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treated surgically for mandibular stage III MRONJ that present with or without an extraoral fistula.

References:
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POSTER 32
The Impact of COVID-19 on the Incidence of Lichen Planus: A Large Cohort Retrospective Cross-sectional Study
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Abstract: Background: COVID-19 is a worldwide pandemic that triggered severe social and economic disruption around the world. Several adverse oral and dermatologic reactions were detected after COVID-19 infection and vaccination among which lichen planus (LP) was described in a few case reports. However, the association between these conditions is still unclear. We performed a cross-sectional study to assess the risk of developing LP following COVID-19 infection as well as COVID-19 vaccines.

Methods: We conducted a retrospective cross-sectional study of a large cohort of the population from January 2020 to January 2022. The ICD-10 diagnoses of COVID-19 infection, COVID-19 vaccine status, and LP were obtained. The odds ratio was assessed for patients who developed LP after COVID-19 infection and vaccines using a logistic regression model with adjusting the gender, race, age, and comorbidity conditions. P less than 0.05 was deemed significant.

Results: Among 684,110 registered patients, 25,113 patients were positive for COVID-19 while 154,689 received vaccines for COVID-19. Twenty-four patients were diagnosed with LP after COVID-19 infection while 181 patients reported LP after vaccination. The odds ratio for having LP for people with COVID-19 infection was 1.143 (95% CI: 0.760 to 1.721, P = 0.52) before adjustments. People with COVID-19 vaccination were 1.573 times more likely to have LP than people without COVID-19 vaccination (OR = 1.573, 95% CI: 1.319 to 1.876, P < 0.001).

Conclusion: The odds of getting LP in people who received the COVID-19 vaccines are significantly higher than in those without vaccination. As a result, it is crucial that dentists, dermatologists, and primary care physicians include LP in their differential diagnosis when examining patients with abnormal oral mucosal or dermatologic lesions along with a history of recent COVID infection or vaccination. These patients require a close observation until the condition is resolved.

POSTER 33
What are the Outcomes Following Decompression Tube Placement After Initial Biopsy of Non-keratocystic Lesions?
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Abstract: Decompression is a common treatment for intrabony lesions of the jaws. The goal of decompression is to relieve the internal pressure and allow bony regeneration to decrease cystic size. Our standard institutional practice is to place decompression tubes within all cystic lesions at time of the initial biopsy.1 In maladies such as the odontogenic keratocyst, the literature has shown significant benefit of decompression in volume reduction, as well as increased wall thickness.2,3 Decompression of other cystic lesions has not yet proven beneficial. The purpose of this study was to determine the clinical course and outcome of decompression for non-keratocystic lesions. We performed a retrospective cohort study from January 2017 to January 2022 at the University of Illinois Chicago Department of Oral and Maxillofacial Surgery. Subjects were identified through surgical logs and chart queries. IRB approval was obtained from UIC (IRB #20220071). Eighty-three subjects (34 Female; 49 Male) were identified with an average age of 32.8 years. The most common lesion was a dentigerous cyst (n = 45, 54.2%), followed by periapical cyst (n = 12, 14.5%). The average decompression period was 279.2 days (SD 233.8 days), with subjects completing on average 3.3 follow-up appointments. Of the 83 subjects, 71.1% (n = 59) required an additional panoramic radiograph or CBCT during the treatment period. The overall rate of complications was 30.1%, with 25 out of 83 subjects having displacement or requiring replacement of their decompression tube. Most subjects were eventually treated with enucleation and curettage (n = 52, 62.7%), followed by resection with or without reconstruction (n = 12, 14.5%), and 9 cases (10.9%) showed resolution with eventual removal of decompression tubes. Six subjects (7.2%) were lost to follow-up after the decompression tube was placed, and all of these subjects were scheduled for enucleation and curettage. There were 3 cases of recurrence identified (3.6%). Decompression of non-keratocystic lesions should be performed only after appropriate patient selection. Although the benefit of decompression can be significant for some patients in attempts to avoid or decrease surgical morbidity, the placement can be technically