

BAZZANI MARTINA

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36	ABATE ANDREA	SZ-SIDO -18-ALDUR FORTEZZA DA BASSO -FIRENZE, ITALY NOVEMBER 17-18, 2021 SIDO SOCIETA ITALIUM ACCORDINATE DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA CO		
40	ABATE ANDREA	Parisi FMR, Cressoni P, Lombroni LG, Garagiola U, Spad Deportment of Biomedical Surgical and Dental Sciences Maxillo-Facial and Odontostomatology Unit - Head: Prof. Gianni AB School of Orthodontics - Head: Prof. Spadari F Fondazione Că Granda IRCCS Ospedale Maggiore Policlinico University of Milan - Italy	ari F.	
89	ABATE ANDREA	DIFFERENCE IN ANGULATION, MEDIO-LATERAL AND POSTERO-ANTERIOR DIAMETERS OF CONDYLES IN PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITS Aim Juvenile idiopathic arthritis (JIA) is an inflammatory joint disease affecting the temporomandibular joint (TMJ) of unknown etiology. It occurs before the age of 16, with a higher incidence in females and it has a duration of more than 6 weeks. It causes erosion of the condyles leading to an alteration not only of their diameters but also of their angulation. However, it is often asymptomatic and, as a result, it is diagnosed late. The aim of this scientific work is to evaluate the difference in angulation and size between medio-lateral and postero-anterior condylar diameters between healthy and diseased condyles in patients with JIA. Materials and Methods The CBCTs of 50 children, 40 girls and 10 boys between 5 and 16 years old, were analyzed through the 3Diagnosys program. The mid-lateral, antero-posterior diameters and angles of the right and left condyles were measured and the difference in size and angle between the healthy and pathological ones was evaluated.		
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' 5	ALICCHIO FRAN	A minimum difference of 1 mm and a maximum of 8 mm with an average difference of 2.2 mm was observed for the mid-lateral diameters, a minimum difference of 1 mm and a maximum of 6 mm with an average of 1,3 mm was obtained for the anterior-posterior diameters and finally an average difference of 9.8 ° in angulation between healthy and diseased condyles was found, with a greater angulation in those eroded by the pathology. The differences tend to be greatest during the child's growth phase, between the ages of 11 and 16. Conclusions Juvenile idiopathic arthritis not only leads to the erosion and reduction of the size of the condyles affected by this disease, but also causes a greater angulation than the corresponding healthy condyle. The condyles affected by JIA are smaller in size than healthy ones and an increase in the difference between mid-lateral and anteroposterior diameters of healthy vs pathological condyles was found at the growth phase of the patients. 1. Garagiola U, Piancino MG, Naini FB, Cressoni P, Moro A, Gasparini G, Saponaro G, Nishiyama K, Farronato G Damage quantification of mandibular condyle in juvenile idiopathic arthritis: 3D morphological study by cone beam computed tomography. J Biol Regul Homeost Agents. 2019 Jul-Aug; 33(4):1269-1274. 2. Farronato G, Garagiola U, Carletti V, Cressoni P, Mercatall L, Farronato D. Change in condylar and mandibular morphology in juvenile idiopathic arthritis: Cone Beam volumetric imaging. J Biol Regul Homeost Agents. 2019 Jul-Aug; 33(4):1269-1274. 3. Farronato G, Bellintani C, Garagiola U, Cressoni P, Sarzi Puttini P, Atzeni F, Cazzola M. Change in condylar and mandibular morphology in juvenile idiopathic arthritis: Cone Beam volumetric imaging. Reumatismo. 2014 Nov 6;66(3):254-7.		
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THREE-DIMENSIONAL EVALUATION OF DENTOSKELETAL

CHANGES IN PATIENT TREATED WITH BONE-BORNE

EXPANDER