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Gorlin-Goltz syndrome: a follow-up of a rare clinical case. Nevoid basal cell carcinoma syndrome (NBCCS), also referred to as the 'Gorlin–Goltz syndrome', is an autosomal dominant inherited condition with strong penetrance. The syndrome is caused by mutations in PTCH gene- a tumor suppressor gene mapped to chromosome 9q22.3-q31. Manifestations of the syndrome occur early in life, often in childhood. The chief components are multiple basal cell carcinomas of the skin, odontogenic keratocysts (OKCs), ectopic intracranial calcification, rib and vertebral anomalies, plantar and palmar pits, central nervous system and ocular lesions, and fairly typical facial features with frontal bossing and ocular hypertelorism. Many other anomalies have been reported in these patients and probably also represent manifestations of the syndrome. We present a follow-up of a clinical case of 15 years old female patient diagnosed with NBCCS by clinical, radiographic and histological findings. She appeared with multiple jaw cystic lesions, a large cyst in the maxillary sinus leading to diplopia and multiple synchronous and metachronous developing basal cell carcinoma of the skin. We highlight the importance of early diagnosis and treatment of this syndrome in order to reduce the severity of complications including cutaneous and cerebral malignancy and oromaxillofacial deformity and destruction due to odontogenic cysts and in order to provide a better prognosis for the patient.

## PP.287. INTRODUCTION OF RDC/TMD PROTOCOL FOR ALBANIAN MAXILLOFACIAL DEPARTMENT

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Abstract: Temporomandibular disorders (TMD) are complicated by different factors which will characterized these disorders with clinical signs and symptoms. The cardinal signs and symptoms for TMD are pain in the masseter muscle, TMJ and/or temporalis muscle regions; mouth – opening limitations and TMJ sounds. From different literature data, TMD diagnosis is based on a through clinical assessment and international classifying schema, also rely on standardized clinical tests to categorize TMD patients. Techniques with imagines should be used to gain a better insight within the temporomandibular joint; RMN to the depiction of soft tissues; TC to bone structures; EMG to prove effective in improving. Regarding unified opinion on the classification and diagnosis of these pathologies in Albania, we think it would be very interesting to application the assessment of RDC/TMD on Albanian maxillofacial department. The TMD diagnostic process can help us to relies on a psychosocial assessment of patients, which can be useful to detect a psychosocial impairment that needs to be addressed at the therapeutically level.

## PP.288. INCIDENCE OF CRANIAL DEFORMITIES ACCORDING TO THE TYPE OF THE SCHOOL

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