standard patient, each participant was asked to identify the main occlusal contacts in maximum intercuspation position and in excursive movements (protrusion and lateral movements) with 40µm and 200µm articular paper (Bausch®). These identifications were collected and recorded in a specific form and compared with the occlusal contacts records obtained digitally with the OccluSense® device. Data analysis was performed using IBM SPSS® software with a significance level of 0.05.

Results

There was no statistically significant relationship between gender and the identification of occlusal contacts regardless of the thickness of the articular paper used (p>0,005). Regarding maximum intercuspation position, most students correctly identified 3 of the 5 expected teeth (40%) with the 40µm paper. With the 200µm, the correct identification was lower, 2 of the 5 expected teeth (48.3%). The differences found between these two articular papers had statistical significance to the maximum intercuspation position (p=0,001). Regarding excursive movements, there was a greater ability to identify the correct contacts with the thicker articular paper but with no significance.

Conclusions

Dental students' ability to identify occlusal contacts, static and dynamic, was influenced by the thickness of the articular paper and, in every case, the corrected identification was inferior to 50%. To make occlusal analysis more objective and didactic, digital evaluation of these contacts should be introduced in undergraduate education.

P46

- Can Thermography be used as a diagnostic tool in temporomandibular disorders? A systematic review

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Background

The application of infrared thermography (IT) in the diagnosis and follow-up of patients with Temporomandibular Disorders (TMD) is not consensual.

Therefore, the main objective of this study is to clarify the relevance/efficacy of IT application in the diagnosis of TMD.

Materials and methods

This systematic review was developed according to the standards described by PRISMA guidelines, the research question was formulated by PICO, and the research protocol was registered and validated. The research focused on 3 platforms of bibliographic databases: PubMed/MEDLINE®, Web of Science® and Embase®. The quality of the studies was evaluated through the STROBE checklist and the agreement between examiners was evaluated using Cohen's kappa coefficient. Data were collected regarding the date of performance, the population (age, gender sample size), the intervention (type of device and evaluation characteristics), the diagnostic/evaluation method and the main conclusions of each study included in this review and were analyzed in a comparative way.

Results

From the initial 170 articles obtained, 74 were duplicated and/or tripled, resulting in 96 articles to be screened. In the title screening, 75 articles were selected and later, 43 articles were selected by the abstract screening. Finally, a total of 12 final articles were selected in the full-text screening. Most of them were of high quality (83.33%), with a majority sample of women and aged between 18 and 40 years. The equipment and observation conditions are quite similar, and the areas of interest are mostly TMJ, temporal and masseter muscles. In general, studies conclude that the use of infrared thermography for the diagnosis of TMD demonstrated low accuracy and limited efficacy.

Conclusions

The lack of scientific evidence leads the authors to advise caution in the use of thermography in the diagnosis of temporomandibular disorders.

P47

- Proposal to the construction of clinical algorithm to support decision-making for the person with complex wounds

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Background

Given the increasing complexity of evaluation and intervention in person with chronic, complex, or hard-to-heal wounds, healthcare professionals with less experience end up having a greater difficulty in the decision-making process, making it necessary to develop tools that support clinical reasoning in the diagnosis of wound typology and therapeutic plan.

Objectives

To construct and validate clinical algorithms for the differential diagnosis of wound typology and treatment of the person with wound.

Material and methods

Mixed study, composed of 3 stages. The first stage, construction of clinical algorithms supported in evidence produced in systematic reviews of the literature, in the opinion of experts and guidance standards. The second stage, content analysis of recommendations and alerts by consensus of expert/specialist to incorporate in clinical algorithms. The third stage, a clinical validation through analytical observational study of prospective and multicenter cohort to determine intra-observer and interobserver agreements and reliability for wound type diagnoses (pressure ulcer, pressure ulcer associated with medical devices, pressure ulcer in the mucous membranes, venous leg ulcer, mixed leg ulcer, arterial ulcer and diabetic foot ulcer) and treatment recommendations between nursing evaluation, system algorithm and expert/specialist.

Results

With this study we intend to validate the different components built for clinical algorithms, alerts and recommendations for the treatment of person with complex wounds. The decision support tools promote: safety in action, high quality healthcare and protection against complications. This study is in phase two of content validation with experts.

Conclusions

The results will give validity to the constructed algorithms that will integrate in a mobile application to support clinical decision-making that aims to guide the healthcare professional to provide standardized, safe, and evidence-based care.

P48

- Sequential surgical guide for full arch immediate implant placement and provisionalization in high risk patient

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Background

Incorporation of virtual engineering in Dentistry and the digitalization of information are giving new perspectives for dental treatments. Implant planning software allows the combination of radiology,