

(bleeding) and the independent variables was evaluated by means of bivariate analyses and Poisson regression analysis. Level of significance was set at .05.

Results: A total of 71 procedures were carried out in 47 individuals. Seventeen cases (24%) of bleeding complications were recorded. Individuals who had already been submitted to blood transfusion ($P = .014$) and those who had reported previous hemorrhage ($P = .006$) presented higher occurrence of bleeding complications. Poisson regression revealed that previous blood transfusion ($P = .044$) and the indication of liver transplantation ($P = .025$) significantly increased the occurrence of perioperative and postoperative bleeding.

Conclusions: Bleeding outcomes in liver disease patients were associated with those procedures that required previous blood transfusion usually with basal platelet count $< 50,000/\text{mm}^3$. Individuals with severe disease and indication of liver transplantation also presented higher occurrence of peri/postoperative hemorrhage. Support: FAPEMIG.

USE OF PHOTOBIMODULATION IN THE ALVEOLAR REPAIR OF PATIENTS SUBMITTED TO DENTAL EXTRACTION AFTER RADIOTHERAPY IN THE HEAD AND NECK. MARINA LINS MAYMONE DE MELO, THYAGO MORAIS VICENTE DA SILVA, THAYANARA SILVA MELO, IGOR HENRIQUE SILVA, ALESSANDRA TAVARES CARVALHO, JAIR CARNEIRO LEÃO and, LUIZ ALCINO MONTEIRO GUEIROS

Introduction: Delayed bone repair postdental extraction in patients who underwent head and neck radiation is a clinical challenge, and an adequate management is necessary to prevent osteoradionecrosis.

Objective: To evaluate the effect of photobiomodulation (PBM) in the alveolar mucosal healing of patients submitted to simple dental extraction after 3+ months of head and neck radiation therapy.

Study Design: Forty surgical procedures were performed into 2 groups: G1 dental extraction + PBM and G2 dental extraction + sham-PBM. Both groups received antibiotic therapy and closed surgical alveoli under first intention. The primary outcome was complete mucosal coverage at 14 days, with secondary outcomes being infection, postoperative pain, and analgesic use at 7 days.

Results: G1 presented a mucosal lining in a shorter time, where 94.7% presented complete mucosal lining ($P < .0001$) after 14 days, $\text{NNT} = 1.056$ (95% confidence interval $[\text{CI}] = 0.954-1.181$). G1 patients also presented less postoperative pain ($P = 0.005$) and lower administration of analgesics ($P = .005$).

Conclusions: The use of PBM has been shown to promote mucosal lining of the surgical alveolus in less time and with less postoperative pain.

COMORBIDITIES OF PATIENTS LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS IN THE POST-COMBINED ANTIRETROVIRAL THERAPY ERA. RAYZA RECHETNICOU, MARIA FERNANDA BARTHOLO SILVA, NATÁLIA SILVA ANDRADE, KAREM LOPEZ ORTEGA and, MARINA HELENA CURY GALLOTTINI

Objective: The life expectancy of people positive for human immunodeficiency virus (HIV) has increased since the advent of combined antiretroviral therapy (CART). There was a decrease in opportunistic infections in this population, but on the other hand, there were side effects to medications and medical conditions related to longevity. The main of this prospective study was to determine the prevalence of selected comorbidities that may affect the delivery of oral health care to patients positive for HIV.

Methods: The authors examined 439 patients positive for HIV who had sought dental treatment from 2006 to 2007 and from 2016 to 2017. The authors abstracted patients' self-reported clinical comorbidities and laboratory-verified HIV-related and hematologic values.

Results: A total of 96.2% percent of the study patients had at least 1 comorbidity. Comorbidity prevalence was 44% percent for psychiatric disorders, 41% for lipodystrophy, and 39% for anemia. Lipodystrophy and psychiatric disorders were more prevalent on patients seen from 2016 to 2017 ($P < .05$). Hypertension and diabetes were the most seen among 50 years old individuals or older ($P < .05$). Hepatitis C virus (HCV) and HIV co-infection affected 19% of the participants.

Conclusions: Patients positive for HIV under CART have a broad range of comorbidities that may affect the provision of oral health care.

LOW-LEVEL LASER THERAPY APPLICATION FOR OXYNOPHAGIA ANALGESIA CAUSED BY HEAD AND NECK RADIOTHERAPY: AN ANATOMIC STUDY. GABRIELA PASQUALIN GHIDINI, GUILHERME HENRIQUE RIBEIRO, LILIANE JANETE GRANDO, MARIÁH LUZ LISBOA, CLÁUDIA TIEMI MITUUTI, INÊS BEATRIZ DA SILVA RATH and, AIRA MARIA DOS SANTOS BONFIM

Radiotherapy is an antineoplastic treatment that causes many side effects that affect the patient's physical and emotional integrity. One of the most serious effects is oral mucositis that can extend into the oropharynx and all gastrointestinal tract. The aim of the study was to develop a laser therapy protocol for reduce the orynophagia through treatment of oropharyngeal mucositis. An anatomic study and photographs were carried out on cadavers, and the cervical trigone was selected because it allows better extraoral access for laser light to reach the oropharyngeal mucosa. Subsequently, 5 patients who already presented oropharyngeal mucositis and were treated with extraoral laser therapy at the hospital dentistry service reported their experience of analgesia by interview. The carotid trigone demonstrated better laser access to the oropharyngeal region. It was established the protocol of 4 J of energy, infrared light, and 100 mW of power distributed at 4 points along the anterior margin of the sternocleidomastoid muscle. The patients reported that they felt analgesia of orynophagia after the laser therapy sessions in the established extraoral region.

LOW-LEVEL LASER THERAPY APPLICATION FOR ANALGESIA OF OXYNOPHAGIA CAUSED BY HEAD AND NECK RADIOTHERAPY. GUILHERME HENRIQUE RIBEIRO, GABRIELA PASQUALIN GHIDINI, AIRA MARIA DOS SANTOS BONFIM, MARIÁH LUZ LISBOA, CLÁUDIA TIEMI MITUUTI, INÊS BEATRIZ DA SILVA RATH and, LILIANE JANETE GRANDO