This can cause prosthesis incompatibility in patients using removable prostheses.

CASE DESCRIPTION: A 65-year-old male patient was admitted to Hatay Mustafa Kemal University, department of Periodontology with the complaint that his prosthetics were moving due to insufficient retention. Intraoral examination revealed that the middle maxillary frenulum with strong attachment reached the crest. Vestibular deepening was insufficient in the mandibula. Also, the patient had a surgical operation for a cystic lesion in the same area 2 years before in the outer center. The incorrect repositioning of the flap and the resulting scar tissue caused the vestibule depth to decrease.

Vestiubuloplasty was performed in the mandible and a half-thickness flap was used in the vestibular mandibula. The flap was attached to the apical vestibular site. Frenectomy was performed in the maxilla and a v-shaped incision technique was used to release the frenulum. Frenulum connections were removed and bone protrusions were modified. Post-surgical recovery was uneventful. Sufficient vestibule depth was provided in the mandibula and the frenulum was adapted in the maxilla for removable prostheses. After 1.5 months post-op, the patient was referred to the prosthesis department.

DISCUSSION: Changed supporting gingival tissues can need tissue conditioning to restore their optimal physiological and anatomical behavior for quality prosthetic rehabilitation.

CONCLUSION/CLINICAL SIGNIFICANCE: Vestibuloplasty ensures a sufficient vestibular depth and a wider adhered surface area for prosthesis application in the atrophic maxilla. The frenectomy provides successful applicability and stability for the prosthesis in the edentulous maxilla.

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Modified Free Gingival Graft Technique: Case Presentation

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INTRODUCTION: Gingival recession (GR) occurs as a result of the gingival edge shifting apically relative to the cementoenamel junction. Although GR is generally more common in individuals with good oral hygiene, problems such as sensitivity and aesthetics may be observed in such patients. Free gingival graft (FGG) is the most commonly used method to increase the adherent keratinized tissue band.In this case report, the application of Modified Free Gingival Graft (ModFGG), a modified version of FGG, is presented.

CASE DESCRIPTION: A 20-year-old, systemically healthy, non-smoking female patient applied to our clinic with complaints of sensitivity in teeth numbered 31 and 41 and pain in the gums when brushing. As a result of measurements on the relevant teeth, localized RT1 gingival recession was determined. The recipient area was prepared by removing a half-thickness flap.The pedicle graft attached to the most coronal part was then inverted and sutured onto the exposed root surface via laterally positioned bioabsorbable sutures. The free gingival graft taken from the palatal region was transferred to the recipient site. Sutures were placed to ensure adaptation and stabilization of the graft.It was observed that