



# 1<sup>st</sup> Joint Specialist Conference 2018

Theme:

**DENTAL SPECIALITIES:**  
Together towards a  
successful tomorrow

Date:  
**9-11 March 2018**

Venue:  
**Hotel Istana, Kuala Lumpur**

Organised by :



Supported by :



In collaboration with :



**Malaysian Association  
for Prosthodontics**





**WAN CARE MEDICAL SDN BHD** (977431-M)

G-11, Jalan Puteri 4/8, Bandar Puteri,  
47100 Puchong, Selangor, MALAYSIA.

Tel: 017-283 1700 Website : [www.wancare.biz](http://www.wancare.biz)



# ELCON

Medical Instruments GmbH





<b>Welcome Address</b> Organizing Chairman	5
<b>Welcome Address</b> President, College Of Dental Specialist	6
<b>Welcome Address / Keynote Address</b> The Role of the Academy of Medicine of Malaysia	6
<b>CB Lian Inaugural Oration</b> President, College Dental Specialist	7
<b>Organising Committee</b>	8
<b>Scientific</b> Programme	9
<b>Speakers'</b> Profile & Synopsis	12
<b>Scientific Competition</b> Oral Presentation	25
<b>Scientific Competition</b> Poster Presentation	34
<b>Trade Directory</b>	55
<b>Acknowledgment</b>	62

## Important dates:

### **31 January 2018**

Deadline for early registration

Deadline for abstract submission for poster & oral presentation

---

### **31st January 2018**

Notification for abstract acceptance 31 January 2018

---

### **9th March 2018**

Congress Workshop

---

### **9-11 March 2018**

Conference dates

---

### **10th March 2018**

Fellowship  
Night dinner

---

### **12th March 2018**

Post Congress Workshop

## Conference Information at a glance:

Theme : Dental Specialities: Together towards a successful tomorrow

Date : 9-11 March 2018

Venue : Hotel Istana, Kuala Lumpur.

### **Congress Secretariat:**

Dr Thomas Abraham

Org Secretary, 1st Joint Specialist conference

(College of Dental Specialist)

Academy of Medicine Malaysia

Unit 1.6, Level 1 Enterprise 3B

Technology Park Malaysia, Jalan Inovasi 1

Lebuhraya Puchong – Sungai Besi

Bukit Jalil, 57000, Kuala Lumpur

Tel +603 89960700

Email: [jscmalaysia2018@gmail.com](mailto:jscmalaysia2018@gmail.com)

Website: [www.jsc2018.org](http://www.jsc2018.org)

### **Letter of Invitation:**

The congress secretariat will send a letter of invitation to registered participants upon request. The invitation is intended to facilitate participants travel and visa arrangements and does not imply the provision of any kind of financial support.

### **Badges:**

Identification badges will be used during the convention. Participants will be required to wear these badges in order to get access to the scientific sessions and trade exhibition venues. These badges will be provided to all registered participants.

### **Scientific Paper and presentation:**

For further information on scientific Programme and abstract submission for oral and e-poster presentation, please visit our website [www.jsc2018.org](http://www.jsc2018.org)





## Welcome Address Organizing Chairman



Dear colleagues,

As the Chairman of the Organising Committee, 1st Joint Specialist Conference, Malaysia 2018, I would like to welcome you to this special conference in Kuala Lumpur.

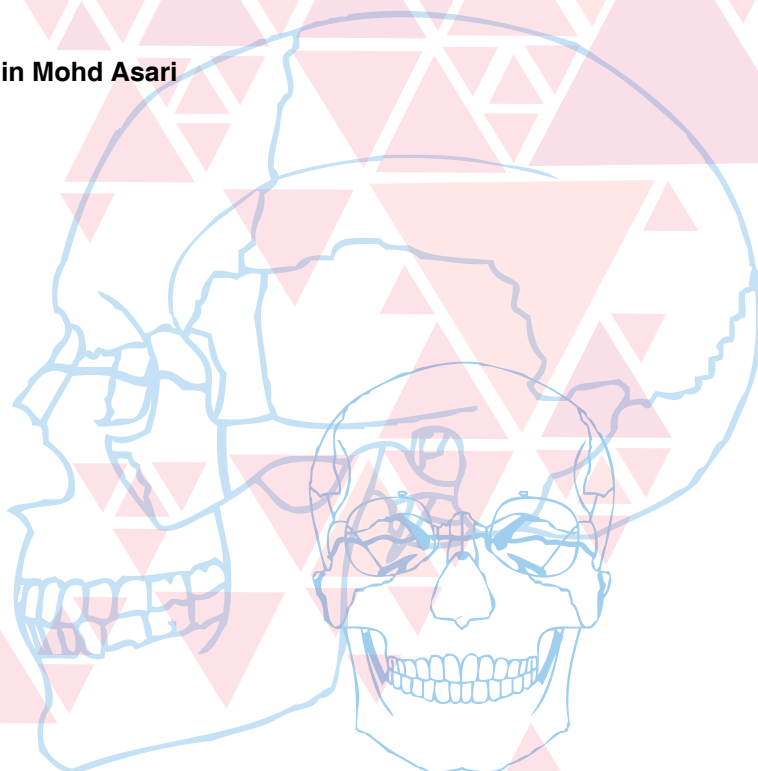
This is the first ever conference conducted combining majority of the dental specialty associations in Malaysia, namely College of Dental Specialists (CODS), Academy of Medicine Malaysia; Malaysian Association of Oral and Maxillo-facial Surgery (MAOMS); Malaysian Association of Dental Public Health Specialists (MADPHS); Malaysian Association of Paediatric Dentistry (MAPD); Malaysian Association for Oro-Facial Diseases (MAOFD) and Malaysian Society of Periodontology (MSP). It is a must attend event for all specialists, be it Malaysians or those from this region of South East Asia.

The theme of this conference is “DENTAL SPECIALTIES: TOGETHER TOWARDS A SUCCESSFUL TOMORROW”, meant for all specialties and will cover the main topics of pain, hypodontia and implant, and dental public health and research. The organizing committee has worked hard for the past months to assemble speakers from all over so as to give a good insight into the latest aspects of the topic chosen. So, make sure you do not miss this event.

It is also hope that this platform and event will be a start for more future cooperation and collaboration between the dental specialties in pushing dentistry to greater heights. As for our foreign delegates, welcome to this vibrant city of Kuala Lumpur, Malaysia. Do explore beautiful Malaysia while you are here. On behalf of the organizing committee, I would like to thank you all for your support and hope you will benefit and enjoy the lectures and environment.

Please enjoy.

**Dr Ahmad Sharifuddin Mohd Asari**  
*Organizing Chairman*



## Welcome Address

### President, College Of Dental Specialist



Welcome and salam 1 Malaysia to all our delegates.

Firstly, I would like to congratulate Dr Ahmad Sharifuddin Mohd Asari and his very hard working organizing committee in putting together this first ever conference, which combines the majority of the dental specialty associations in Malaysia. It is a new beginning in specialist CPD and hopefully it will be recognized as one of the major specialist/ CPD events in Malaysia, as well as the Asia Pacific region.

This 1st joint conference has gathered a diverse group of both foreign and local specialists. The theme DENTAL SPECIALITIES: TOGETHER TOWARDS A SUCCESSFUL TOMORROW, is aimed at the exchanging of intellectual discourse amongst all participants and specialists, to further equip them and enable quality, evidence-based and holistic dental care for the general population. I would like to thank all dental specialist associations in the country for their generous cooperation and support. I also wish to express my deep appreciation to all the eminent and distinguished speakers who have come from near and far, for their invaluable time and sharing of their knowledge.

I wish you all a successful and enjoyable conference. Thank you.

**Professor Emeritus Dato' Dr. Lian Chin Boon**  
*President, College of Dental Specialist*

## Welcome Address / Keynote Address

### The Role of the Academy of Medicine of Malaysia



Professor Dr Rosmawati Mohamed, Master Academy Of Medicine Malaysia is a Consultant Hepatologist at the University Malaya Medical Centre. Internationally and regionally, she was appointed as Co-chairperson of the WHO Global and Western-Pacific Region Strategic and Technical Advisory Committee for Viral Hepatitis, Co-chairperson and Founding Member of the Coalition to Eradicate Viral Hepatitis in Asia Pacific, Executive Council Member of the Asian-Pacific Association for the Study of the Liver, Council Member of International Coalition of Hepatology Education Providers, and committee member of the Chronic Hepatitis B Guideline Working Party of the Asian-Pacific Association for the Study of the Liver. Locally, she is the Master, Academy of Medicine of Malaysia, which has gained recognition as the body that represents all medical specialists in the country, and is in a privileged position to articulate the vision of the profession.

**Dr Rosmawati Mohamed**  
*Professor*

# CB Lian Inaugural Oration

## President, College Of Dental Specialist



Professor Emeritus Dato' Dr. Lian was formerly a lecturer at the Department of Oral & Maxillofacial Surgery, Faculty of Dentistry, University of Malaya, Kuala Lumpur. He was born on the 14th June 1947 in Teluk Intan. He later obtained his Bachelor of Dental Surgery from

Gujarat, India in 1971 and subsequently started his career as a dental officer at the Ministry of Health in the state of Perak. Five years later, he decided to further his training at the Manchester Dental Hospital in the specialty of Oral & Maxillofacial Surgery. He obtained his Fellowship in Dental Surgery from the Royal College of Surgeons of Glasgow in 1979, upon which he returned to Malaysia to start his career as a lecturer at the University of Malaya. Having won the Commonwealth Medical Fellowship Award in 1984, he found himself in UK again, appointed as an Honorary Registrar at the Eastman Dental Institute, London. He was also conferred a second fellowship in Dental Surgery from the Royal College of Surgeons of Edinburgh in 1996, making him among the few rare oral surgeons to have double fellowships from two Royal Colleges of Surgeons in Scotland.

He is married to Datin Mah Goh Leng and is blessed with three children. He has an accomplished career in dentistry, public management, as well as the corporate world. Among the positions he has held include the Professor and Chair of Maxillofacial Surgery at the University of Malaya (1991-2006), Director of Pulau Springs Berhad (2006-2014), Director of Tokio Marine Insurance (2006-2017), Board of Directors of the University of Malaya (2010-2016) and Chairman of the Board of Directors of the University Malaya Medical Centre (2013-2016).

Professor Emeritus Dato' Dr. Lian has received numerous awards, and these include the Darjah Dato' Paduka Mahkota Perak (DPMP) from the HRH Seri Paduka Sultan Perak, Sultan Azlan Muhibuddin Shah in

1997. He has also received a long service certificate from the University of Malaya in 1999. In addition, he has been awarded Fellowships from the Academy of Science Malaysia (2008), the Academy of Medicine Malaysia (1997) and the Academy of Medicine Singapore (2011). He had been bestowed with an Honorary membership by the Malaysian Dental Association in 2007, and has won a Silver Medal of the Salon International Des Invention GENEVE, Switzerland two years earlier. Professor Emeritus Dato' Dr. Lian has also been nominated as an Inaugural fellow of the International College of Continuing Dental Education, and has received Fellowships from the International College of Dentists (USA), the Academy of Dentistry International (USA), and the International Association of Oral and Maxillofacial Surgeons.

His other notable achievements include being the first dentist/oral surgeon in Malaysia to be appointed as a member of the Board of Directors of the University of Malaya and the Chairman of the Board of Directors of the University Malaya Medical Centre. He is also instrumental in the establishment of the College of Dental Specialists (CODS) in 2009. Prior to its establishment, this separate college was under the Academy of Medicine, it was one of the three faculties under the College of Surgeons from the Academy's inception. Prof Emeritus Dato' Dr Lian Chin Boon is the founding president and is currently still presiding over the CODS. The CODS comprises members from the various dental specialties in the country, and encompasses the disciplines of Oral and Maxillofacial Surgery, Orthodontics, Oral Pathology, Paediatric Dentistry, Periodontics, Dental Public Health, Restorative Dentistry, Endodontics, and Forensic Dentistry. Under his leadership, the CODS works very closely with the Ministry of Health, in particular the Oral Health Division, and also the Malaysian Dental Council. The registration of dental specialists under the National Specialist Register is testimony to the co-operation between these latter agencies.

**Professor Emeritus Dato' Dr. Lian Chin Boon**  
*DMDP, BDS, FDSRCS (Glasgow), FDSRCS (Edinburgh), FASM, FAMM, FICD, FADI,*



# Organising Committee

## Chief Executive Team



Professor Emeritus  
Dato' Dr. Lian Chin Boon  
**Advisor**



Dr Ahmad Sharifuddin  
Mohd Asari  
**Organizing Chairperson**



Dr Mannil Thoma  
Abraham  
**Secretary**



## Finance & Sponsorship



Dr Lam Jac Meng  
**Chairperson**

## Publication



Prof. Dr. David Ngeow  
**Chairperson**

## Registration Team



Dr. Saadah Atan  
**Chairperson**



Dr V. Annapurny  
**Committee Member**

## Protocol



Datin Paduka Dato'  
Dr. Nooral Zeila Junid  
**Chairperson**

## Scientific Programme



Prof. Dr. Noraini  
Nun Nahar  
**Chairperson**



Dr. Sharifah Tahirah  
Al-Junid  
**Co-chairperson**



Dr. Juanna Bahadun  
**Committee Member**



Dr. Ho Ting Khee  
**Committee Member**



Assoc. Prof. Dr. Ratha  
Devi Vaithilingam  
**Committee Member**

## Free Communication



Prof. Dr. Rosnah  
Mohd Zain  
**Chairperson**



Prof. Dr. Khoo  
Suan Phaik  
**Committee Member**



Dr. Asfizahrasby  
Mohd Rasoul  
**Committee Member**

## Logistic



Prof. Dr. Rosnah  
Mohd Zain  
**Chairperson**



Assoc. Prof.  
Dr. Badiah Baharin  
**Co-chairperson**





# 1<sup>st</sup> Joint Specialist Conference 2018

Theme:

**DENTAL SPECIALITIES:**  
Together towards a  
successful tomorrow

Date:  
**9-11 March 2018**

Venue:  
**Hotel Istana, Kuala Lumpur**

DAY  
**1**

**9 March 2018 (Friday)**

Time	Mahkota II	Mahkota III	
8.00 -8.30 am	Registration		
8.30 -9.30 am	Plenary 1 : Chairman : Prof Dr Ngeow Wei Cheong Topic : Expert witness -Do's and Don'ts Speaker : Dr Sharon Kaur		
9.30 -10.00 am	Tea Break		
10.00 –10.45 am	Keynote Adress: Chairman: Dato' Dr Nooral Zeila AMM's Role in Specialist Training, Alternative Training Pathways & the Specialist Register Speaker : -Prof Dr Rosmawati Mohamed Master, Academy of Medicine Malaysia		
10.45 -11.00pm	Opening Ceremony – Prof Dr Rosmawati Mohamed Master, Academy of Medicine Malaysia		
11.00 -11.45pm	Inaugural C B Lian Oration : Orator : Prof Emeritus Datuk Dr Lian Chin Boon		
11.45 -2.30 pm	Trade visit followed by Lunch : Mahkota I / Safir I & II		
2.30 –5.00 pm	Oral Presentation I Chaiman : Kol Dr Ahmad Fahmi Ahmad Bustaman Chairman : Dr Ahmad Faisal Ismail	Oral Presentation II	e-poster
2.00 –6.00 pm	Workshop : Occlusal Splints for Temporomandibular Joint Disorders ( at UKM Dental Faculty)		
5.00 pm	Tea / Coffe Break		
5.15 pm	MAOMS Business Meeting	MAPD Business Meeting	

DAY  
2

10 March 2018 (Saturday)

Time	Mahkota II Orofacial pain & TMJDS	Mahkota III Towards Caries-Free Generation	
9.00 –10.00 am	Plenary 2 : Chairman : Prof Rosnah Zain Orofacial Pain & TMJDS : Prof Yoshihiro Tsukiyama		
10.00 –10.30 am	Tea/Coffee Break		
10.30 –11.30 am	Chairman : Dr Asfizahras by Mohd Rasoul Lecture (1) Psychological aspects of Orofacial pain Speaker –Prof Khoo Suan Phaik	Chairman: Prof Dr Rahimah Abdul Kadir Lecture 1 (10.30 -11.15 am) Dental Caries: Yesterday, Today and Tomorrow Dr Maria Angela G Gonzalez  Lecture 2 (11.15 -12.00 am) Overview on Early Caries Prevention A Prof. Dr Wendell Evans  Lecture 3 (12.00 -12.45 pm) Caries Risk Assessment & Measuring Tools A Prof. Dr Chew Hooi Pin	e-poster
11.30am – 12.30pm	Chairman : Dr Farah Aliyah Mohamad Azahar Lecture (2) Surgical aspects of Orofacial Pain / TMJPDS –Prof Mario Esquillo		
12.30 –1.00 pm	Chairman : Prof Ngeow Wei Cheong Lecture (3) Current update: Dietary Palm Oil in Health and Nutrition Speaker : Datuk Dr Kalyana Sundram		
1.00 –2.00 pm	Lunch : Mahkotai / Safir & II		
2.00 –3.00 pm	Chairman : Dr Norhayati Omar	Chairman : Datin Dr Rashidah Esa	e-poster
	Lecture (4) The Role of Arthrocentesis Speaker : Brig Gen Dr Sharifah Azlin Juliana Syed Zainal	Lecture 4 (2.00 -3.00 pm) Caries Management System in Dental Practice Assoc. Prof. Dr Wendell Evans	
3.00 pm – 4.00 pm	Chairman : Dr Nurshaline Pauline Hj Kipli Lecture (5) Restorative aspects of Orofacial Pain / TMJDS : Prof Yoshihiro Tsukiyama	Lecture 5 (3.00 –3.45 pm) Dr Salleh Zakaria Use of ICDAS in MOH	
4.00 –4.30 pm	Panel Discussion : Moderator –Prof. Khoo Suan Phaik	Lecture 6: (3.45 –4.30 pm) Dr Rapeah Binti Mohd Yassin  ECOH –Showcasing Caries Prevention Program among Toddlers in Pahang	
4.30 pm	Tea / Coffee Break		
4.45 pm	MAOFD Business meeting	MSP Business Meeting	
7.00 pm	Speakers’ Dinner		

DAY  
3

**11 March 2018 (Sunday)**

Time	Mahkota II Hypodontia / Implantology	Mahkota III Strengthening Clinical Governance
9.00 -10.00 am	Chairman : Dr Ganasalingam Sockalingam Lecture 1 : Hypodontia and other significant dental anomalies : A Prof Angus Cameron	Chairman : Dr Leslie Geoffrey Lecture 7 Clinical Governance in Dental Practice Prof. Emeritus Dato’ Dr Wan Mohamad Nasir Bin Wan Othman
10.00 -10.30 am	Tea/Coffee Break	
10.30 -11.15 am	Chairman : Dr Balkis Ghazali Lecture (2) The Anterior Implant: Challenges and management to achieve predictive aesthetic results Speaker : A Prof Eshamsul Sulaiman	MADPHS Business Meeting
11.15 -12.00 pm	Chairman : A Prof Dr Badiah Baharin Lecture (3) Soft Tissue management in Oral Implantology Speaker : Dr Chan Yoong Kian	
12.00pm - 12.45 pm	Chairman : Dr Atika Farrah Yahya Lecture (4 ) Graftless solution in treating edentulism : Prof Dr Gunaseelan Rajan	
12.45 -2.00 pm	Lunch : Mahkota I / Safir I & II	
2.00 -2.45 pm	Chairman : Dr Saadah Atan Lecture (5) Prosthodontics aspects of paediatric practice and treatment planning in relation to children with Hypodontia Speaker : A Prof. Angus Cameron	Chairman: Assoc. Prof. Dr Normastura Abd Rahman
2.45 -3.30 pm	Chairman : Dr Juanna Bahadun Lecture (6) Orthodontic aspect of hypodontia– Dr Khairil Aznan Bin Mohamed Khan	Lecture 9 (2.00 –3.00 pm) Clinical Research-Opportunity and challenges for Dental Professionals Dr Goh Pik Pin
3.30 -4.00 pm	Panel Discussion Moderator : Dr Sharifah Tahirah AlJunid	Lecture 10 (3.00-4.00 pm) Have we committed errors in our research ? Dr Marhazlinda Jamaludin
4.00 -4.30 pm	Prize Giving & Closing Ceremony	
4.30 pm	Tea/Coffee	

## Speakers' Profile & Synopsis



**Assoc Professor  
Angus Cameron**

*Department of  
Paediatric Dentistry,  
Westmead  
Hospital, Westmead  
Centre for Oral  
Health, Darcy  
Road, Westmead  
NSW 2145*

Associate Professor Angus Cameron completed Dentistry at the University of Sydney in 1984 and began work as a junior dental officer at Westmead Hospital. He was the first to complete the Master of Dental Science program in Paediatric Dentistry in NSW in 1991. Until recently, he was a Visiting Senior Specialist at the Children's Hospital and the head of the Department of Paediatric Dentistry & Orthodontics at Westmead. Currently he is Clinical Associate Professor at the University of Sydney and holds academic appointments at Newcastle and Charles Sturt universities. Angus is the co-editor of the Handbook of Paediatric Dentistry, to be published in its 4th edition and translated into 7 other languages. His clinical and research interests include craniofacial biology, paediatric oral medicine and pathology and the management of trauma and dental anomalies.

### **Hypodontia and other significant dental anomalies**

The multidisciplinary approach to the management of common dental anomalies is essential. This presentation will attempt to highlight the broad range of dental defects that occur at different stages of tooth development. This approach will serve as an aid to diagnosis but further, will allow the formulation of a treatment plan that is appropriate for a child at any age when they present with a particular anomaly. Many of the conditions that will be shown are uncommon and management is often anecdotal, however, a sound understanding of the basic pathological mechanisms underlies our ability to treat these conditions. This presentation will focus on the management of supernumerary and missing teeth, disorders of size and shape, enamel and dentine anomalies and disorders of eruption.

### **Prosthodontic aspects of paediatric practice and treatment planning in relation to children with Hypodontia**

Children often require complex prosthodontics rehabilitation due to the presence of a range of dental anomalies. A multidisciplinary approach to the management of conditions is essential. Appropriate treatment is often difficult due to issues of age, behaviour management, a transitioning dentition and a lack of experience in managing, often quite rare conditions. This presentation will highlight the prosthodontics challenges we encounter when treating children. Many of the conditions that will be shown are unique and uncommon, and management is often anecdotal. However, an understanding of growth and development is important in allowing the formulation of a treatment plan that is appropriate for a child at any age. This presentation will focus on the management of the congenital absence of teeth, in particular ectodermal dysplasia, and the management of disorders of enamel and dentine. There will also be an emphasis on the involvement of clinicians in other disciplines and the development of long-term treatment planning.



**Dr Khairil Aznan  
Mohamed Khan**

*BDS(c(W.  
Aust), MMedSci  
(Orthodontics)  
(Sheffield), MOrthRCS  
(Edinburgh), AM(Mal)  
Senior Lecturer  
& Consultant  
Orthodontist  
Dental Faculty,  
National University of  
Malaysia*

Graduated in 1997 from University of Western Australia in Perth, Dr Khairil Aznan joined Ministry of Health as a dental officer for nearly two years. He then joined University Kebangsaan Malaysia as a training lecturer and in 2001, he was offered a full scholarship to specialize in Orthodontics. He obtained Masters of Medical Science (Orthodontics) from University of Sheffield in 2003. He completed his Membership in Orthodontics from Royal College of Surgeons of Edinburgh in 2004. Currently, he is a Consultant in Orthodontics and Senior Lecturer in Department of Orthodontics, Faculty of Dentistry, University Kebangsaan Malaysia. He is also a Visiting Consultant in Orthodontics at Beverly Wilshire Dental Clinic. Dr Khairil Aznan believes that everyone's deserve to have a great smile with a well aligned teeth no matter of age. Besides aligning teeth using conventional metal & ceramic braces for aesthetics/cosmetic/oral health, Dr Khairil Aznan also uses the latest low friction Self Ligating Braces such as Damon and Empower. He also uses clear aligners in patients who prefer to have their teeth aligned without having braces. Other than that, he is also involves in Dentofacial-Orthopaedic and uses Functional Appliances to correct jaw problems in growing children. His special interest is in Complex Orthodontics cases such as Multidisciplinary & Orthognathic treatment. Dr Khairil Aznan is a board member of the National Specialist Register (Orthodontics). He is also a member of Malaysian Association of Orthodontics & Academy of Medicine, Malaysia.





### Orthodontic aspect of hypodontia

Hypodontia is regarded as the most common craniofacial malformation in humans. It may occur as part of a recognized genetic syndrome or as a nonsyndromic isolated trait. The prevalence of hypodontia depending on the population studied, ranges from 1.6 to 6.9%. Most affected individuals lack only one or two teeth, with permanent second premolars and upper lateral incisors the most likely to be missing. Both environmental and genetic factors are involved in the aetiology of hypodontia, with the latter playing a more significant role. Treatment usually involves wearing fixed appliances and the need of bridges or implants to replace the missing teeth. However, the type of treatment needed depends on the age and the number of missing teeth. Definite decisions on the treatment often cannot be made until the eruption of all permanent teeth, usually during early teens. Hypodontia individuals often present a significant clinical challenge for orthodontists because, in a number of cases, the treatment time is prolonged and the treatment outcome may be compromised. Hence, a multidisciplinary approach undoubtedly is a must in providing a high standard patient care. The identification of genetic and environmental factors may be particularly useful in the early prediction of this condition and planning treatments in the future.



**Associate Professor**  
**Dr Chew Hooi Pin**  
*BDS(Mal), FDSRCS*  
*(Eng), PhD*  
*(Manchester)*  
*Senior Lecturer*  
*Department of*  
*Restorative Dentistry*  
*Faculty of Dentistry*  
*University of Malaya*

Dr. Chew is an Associate Professor at the Department of Restorative Dentistry, University of Malaya. She is currently the Coordinator of the Operative Dentistry Program and also the Integrated Cariology Module of the Faculty. She graduated from the University of Malaya and upon graduation went on to serve the community in Borneo under the Malaysian Ministry of Health. She joined University of Malaya in 1996 and obtained her Fellowship in Dental Surgery, Royal College of Surgeon (FDSRCS) England in 1998 and PhD from Manchester, England in 2013. In 2014, she was appointed by the Malaysian Dental Dean Council to lead the Malaysian National ICDAS taskforce to oversee the national implementation of ICDAS in all the dental schools in Malaysia. Her main research interest is in the development and validation of in vivo diagnostic methodology for dental caries, early erosion and advanced erosive wear. In addition to that, she had also been involved in the assessment of the efficacy of various dental and biomaterials in the treatment of caries and erosion. Her other research interest is the evaluation of caries risk assessment models. She was the Principal Investigator of a High Impact Research Fund awarded by the Malaysian Ministry of Higher Education and leads a team of researchers on various research projects on the detection of dental caries and dental erosion. She had published articles in peer reviewed journals on the above research areas. She is also actively involved in undergraduate and postgraduate clinical teaching and intramural practice in the Faculty. Dr. Chew had been invited to speak in national and international conferences mainly on caries management pathways, caries detection, erosive wear and posterior composites.

### Caries Risk Assessment and Measuring Tools

The presentation seeks first to discuss issues regarding the definition of dental caries, as a tooth or surface-level condition versus a person-level disease. It also explores the plethora of proximal and distal factors that cause and influence its occurrence. It is then followed by discussion of the fundamental concepts of risk assessment and reviews of current caries risk assessment approaches and tools. Most risk assessment approaches attempt to collate the influences of these factors and assist in informed-clinical decision making for customized oral health care according to individuals' specific oral health needs. Accurate caries risk assessment at both population- and individual-level are both desirable. Highlights will be made of recent work and advances in methods available to estimate caries risk at population-level, the fallacy of applying population-level parameters to individuals and the derivation of individual-level caries risk profile.



**Dr. Maria Angela  
Garcia Gonzalez**

*Senior Lecturer,  
Department of  
Restorative Dentistry  
Faculty of Dentistry  
University of Malaya  
50603 Kuala Lumpur  
Malaysia*

Dr. Gonzalez graduated with a DDM from the University of the Philippines where she also received her MPH. She received her MSD in Operative Dentistry with a minor in Dental Materials from the Indiana University, USA. Currently, she is involved in the teaching of Operative Dentistry and Dental Materials at the Department of Restorative Dentistry, University of Malaya (UM). She was also involved in the Calibration for the National Oral Health Survey (2006) and acted as an evaluator for an intervention school based tooth brushing program in the Philippines. Her research interests include dental education and restorative material properties and performance. She is presently Coordinator of the Dental Education Research Group in UM. Dr. Gonzalez is one of the partners of a group managing three dental clinics in Metro Manila.

#### **Dental Caries: Yesterday, Today and Tomorrow**

Dental caries prevalence worldwide has changed through the years and has shown a decline in developed countries. However, in underdeveloped countries, dental caries prevalence remains high. Dental caries is present in all age groups in developed and underdeveloped countries. Public health and preventive measures in both community and private practice levels have helped contribute to this. The disparity in dental caries prevalence can be attributed to lack of access to these measures. Untreated dentine caries will remain a global problem. There are many factors that contribute to caries levels of a population. Changing lifestyle, fermentable sugars in purportedly healthy food and the generational characteristics of the population are some of the factors that will affect the caries incidence. More accurate diagnostic tools, caries classification and individual risk assessment will provide more information on patients' needs. Treatment choices of the past will contribute to future caries susceptibility of patients. The private practitioner need to provide for individual caries risk assessment, early detection and management of early caries as well as its restorative treatment of advanced lesions.



**DR RAPEAH BINTI  
MOHD YASSIN**

*Senior Principal  
Assistant Director,  
Oral Health Division,  
Pahang State Health  
Department*

Dr. Rapeah binti Mohd Yassin is a Dental Public Health Specialist, now serving as Senior Principal Assistant Director for the Oral Health Division, Pahang State Health Department. She obtained her first degree from the University of Malaya (1994) and she also holds Masters of Community Medicine (Oral Health) (2005) from University of Science Malaysia. With her experience and academic background, without doubt, she holds a track record of active involvement in the administrative and governance at the district as well as at the state level. She also involve in National Oral Health Epidemiological Surveys since 2005 for preschool, schoolchildren and adults. She is also shows her interest in research and as co-researchers in various research projects conducted at state level. She has presented numerous research papers at a number of international and local conferences.

#### **Caries Prevention Programme among Toddlers in Pahang**

Early Childhood Caries remains the significant Public Health Problem in both developing and developed countries worldwide. National Oral Health Plan for Malaysia aimed at 50% of 6-year-old children is caries-free in the year 2020. In Pahang, the prevalence of caries among 5-year-old preschool children was 85.1% (2005) as compared to 76.2% (2005) for Malaysia and mean dft score was 5.50 (2005) as compared to 6.0 (2005) for Malaysia. Pahang State Health Department had introduced "Toddlers' Adoption Program" to strengthen oral healthcare amongst children. The dental nurse act as an "Adoptive Mother" for a period of 4 years. Anticipatory guidance were delivered to the parents and mouth examination and fluoride varnish (FV) application using 5% Sodium Fluoride [22,600ppm] on the deciduous teeth were carried out by a method of "Knee-to-knee" position and "Lift the lips" technique. Compliance refers to those "Adopted toddlers" who attended all their seven scheduled appointments from the age of one to four years old at every 6 months interval. Percentage of children with Caries-Free-Mouth (CFM) status upon graduation was the impact indicator monitored to analyse the success of the programme. Five batches of toddlers graduated from this programme since 2012 to year 2016. About 130 to 147 dental nurses involved in this program as "Adopted Mother" each year and a total number of 3,012 of toddlers recruited in the program. Two thousand two hundred and eighty one (75.7%) complied and graduated at the aged of 4-years-old. Compliance rate obtained range from 61.1% to 86.4% and percentage of CFM range from 63.8% to 82.3%. Fluoride varnish application amongst toddlers in Pahang found that "Adopted Toddlers" exhibit significantly better oral health status as compared to their non-adopted counterparts ( $p=0.01$ ). Empowerment of parents/caregivers and the clinical preventive application using fluoride varnish among young children were proven effective for their oral healthcare and will be expanded for higher coverage of toddlers.



**Dr Salleh Zakaria**  
*Deputy Director  
Oral Health  
Programme  
Ministry of Health,  
Malaysia*

Dr Salleh B. Zakaria is currently the Deputy Director for Oral Health Technology Section in the Oral Health Division, Ministry of Health Malaysia. He obtained his dental degree from University of Malaya, Kuala Lumpur in 1999 and his Master of Public Health (Oral Health) from the same university in 2008. Currently, he is a committee member of the Malaysian Association of Dental Public Health Specialists and a member of the International Association for Dental Research (Malaysian section). He is a member of the Technical Advisory Committee for Clinical Practice Guidelines (CPG) in the Ministry of Health and has contributed to the development of many CPGs for oral health programmes in Malaysia. He has also been a clinical examiner for numerous national oral health surveys in the country. He was the Benchmark Examiner for Dental Caries in the National Oral Health Survey of Preschool Children in 2015 and the Gold Standard Examiner for Dental Caries in the NHMS 2017: School-based Oral Health Survey. He was the principal author for Chapter 7: Periodontal Status and Treatment Need in the National Oral Health Survey of Adults 2010 (NOHSA 2010) report. He is also a working group member for a number of policy documents for oral health programmes in Malaysia.

#### **USE OF ICDAS IN MOH**

The current understanding of dynamic nature of the dental caries process showed lesion progression can be arrested at any stage of the process. This concept is particularly important for early caries lesions because they may self-arrest as part of the natural history of the disease or become arrested due to changes in the local environment. The dental caries pattern has changed from cavitated lesions to non-cavitated lesions especially in urban areas in this country. Considering the low progression rates of caries lesions and the aim of healthcare professionals to prevent dental caries, it has become more important to record and manage not only cavitated lesions but also early caries lesions. Controlling the caries process prior to restoration will break the cycle of re-restoration which may lead to larger restorations. In doing so, the cost and complexity of restorative treatments can be reduced. At present, dental caries in Malaysia is recorded using the DMFT/X index whereby only cavitated lesions extending into dentine are recorded. The aim of this presentation is to share the use of the International Caries Detection and Assessment System (ICDAS) to strengthen the detection and management of early caries lesions in school dental services in Malaysia.



**Assoc Prof.  
Dr Wendell Evans**

Dr Wendell Evans was Head, Community Oral Health and Epidemiology at Sydney University until his recent retirement. In this role, he directed the Graduate Diploma and Master of Dental Science programs in Community Oral Health and Epidemiology. He is a past President of the IADR Australian and New Zealand Division, and past IADR Asia-Pacific Regional Board Member. Wendell Evans is a Co-chair of the Australia-New Zealand Chapter of the Alliance for a Cavity Free Future. Wendell has expertise in community water fluoridation, dental fluorosis, the prevention and management of dental caries, and oral health promotion. He led the development of the Caries Management System (CMS) protocols for adults and children/adolescents. These protocols deal with the primary prevention of caries and with non-invasive treatment to arrest early caries lesions and prevent them from progressing to cavities. The CMS was tested successfully in a group of very high risk patients, and then in a randomly controlled clinical trial of general dental practices funded by a National Health & Medical Research Council of Australia. This 7-year trial had three important outcomes: first, that patients attending the intervention practices needed 50% fewer restorative interventions compared with patients attending the control practices; second, that preventive treatment for caries, according to the Caries Management System, is cost effective; and finally, that the dentists who delivered the CMS protocols derived professional satisfaction from this mode of practice as did their practice staff. Additionally, the patients themselves were extremely satisfied with their attendance at practices that focussed on caries prevention and non-invasive management of early caries lesions. Currently, Dr Wendell Evans is the lead author for the World Health Organization's upcoming publication on ECC diagnosis and risk assessment.



### Overview on Early Caries Prevention

Caries is caused by excessive exposure to free sugars which transforms the dental plaque biofilm into a pathogenic agent. Additionally, the plaque biofilm separates tooth surfaces from saliva thus limiting its remineralisation potential. The pathogenic event of caries is moderated by fluoride exposure. This presentation will review the population and home-care evidence that (1) restricting sugar exposure, (2) increasing fluoride exposure, and (3) control of plaque, significantly decreases caries risk. Caries primary prevention aims to reduce the risk of caries incidence, and caries secondary prevention aims to reduce the progression of early-stage non-cavitated lesions to late-stage cavitated lesions.

### Caries Management System in Dental Practice

The Caries Management System protocol is based on the fact that early-stage caries lesions are highly susceptible to non-surgical preventive management. Restorative intervention is unnecessary for patients on risk-specific management and monitoring schedules because (1) early caries lesions are readily identifiable, (2) they progress very slowly, and (3) offer a long window of opportunity (measured in years) during which to intervene non-surgically to bring about lesion arrest and remineralisation. Associated primary prevention brings caries into remission. Patients judged initially as high-risk may become low-risk in a short period. Caries management entails both patient and dentist-related inputs. Dentists are responsible (1) for early diagnosis and risk assessment, (2) to coach the toothbrushing skills of patients, (3) to empower patients to control their sugar exposure, (4) to provide risk-specific clinical applications of fluoride products and sealants, and (5) to monitor both clinical and patient-risk outcomes. Patients are responsible for adhering to (1) home-care recommendations on sugar exposure and toothbrushing performance and (2) the schedule of monitoring appointments.



He was the PRESIDENT of the Asian Association of Oral and Maxillofacial Surgeons in 2014-2016. He graduated in 1982 from the Manila Central University, College of Dentistry and was awarded the Best Clinician in Oral Surgery. He underwent EXTERNSHIP TRAINING in Oral Surgery at the University of the Philippine, Philippine General Hospital in 1983. He undertook POST GRADUATE in Oral and Maxillofacial Surgery, Tri-Service General Hospital, Taipei, Taiwan, ROC, 1989-1991 and at the 2nd Department of Oral and Maxillofacial Surgery, Aichi-Gakuin, School of Dentistry, Nagoya, Japan, 1997. He was the president of the Philippine Dental Association (2005-2006) and the president of the Manila Dental Society in 2002-2003. He is the founding chairman of the Philippine College of oral & Maxillofacial and the ASSOCIATE PROFESSOR of the Manila Central University, College of Dentistry.

**Prof Mario Estavillo**  
**ESQUILLO DMD**

### Role of Antibiotic Beads in Oral and Maxillofacial Surgery

**OBJECTIVE:** This aims to present a good alternative treatment of chronic and classical osteomyelitis, osteoradionecrosis, and bisphosphonate-related osteonecrosis of the jaw (BRONJ) in the form of polymethyl methacrylate beads impregnated with antibiotics. **METHODS:** Cases of classical osteomyelitis, osteomyelitis resulting from facial implant rejection, osteoradionecrosis as well as bisphosphonate-related osteonecrosis of the jaw (BRONJ), that were treated in our department with placement of polymethyl methacrylate impregnated with antibiotics are presented. Treatment consists of thorough debridement and curettage to remove infected and necrotic tissue, placement of antibiotic beads, and primary closure of the wound. Removal of the antibiotic beads is then performed after six weeks. The advantage to this approach of drug delivery is that very high local concentrations of an antibiotic can be obtained with minimal systemic levels. Other advantages include: systemic adverse reactions are less likely to occur, beads can fill a dead space created by curettage and sequestrectomy, and because the surgical wound is closed, post-operative management is straightforward, and there is no restriction in activities of daily living. Primary disadvantage is the need for another surgery to remove the beads. **RESULTS:** Results have proven to be favorable and good long term success were observed in all the cases performed. Symptoms disappeared as soon as after the surgery. Early bone formation was evident on panoramic radiograph as early as 6 weeks after removal of the beads. **CONCLUSION:** Placement of antibiotic beads is a good alternative in difficult chronic and refractory cases where parenteral and oral medications have failed.





**Dr Chan Yoong Kian**

Dr Chan graduated with a BDS from University of Malaya in 1988 and obtained his MSc (Periodontology) from the Eastman Dental Institute, University College London in 1997 and Fellowship in Dental Surgery from the Royal College of England and Edinburgh in 1999. He has published in local and international journals including the Malaysian Dental Journal, Journal of Clinical Periodontology and Journal of Periodontology and is also involved in development of Clinical Practice Guidelines in Periodontics of Ministry of Health of Malaysia. He is currently consultant and the head of Periodontal Services of the Ministry of Health of Johor State, Malaysia.

#### **Soft tissue management in oral implantology**

Soft tissue management in oral implantology has been gaining prominence in recent years. This lecture will give a brief overview of the significance of keratinized mucosa, attached mucosa and mucosa thickness in implant rehabilitation. Various techniques used in daily practice in the soft tissue management of implants both in the maxilla and mandible will be highlighted.



**Assoc Prof.  
Dr Eshamsul  
Sulaiman**

*BDS (UK), MFD.  
RCS (Ireland),  
MClintDent (Distinction  
in Prosthodontics,  
London).  
Specialist and  
Consultant  
Prosthodontist, Head  
of Implantology Unit,  
Faculty of Dentistry,  
University of Malaya*

Associate Professor Dr Eshamsul Sulaiman is a senior lecturer at the Department of Restorative Dentistry, University of Malaya. He graduated with BDS from the Queen's University of Belfast, United Kingdom in 1997 and obtained his specialist training in Prosthodontics with Distinction from the Eastman Dental Institute, University College London in 2004. His early training was in the Oral and Maxillofacial Surgery and Restorative Dentistry at the University Dental Hospital, Cardiff, United Kingdom from 1998 to 2001 where he obtained his MFD from the Royal College of Surgeons in Ireland in 2000. He is actively involved in the teaching of postgraduates and undergraduates in the field of fixed prosthodontics and oral implantology. He has lectured, conducted hands-on workshops and performed live implant surgeries and prosthodontic procedures at many platforms in Malaysia. Among his achievements are winning the "Anugerah Rekacipta & Inovasi" at PECIPTA 2011, winning the Best Paper Award at the 22nd IADR-SEA Annual Scientific Meeting in 2009 and receiving the University College London (UCL) Dental School Commemorative Award in 2004 for his outstanding academic and clinical achievement during the course of his postgraduate training at the Eastman Dental Institute, London. He is a core member of the Global Academy of Osseointegration (GAO) and a member of MegaGen International Network of Education and Clinical Research (MINEC). Associate Professor Dr Eshamsul is currently the Head of Oral Implantology Unit at the Faculty of Dentistry, University of Malaya.

#### **The Anterior Implant: Challenges and management to achieve predictive aesthetic results**

Implant rehabilitation in the aesthetic zone presents the greatest challenge to implant clinicians especially in the case of missing single maxillary anterior tooth. Both facial gingival contour and papilla height are critical to achieve successful treatment outcome. These require not only optimum implant position but also adequate thickness of hard and soft tissue around the implant for long term stability of the peri-implant tissue. In this lecture, the speaker will share cases involving delayed and immediate implant placement in the aesthetic zone and implant management in hypodontia cases. Various techniques to achieve long term peri-implant tissue stability such as root membrane or socket shield technique and the management of infected socket with fenestration defect will be discussed. Finally, the speaker will share his experience on the prosthodontic management of these cases.



**Prof. Dr. Gunaseelan  
RAJAN**  
MBBS., BDS.,  
FDSRCS (England).,  
PhD., DSc  
(Honoris Causa)  
Rajan Dental Hospital  
INDIA

Prof. Dr. Gunaseelan RAJAN is an Executive Committee Member, Asian Association of Oral & Maxillofacial Surgeons, Examiner, Diploma in Implant Dentistry, Royal College of Surgeons of Edinburgh and Editorial Board Member, Asian Journal of Oral & Maxillofacial Surgery. He was the past President, Tamil Nadu State Dental Council, past Member, Dental Council of India, Co-founder, RAGAS Dental College & Hospital, Chennai, Editor-in-chief, Indian Journal of Oral & Maxillofacial Surgery (1997-2000), past President, Indian Dental Association (Madras Branch) (1998,2010,2011), Vice-President, 6th Asian Cleft Lip & Palate Congress (2007), past President, National Association of Oral & Maxillofacial Surgeons of India (2008-2009), Professor at the Department of Oral & Maxillofacial Surgery, Ragas Dental College (1998-2004) and previously a Senior House Officer, John Radcliffe Hospital, Oxford, England. He has 17 publications in International Peer-Reviewed Journals and 16 publications in National Peer-Reviewed Journals. He received the Tamil Nadu Government Scientist Award for Medicine in 2002 and was the Founder of the Chennai Dental Research Foundation.

#### **Graftless solutions in rehabilitating patients with severe atrophy of the Maxilla & Mandible**

Complete edentulism, especially with severe bone loss in maxilla or mandible is a big challenge for implant based rehabilitation. Several techniques such as tilted implants, zygomatic implants and inferior dental nerve repositioning are gaining more acceptance today. This presentation will highlight these techniques and their advantages.

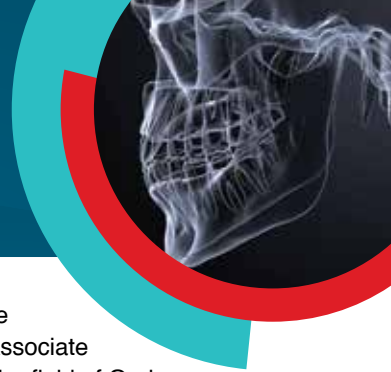


**Dr. Sharon Kaur**

Dr. Sharon Kaur is currently a Senior Lecturer at the Faculty of Laws, University of Malaya. She obtained her LLB (Hons) from Cardiff Law School, Cardiff University, followed by an MA in Medical Law and Ethics from King's College, London. Later she obtained a PhD from the University College London Faculty of Laws. Her other career achievements include being a Visiting Research Fellow at the Centre for Biomedical Ethics, Yong Loo Lin School of Medicine, National University of Singapore, a Visiting Lecturer at the Perdana University-Royal College of Surgeons Ireland School of Medicine, a Teaching Fellow at the Faculty of Laws, University College London, UK, and an International Visiting Scholar at the The Hastings Center, New York, USA. She has published 15 key publications throughout her career, and her research interest is "Legal and ethical aspects of biomedical research" and "Global justice and human rights, particularly in relation to migrant and refugee populations."

#### **The Expert in Court –The Dos and Don'ts**

Expert witness testimony plays a crucial role in any professional negligence case, and cases often fail or succeed based on expert witness testimony. The primary duty of an expert is to the court, to be truthful and render an honest opinion. At the same time, the expert has responsibilities to the client to provide a sound opinion in a professional manner. This presentation will touch on selected aspects of how to be an effective expert witness in court.



**Professor Khoo  
Suan Phaik**

*BDS (Mal), MSc  
(Lond), FFDRCSI  
(Oral Med),  
FDSRCPS (Glasgow),  
FDSRCS(Edin), PhD  
(Spore)*

Dr. Khoo Suan Phaik is a Professor of Oral Pathology & Oral Medicine at the School of Dentistry, International Medical University (IMU) and is also the Associate Dean responsible for postgraduate programs. She obtained her Masters in the field of Oral Pathology in the UK, Fellowship of the Royal College of Surgeons of Ireland in the Oral Medicine specialty, Fellowships from the Royal College of Surgeons and Physicians of Glasgow and Edinburgh and a PhD from the National University of Singapore. Prior to joining IMU she has served at the University of Malaya for 20 years. She is the Past-President of the International Association for Dental Research (IADR) Malaysian Section and Council Member of the Malaysian Association of Orofacial Diseases (MAOFD). Her special interests are in orofacial pain and also immunological disorders affecting the oral mucosa. She has numerous publications and has delivered lectures at local and international scientific meetings.

#### **Psychological Aspects of Orofacial Pain**

The psychological aspects of chronic pain conditions represent a key component of the pain experience and orofacial pain conditions are not an exception. The inter-relationships between biological and psychological factors influencing the etiology, progression and management of orofacial pain conditions are considered relative to a physical diagnosis coordinated with the evaluation of psychological and psychosocial dysfunction. The fundamental basis of nociception and pain as well as the impact of pain perception on the psychological status relevant to the management of orofacial pain are highlighted.



**Brig Gen (Dr)  
Sharifah Azlin  
Juliana Binti Datuk  
Syed Zainal**

*Klinik Bedah Mulut &  
Maksilofasial Hospital  
Angkatan Tentera  
Tuanku Mizan*

Graduated with BDS(Malaya) in 1995. Obtained FDSRCS(Eng) and DocClinDentOMFS (Adelaide) in 2000 and 2005 respectively. Currently she is the Head of Department of Klinik Bedah Mulut & Maksilofasial Hospital Angkatan Tentera Tuanku Mizan Kuala Lumpur. She is also a visiting consultant and runs a monthly TMJ Clinic at Hospital Tengku Ampuan Rahimah Klang since 2012. Her interests include TMJ arthrocentesis, osteoradionecrosis management, orthognathic surgery and dental implants.

#### **Role of TMJ Arthrocentesis**

TMJ pain is common and as dentists we all have managed them at some point. But what is the next step if the pain cannot be controlled with conservative measures? When do you refer? TMJ arthrocentesis can be performed with or without arthroscopy. The lecture aims to give the audience a review of the procedure and the who, how and when will it be of benefit to our TMJ patients.



**Prof. Yoshihiro  
Tsukiyama DDS,  
PhD;**  
*Section of Dental  
Education  
Faculty of Dental  
Science  
Kyushu University*

Dr. Tsukiyama graduated Kyushu University School of Dentistry and proceeded to graduate school in 1987. He engaged in the research on stomatognathic function in the beginning of his career. He went to UCLA School of Dentistry between 1995 and 1997, and conducted researches on temporomandibular disorders (TMD) and orofacial pain. He is now engaging in researches on sleep bruxism, TMD and orofacial pain, occlusal dysesthesia, stomatognathic function, the clinical evaluation of prosthodontic treatment including dental implants, and digital dentistry. He has been serving as officer and committee member of national and international academic societies, including International RDC/TMD Consortium Network of the International Association for Dental Research, International Association for the Study of Pain Special Interest Group on Orofacial Pain, Japan Society of Orofacial Pain, Asian Academy of Craniomandibular Disorders, Japanese Society for the Temporomandibular Joint, Japan Prosthodontic Society, and has been contributing to the development of clinical guidelines. He is currently the Professor at the Section of Dental Education, Faculty of Dental Science, Kyushu University, Fukuoka, Japan

### **Orofacial Pain and Temporomandibular Disorders**

According to the fact sheets created by the Special Interest Group on Orofacial Pain (OFP-SIG) in the International Association for the Study of Pain (IASP), orofacial pain was introduced as follows: "The general dentist and dental specialist treat patients with pain on a daily basis. Orofacial pain is pain perceived in the face and/or oral cavity. It is caused by diseases or disorders of regional structures, by dysfunction of the nervous system, or through referral from distant sources. Treatment of orofacial pain is a specialty in dentistry in many parts of the world and an emerging area of specialization in Others." Orofacial pain covers a broad spectrum of pain disorders such as intraoral pain disorders including odontogenic and non-odontogenic origin, temporomandibular disorders characterized as musculoskeletal problems, vascular and nonvascular intracranial pain disorders, primary headache disorders, neuropathic pain disorders, cervical pain disorders, pain due to extracranial causes, systemic causes or sleep disorders. Hence, profound knowledge is required for the diagnosis and management of orofacial pain. A thorough medical history through the extensive medical interview is considered as most important data that would contribute to reach correct diagnoses of orofacial pain. Structured pain interview can be used to grasp the features of pain such as location, quality, intensity, temporal profile (duration, frequency, etc), aggravating factors, alleviating factors, pain behavior, referral pattern, associated signs and symptoms. Additional diagnostic tests can be done if they are considered as beneficial for patients. The presentation will give an overview of the chronic orofacial pain and temporomandibular disorders. Taxonomy, clinical features, and management of chronic orofacial pain disorders will be focused.

### **Restorative aspects of orofacial pain and temporomandibular disorders**

Although complex chronic pain problems in clinical dentistry have been recognized, their clinical features and basic mechanisms are not fully understood. Pain is described as "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" according to the International Association for the Study of Pain (IASP). As noted by many researches, pain can be driven by not only biological but also psychosocial factors. It is known that comprehensive bio-psychosocial approaches including cognitive behavioral therapy are required for managing chronic orofacial pain disorders like other chronic pain conditions such as chronic low back pain. There are dentists who believe that good function exists in the ideal form and fixing the inappropriate shape into the ideal form can solve the problems. However, this may not apply to patients with chronic orofacial pain disorders. Restorative approaches such as prosthodontic treatments usually require irreversible/invasive procedures such as re-shaping of tooth form (e.g., occlusal adjustment), tooth preparation, placing implants, etc. These procedures often aggravate the conditions by increasing the sensitization of pain for patients with chronic orofacial pain. The presentation will give an insight on the restorative aspects of chronic orofacial pain disorders. Fundamental concepts, clinical features, and management of chronic orofacial pain disorders will be discussed from clinical perspectives using cases.





**Dr Goh Pik Pin**  
*Director of NIH cum  
 Director of National  
 CRC*

Dr. Goh Pik Pin is the director of Clinical Research Centre, Ministry of Health, Malaysia. Graduated from Universiti Sains Malaysia in 1988, she obtained M. Med (NUS) in 1994, MS (Ophthalmology), Universiti Kebangsaan Malaysia in 1995, Master in Public Health /Public Health Ophthalmology, Bloomberg School of Public Health, Johns Hopkins University in 2001. She contributed to the launch of Entry Point Project on Clinical Research Malaysia, part of the National Key Economic Areas under the Economic Transformation Program and is one of the directors of Clinical Research Malaysia, a government-owned corporatisation established to promote industry sponsored research in Malaysia. As director, she directs the functions and monitor output of research units and the network of 34 Hospital CRC in the Ministry of Health. She is also a member of MOH Medical Research Ethics Committee. Dr. Goh was involved in various international and national research projects and played an important role in a few population-based study such as National Eye Survey, Refractive Error Study in Children, National Health and Morbidity Survey and World Health Survey. She is one of the working team members for setting up the standard set for cataract surgery. She has published 60 peer reviewed articles in local and international journals and has been awarded Hubert H. Humphrey Fellowship Award and the Prime Minister Award, Malaysia in 2000 and outstanding service award in Prevention of Blindness by Asia Pacific Academy of Ophthalmology in 2011. Dr. Goh joined the SEACO Scientific Advisory Group in 2016. and recently was appointed as Interim Director of the National Institute of Health (NIH).

#### **Clinical Research- Opportunities and Challenges for Dental Professionals**

Clinical research is a systematic investigation to test hypotheses and to generate generalizable knowledge. The aim of clinical research is to find better ways to prevent, screen and diagnose illness and to treat patients. Hence, clinical research is the essence of medical progress. Healthcare professionals in MOH, including dental specialists have been conducting investigator initiated research and publish their findings in peer review journals. The regular population based oral surveys have provided essential information for the dental practice and policy in dental services. Clinical research is one of the Entry Point Projects in the National Key Economic Areas. The setting up of Clinical Research Malaysia, a not- or – profit organisation that provides support and resources to clinical investigators and acts as an one-stop centre to multi-national pharmaceutical and medical device companies seeking healthcare professionals to conduct clinical trials. There are many opportunities for dental specialist to conduct industry sponsored research. The challenges faced by researchers in the MOH include research governance especially when it involves collaborative research, avoiding duplication in research areas and conducting research which can be translated into practice and policy. The establishment of the network of Clinical Research Centres with 33 Hospital CRC will provide assistance to staff at MOH, to increase the number and more so, to improve the quality of clinical research, so that the research findings can bring impact to the standard of healthcare.



**Datuk Dr. Kalyana  
 Sundram,**  
*Chief Executive Officer  
 PhD., FASc, FNSM*

Datuk Dr. Kalyana Sundram is currently Chief Executive Officer, Malaysian Palm Oil Council (MPOC). Following his postgraduate studies from University of London, and research stints in USA, Australia, the Netherlands and at MPOB, he has clocked 37 years of services in the palm oil industry. This includes research into various aspects of oils and fats process technologies, nutrition and biomedical science and technical marketing. He is a fellow of the Malaysian Academy of Sciences and member of several international professional associations. Currently he heads MPOC with focus on palm oil promotion and marketing, addressing the anti-palm oil campaigns and uses science based outputs to communicate on palm oil.

#### **Dietary Palm Oil in Health and Nutrition**

Our understanding of dietary factors and habits associated with coronary heart disease (CHD) risk is undergoing dramatic rethinking in light of emerging scientific data. Multiple risk assessments, especially in understanding Metabolic Syndrome triggers in the population have further confounded understanding and management of traditional risk factors. By far the largest impact is being made with regard to fat consumption, especially saturated fats. Emerging evidence, largely through meta-analysis and population studies have regularly challenged the association of saturated no longer glove-fit risk assessment especially when newer biochemical factors such as lipoprotein particle

sizes have emerged to partially explain observed anomalies. The fats we eat may not necessarily be associated with making us fat (obese) and obesity is a major health challenge globally. This has redirected dietary assessments more towards excess carbohydrate consumption and their possible adverse outcomes. In the case of palm oil, evidence based research from nearly 170 cell culture, animal and clinical studies has been the basis of defining its nutritional effects and benefits for the population. Overall these findings have shown palm oil to be neutral towards plasma cholesterol and CHD risk, despite its higher saturated fatty acid content. Among the emerging positive outcomes is the association of palm vitamin E tocotrienols for stroke prevention and management. These developments are assessed in this presentation.



**Emeritus Prof. Dato'  
Dr. Wan Mohamad  
Nasir Bin Wan  
Othman**

*Dppj, Jmn, Kmn, Amp,  
Dds(Usu), Mhped.  
(Unsw), Dph(Dent)  
(Syd), Dip.dh(Dublin),  
Cert.hr(Manchester),  
Ficd, Ficdce*

Dr. Wan Mohamad Nasir Bin Wan Othman is the Founding Dean, Faculty of Dentistry, Universiti Sains Islam Malaysia (USIM) and served in this capacity for eight (8) years. He joined USIM in October 2006, soon after mandatory retirement after serving the Ministry of Health for about 30 years. His last post prior to mandatory retirement was Director, Oral Health Division, Ministry of Health Malaysia and Registrar of the Malaysian Dental Council. He was Vice-Chairman, Public Health Section, World Dental Federation (FDI) from 2002 to 2006. Presently, he is a member of Malaysian Dental Council, member of Dental Public Health Sub-Committee of the National Specialist Register, member of the Joint Technical Committee on Accreditation of Dental Degree Programme, and several other professional bodies. He was conferred Emeritus Professor during the 13th Convocation, USIM in November 2015. He was also conferred Distinguished Fellow of Asia by the International College of Dentists in 2016. His career in dentistry started in 1976 as a dental officer at a government dental clinic in Kota Bharu, Kelantan. He was later transferred to Dental Training School in Pulau Pinang and some years later became its Director. He also has considerable experience in managing oral health care gained through the posting as Dental Director for the states of Perlis, Negeri Sembilan and Kedah before his transfer to the Ministry of Health Malaysia in 1996. He has written several books, published a number of articles and presented numerous papers at national and international forums on dental education and oral health. His research interest include programme development of oral health, education of health personnel and oral health-related quality of life..

#### **CLINICAL GOVERNANCE IN DENTAL PRACTICE**

The escalating cost of health care, including oral health care, led consumers to demand value for money spent. The profession reiterates that it is committed to continual improvement in health care delivery through a system of clinical governance that emphasises accountability in quality outcome of care. The aim of this presentation is to explore the relationship of the elements that form the framework of clinical governance for promoting the attainment of oral health for improved health and enhanced quality of life. The overriding principle of clinical governance is providing health care to benefit the patient. It evolved from the unwritten social contract between the medical-dental profession and the society whereby the former provides the best possible care for the latter's trust. In the context of clinical governance, responsible health care organisations need to conform to the legislative requirements for patient care. They are also required to comply with the policies and procedures as advocated by the government and professional bodies. The dentist, whose overriding duty is to the patient, is obliged to provide the leadership in providing oral health care based on the concept of patient-centred care and patient safety. Patients as clients are given the opportunity to give feedback on care received. The Client's Charter that forms the "social pact" between the service provider and consumers is central to an effective clinical governance. This framework of clinical governance underlined the importance of the competence and ability of dental practitioners to manage risks for effective, efficient and accountable oral health services that satisfies their patients. It operates within the context of the ethical principles of beneficence, non-maleficence, justice and autonomy. Dental practitioners and dental organisations are duty-bound to adopt the principles of clinical governance for continual improvement of quality patient care and patient satisfaction.

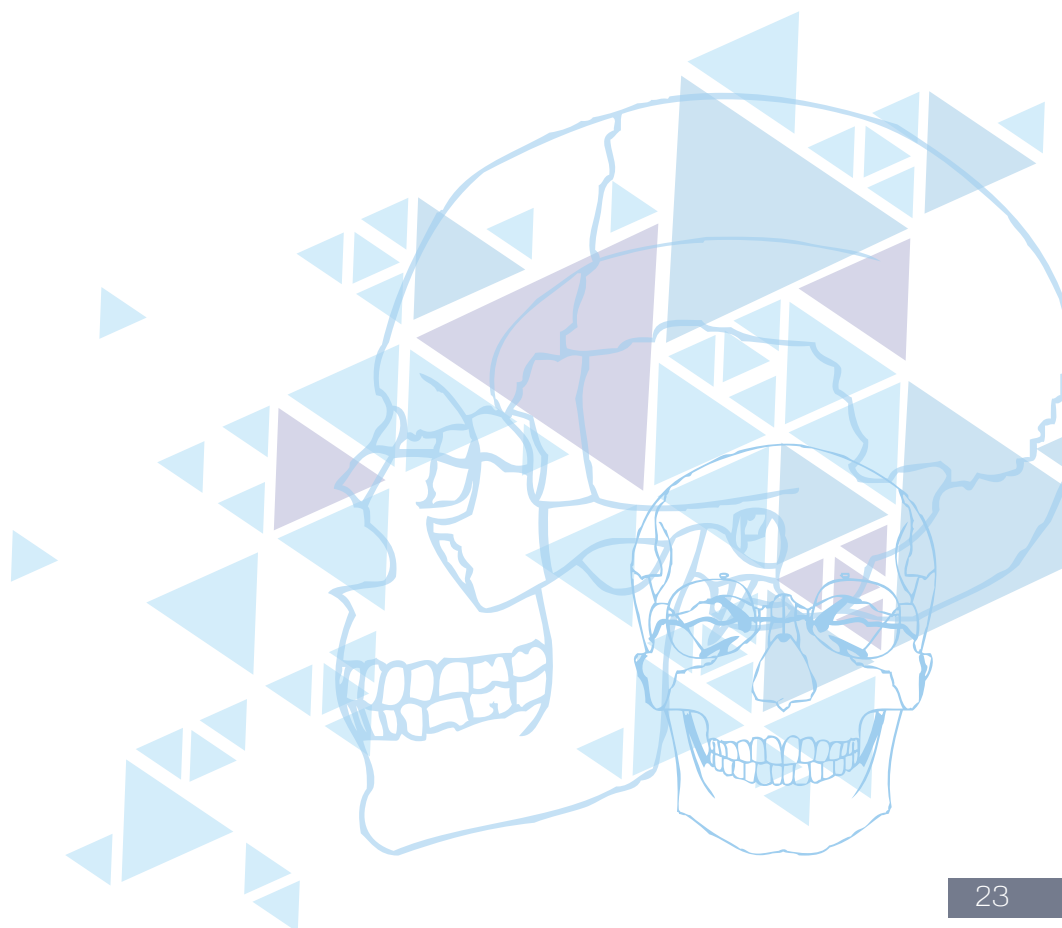


**DR. MARHAZLINDA  
JAMALUDIN**  
*BDS (MAL),  
McommMed (USM)*

Dr. Marhazlinda Jamaludin graduated with a Bachelor of Dental Surgery from University of Malaya and obtained her second degree Master in Community Medicine (Oral Health) from University Science Malaysia. Her areas of expertise are Epidemiology, Research Methodology and Biostatistic and has conducted Research Method and Statistical Consultancy Clinic for undergraduates, postgraduates and lecturers in Faculty of Dentistry, UM from 2007 – 2012. She was involved as speaker in series of workshops in Cambodia as part of Promoting Research in Developing Regions Workshop organized by IADR SEA Division, as speaker in series of Research Workshop involving Dental Officers and Specialists in MOH in Eastern and Northern Region, Malaysia, and also as Judge at Malaysian IADR Conferences and other conferences. Currently, she works at Dept. Of Community Oral Health and Clinical Prevention, Faculty of Dentistry, University of Malaya where she teaches and coordinates for Research Methodology and Biostatistic Module for Master and Doctorate students in Faculty. Her research interests include Health Inequality and Smoking, Health related Quality of Life, Cleft Lip and Palate and Dental Education. Dr. Marhazlinda is currently one of committee members who look into Dental Curriculum Review for Undergraduates in Faculty of Dentistry, UM.

#### **Have we committed errors in our research?**

Doing research needs passion, patience, perseverance and many times it utilizes significant resources too. Hence, when we conduct research, we want the results to be reliable and valid. Only then the results are useful and can contribute meaningfully to the body of knowledge and improvement in healthcare. However, reliability and validity of research can be threatened by committing errors at different stages of our study, for example, at study design, selection of samples, measurement tools, data collection, etc. These include human, random and systematic errors which may influence our study results differently. Although the short-term consequences of research errors may be less visible than those resulting from clinical mistakes, their total impact may be even more significant because they may affect so many patients' care. For this reason, it is essential for novice researchers to understand common sources of errors in research and rigorously avoid them. This presentation may provide some input and help us to reflect if we have committed errors in our study.







The key to our success is our people, a highly skilled workforce who keep a constant ear close to the medical-surgical world. We have committed ourselves to making a positive difference in the lives of our patients and those who care for them by consistently supplying the right solution and helping our customers deliver safer, efficient and effective care.

Driven by our customer-centered philosophy, we aspire to create the greatest value for our customers by being the total solution provider coupled with an excellent after sales service.

Doing our utmost best, we have being awarded the sole distributorship for some of the world's leading medical technologies from sophisticated diagnostic scanners and instrumentations, medical disposables, surgical instrumentations to dental systems, always leading the way in marketing these latest high quality, state of the art medical-surgical advances to hospitals in Malaysia.



**MEDI-LIFE (M) SDN. BHD.** (Co. No. 825596-A)

10, Jalan Pendaftar U1/54, Temasya Industrial Park, 40150 Shah Alam, Selangor Darul Ehsan, Malaysia.

Tel: 603-5569 2699 Fax: 603-5569 3299 Email: [Info@medi-life.com.my](mailto:Info@medi-life.com.my)

[www.medi-life.com.my](http://www.medi-life.com.my)



# Scientific Competition

## Oral Presentation



### Mahkota II Friday, 9/3/2018

Time	Abstract No	Presenter Name	Abstract Title
2.30-2.45 pm	Oral 01	Dr Farah Hanan Abd Wahid	'Free style' secondary mandibular reconstruction: tips and tricks
2.45-3.00 pm	Oral 02	Dr Nik Nurhannan Mohd Badarudin	Management of Mandible Fracture in a Young Growing Child: A Case Report
3.00-3.15 pm	Oral 03	Dr Nik Salwani Nik Burhanuddin	Recurrent Ameloblastoma Extending into Infratemporal Fossa.
3.15-3.30 pm	Oral 20	Dr Mohd Khairul Anwar Mohd Tahir	Who am I? Unexpected post-operative psychosis
3.30-3.45 pm	Oral 05	Dr Devi Aulia Aidil	Cathedral Tryptich Design for Near Total Glossectomy Defect
3.45-4.00 pm	Oral 06	Dr Siti Nur Nabihah Zainul Abidin	Cranial Vault Expansion for Treatment of Increased Intracranial Pressure and Papilledema in Pfeiffer Syndrome
4.00-4.15 pm	Oral 07	Dr Tan Chuey Chuan	Posterior cranial vault expansion using distraction osteogenesis – our experience
4.15-4.30 pm	Oral 08	Dr Batmaraj Rawisandran	Salvage of a Radial Forearm Free Flap – What have we learned?
4.30-4.45 pm	Oral 09	Dr Sathana Priya Regupathy	Submental Island Flap and Its Potential for Oral Cavity Reconstruction
4.45-5.00 pm	Oral 10	Dr Fadhli Reza Zainal	Tensor Fascia Lata Sling Technique for Total Lower Lip Reconstruction

### Mahkota III Friday, 9/3/2018

2.30-2.45 pm	Oral 11	Dr Syahir Hassan	In House 3D Virtual Planning and Template-guided Surgery in Ameloblastic Carcinoma: The Next Level of Mandibular Reconstruction
2.45-3.00 pm	Oral 04	Dr Sabrina Peter	Where is the tooth? Aspirated teeth during emergency intubation following maxillofacial trauma: A case report.
3.00-3.15 pm	Oral 13	Dr Sabrina Peter	Hypernasality In Singing Among Children with Cleft Palate: A Preliminary Study
3.15-3.30 pm	Oral 14	Dr Wong Siong Ting	Understandability, Actionability and Readability of Printable Oral Health Education Materials Produced by the Ministry of Health Malaysia
3.30-3.45 pm	Oral 15	Dr. Rathmawati Ahmad	The Correlation between Oral Health Status and Daily Sugar Exposures among Cerebral Palsy Children in Kelantan
3.45-4.00 pm	Oral 16	Dr Nadhratul Husna Mohamad	Application of the index of orthognathic functional treatment need (IOFTN) on patients with dentofacial deformity: a retrospective analysis
4.00-4.15 pm	Oral 17	Dr Ainilhusna Amin	Oral myiasis in Keningau: a case series and review of literature
4.15-4.30 pm	Oral 18	Dr Najla Almaki Ben Masoud	HemCon® Dental Dressing for Post-Extraction Bleeding in Warfarin Patient: Systematic Review
4.30-4.45 pm	Oral 19	Dr Sindhuja Rajadorai	The anti-bacterial effect of zinc-doped phosphate-based glasses (Zn-PBGs) on Streptococcus mutans NCTC 10449
4.45-5.00 pm	Oral 12	Dr Lim Sing Ying	Outcome of revascularization of 57 non vital immature permanent teeth with follow up period of 30 months

## ORAL 1

### TITLE: 'Free Style' Secondary Mandibular Reconstruction: Tips and Tricks

**Author:** Farah Hanan, Shah Kamal Khan, Md Arad, Nur Ikram Hanim, Lee Chee Wei, Mohammad Adzwin

**Affiliation Details :** Oral & Maxillofacial Surgery Department, Hospital Kuala Lumpur

**INTRODUCTION:** Patient who had segmental resection of the mandible which crosses the midline and reconstructed only with reconstruction plate, usually present with functional and cosmetic deformities after some years, especially if there was inadequate soft tissue coverage. This is due to tissue contraction resulting the plate may fenestrated through the skin or mucosa. Secondary reconstruction is challenging in this circumstances. Virtual planning with stereolithography model is considered ideal in order to restore function and cosmesis. However, these facilities are not readily available at some centres. In this case report, we will discuss on secondary mandibular reconstruction with osteocutaneous fibula free flap that was done in "free style" manner. **CASE REPORT:** A 43-year-old Malay male was referred to Department of Oral and Maxillofacial Surgery, Hospital Kuala Lumpur for reconstruction of mandible with fibula free flap. He was initially diagnosed with ameloblastoma of mandible in 2014. Subtotal mandibulectomy and reconstruction with reconstruction plate were done. However, the plate fenestrated and fractured. Long span mandibular reconstruction with osteocutaneous fibula free flap was performed at our center by using facial and mandibular anthropometry. **CONCLUSION:** Patient recovery was uneventful. Form and function were restored. Patient is now able to consume soft diet. Overall, his quality of life has improved after the secondary reconstruction.

## ORAL 2

### TITLE: Management of Mandible Fracture in a Young Growing Child: A Case Report

**Authors:** Nik Nurhannan Mohd Badarudin, Nurulnazra Mohd Areffin, Hassiah Salleh

**Affiliation Details:** Department of Paediatric Dentistry, Hospital Raja Perempuan Zainab II, Kota Bharu

**INTRODUCTION:** Recently, there have been considerable improvements in the management of maxillofacial injuries in children. The pattern of fractures and frequency of associated injuries are almost similar to adults but the overall incidence is much lower compared to them. Management of facial and dental injuries in children requires knowledge about a child's particular stage of development. Hence, accordingly modification of the treatment approach is necessary in

view of the child's future growth and development. **CASE REPORT:** A 9 years old Malay boy with no known medical illness presented to our paediatric dental clinic complaining of right facial swelling and pain following motor vehicle accident. Upon clinical examination, the diffuse facial swelling was tender upon palpation with limitation in mouth opening. Intraorally, no sublingual haematoma was noted but there was a slight occlusal derangement. Radiographic investigation revealed a fracture line of left parasymphysis and minimally displaced right angle of mandible fracture. Close reduction with a modified Gunning splint was done, then the patient was put under flexible maxillomandible fixation (MMF) for two weeks. The splint was removed after a month with a favourable sign of bony healing noted radiographically. **CONCLUSION:** Managing maxillofacial fracture in a young growing child requires special attention to the anatomic and physiologic considerations. Majority of the cases can be managed conservatively by observation or closed reduction in non-displaced or minimally displaced fractures. Long term follow up is required to monitor any potential growth abnormalities.

## ORAL 3

### TITLE: Recurrent Ameloblastoma Extending into Infratemporal Fossa.

**Authors:** Nik Salwani Nik Burhanuddin, Shah Kamal Khan Jamal Din, Ajura Abdul Jalil, Lee Chee Wei, Nur Ikram Hanim Abdul Rahim, Md Arad Jelton, Mohammad, Adzwin Yahiya

**Affiliation Details:** Faculty of Dentistry, SEGi University, Petaling Jaya, Selangor Darul Ehsan, Malaysia<sup>1</sup> Oral & Maxillofacial Surgery Department, Hospital Kuala Lumpur

**INTRODUCTION:** Ameloblastoma is the most common epithelial odontogenic tumor, and it accounts for 10% of all tumors that arise in the mandible and maxilla. Ameloblastoma is generally considered to be a benign lesion with locally invasive behaviour and high tendency to recur. The risk of recurrence is reported to be significantly reduced after radical treatment by 15-25% compared to conservative surgical treatment about 75-90%. However, there are some reports of soft tissue recurrent ameloblastoma around osteotomy area after radical treatment. **CASE REPORT:** The case is about a 49-year-old Malay female, known case of multi-recurrent ameloblastoma with history of multiple surgeries referred to Oral & Maxillofacial Surgery, Hospital Kuala Lumpur. She presented with a huge swelling over the left midface extending to temporal area and floor of the mouth. This is the fifth episode of recurrence after four surgical resections have been performed. Computed tomography demonstrated two separate lesions; left midface with involvement of left infratemporal region and floor of the mouth. Extensive resection of tumor was performed



via hemifacial degloving approach. The initial plan was to reconstruct the defect with fibula osteomyocutaneous free flap. However, due to extensive soft tissue defect, the large anterolateral thigh free flap was used to reconstruct temporal region and floor of the mouth. Reconstruction plate was used to preserve shape of the mandible and to suspend suprahyoid structures. Histopathology examination revealed an ameloblastoma with malignant changes. Accordingly, patient was planned for adjuvant radiotherapy. **CONCLUSION:** Ameloblastomas have a high rate of local recurrence if not properly removed. Therefore it is a paradox to recommend for conservative treatment, especially in cases of large and expansive tumors. A radical surgical protocol with a good margin of safety should be adopted to prevent tumour recurrence. If in doubt, it is advisable to scrutinize the specimen to rule out malignant changes which may require adjuvant radiotherapy later to prevent further recurrence.

#### ORAL 4

**TITLE:** Where is the Tooth? Aspirated Teeth during Emergency Intubation Following Maxillofacial Trauma. A Case Report.

**Authors:** Sabrina Peter, Rosliza Parumo, Ma Bee Chai

**Affiliation Details:** Oral Surgery Department, Hospital Sultanah Aminah, Johor Bahru

**INTRODUCTION:** Aspiration of teeth from maxillofacial trauma is a familiar, yet a rare finding in the literature. In the event of emergency airway management, fractured teeth may be displaced unintentionally into the tracheobronchial tree during endotracheal intubation.

**CASE REPORT:** A 16-year-old male patient had traumatized and aspirated two portions of his front teeth during intubation, after being involved in a massive road traffic accident. He was then referred to the Chest Department of the hospital for removal of the crown of teeth identified to be in the right intermediate bronchus. Fiberoptic bronchoscopy was attempted but however only managed removal of one crown. The patient himself expectorated the other portion of the crown a few days later.

**CONCLUSION:** The purpose of this case report is to emphasize the importance of careful oral examination, which includes dental charting, and knowledge of the dental anatomy in accounting for missing teeth in a patient with facial trauma.

#### ORAL 5

**TITLE:** Cathedral Tryptich Design for Near Total Glossectomy Defect

**Authors:** Devi Aulia Aidil, Lee Chee Wei, Mohammad Adzwin Yahiya, Nur Ikram Hanim Abdul Rahim, Md Arad Jelon, Shah Kamal Khan Jamal Din

**Affiliation Details :** Oral & Maxillofacial Surgery Department, Hospital Kuala Lumpur

**INTRODUCTION:** Functional reconstruction after tumour resection of oral tongue squamous cell carcinoma remains a clinical challenge. The tongue plays a key role in speech and deglutition; therefore the ideal reconstructive method should provide not only satisfactory structural cosmetic, but also good restoration of function. Modification of microvascular free flap design like cathedral tryptich design of anterolateral thigh flap able to optimize postoperative oral function.

**CASE REPORT:** A 37 year old Chinese male was diagnosed with squamous cell carcinoma of left lateral border of tongue (Stage IV – T4a N1 M0). He completed 3 cycles neoadjuvant chemotherapy followed by surgery of near total glossectomy via lip split and mandibulotomy with bilateral neck dissection. Tongue defect was reconstructed with cathedral tryptich design of anterolateral thigh flap. The postoperative course was uneventful and he was able to tolerate fluid orally on the postoperative day 22.

**CONCLUSION:** The anterolateral thigh flap with a cathedral tryptich design restores a near normal mobile tongue shape and volume thus may improve functional outcome.

#### ORAL 6

**TITLE:** Cranial Vault Expansion for Treatment of Increased Intracranial Pressure and Papilledema in Pfeiffer Syndrome

**Authors:** Dr. Siti Nur Nabihah Zainul Abidin<sup>1</sup>, Dr. Faizal Mohd Ahmad Bahuri<sup>2</sup>, Assoc. Prof. Dr. Choo May May<sup>3</sup>, Prof. Dr. Lucy Chan @ Helen Chan Kam Wan<sup>1</sup>, Assoc. Prof. Dr. Firdaus Hariri<sup>1</sup>, Prof. Dr. Dharmendra A/I Ganesan<sup>2</sup>

**Affiliation Details:** Department of Oral Maxillofacial and Clinical Sciences, Faculty of Dentistry, University of Malaya<sup>1</sup>, Department of Surgery, Faculty of Medicine, University of Malaya<sup>2</sup>, Department of Ophthalmology, Faculty of Medicine, University of Malaya<sup>3</sup>

Pfeiffer Syndrome is a rare genetic disorder that was first described in 1964. The cause is mutations in the FGFR 1 and FGFR 2 genes. The condition is of autosomal dominant inheritance, affecting about 1 in 100 000 births. There are three types of Pfeiffer syndrome that have been observed. Its clinical presentation includes craniosynostosis which is caused by premature closure of sutures in the cranial vault,

the cranial base, and in the midface, leading to growth disturbance, abnormal function, and distorted appearance. Significant functional issues include elevated intracranial pressure, papilledema, optic nerve atrophy, severe exorbitism, hydrocephalus, moderate to severe midface hypoplasia and brain dysfunction. Papilledema, also known as papilloedema, is optic disc swelling that is secondary to elevated intracranial pressure. The disc swelling in papilledema is the result of axoplasmic flow stasis with intra-axonal edema in the area of the optic disc. This condition if left untreated will result in partial or complete blindness. A case report of a 18-months-old Malay girl with the diagnosis of Pfeiffer Syndrome presented with increased intracranial pressure and bilateral papilledema. As part of the surgical treatment, cranial vault expansion via barrel stave craniotomy was done in order to reduce the elevated intracranial pressure. Postsurgical intervention showed a very good result to the optic disc. The clinical, characteristic radiological features and investigations carried out, along with treatment of this patient are discussed as part of multidisciplinary management.

#### ORAL 7

**TITLE:** Posterior Cranial Vault Expansion Using Distraction Osteogenesis – Our Experience

**Authors:** C.C. Tan<sup>1</sup>, N. F. Bahuri<sup>2</sup>, Hariri F.<sup>1</sup>, Ganesan, D.<sup>2</sup>

**Affiliation Details :** 1Department of Oral and Maxillofacial Clinical Sciences, Faculty of Dentistry, University of Malaya, 50603 Kuala Lumpur, Malaysia, 2Department of Surgery, Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur, Malaysia

Craniosynostosis is the premature fusion of one or more cranial sutures resulting in misdirected growth pattern of craniofacial complex and eventually distort the shape and function of brain, skull and face. The surgical management of non-syndromic and syndromic craniosynostosis aims for reducing intracranial pressure and progression of turriccephaly is challenging and resource demanding. Various strategies have been detailed in the literature. Although general guidelines are in place, but there is no consensus on the best timing and surgical technique used. Here, we would like to share our experience on posterior cranial vault expansion using distraction osteogenesis in three syndromic craniosynostosis cases. The aspects of emphasis include the surgical technique, distraction protocol and complications associated with posterior cranial vault distraction osteogenesis. Distraction osteogenesis technique in posterior cranial vault expansion is useful in increasing the intracranial volume thus treating the increased intracranial pressure and the technique carries little risks and complications.

#### ORAL 8

**TITLE:** Salvage of a Radial Forearm Free Flap – What Have We Learned?

**Authors:** Batmaraj Rawisandran, Shah Kamal Khan Jamal Din, Md. Arad Jelon, Nur Ikram Hanim Abdul Rahim, Lee Chee Wei, Mohammad Adzwin Yahiya.

**Affiliation Details:** Department of Oral & Maxillofacial Surgery, Hospital Kuala Lumpur

**INTRODUCTION:** Free flap is one of the most reliable methods in reconstructing large oro-maxillofacial defects post tumour ablation. From the literatures, free flap accounts a success rate of more than 95% in renowned center. Flap crisis is part and parcel in microvascular reconstructive surgery. Vascular occlusion (thrombosis) remains the primary reason for flap loss, with venous thrombosis being more common than arterial occlusion.

**CASE REPORT:** A 30 year old Chinese male was referred for squamous cell carcinoma of the left lateral border of tongue. Patient was then subjected to wide excision of tumour, bilateral neck dissection and reconstruction with left radial forearm free flap. Post-operative day 4, signs of venous congestion noted and patient was then pushed in for exploration of free flap under general anesthesia. The vein was re anastomosed. Flap was then salvaged successfully.

**CONCLUSION:** Venous thrombosis is the most common cause of free flap failure. Careful monitoring over the first 48 hour by experienced team member should allow early identification of flap compromise. Rapid re-exploration in this clinical setting is crucial to maximize the chances of flap salvage.

#### ORAL 9

**TITLE:** Submental Island Flap and Its Potential for Oral Cavity Reconstruction

**Authors:** Sathana Priya Regupathy, Lee Chee Wei, Mohammad Adzwin Yahiya, Nur Ikram Hanim Abdul Rahim, Md. Arad Jelon, Shah Kamal Khan / Jamal Din

**Affiliation Details :** Dept. of Oral and Maxillofacial Surgery, Hosp. Kuala Lumpur

**INTRODUCTION:** The submental flap was first described by Martin et al in 1993. Since then the flap has been a new alternative for reconstruction of small to moderate size oral cavity soft tissue defects. Submental flap is an axial patterned flap based on the Submental branch of the facial artery and is relatively easy to harvest.

**CASE REPORT:** 58 year old Malay gentleman came with bony hard swelling right lower jaw region since 2 years ago. Biopsy was done and the results was ameloblastoma of right body of mandible. Management of patient was agreed





to be segmental mandibulectomy and reconstruction with reconstruction plate and submental flap. The patient's recovery was satisfactory with minor complications. The flap had healed well and provided bulk and adequate coverage for the intraoral defect.

**CONCLUSION:** The submental flap is reliable and versatile flap, a valid option for reconstruction of intraoral soft tissue as well as composite oral defects particularly in elderly patients or when more complex reconstructive work is not feasible.

#### ORAL 10

**TITLE:** Tensor Fascia Lata Sling Technique for Total Lower Lip Reconstruction

**Authors:** Fadhli Reza Zainal, Shah Kamal Khan Jamal Din, Md. Arad Jelton, Nur Ikram Hanim Abdul Rahim, Lee Chee Wei, Mohammad Adzwin Yahiya

**Affiliation Details:** Department of Oral & Maxillofacial Surgery, Hospital Kuala Lumpur

**INTRODUCTION:** When it comes to tumour of the lip, surgeons need to consider the ideal reconstruction that improve the quality of life of the patient. A lot of factors need to be considered especially to restore oral competency and prevent sialorrhea. One case where reconstruction with anterolateral thigh flap with tensor fascia lata were used to reconstruct a large lip defect to regain the oral competency of the patient

**CASE REPORT:** 60-year-old Indian lady came with growth of the lower lip since 2 years ago. Biopsy was done and the results was squamous cell carcinoma of the lip. The lesion involved the whole lower lip, left commissure and lateral 1/4th of the left upper lip, the whole left buccal mucosa and also extend to the left side of hard and soft palate. Management of the patient was agreed to be tracheostomy, left neck dissection, wide excision of tumour and maxillectomy, dental clearance and reconstruction with anterolateral thigh free flap with tensor fascia lata. Patient's post-operative recovery was uneventful. After 3 weeks post operation, patient came for follow up and was able to achieve oral competency and prevent sialorrhea.

**CONCLUSION:** Combination of both antero-lateral thigh flap and tensor fascia lata to reconstruct a big defect especially the lower lip can be considered to increase the quality of life of the patient especially in restoring functions of the oral competency and to prevent sialorrhea.

#### ORAL 11

**TITLE:** In House 3D Virtual Planning and Template-guided Surgery in Ameloblastic Carcinoma: The Next Level of Mandibular Reconstruction

**Authors:** Syahir Hassan<sup>1</sup>, Shah Kamal Khan Jamal Din<sup>2</sup>, Md Arad Jelton<sup>2</sup>, Nur Ikram Hanim Abdul Rahim<sup>2</sup>, Lee Chee Wei<sup>2</sup>, Mohammad Adzwin Yahiya<sup>2</sup>

**Affiliation Details :** <sup>1</sup>Dept of Oral & Maxillofacial Clinical Sciences, Faculty of Dentistry, University of Malaya, Kuala Lumpur, <sup>2</sup>Dept of Oral and Maxillofacial Surgery, Hospital Kuala Lumpur

**INTRODUCTION:** Every year, number of patients with mandibular defect due to tumours has been rising in Malaysia. The results of the repair or reconstruction will directly affect the oral function and facial aesthetic. Therefore there is a need for proper diagnosis, planning and high surgical quality in the mandibular reconstruction. In this modern medicine, computer-aided design and additive manufacturing has become mainstream due to its accuracy, simplicity and reducing operating time. However special software or services provided by the commercial companies are too expensive or not readily available for the surgeons.

**CASE REPORT:** A mandibular reconstruction with free fibula flap was successfully done in Ameloblastic Carcinoma case using in house 3D virtual planning and template-guided surgery. Pre-operatively, the measurement of volume, design and fabrication of templates was done using free open source software (3D Slicer and Autodesk Meshmixer Software). Intra-operatively, key to the accuracy is determined by mandibular osteotomy template, fibula osteotomy template and fibula positioning template which was designed by us. All of the templates were fitted well and post-operative result revealed good symmetry and acceptable function of the mandible which comparable with pre-operative planning.

**CONCLUSION:** Without using expensive commercial service or software, we were able to do virtual surgical planning and fabricate osteotomy templates for the mandible and fibula. The accuracy of mandibular reconstruction surgery is increased significantly and is less time-consuming. Patient satisfied with both the recovery of oral function and appearance.

## ORAL 12

### TITLE: Outcome of Revascularization of 57 Non Vital Immature Permanent Teeth with Follow Up Period of 30 Months

**Authors:** Lim Sing Ying<sup>1</sup>, Sarimah Mohd Mokhtar<sup>1</sup>, Laila Abdul Jalil<sup>1</sup>

**Affiliation Details:** <sup>1</sup>Department of Paediatric Dentistry, Tuanku Jaafar Seremban Hospital, Malaysia

**PURPOSE OF STUDY:** To evaluate the treatment outcome of revascularization procedure on non vital immature permanent teeth (NVIPT). **MATERIAL AND METHODS:** All NVIPT of healthy children which were treated by means of a standardized revascularization protocol from year 2013 to 2017 and had been periodically followed up of a minimum of 24 months were included in the study. All teeth were assessed clinically and radiographically. Romexis radiographic system was used to carry out quantitative analysis of the radiographs (degree of changes in root length and dentinal wall thickness). The data obtained were analysed statistically using descriptive analysis and Chi-square test. **RESULT:** Out of 82 cases, 57 NVIPT of 53 children with the mean age of 12 (SD  $\pm$  2.2) fulfilled the inclusion criteria. They were monitored closely for an average of 30 months (range of 24 to 48 months). 37 (64.9%) cases showed complete success with signs of resolution of periapical radiolucency, thickening of dentinal wall, continuation of root growth, apical closure and positive response to sensibility test. 14 (24.6%) cases demonstrated acceptable success with absence of signs and symptoms but lacking in any criteria of complete success. 6 (10.5%) cases had signs of treatment failure, needing further treatment which reduces the survival rate to 96.5%. There was significant association of treatment outcome and root formation stage of NVIPT ( $p < 0.05$ ).

This study confirmed that revascularization is an effective treatment modality in treating NVIPT with favorable clinical outcome of thickening of dentinal wall, root growth and achieving apical closure.

## ORAL 13

### TITLE: Hypernasality in Singing Among Children with Cleft Palate: A Preliminary Study

**Authors:** Sabrina Peter, Zainal Ariff bin Abdul Rahman, Yap Jin Han, Stefanie Pillai

**Affiliation Details:** University of Malaya, Kuala Lumpur, Malaysia

**PURPOSE:** This study aims to document differences of hypernasality among children with cleft palate during speaking and singing and to compare the nasality score ratings by trained as well as untrained listeners.

**METHODS:** Twenty participants with cleft palate aged between 7 to 12 years old were randomly selected for this study. Audio recordings were made of these children reading a passage and singing a common local song, both in the Malay Language. The degree of hypernasality was judged through perceptual assessment. Three trained listeners i.e. a speech therapist, a classical singer and a linguistic expert, who are academicians and 2 untrained listeners i.e. a cleft volunteer worker and a national high school teacher assessed the recordings using the Visual Analog Scale (VAS).

**RESULTS:** Inter-rater and intra-rater reliability were verified using intra-class correlation coefficients (ICC) on hypernasality of both speaking and singing. Significant reduction of hypernasality were observed during singing as compared to speaking, indicating that when a child with cleft palate sings, hypernasality reduces.

**CONCLUSIONS:** The act of singing significantly reduces hypernasality. However, future research is necessary to objectively measure hypernasality in singing compared to speaking as well as proper visualization of the velopharyngeal complex during singing among children with cleft palate. This study was supported by the Postgraduate Research Fund, University of Malaya.

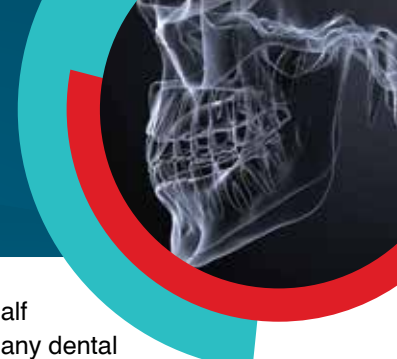
## ORAL 14

### TITLE: Understandability, Actionability and Readability of Printable Oral Health Education Materials Produced by the Ministry of Health Malaysia

**Authors:** Wong Siong Ting<sup>1</sup>, Norkhafizah Saddki<sup>1</sup>, Wan Nor Arifin<sup>2</sup>

**Affiliation Details:** <sup>1</sup>School of Dental Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia; <sup>2</sup>Unit of Biostatistics and Research Methodology, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia

**PURPOSE OF THE STUDY:** This study assessed understandability, actionability and readability of printable oral health education (OHE) materials produced by the Ministry of Health Malaysia (MOH). **MATERIALS AND METHODS:** A total of 26 printable OHE materials of different types were assessed. The Bahasa Malaysia version Patient Education Materials Assessment Tool for Printable Materials, PEMAT-P(M) and Khadijah Rohani's Readability Formula were used to assess understandability and actionability, and readability respectively. Of 26 materials, only 10 were evaluated for readability because the formula is applicable only for materials with over 300 words. **RESULTS:** Readability of the OHE materials ranged from Primary 5 to Form 2 education level. All 26 materials



achieved high understandability and actionability rating. Understandability score of the materials ranged from 73.3% to 100.0% with a mean score of 91.9% (SD 7.06%), and the actionability score ranged from 80.0% to 100.0% with a mean score of 93.6% (SD 9.05%). However, some materials were rated poorly in several understandability and actionability items. Low rating in understandability items was due to absence of: clear purpose (2 materials), medical terms definition (2 materials), summary (19 materials), and visual aids captions (7 materials). Additionally, some materials used jargon (2 materials) and have tables with incomplete or unclear headings (4 materials). Low rating in actionability items was due to poorly explained charts, graphs, tables or diagrams (3 materials), lack of visual aids that make the instructions easier to act on (2 materials), and not addressing users directly when describing action (4 materials).

**CONCLUSION:** Overall, the MOH OHE materials were understandable, actionable and readable for Malaysian population with primary education level and above. Nevertheless, few shortcomings for improvements were noted. This study was supported by the USM Research University Grant (1001 / PPSG / 812155).

#### ORAL 15

**TITLE:** The Correlation between Oral Health Status and Daily Sugar Exposures among Cerebral Palsy Children in Kelantan

**Authors:** Rathmawati Ahmad<sup>1,3</sup>, Normastura Abd Rahman<sup>1,3</sup>, Ruhaya Hasan<sup>1</sup>, Nik Soriani Yaacob<sup>2,3</sup>

**Affiliation Details :** <sup>1</sup>School of Dental Sciences, Universiti Sains Malaysia; <sup>2</sup>School of Medical Sciences, Universiti Sains Malaysia; <sup>3</sup>Cerebral Palsy Research Cluster, Universiti Sains Malaysia

**PURPOSE OF THE STUDY:** To determine and correlate the dental caries experiences, dental plaque maturity scores (DPMS) and daily sugar exposures (DSE) among cerebral palsy (CP) children in Kelantan.

**MATERIALS AND METHODS:** A cross-sectional study was conducted on 96 CP children aged 5-7 years from Community-Based Rehabilitation Centres in Kelantan who were not on feeding or gastrostomy tube. Dental caries experiences were determined by DMFT/dft index. DPMS was determined by using GC Tri Plaque ID Gel® (0=without plaque, 1=immature plaque, 2=mature plaque and 3=acid-producing plaque) and DSE measured the caries risks of the children (0-4=low risk, 5-7=moderate risk and ≥8=high risk). Statistical analysis was done by using IBM SPSS version 24.0. Pearson correlation analysis was used and the significant level was set at <0.05. **RESULTS:** Among 96 CP children, majority were boys (54.2%) with the mean (SD)

age of 11.9 (4.86) years. Almost half (42.7%) of the children never had any dental visit. The mean (SD) of DMFT, dft, DPMS and DSE were 3.7 (5.47), 3.1 (4.99), 2.5 (0.68) and 6.1 (2.49), respectively. There was no significant correlations between both caries experiences and DPMS with DSE ( $P>0.05$ ).

**CONCLUSION:** CP children in Kelantan had a moderate level of caries experiences, with mature to acid-producing plaque and at moderate risk of dental caries based on DSE. Both dental caries experiences and plaque maturity were not significantly correlated with DSE. Parents of CP children should play a crucial role in controlling the daily sugar consumption, plaque removal and regular dental visits to improve their oral health status. This study was supported by CPRC RU Top Down Grant No.1001.CSKK.870020 and CPRC team members.

#### ORAL 16

**TITLE:** Application of the Index of Orthognathic Functional Treatment Need (IOFTN) on Patients with Dentofacial Deformity: A Retrospective Analysis

**Authors:** Soh Chen Loong, Ravindran Murugesan, Farah Aliya Mohamed Azahar, Nadhratul Husna Mohamad

**Affiliation Details:** Hospital Selayang, Lebuhraya Selayang- Kepong, 48100 Batu Caves, Selangor

**PURPOSE OF THE STUDY:** The aim of this retrospective review was to assess the usage of the IOFTN in a South East Asian craniofacial deformity center setting with regards to patients having dentofacial deformity indicated for orthognathic surgery.

**METHODS:** A retrospective study was carried out on patients who had undergone orthognathic surgery at Selayang hospital from January 2011 to February of 2017. Variables measured included skeletal sagittal relationship, malocclusion classification, type of osteotomy, IOTN score and IOFTN score.

**RESULTS:** 84 patients with a mean age of 21.38 was included in the study. The most prevalent IOFTN score in our sample was 5.3 (33.3%) followed by 4.3 (13.1%). 33.4% of patients were classified as having a great need for treatment and 57.1% a very great need for treatment. 9.5% of patients have a moderate need for treatment. No patients were graded below 3.

**CONCLUSION:** The IOFTN is a reliable tool and a more accurate indicator of treatment need for patients with dentofacial deformity requiring orthognathic surgery compared to the IOTN.

## ORAL 17

### TITLE: Oral Myiasis in Keningau: A Case Series and Review of Literature

**Authors:** Ainil Husna Amin, J. Sureinthiren Jeya Raman

**Affiliation Details:** Oral and Maxillofacial Surgery Department, Hospital Keningau, Sabah

**PURPOSE OF STUDY:** The objective of this study was to illustrate our experience with oral myiasis, with particular emphasis on clinical presentations, medical co-morbidity and management of the patients.

**MATERIAL AND METHODS:** The study was retrospective in nature, with cross-sectional design, of patients with oral myiasis who were referred to Oral and Maxillofacial Surgery Department, Hospital Keningau between June 2017 and November 2017 (6 months). Data was gathered from the medical notes of the patients and recorded in a customised pro-forma and descriptive statistics were employed. In addition to that, a literature review was carried out.

**RESULTS:** The sample consisted of 5 geriatric patients, with male preponderance (4 males and 1 female). Mean age of the sample was 70.4 years. All of the patients had underlying Hypertension and Cerebrovascular accident and presented with poor oral hygiene. Common areas involved included upper labial sulcus and palatal mucosal region. Mechanical removal of the larva was carried out in all the cases over several days with the aid of turpentine oil. More than 15 maggots were removed in each patient with the highest number being 133 maggots. Antibiotics used included Amoxycillin with clavulanic acid, Cefuroxime and Metronidazole whereas Chlorhexidine gluconate 0.2% mouthwash were the treatment of choice in all the patients. Minimal local debridement was carried out when required. Two patients healed well and another two patients expired due to underlying medical complications and one patient was lost to follow-up.

**CONCLUSIONS:** Risks of developing oral myiasis are high in certain population. Proactive education of carers of the population at-risk by the healthcare workers is fundamental in its prevention and early detection.

## ORAL 18

### TITLE: HemCon® Dental Dressing for Post-Extraction Bleeding in Warfarin Patient: Systematic Review

**Authors:** Najla Almaki Ben Masoud, John Chong Keat Hon, Ahmad Dzulfikar Samsudin

**Affiliation Details:** Faculty of Dentistry, Universiti Sains Islam Malaysia, Tingkat 15, Menara B, Persiaran MPAJ, Jalan Pandan Utama, Pandan Indah, 55100, Kuala Lumpur.

**PURPOSE OF THE STUDY:** Dental extraction in patients receiving oral anticoagulants can be complicated by post-extraction bleeding. The present study aimed to compare the effectiveness of HemCon® Dental Dressing (HDD) in controlling post-extraction bleeding in patients receiving oral anticoagulants without the interruption of oral anticoagulants used with other common local haemostatic agents.

**MATERIALS AND METHOD:** A systematic review study searched on this topic was conducted through Medline; Embase; The Cochrane Library and other clinical trials websites. The systematic review and meta-analysis were developed based on the PICO tools. Only articles in English language and patients receiving oral anticoagulants were recruited. Two reviewers assessed the quality of the papers and then performed the selection and extraction of the data. The search terms were "HemCon® Dental Dressing", "spongostans", "oxidase cellulose", "post-extraction bleeding", "anticoagulants" and "warfarin".

**RESULTS:** Five randomized controlled trials involving 264 patients were retrieved; two compared the HDD with the conventional method of pressure packing with sterile cotton gauze; two compared HDD with gelatin sponge and oxidase cellulose; and the last one compared HDD with the new haemostatic agent, platelet-rich plasma. The International normalized ratio (INR) for the patients was less than four. The meta-analysis showed that HDD significantly reduced the time of post-extraction bleeding compared to the control groups. The pooled estimated effect for post-extraction bleeding was 25.3 (95%CI, 17.3-32.76), the p-value was less than 0.00001,  $I^2 = 99\%$ .

**CONCLUSIONS:** The HDD possesses good anti-haemorrhagic properties. It is significantly effective in improving bleeding time after tooth extraction in patients receiving oral anticoagulants compared with other local haemostatic agents.





## ORAL 19

**TITLE:** The Anti-bacterial Effect of Zinc-doped Phosphate-based Glasses (Zn-PBGs) on *Streptococcus mutans* NCTC 10449

**Authors:** Sindhuja Rajadorai, Norah Flannigan, Susan Higham, Sabeel Valappil

**Affiliation Details:** Ministry of Health Malaysia, School of Dentistry and Department of Health Services Research, University of Liverpool

**PURPOSE OF STUDY:** Enamel demineralisation is highly prevalent during orthodontic treatment and *S. mutans* is the main bacteria implicated. Novel Zn-PBGs are controlled zinc delivery agents that may be an effective anti-bacterial agent thus promoting a reduction in demineralisation.

**MATERIALS AND METHODS:** Zn-PBGs (C11, C12 and C13) and zinc free control glasses (C-PBG) were produced. Glass characteristics were assessed through degradation studies, pH analyses and ion release kinetics. Anti-bacterial effects were assessed through disc diffusion assays, liquid broth analysis and CDFF model. Disc diffusion assays were conducted on isosensitest (IST) agar with cultures of *S. mutans* NCTC10449. The zones of inhibition around the glasses were measured. Liquid broth assay using *S. mutans* suspensions exposed to C11, C12, C13, 0.2% chlorhexidine and C-PBG was assessed by viable colony forming units (CFU). Biofilm was grown in the CDFF model on bovine enamel discs exposed to C11, 0.2% chlorhexidine, 0.05% sodium fluoride or water on day 5 and day 12. Transverse micro-radiography (TMR) was used to quantify mineral loss ( $\Delta Z$ ) from bovine enamel. All tests were conducted in triplicate. ANOVA, Tukey Kramer, Pearson Correlation and paired T-tests were used.  $p$  values  $<0.05$  were considered statistically significant. pH analyses showed significant difference for C12, C13 compared with C-PBG. Degradation rates of Zn-PBGs were significantly different from C-PBG. Zinc ion release was decreased as calcium concentration increased in the glasses.

**RESULTS:** Zones of inhibition were significantly increased for Zn-PBGs compared with C-PBG. Viable CFU in the untreated group and C-PBG were significantly increased compared with Zn-PBGs. Bovine enamel exposed to C-PBG, NaF, chlorhexidine and enamel discs (ED) at day 12 showed significant mineral loss whilst bovine enamel exposed to C11 between day 5 and day 12 in the CDFF model showed no significant mineral loss.

**CONCLUSION:** Controlled delivery of zinc from Zn-PBGs may have potential in oral applications due to its anti-bacterial effect.

## ORAL 20

**TITLE:** Who Am I? : Unexpected Post-operative Psychosis

**Authors:** Mohd Khairul Anwar M. Tahir, Zainal Ariff A. Rahman

**Affiliation Details:** Department of Oral Clinical Sciences and Maxillofacial, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia

Ecological factors such as traumatic brain injury, psychosocial stress and drug abuse can trigger psychosis. The British Psychological Society describe a psychological perspective of psychosis includes hallucinations, delusions, thought disorders, suspiciousness and confusion. The exact cause of postoperative psychosis has not been identified. Multiple studies have shown that, post-operative psychosis can be instigated by anaesthesia drugs and steroid usage intra and post-operatively without involvement of any brain injury. According to the British Journal of Anaesthesia, the term post-operative psychosis should only be used for psychiatric syndrome that appears within several days following surgical procedures that is done under general anesthesia. Anesthetic drugs that induced psychosis has been reported worldwide. Several reports have also shown that post-operative psychosis can be attributed by usage of Dexamethasone perioperatively. We report a case of a 42 years old gentleman which developed psychosis post-operatively after undergoing major oral and maxillofacial surgeries who alleged motor-vehicle accident and sustained pan facial trauma without any significant brain injury. Patient developed broad array of behavioral symptoms including psychosis, a few hours post procedures causing difficulties in postoperative management. He was disorganized, agitated and easily irritable. Patient also presented with an acute psychotic episode such as delusions, sleep disorders, suspiciousness, confusion and uneasiness with others. Findings of computed tomography of the brain, and hematologic tests were normal. However, the urine test for Cannabinoids was positive. With all these factors, we tried to associate and conjecture the causes of this event to the patient's behavior symptoms post operatively. It is important to raise the awareness among Oral & Maxillofacial Surgeons regarding this potential complication following surgical interventions so that measures for further management and care can be provided accordingly in such event.

# Scientific Competition

## Poster Presentation

### Hall: Safir Foyer (Computer 1) Saturday, 10/3/2018

Time	Abstract No	Presenter Name	Abstract Title
10.40-10.50 am	Poster 01	Dr Mohamad Adib Jaafar	Sub-MIC Level of Azithromycin on the Virulence-Factor Expression in Periodontal Pathogens
10.50-11.00 am	Poster 02	Dr Wan Salina Wan Sulaiman	Exploring Barriers in Conducting Oral Health Activity by School Teachers: Mixed Method Approach
11.00-11.10 am	Poster 03	Dr. Khamiza Zainol Abidin	Honey as an adjunct to non-surgical periodontal therapy- A Report of Three Clinical Cases.
11.10-11.20 am	Poster 04	Dr Sharifah Maznah Wan Mohammed	Ultrasonic scaler and dental scaling in primary care set-up
11.20-11.30 am	Poster 05	Dr Faezah Rokhani	Prevalence of temporomandibular disorder among dental students in USIM
11.30-11.40 am	Poster 06	Dr Rama Krsna Rajandram	Para functional Habits: Are we missing out on the bigger picture?
11.40-11.50 am	Poster 07	Dr Balkis Ghazali	An overdenture to restore vertical dimension with temporal pain symptom: A case study
11.50-12.00 pm	Poster 08	Muhammad Syafiq Alauddin	An Evaluation of the Structural Integrity of Full Coverage Polymer Crown
12.00-12.10 pm	Poster 09	Dr Sumairi Ismail	A Clinico-pathologic Study of Odontogenic Tumours in Northern Peninsular Malaysia
12.10-12.20 pm	Poster 10	Dr Zarina A. Karim	A retrospective study of soft tissue tumour in the Northern Peninsular Malaysia
2.10-2.20 pm	Poster 11	Dr Sarvambika Kazakydasan	Immune-mediated vesiculobullous diseases presented to Oral Medicine Clinic, Hospital Kuala Lumpur.
2.20-2.30 pm	Poster 12	Dr Rina Revathi Sandiran	The Pattern of Oral and Maxillofacial Injuries in Hospital Ampang: A 10-year Study.
2.30-2.40 pm	Poster 13	Dr Priyantha Pang Lee Yek	Synovial Sarcoma of Soft Palate: A Case Report
2.40-2.50 pm	Poster 14	Dr Fairuz Abd Rahman	Adenosquamous carcinoma of the tongue: Report of a rare case and review of the literature
2.50-3.00 pm	Poster 15	Dr Nurul Yasmin Aminuddin	Osteosarcoma of the Mandible: A Case Series and Treatment Protocol
3.00-3.10 pm	Poster 16	Dr Chew Wei Sheng	Multiple Keratocystic Odontogenic Tumours in Gorlin Syndrome: A Case Report

### Hall: Safir Foyer (Computer 2) Saturday, 10/3/2018

10.40-10.50 am	Poster 17	Dr Mohd Zulfadli Harun	Case report: Dentigerous cyst of right maxilla in a young child
10.50-11.00 am	Poster 18	Dr Ahmad Nur Aiman Mohd Noor	Mandibular unicystic ameloblastoma in children: a case report
11.00-11.10 am	Poster 19	Dr Ahmad Khairuddin Zamhari	Basal Cell Ameloblastoma in an 8-year-old Iban girl: Rarest of the rare.
11.10-11.20 am	Poster 20	Dr Nur Diyana Mahdi	Mandibular ameloblastoma in an 8-year-old boy: A case report
11.20-11.30 am	Poster 21	Dr Farina Berlian Mohd Salim	Cemento Ossifying Fibroma on maxilla – A Case Report
11.30-11.40 am	Poster 22	Mej Dr Sophia Ann Murray Jeffry Murray	Desmoplastic Fibroma: a diagnostic and management rollercoaster
11.40-11.50 am	Poster 23	Dr Nor Aszlitah Burhanudin	Extracapsular spread in oral squamous cell carcinoma and its association with GGH, CDKN3 and CBX7



11.50-12.00 pm	Poster 24	Dr Halimah Mohamed Noor	Lobulated Capillary Haemangioma of Upper Lip: A Case Report
12.00-12.10 pm	Poster 25	Dr Zhahrina Che Zainuddin	Iron Deficiency Anemia Associated with Oral Pyogenic Granuloma: A Case Report
12.10-12.20 pm	Poster 26	Dr Nor Anis Razali	Odontogenic myxoma – A case review of the surgical management.
2.10-2.20 pm	Poster 27	Dr Thavanes Rathnakrishnan	A case report of industrial injury to the maxillofacial region
2.20-2.30 pm	Poster 28	Dr Shobina Sivanganam	Management of the long-standing anterosuperior mandibular condyle dislocation: A Case Report
2.30-2.40 pm	Poster 29	Dr Adelene Agos	An insight of a multidisciplinary dental anomalies clinic in Negeri Sembilan, Malaysia
2.40-2.50 pm	Poster 30	Dr Syahir Hassan	Clinico-pathologic and immunohistochemical profiles of malignant and potentially malignant verrucopapillary lesions of the oral cavity
2.50-3.00 pm	Poster 31	Dr Sathya Sailashinee Sivamuni	Leontiasis ossea, a rare manifestation of renal osteodystrophy- A case report
3.00-3.10 pm	Poster 32	Dr Umar Kamali	Static positioning of a tooth displaced into the submandibular space: A case report
3.10-3.20 pm	Poster 33	Dr Norhani Abdul Rani	Frenal Attachments: Reducing the interference. How we did it.
<b>Hall: Safir Foyer (Computer 3) Saturday, 10/3/2018</b>			
10.40-10.50 am	Poster 34	Dr Siti Nursyifa' Qistina Suhaimi	Full Mouth Rehabilitation in Children: There's A Simple Way
10.50-11.00 am	Poster 35	Dr Nur Fauziani Zainul Abidin	Copy number changes in oral squamous cell carcinoma
11.00-11.10 am	Poster 36	Dr Nor Fathihah Mohd Radzuan	Tumour Mimicking Dental Infection: Do Not Be Deceived
11.10-11.20 am	Poster 37	Dr Siti Nur Hidayah Yahya	Anterior Sliding Hemitongue Flap: A Treatment Option for Postero-Lateral Tongue Defect.
11.20-11.30 am	Poster 38	Dr Nor 'Izzati Mohtar	Pure Maxillofacial Trauma and Its Correlation with Neurobehavioural Alteration amongst Malaysian
11.30-11.40 am	Poster 39	Dr Masfueh Razali	The effect of photo function alization on the tissue contour at the peri-implant tissue interface
11.40-11.50 am	Poster 40	Dr Vijainthimalar Sukumaniam	Case Report: A Rare Case of KIMURA'S Disease
11.50-12.00 pm	Poster 41	Dr Juliana Khairi	The Antero-Posterior Location of the Mental Foramen in Subjects with Different Skeletal Pattern
12.00-12.10 pm	Poster 42	Dr Mohd Faizal Abdullah	Posterior lingual mandibular bone depression: Will it progress or regress in size?
12.10-12.20 pm	Poster 43	Dr Chew Ya Yin	A Modified Conservative Management of Mandibular Ameloblastoma and Its Outcomes
2.10-2.20 pm	Poster 44	Dr Nur Salsabila Saadon	Carcinoma ex Pleomorphic Adenoma of the Parotid Gland: A Case Report
2.20-2.30 pm	Poster 45	Dr Rohaida Abdul Halim	A Patient with Dental Phobia-Can Hypnosis Help?
2.30-2.40 pm	Poster 46	Dr Jothi Raamahlingam Rajaram	Effectiveness of vitamin b complex in reducing chronic TMD pain - randomized clinical trial
2.40-2.50 pm	Poster 47	Dr Phoon Kheng Yoke	A case report: oromandibular dystonia following dental extraction.

2.50-3.00 pm	Poster 48	Dr Muhammad Amir Firdaus Wan Hasamudin	A 5 Year Review of Mandibular Condyle Fractures in Hospital Kajang
3.00-3.10 pm	Poster 49	Dr Tan Yan-Rui	Fibula Free Flaps – Failure can be the Best Teacher

## POSTER 1

**TITLE:** Sub-MIC Level of Azithromycin on the Virulence-Factor Expression in Periodontal Pathogens

**Authors:** Mohamad Adib Jaafar, Gareth S. Griffiths, Graham P. Stafford

**Affiliation Details:** The University of Sheffield, Faculty of Restorative Dentistry, The School of Clinical Dentistry

**AIM:** The aim of this study is to elicit the current practice of prophylaxis antibiotic for Infective endocarditis among dental practitioner. **MATERIALS AND METHOD:** A pre-tested questionnaire forms was designed to investigate the prescribing preference for antibiotic prophylaxis against infective endocarditis. The questionnaire was distributed to participants attending a seminar organised by Faculty of Dentistry, USIM.

**RESULTS:** 92 questionnaires were answered by the participants of the seminar. More than 90% of the respondents have work experience less than 10 years. Majority of the respondent claimed that they followed guidelines that advocate antibiotic prophylaxis for the prevention of infective endocarditis (American Heart Association, British Cardiac Society, European Society of Cardiology) while others claimed to follow The National Institute for Health and Clinical Excellence guidelines (no antibiotic prophylaxis). Confusion still exists among the dental practitioner in cardiac condition and dental procedure that need to be covered with antibiotic prophylaxis.

**CONCLUSION:** Majority of the respondent preferred to choose AHA guidelines for antibiotic prophylaxis. Efforts to increase awareness of the guidelines among the dental practitioner should be taken.

## POSTER 2

**TITLE:** Exploring Barriers In Conducting Oral Health Activity by School Teachers:  
Mixed Method Approach

**Authors:** Wan Salina WS, Rosasliza A

**Affiliation Details:** Kota Bharu Dental Clinic, Kelantan

**PURPOSE OF THE STUDY:** This study was conducted to determine the oral health knowledge, perception and behaviour among 'guru kesihatan' in primary schools in Kota Bharu and to explore the barriers faced in conducting oral health activity (daily toothbrush drill) at school. **MATERIALS AND METHODS:** The mixed-method approach using self-administered questionnaire and focus group discussion (FGD) was applied in this study. The quantitative method involved all 'guru kesihatan' in Kota Bharu (n=104) to fill out the questionnaire on oral health knowledge, perception and related behaviour. The data collected was then analysed using SPSS 19 software programme. In qualitative method, 21 consented teachers participated in FGD after the ethical approvals were obtained. The teachers were from both primary schools that have successfully conducted daily toothbrush drill (TBD) and those that have issues in conducting it. Discussions were conducted until saturated. Audio recording and field notes taken were then transcribed and analysed using thematic approach.

**RESULTS:** Analysis on 100 questionnaires found that oral health knowledge, perception and behaviour of the teachers are considerably good. Analysis of FGD discussion indicated that all 'guru kesihatan' generally showed interest in conducting daily TBD at their school. Whilst disruption of water supply, poor water quality, cooperation from the students, and commitment from other teachers are among the obstacles confronted; factors related to oral health staff, including poor communication and monitoring were also impeded.

**CONCLUSION:** There is a need to improve communication, monitoring and feedback process between parties involved to ensure oral health activities can be implemented consistently and sustainably at primary school. Oral health awareness should be increased among problematic students and other teachers in order for them to participate actively in oral health activities at school.



### POSTER 3

**TITLE:** Honey as an Adjunct to Non-surgical Periodontal Therapy - A Report of Three Clinical Cases.

**Authors:** Siti Mardhiah Roslan, Khamiza Zainol Abidin

**Affiliation Details:** Unit Pakar Periodontik, Klinik Pergigian Gunung Rapat

**PURPOSE OF STUDY:** This case reports aimed to describe successful non-surgical periodontal therapy using honey as a subgingival irrigation material.

**MATERIALS AND METHOD:** We reported three subjects with generalized chronic periodontitis. All cases received three times subgingival debridement. Prior to the subgingival debridement, Full Mouth Plaque Score (FMPS), Full Mouth Bleeding Score (FMBS), percentage of ( Probing Pocket Depth ) PPD  $\geq 6$ mm and percentage of healthy site were recorded. Two subjects received honey irrigation and one subject received chlorhexidine irrigation after scaling and root planing. Trigona Bee Honey obtained from a local apiarist was used as the irrigation material. Same clinical parameters were recorded upon six weeks review.

**RESULTS:** All subjects reported reduction in FMBS and percentage of PPD  $\geq 6$ mm while percentage of healthy sites increased. Subjects who received honey irrigation recorded higher percentage of reduction of PPD  $\geq 6$ mm after 6 weeks than those who received chlorhexidine irrigation. Bleeding score reduction was higher in subject who received chlorhexidine compared to honey.

**CONCLUSIONS:** Trigona Bee Honey irrigation might have potential benefits as irrigation agent after scaling and root planing based on the antibacterial activity of the honey. Further research, especially clinical trials, with larger sample size, is needed to evaluate the effectiveness of this honey.

### POSTER 4

**TITLE:** Ultrasonic Scaler and Dental Scaling in Primary Care Set-up

**Authors:** Sharifah Maznah Wan Mohammed, Rosrahimi Abd Rahim, Ahmad Sharifuddin Mohd Asari

**Affiliation Details:** Periodontic Specialist Unit, Cahaya Suria Dental Clinic, Kuala Lumpur

**PURPOSE OF STUDY:** The objective of this study is to assess the knowledge of dental officers on scaling device and procedure.

**METHOD:** Google form was used to create online questionnaires. Respondents were asked to answer the questionnaire online. Responses from the google form were automatically reported in a Spreadsheet (Microsoft Excel). The data was then analysed using SPSS Version 22.

**RESULTS:** Out of 180 dental officers, 132 (73.3%) answered the questionnaire.

Among all the respondents, 20 of them (15.2%) were male and 112 (84.8%) were females. Mean age was 28.5 years (SD:3.58) which ranged from 24 to 49 years. Almost 80% of respondents were in age group 21-30 years and 72% were Malay. Seventy of them (53%) had working experience  $< 5$  years and 58 (43.9%) of them between 5-10 years. Many of the respondents (78%) performed scaling everyday. Approximately 94% were taught on scaling technique during their undergraduate training whereas about 6% were taught in-service. Forty-one (31.1%) attended training on scaling while working in MOH; of those, 18 (43.9%) answered very beneficial; 21 (51.9%) beneficial and 2 (4.9%) satisfied with the course. Seventy-nine (59.8%) knew the type of scaling device they were using, 40 (30.3%) unsure, and 13 (9.8%) did not know their scaling device. In terms of doing the procedure, only 78% knew how to use the scaler properly by using the side of the tip.

**CONCLUSIONS:** The study demonstrated the knowledge of dental officers on scaling device and procedure are still lacking. Therefore, more need to be done in providing knowledge and skill about scaler and scaling at undergraduate level or during the early years of service. Improper use will result in inefficient scaling and even more important, permanent damage to the periodontium and teeth.

### POSTER 5

**TITLE:** Prevalence of Temporomandibular Disorder among Dental Students in USIM.

**Authors:** Yusaimi M, Rokhani F.

**Affiliation Details:** Universiti Sains Islam Malaysia

**INTRODUCTION:** Temporomandibular disorder (TMD) is a collective term that defines a subgroup of painful orofacial disorders involving complaints of pain on the temporomandibular joint (TMJ) region and fatigue of craniocervicofacial muscles, especially mastication muscles, limitation of mandibular movement and presence of articular clicking. It is also well accepted that psychological factors play a crucial role in the etiology and maintenance of TMD. As dental students are exposed to stress, especially during clinical years, thus increase the risk of developing TMD.

**PURPOSE OF STUDY:** The aim of this study is to assess prevalence of TMD among USIM's dental students and to compare TMD prevalence between preclinical and clinical dental students.

**MATERIALS & METHOD:** By purposive sampling, a total number of 106 dental students from year 2 until year 5 were given a set of questionnaires that comprised of Fonseca's Questionnaire (FQ) followed by TMJ's clinical examination.

**RESULTS:** the prevalence of TMD among USIM's dental student based on FQ is 39.6%(n=42) are TMD free, 50.9%(n=54) have mild TMD and 9.4%(n=10) suffer from moderate TMD. These figures are supported by Chi Square calculation of TMJ's clinical examination reveals there is a significant interaction,  $\chi^2(1)=17.84$ ,  $p<0.05$ , TMD among clinical and preclinical students. More clinical students suffered TMD (59.2%) than preclinical students (19.3%). In conclusion, the prevalence of TMD among clinical year students is higher and they endure greater stress level compared to preclinical year students.

#### POSTER 6

**TITLE:** Para Functional Habits : Are We Missing Out on the Bigger Picture?

**Authors:** Soh Hui Yoh, Rama Krsna Rajandram

**Affiliation Details:** Department of Oral and Maxillofacial Surgery, Faculty of Dentistry UKM, National University of Malaysia, Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur

**INTRODUCTION:** Orofacial motor disorder contributes significant psychosocial and functional disability to the patient. There is however a significant lack of plausible data on motor disorders affecting the masticatory system and the adjacent facial muscles commonly termed as orofacial motor disorders. The lack of focus on this area especially in the dental literature may lead to misdiagnosis and late referrals for proper management of this central nervous system driven disorder.

**METHOD:** We present a case series of patients that were first seen in the dental setting with an initial assumption of a clinical presentation of a routine parafunctional habit.

**RESULTS:** We go through their different symptomology and guide how we as dentist can prevent a misdiagnosis of a parafunctional habit which may actually be an early presentation of orofacial motor disorder.

**CONCLUSION:** More often, these patients will be seen in the dental set up and failure to diagnose as well as mismanagement will lead to significant loss of quality of life for the patient. We bring forward the role of a multidisciplinary management between the medical neurologist and the dental practitioner.

#### POSTER 7

**TITLE:** An overdenture to restore vertical dimension with temporal pain symptom: A case study

**Authors:** Balkis Ghazali, Norlela Yacob

**Affiliation Details:** Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur & Putrajaya

**PURPOSE OF STUDY:** Extraction of teeth will not only

cause continuous ridge resorption but also the lost of its periodontal receptors. Providing over denture underneath remaining tooth or dental implants provides better retention with periodontal receptors for a proper masticatory function and accurate jaw movement. In this presented case, a 61-year-old Chinese man was referred to Restorative clinic for management of lost vertical height that disturbs his facial muscle movements. This has led to pain on both temporal region areas especially on the right side. He had many dentures made to relief the symptoms but yet none has helped.

**MATERIALS & METHOD:** The vertical dimension was initially increased with partial over denture and provisional crown for one month. The final metal ceramic crown was cemented later in a review visit. The rationale to remain the natural teeth and crown it with telescopic crown gave a good reference for clinician to restore its facial height.

**RESULTS:** After the insertion of partial denture, the pain on the temporal region resolved and the facial height improved significantly. This method offers simple procedure without a need to use complex face bow transfer and it preserve the bone and alveolar ridge. During the insertion stage, patient was really happy with his new denture and profile. Patient acceptance of new over denture was remarkable.

**CONCLUSION:** Restoring facial height with symptoms may be very tricky. Introducing an overdenture on remaining natural tooth is a key to success but need frequent review to maintain the health of underneath abutment.

#### POSTER 8

**TITLE:** An Evaluation of the Structural Integrity of Full Coverage Polymer Crown

**Authors:** <sup>a</sup> Muhammad Syafiq Alauddin, <sup>b</sup> Nicolas Martin

**Affiliation Details:** <sup>a</sup> Faculty of Dentistry, USIM, Kuala Lumpur, Malaysia; <sup>b</sup> School of Clinical Dentistry, University of Sheffield, United Kingdom

**PURPOSE OF STUDY:** To evaluate the structural integrity of PEEK (Polyetheretherketone) novel polymer crowns on posterior teeth by means of mechanical static testing.

**MATERIALS & METHODS:** Identical full coverage crowns were fabricated on a crown preparation of an upper right premolar and duplicated in a polyurethane resin (AlphaDie®). 10 samples from each of the following crown materials were made: IPS e.max CAD, PEEK by JuvoraTM and Vita Enamic® according to the manufacturer's guidelines. Light body silicone impression material was used to simulate the periodontal ligament. InEos (Sirona Dental Systems GmbH, Germany) system and CEREC inLab software version 3.60 were used for scanning and designing. The scanned crown preparations were then processed using dental milling machine (Roland DWX-50 5-Axis) and were further



sent for CAD-CAM milling procedure. The cementation was done according to manufacturer's guidelines for each crown material. A custom made tensometer (Lloyds Instrument Model LRX) was used to get a constant force throughout cementation procedure, simulating finger pressure. A universal testing machine (Lloyds Instrument Model LRX) with a crosshead of 1mm/min speed with a standard diameter ball head (4.24 mm) was used as a static compression axial load indenter on inclination cusp. **RESULTS:** There was significant difference in mean fracture load and Burke's Fracture Mode analysis of PEEK crowns compared to the other groups ( $p=0.0000$ ). A fractographic assessment by stereomicroscope shows catastrophic failure of PEEK Crowns while digital subtraction technique by 3-dimensional analysis showed deformation area on occlusal and mesial & distal of crowns.

**CONCLUSION:** PEEK crowns showed the greatest fracture strength among all groups, however, at highest fracture point a catastrophic deformation failures occurred to all samples.

#### POSTER 9

**TITLE:** A Clinico-pathologic Study of Odontogenic Tumours in Northern Peninsular Malaysia

**Authors:** Sumairi Ismail<sup>1</sup>, Saw Chee Lynn<sup>2</sup>

**Affiliation Details:** <sup>1</sup>Oral Pathology & Oral Medicine Unit, Sultan Abdul Halim Hospital, Kedah, Malaysia; <sup>2</sup>Air Itam Dental Clinic, Penang, Malaysia

**PURPOSE OF STUDY:** To analyze and compare the demographic, clinical and pathological data of odontogenic tumours in Northern Peninsular Malaysia as there is a lack of such information in Malaysia in comparison with other international data.

**MATERIALS & METHOD:** A descriptive retrospective study of odontogenic tumour histopathological specimens from January 2007 to December 2014 in the Northern Peninsular region of Malaysia. Data was analyzed for age, gender, ethnic group, tumour site, signs/symptoms and histopathologic typing. Histopathologic typing was classified according to World Health Organisation (WHO) classification (2005) which was in use at the time of diagnosis. **RESULTS:** Among 2,733 biopsy specimens, 173 cases were diagnosed as odontogenic tumours (6.3%), of which 171 (98.8%) are benign and 2 (1.2%) are malignant. The commonest tumour was ameloblastoma ( $n=96$ , 55.5%), followed by keratocystic odontogenic tumour ( $n=38$ , 22.0%) and odontomas ( $n=16$ , 9.2%). Malignant tumours only account for 1.2% of the tumours. Majority of ameloblastoma and KCOT affected the mandible preferentially. Maxillary lesions presented in only 5.9% of ameloblastomas and 34% of KCOTs. The mean age was 33.5 ( $\pm 17.78$ ) years and 64.7% of patients are in the age group of 10 to 39. Odontogenic tumours were

slightly more common in male, with a male to female ratio of 1.4:1.

**CONCLUSIONS:** Odontogenic tumours constitute a small percentage of oral biopsy specimens. In this region, ameloblastoma is the most frequently occurring lesion followed by keratocystic odontogenic tumour which concurs with most studies in Asia.

**ACKNOWLEDGEMENT:** We would like to thank the Director General of Health Malaysia for his permission to publish this article.

#### POSTER 10

**TITLE:** A Retrospective Study of Soft Tissue Tumor in the Northern Peninsular Malaysia

**Authors:** Zarina A. Karim<sup>1</sup>, Tew Mei Mei<sup>2</sup>, Sumairi Ismail<sup>1</sup>

**Affiliation Details:** <sup>1</sup> Oral Pathology and Oral Medicine Unit and <sup>2</sup>HRCC, Hospital Sultan Abdul Halim (HSAH)

**PURPOSE OF STUDY:** To determine the prevalence and clinico - pathological data of the soft tissue tumor over head and neck region reported in the Northern Peninsular Malaysia.

**MATERIALS & METHOD:** A retrospective study conducted at Oral Pathology and Oral Medicine (OPOM) unit, HSAH. Achieves of all reported soft tissue tumor within the period of 10 years from 2007 till 2017 were included and classified according to the 2013 WHO Classification of Soft Tissue Tumor. Data were analyzed by descriptive statistics using SPSS software version 21.0. **RESULTS:** A total of 55 cases were included in the study, with male to female ratio of 6:5 and average age of 40.36 years. All of them presented with a swelling. The most common site was lip (30.9%), followed by tongue (23.6%) and buccal mucosa (21.8%). The size of tumor varied from 0.5 to 15 cm. Among fifty-one benign tumors were vascular tumor (45.5%) followed by adipocytic (23.6%), pericytic / perivascular (9.1%), fibroblastic / myofibroblastic (5.5%), tumor of uncertain differentiation (5.5%) and nerve sheath (3.6%). Four malignant tumors were malignant peripheral nerve sheath tumor followed by Kaposi sarcoma and fibrosarcoma. There were around 29.2% discrepancy (percentage error) between the histopathological and clinical diagnosis found. **CONCLUSIONS:** This study highlight the scarcity of specific data available regarding head and neck soft tissue tumors in the Northern Peninsular Malaysia. Demographic data of these tumors were beneficial in improving the clinical impression of such lesions encountered in practice and discrepancy in between the clinical and histopathological diagnosis.

This study was approved and supported by Ministry of Health Malaysia (NMMR-17-590-34612(IIR))

## POSTER 11

**TITLE:** Immune-mediated Vesiculobullous Diseases Presented to Oral Medicine Clinic, Hospital Kuala Lumpur.

**Authors:** Sarvambika Kazakydasan<sup>1</sup>, Lau Shin Hin<sup>2</sup>, Nornazaliza Basri<sup>1</sup>

**Affiliation Details:** <sup>1</sup> Unit Patologi Mulut & Perubatan Mulut, Jabatan Bedah Mulut, Hospital Kuala Lumpur; <sup>2</sup> Stomatology Unit, Institute for Medical Research, Kuala Lumpur.

**PURPOSE OF STUDY:** The study aimed to look at the prevalence and clinicodemographic features of the various immune-mediated vesiculobullous diseases (IVBD) among patients attending the Oral Medicine Clinic (OM) at Hospital Kuala Lumpur (HKL).

**MATERIALS & METHODS:** Clinical records of patients diagnosed with IVBD and followed-up at OM clinic of HKL from January 2005 until February 2017 were reviewed retrospectively. Data were collected and analysed using SPSS version 16.0.

**RESULTS:** A total of 34 cases were included in this study. Pemphigus vulgaris formed the commonest IVBD (41.2%) followed by Steven Johnson Syndrome (20.6%) and erythema multiforme (14.7%). Other types of IVBD seen are bullous pemphigoid, pemphigus foliaceus, pemphigus herpetiformis and toxic epidermal necrolysis. More than 50% of the patients were of Malay origin while the Chinese ethnic constituted the least affected group with only 11.8%. A slight female preponderance was observed. Approximately 38% of patients showed oral as the first site of presentation.

**CONCLUSION:** The study showed that pemphigus vulgaris was the most frequently presented blistering disease to the Oral Medicine clinic with the Malays showing the highest prevalence of IVBD.

## POSTER 12

**TITLE:** The Pattern of Oral and Maxillofacial Injuries in Hospital Ampang: A 10-year Study.

**Authors:** Rina Revathi Sandiran, Tan Li Yin, Nur Shazwani Ahmad Mazni, Leong Yee Hua, Hazelina Muhammad, Sivakama Sunthari Kanagaratnam

**Affiliation Details:** Department of Oral and Maxillofacial Surgery, Hospital Ampang.

**PURPOSE OF STUDY:** The aim of this study was to analyse and describe the pattern of maxillofacial injuries presenting to the Oral & Maxillofacial Surgery Department, Hospital Ampang from year 2008 to 2017. **MATERIALS & METHODS:** Clinical records of facial injury cases, from 2008 to 2017, including demographic, aetiology, fracture and injury sites and treatment were collected and analysed. **RESULTS:**

In total, 1297 facial injury cases were documented, the majority aged 20 - 29 years. Most cases were male, Malay ethnic group were the majority involved. The main cause was road traffic accidents, among those, the majority were motorcyclists. The types of injuries mainly seen were soft tissue injuries, bony fractures and dentoalveolar fractures. **CONCLUSION:** Motor-vehicular accidents is the main aetiological factor causing maxillofacial injuries in our centre. There is need for measures to be taken on prevention, in high risk groups, to reduce road traffic accident related maxillofacial injuries.

## POSTER 13

**TITLE:** Synovial Sarcoma of Soft Palate : A Case Report

**Authors:** Priyantha Pang Lee Yek, Syed Yusoff Alzawawi, Abdul Rahim Bin Ahmad, Khairulzaman Bin Adnan

**Affiliation Details:** Oral and Maxillofacial Department, Hospital Sultan haji Ahmad Shah, Temerloh, Pahang

**INTRODUCTION:** Synovial sarcoma is a well defined soft tissue neoplasm that comprise 10% of all primary malignant soft-tissue neoplasm. They originate from mesenchymal cells in close proximity to joint region. The first synovial sarcoma in the head and neck region is reported by Jernstrom in 1954. Head and neck region only account for 9% of all synovial sarcomas. Synovial sarcomas affect mostly young adults. Clinically, synovial sarcoma is non aggressive. Due to that, they are often diagnosed as less invasive lesions. Prognosis for synovial sarcoma is affected by multiple factors such as histological grade, mitotic count, tumor necrosis, metastasis and the presence of areas of poorly differentiated morphology. Wide-local excision with clear margins are the ideal option for synovial sarcoma. Post surgical radiotherapy is indicated if clear margin are unable to be achieved.

**CASE REPORT:** A 69 years old, Malay male complained of swelling which started 3 months ago after his tooth at 27 region was extracted. The swelling was not associated with fever, lost of appetite and loss of weight. Clinically a 4cm x 3cm soft, well-defined, non tender swelling was noted at the palate 27 region. The colour and surrounding mucosa appear to be normal. The biopsy result is consistent with Synovial Sarcoma. CT scan showed no evidence of distant metastasis. After consultation with the Oncology Team, we performed an wide excision of the lesion and partial maxilectomy. Due to the margin is not clear, the patient was referred to the oncology team for further adjunct radiotherapy.

**CONCLUSION:** Synovial sarcoma is rare in head and neck region. Histopathology evaluation is very important to diagnose Synovial Sarcoma. A correct diagnosis is crucial in order to treat effectively this aggressive lesion.



#### POSTER 14

##### TITLE: Adenosquamous Carcinoma of the Tongue: Report of a Rare Case and Review of the Literature

**Authors:** <sup>1</sup>Fairuz Abd Rahman DDS (UKM), <sup>2</sup>Lau Shin Hin FDSRCS (Eng)

**Affiliation Details:** <sup>1</sup>Dept. of Oro-Maxillofacial Surgical & Medical Science, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia; <sup>2</sup>Stomatology Unit, Institute of Medical Research, Kuala Lumpur, Malaysia; <sup>3</sup>Oral Maxillofacial Surgery Clinic, Selayang Hospital, Selangor, Malaysia.

**INTRODUCTION:** Adenosquamous carcinoma (ASC) is a malignant epithelial tumour that shows a biphasic morphology of squamous and glandular differentiation. ASC is a rare and aggressive variant of squamous cell carcinoma (SCC). ASC is also rarely described in the head and neck and it is more commonly reported in other body sites such as lung, uterine cervix and pancreas.

**CASE REPORT:** We report a case of a 57-year-old Malay woman with a non-healing ulcer at the right lateral border of tongue, with histological findings of well differentiated SCC having rare adenocarcinomatous component.

**CONCLUSION:** Due to its glandulotubular features, it may pose a diagnostic challenge to pathologists as it may exhibit histological mimicry to salivary gland tumour specifically oral mucoepidermoid carcinoma.

#### POSTER 15

##### TITLE: Osteosarcoma of the Mandible: A Case Series and Treatment Protocol

**Authors:** Nurul Yasmin Aminuddin, Lee Chee Wei, Mohammad Adzwin Yahiya, Nur Ikram Hanim Abdul Rahim, Md Arad Jelou, Shah Kamal Khan Jamal Din

**Affiliation Details:** Oral & Maxillofacial Surgery Department, Hospital Kuala Lumpur

**INTRODUCTION:** Osteosarcoma is an aggressive malignant bone tumour arising from primitive mesenchymal bone-forming cells. Osteosarcoma rarely involve jaw bones. It is most commonly seen in adolescents and young adults. In early times, the treatment for osteosarcoma was primarily surgical removal of the primary tumour. Improved understanding of the complex biology of osteosarcoma has lead to progress in curing and improving survival of patients. The current management strategy for osteosarcoma includes combination of chemotherapy and surgical resection.

**CASE SERIES:** Three cases of osteosarcoma presented to Oral and Maxillofacial Department, Hospital Kuala Lumpur in 2017. All three cases of osteosarcoma appear in the mandible. Two patients were managed by neoadjuvant

chemotherapy followed by surgical removal of the primary tumour, with the addition of adjuvant chemotherapy/radiotherapy. However, one of the cases has poor respond to neoadjuvant chemotherapy and treated as palliative. **DISCUSSION:** Combination of chemotherapy and surgical resection provide promising outcomes for patients who develop this challenging tumour. However, concerns that the possibility of cells resistance or an increase in micrometastatic disease during neoadjuvant chemotherapy may lead to progression of the tumour.

#### POSTER 16

##### TITLE: Multiple Keratocystic Odontogenic Tumours in Gorlin Syndrome: A Case Report

**Authors:** <sup>1</sup>Chew Wei Sheng, <sup>1</sup>Sumathy Perumal, <sup>2</sup>Mathan Raj Nadarajan

**Affiliation Details:** <sup>1</sup>Department of Paediatric Dentistry, Teluk Intan Hospital, Perak; <sup>2</sup> Department of Radiology, Teluk Intan, Hospital, Perak

**INTRODUCTION:** The keratocystic odontogenic tumour (KCOT), though, is a benign neoplasm of odontogenic origin, it is locally aggressive and highly infiltrative which leads to high recurrence rates. Multiple KCOTs are usually seen in association with Gorlin Syndrome, which is an uncommon autosomal dominant inherited disorder caused by mutation in PTCH gene. Gorlin Syndrome is characterized by multiple KCOTs, basal cell carcinomas, calcifications of the falx cerebri, facial dysmorphism; skeletal, dental, ophthalmic and neurological abnormalities. Diagnosis is established with identification of major and minor clinical and radiological criteria and ideally through genetic testing.

**CASE REPORT:** We report an intriguing case of a 15-year-old girl with multiple KCOTs simultaneously occurring in maxilla and mandible in 2014. Preliminary clinical findings and plain radiographs did not reveal signs of Gorlin Syndrome. She underwent enucleation, curettage and peripheral ostectomy of the tumours at different sites of maxilla and mandible periodically. She was then kept under regular follow-ups to screen for recurrence. However, in late 2017, she presented with palmar pittings which raised a high suspicion of Gorlin Syndrome. This subsequently led to thorough investigations which revealed calcification of falx cerebri through a CT scan. The presence of multiple KCOTs and calcification of falx cerebri; which are the two major criteria; were compatible with the diagnosis of Gorlin Syndrome. Genetic testing had been proposed to further support the diagnosis. **CONCLUSION:** Multiple KCOTs associated with Gorlin Syndrome may present at an early age. Hence, Gorlin Syndrome should always be suspected in children with multiple KCOTs even in the absence of other manifestations at the initial stage of presentation. It has a

greater disposition to recur and is more aggressive than non-syndromic KCOT. Long term complications in Gorlin Syndrome mandate close surveillance and early treatment.

#### POSTER 17

**TITLE:** Case Study: Dentigerous Cyst of the Maxilla in Young Child

**Authors:** Mohd Zulfadli Harun, Wan Mazidah Wan Abd Rahman, Yushaini Ahmad

**Affiliation Details:** Paediatric Dentistry Department, Hospital Sultanah Nur Zahirah Kuala Terengganu

**INTRODUCTION:** Dentigerous cyst are the most common odontogenic and developmental cysts arising in the jaws. It has been reported that inflammatory lesion from the root area of a non-vital deciduous tooth bring about the development of dentigerous cyst around the unerupted permanent tooth bud.

**CASE REPORT:** In this article, we report a case of 5 year old malay boy with the chief complaint of pain and swelling occurred at upper left buccal sulcus of tooth 64 for 3 weeks. Patient has an underlying Global Developmental Delay with possible epilepsy. On examination, oral hygiene was poor with multiple retained root stumps. Because the patient was very uncooperative, x-rays failed to be performed. The patient underwent comprehensive dental treatment under general anaesthesia. As an accidental finding during the operation, a lesion was noted on the apical palatal root of tooth 54 and the lesion was attached with the crown of the unerupted tooth 14. The specimen was sent to the pathology laboratory. **DISCUSSION:** In view of the clinicopathological and surgical findings, a diagnosis of dentigerous cyst was considered. This dentigerous cyst, also known as follicular cyst, is caused by fluid accumulation between the reduced enamel epithelium and the enamel surface of a formed tooth and it originates by separation of the follicle from around the crown of an unerupted tooth. Extraction of the non-vital tooth 54 will allow healing of the lesion.

#### POSTER 18

**TITLE:** Mandibular Unicystic Ameloblastoma in Children: A Case Report

**Authors:** Ahmad Nur Aiman Mohd Noor, Yushaini Ahmad, Wan Mazidah Abd Rahman

**Affiliation Details:** Paediatric Dentistry, Hospital Sultanah Nur Zahirah, Terengganu

**INTRODUCTION:** Ameloblastoma in children and adolescents are thought to be rare. They account for approximately 10-15% of all reported cases of ameloblastoma. Some authors have proposed the theory that ameloblastoma

probably starts to develop in childhood. The unicystic ameloblastoma is the most commonly reported type of ameloblastoma in children. **CASE REPORT:** A 12 year old Malay girl with no underlying medical illness presented to our clinic with a swelling which gradually increased in size located on left mandible region since 2 months. There was no history of trauma noted. On examination, there was a diffused firm swelling at left body of mandible with a normal overlying skin. Surgical enucleation of the lesion was done under general anaesthesia and patient is currently under periodic follow up. Recovery was uneventful.

**CONCLUSION:** The diagnosis of unicystic ameloblastoma was based on clinical, histopathologic and CT features. It is a tumor with a strong propensity for recurrence, especially when the ameloblastic epithelium penetrates the adjacent tissue from the wall of cyst. The ability to predict this potential occurrence prior to surgery would greatly enhance therapeutic strategies for reducing the incidence.

#### POSTER 19

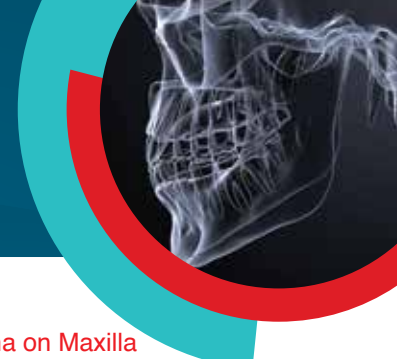
**TITLE:** Basal Cell Ameloblastoma in an 8 year old Iban Girl : Rarest of the Rare.

**Authors:** Ahmad Khairuddin Zamhari<sup>1</sup>, Sarvambika Kazakydasan<sup>2</sup>, Lorend Telajan Achol<sup>3</sup>, John Ranjit Nesaraj<sup>4</sup>, Tay Keng Kiong<sup>5</sup>

**Affiliation Details:** <sup>1</sup>Dental Officer, Dental Specialist Clinic, Sarawak General Hospital; <sup>2</sup>Oral Pathology and Oral Medicine Specialist, Dental Specialist Clinic, Sarawak General Hospital; <sup>3</sup>Paediatric Dental Specialist, Dental Specialist Clinic, Sarawak General Hospital; <sup>4</sup>Consultant in Plastic and Reconstructive Surgery, Department of Plastic and Reconstructive Surgery, Sarawak General Hospital; <sup>5</sup>Senior Consultant Oral and Maxillofacial Surgery, Dental Specialist Clinic, Sarawak General Hospital

**INTRODUCTION:** Ameloblastoma is a benign intraosseous and progressively growing odontogenic epithelial neoplasm. It is characterized by bone expansion and has a tendency for local recurrence. Ameloblastoma in children is rare with an occurrence approximately in a range of 6-20% and an average age of 13-15 year old. Less than 10% of the cases occur under the age of 10 year old. Basal cell ameloblastoma (BCA) is the least common histologic variant of ameloblastoma. It consists of nest of cribriform or basaloid cell and is histologically similar to basal cell carcinoma. To date, there are only 15 reported cases of BCA in the English language literature and only one case of reported BCA in Malaysia.

**CASE REPORT:** We report a case of BCA in an 8 year old Iban girl. She underwent hemimandibulectomy and reconstruction of the mandible with costochondral graft. A 6-months review showed uneventful healing process. She



is under regular follow up and monitoring in view of high recurrence and unpredictable growth of the costochondral graft. We also reviewed the literature on the occurrence of BCA especially in children and the treatment options available. **CONCLUSION:** Due to the aggressive behaviour of the lesion, surgery is the main treatment option.

#### POSTER 20

**TITLE:** Mandibular Ameloblastoma in an 8-year-old Boy: A Case Report

**Authors:** Nur Diyana Mahdi, Yushaini Ahmad

**Affiliation Details:** Pediatric Specialist Dental Clinic, Hospital Sultanah Nur Zahirah

**INTRODUCTION:** Ameloblastoma according to the classification of odontogenic tumors by WHO in 2005, is classified as a benign neoplasm of odontogenic epithelial origin. One to three percent of tumors and cysts of the jaws are comprised of ameloblastomas. The tumor is locally aggressive, but often asymptomatic, showing a slow growth which is manifested as a facial swelling or radiographic incidental finding.

**CASE REPORT:** A case of 8 years old, Malay boy with unknown underlying medical illness, is presented with swelling at lower left side buccal gingiva. The case history reveals swelling which started since 1 week and is associated with mobile left lower molar deciduous tooth. Extraction was carried out at a private clinic but the swelling did not resolved. The clinical examination showed the presence of mild facial swelling over the body of left mandible and remarkable buccal expansion of left mandibular body with tender to palpation. Orthopantomogram reveals extensive unilocular radiolucency with diffuse margin, localized to the left lower mandibular body extending from the lateral incisor to first molar including both premolars inside the lesion. Incisional biopsy was performed and histopathological examination revealed ameloblastoma. Surgical enucleation was performed with extraction of 34, 35 and 36 subsequently. Post-operative radiographic evaluation at 3 month and 6 months showed bone regeneration. **CONCLUSION:** Ameloblastoma is uncommon in children. Good results can be achieved in the treatment of ameloblastoma in children using conservative surgery. There is no recurrence for 1 year follow-up. Patient compliance and careful follow-up are important.

#### POSTER 21

**TITLE:** Cemento Ossifying Fibroma on Maxilla – A Case Report

**Authors:** Farina Berlian Mohd Salim, Aminah Marsom

**Affiliation Details:** Hospital Selayang, Ministry of Health Malaysia

**INTRODUCTION:** Cemento ossifying fibroma (COF) is a rare benign type of odontogenic tumour which is also called ossifying fibroma and cementifying fibroma. **CASE REPORT:** A case of 11 years old girl presented with swelling over the buccal sulcus of 22 to 24 region for 4 months and increasing in size. On examination the swelling sized about 4 cm diameter, was hard in consistency and was slightly tender on palpation. Radiographic examination shows radiopaque mass on buccal of 24 with palatally displaced 23 to palatal of 21. Surgical removal of the lesion was done and the diagnosis was consistent with Cemento ossifying fibroma. Postoperatively, the surgical site was healed and periodic review appointments were given to monitor for any signs of recurrence.

**DISCUSSION:** This lesion is called juvenile ossifying fibroma if they are identified in children, in which they are more aggressive and have higher recurrence rate. It is commonly seen in female gender, at premolar region of mandible between the third and fourth decades of life. The tumour consists of varying amount of cementum, bone and fibrous tissue. Since this lesion is well circumscribed and demarcated from the bone, the treatment option is conservative surgery.

#### POSTER 22

**TITLE:** Desmoplastic Fibroma: A Diagnostic and Management Rollercoaster

**Authors:** Kol Dr Ahmad Fahmi bin Mohamad Bustaman\*, Dr M. Thomas Abraham<sup>o</sup>, Dr Mohd Nury bin Yusoff<sup>+</sup>, Mej Dr Sophia Ann Murray binti Jeffry Murray\*, Brig Jen Dr Sharifah Azlin Juliana bte Syed Zainal\*

**Affiliation Details:** \* Department of Oral & Maxillofacial Surgery, Hospital Angkatan Tentera Tuanku Mizan, Seksyen 2, Wangsa Maju, 53300, Kuala Lumpur, Malaysia; <sup>o</sup> Department of Oral & Maxillofacial Surgery, Hospital Tengku Ampuan Rahimah, Klang, Malaysia; <sup>+</sup> Department of Oral & Maxillofacial Surgery, Hospital Shah Alam, Malaysia

**INTRODUCTION:** Desmoplastic Fibroma is a rare, slowly progressive and aggressive benign bone tumour. It is made up of spindle cells with minimal atypia and abundant collagen production. It occurs most commonly in the mandible,

followed by femur and pelvis. However, because it is so rare and presents differently with each patient, the diagnosis and management of these lesions still vary from case to case.

**CASE REPORT:** We present a case of an otherwise fit and well Malaysian Air Force lady officer who presented with left TMJ pain with trismus. After initially managed with lysis and lavage of the jaw, patient was lost to follow up for the following 5 years. After resurfacing, she then presented with left facial swelling accompanied by severe pain and trismus. A CT Scan suggested that patient has a left mandibular aggressive lesion. After multiple incisional biopsies, debridements, IV antibiotics therapies and radiological investigations, finally we landed on a provisional diagnosis of Desmoplastic Fibroma.

**DISCUSSION:** We hope to highlight the diagnosis and management rollercoaster we had experienced in hopes that it will aid in the betterment of approach in such cases in the future.

#### POSTER 23

**TITLE:** Extracapsular Spread in oral Squamous Cell Carcinoma and Its Association with GGH, CDKN3 and CBX7

**Authors:** Nor Aszlitah Burhanudin, Thomas George Kallarakkal

**Affiliation Details:** Faculty of Dentistry, University of Malaya, Kuala Lumpur

**PURPOSE OF STUDY:** Extracapsular spread (ECS) in oral squamous cell carcinoma (OSCC) indicates tumour aggressiveness and is associated with a higher risk for tumour recurrence, loco-regional spread and distant metastasis. The identification of specific biomarkers that could predict ECS would guide the clinicians in the management of OSCC patients. This study aimed to determine the association between clinical and pathological parameters of OSCC patients with ECS. We also sought to investigate the expression of Gamma Glutamyl Hydrolase (GGH), Cyclin Dependent Kinase Inhibitor 3 (CDKN3) and Chromobox Homolog 7 (CBX7) and their potential use as biomarkers to predict ECS in OSCC.

**MATERIALS AND METHODS:** Association between clinicopathological parameters and expression of these markers with ECS status was analysed using chi-square test. Immunohistochemical staining with anti-GGH, anti-CDKN3 and anti-CBX7 antibodies was performed on 35 OSCC cases. **RESULTS:** The number of positive nodes and the highest anatomical level of nodal involvement significantly

correlated with ECS ( $p < 0.05$ ). Immunohistochemical staining results indicated that high GGH expression was significantly associated with ECS ( $p < 0.05$ ), while no significant association was seen for CDKN3 and CBX7 expression with ECS. However, a trend towards significance was observed with a high level of CDKN3 and low level of CBX7 expression with ECS. **CONCLUSIONS:** The presence of ECS is a predictor for the pathological involvement of greater number of nodes from a higher anatomical level. GGH offers potential as a prognostic biomarker in OSCC, while the role of CDKN3 and CBX7 as prognostic markers need to be validated in a larger sample.

**ACKNOWLEDGEMENT:** This study was supported by the Faculty of Dentistry, University of Malaya (PPP grant PPP/C1-2015/DGH/30) and the University Malaya Research Grant (grant number: RP045B-15HTM).

#### POSTER 24

**TITLE:** Lobulated Capillary Haemangioma of Upper Lip: A Case Report

**Authors:** Halimah Mohamed Noor<sup>1</sup>, Nor Fazilah Mohd Tahir<sup>2</sup>, Mohd Ridzuan Mohd Razi<sup>3</sup>, Nabilah Sawani Harith<sup>1</sup>

**Affiliation Details:** <sup>1</sup> Paediatric Dental Specialist Clinic, Hospital Sultan Ismail, Johor Bahru; <sup>2</sup> Oral Medicine and Pathology Specialist Clinic, Hospital Sultan Ismail, Johor Bahru; <sup>3</sup> Paediatric Dental Specialist Clinic, Hospital Sultanah Aminah, Johor Bahru

**INTRODUCTION:** Lobular capillary hemangioma (LCH) or pyogenic granuloma is a benign vascular tumor of the skin or mucous membranes characterized by rapid growth and friable surface. It occurs at any age, although it is seen more often in children and young adults. Its most common intraoral location is the gingiva and it is classically thought to arise due to either chronic irritation or hormonal influences. Extralingival sites are very rarely reported for this lesion and may tend to present a diagnostic dilemma to the clinician.

**CASE REPORT:** An 11 years old Malay boy presented to our clinic with a slow growing pedunculated mass of the left upper lip involving the vermillion border. It was a well defined, compressible lesion with erythematous in appearance. No pulsation was noted on palpation. An excisional biopsy was carried out under general anesthesia with uneventful healing. Histopathological examination showed features suggestive of lobular capillary haemangioma.

**CONCLUSION:** Although LCH of the lip is rare, it should be considered as one of differential diagnosis of soft tissue swelling of the lip in paediatric patient.



## POSTER 25

### TITLE: Iron Deficiency Anemia Associated with Oral Pyogenic Granuloma: A Case Report

**Authors:** Zhahrina Che Zainuddin<sup>1</sup>, Abdul Rahim Ahmad<sup>2</sup>, Suhaila Mustafa<sup>1</sup>

**Affiliation Details :** <sup>1</sup>Department of Paediatric Dentistry, Hospital Tengku Ampuan Afzan, Kuantan, Pahang; <sup>2</sup>Oral Medicine And Oral Pathology Unit, Hospital Tengku Ampuan Afzan, Kuantan, Pahang

**INTRODUCTION:** Pyogenic granuloma is a benign vascular tumor that commonly occurs in the skin, respiratory tract and oral mucosa. It is described as a red polypoid mass of apparent granulation tissue that bleeds easily. Iron deficiency anemia secondary to chronic blood loss, is one of the consequence that may arise from the untreated pyogenic granuloma in the oral cavity.

**CASE REPORT:** A 12-year-old boy with underlying global developmental delay presented with history of gingival enlargement and bleeding for the past few weeks. Intraoral examination revealed buccal and lingual or palatal gingival enlargement of varying sizes affecting all four quadrants. The lesions are friable, soft, erythematous and bleed easily and profusely upon touch. Radiographic examination showed no abnormalities in maxilla and mandible. Blood investigation revealed low hemoglobin level (6.9 g/dL) whilst the platelet count was within the normal range. The coagulation profiles were also normal. Full blood picture revealed hypochromic microcytic red blood cell, suggestive of iron deficiency anemia and this was confirmed by the low level of serum iron; 3.0 umol/L. There were neither blast cells nor mononuclear cells seen. The impression was iron deficiency anemia secondary to chronic blood loss from the intraoral lesion. Following blood transfusion, surgical excision of the intraoral lesions was done under general anaesthesia. The specimens were subsequently sent for histopathological examinations which were interpreted as pyogenic granuloma. On two-month post-operative review, no recurrence of the lesions seen and the hemoglobin has increased to 12.6 g/dL.

**CONCLUSION:** Minor trauma to the pyogenic granuloma may cause considerable bleeding, due to its vascularity. This case highlights how irritation to the lesion could cause chronic blood loss which leads to iron deficiency anemia

## POSTER 26

### TITLE: Odontogenic Myxoma – A Case Review of the Surgical Management.

**Authors:** Nor Anis Razali, Mohd Shakir Zahari, Mohammed Amin Mohammed Jelani, Mohd Rosli Yahya

**Affiliation Details:** Dept. of Oral and Maxillofacial Sugery, Hospital Raja Perempuan Zainab II Kota Bharu, Kelantan

**BACKGROUND:** Odontogenic myxomas are considered to be a benign odontogenic tumour with locally aggressive behaviour. Since these neoplasms are rare in the oral cavity, the possible surgical management can be quite variable. Literature recommendation can vary from simple curettage and peripheral ostectomy up to segmental resection.

**CASE REPORTS:** This is a case report of 10 year-old Malay girl who presented with left facial swelling started from February 2016 . Incisional biopsy was done under GA and histopathology report was diagnosed of left mandible odontogenic myxoma and chondromyxoid fibroma. CT scan head and neck was done for further surgical planning. Left segmental resection, submandibular salivary gland, submandibular and submental lymph nodes removal in toto and reconstruction with recons plate under GA on July 2016. Post resection patient developed surgical site infection with E.coli and Pseudomonas aeruginosa, immediate incision and drainage done with antibiotic cover. Patient was then discharged home and surgical site heal well. Post operation patient developed persistent fistula and lymphadenopathy. FNAC lymph nodes and enucleation done under LA on August 2017. FNAC result interpretation was recurrency of same tumour with malignant potential.

**CONCLUSION:** Surgical management in cases of odontogenic myxoma may have an adverse clinical outcome as a result of their infiltration growth and progressive development. In this case, is intended to discuss the recurrency rate and malignance potential of odontogenic myxoma.

## POSTER 27

### TITLE: A Case Report of Grinding Disc Injury to the Maxillofacial Region

**Authors:** <sup>1</sup>Thavanes Rathakrishnan, <sup>1</sup>Norhayati Omar

**Affiliation Details :** Department of Oral and Maxillofacial surgery, Hospital Putrajaya, Wilayah Persekutuan Putrajaya

**INTRODUCTION:** Penetrating injuries to the maxillofacial region are those in which an object pierces the hard or soft tissues and remains lodged within the structures. The wound may be superficial or deep and the object causing the wound is considered as a foreign body. Facial penetrating injuries often have devastating consequences to the patient. They

may impair a patient's ability to eat, speak, communicate and perform other important day to day functions. Penetrating injuries also can cause permanent deformity and lifelong and emotional distress to the patient. **CASE REPORT:** Two cases presented to Accident & Emergency department of Hospital Putrajaya after an alleged industrial accident. First case an obvious metal grinding disc was seen protruding from the right forehead extending to right orbit, maxilla, mandible and neck just above the right clavicle. The second case, a tractor's excavator hit the patient while he was fixing the underground pipe. Patient sustained open and degloving injuries on the left face with panfacial fractures. The patients were taken to operating theater and the penetrating disc removed together with toilet and suturing under general anaesthesia.

**CONCLUSION:** Generally, maxillofacial injuries do create major resuscitation challenges. As such, immediate action needs to be directed towards evaluating and managing the airway and bleeding. After the patient is stabilized, the long term treatment objectives are to restore facial form and function while preventing or minimizing complications. Making the right decisions early, if to perform an immediate or delayed reconstruction, affects morbidity and final treatment results.

#### POSTER 28

**TITLE:** Management of the Long-standing Temporomandibular Joint Dislocation: A Case Report

**Authors:** Shobina Sivanganam, Norhayati Omar

**Affiliation Details:** Department of Oral and Maxillofacial Surgery, Hospital Putrajaya

**INTRODUCTION:** Temporomandibular joint (TMJ) dislocation is defined as displacement of the mandibular condyle out of the glenoid fossa and anterior to the articular eminence, although rare reports also describe posterior, lateral and superior dislocations. TMJ dislocations can be further sub-classified into acute, chronic recurrent and chronic persistent or long-standing dislocations. Untreated or inadequately treated cases of acute TMJ dislocation for 72 hours or more become chronic, and there is consensus that if the situation persists for more than a month, it is labelled a long-standing or protracted TMJ dislocation.

**CASE REPORT:** We present an unusual case of a 68-year-old woman suffering from dementia who was misdiagnosed for 2 months with 'swelling' on her chin leading to difficulty in eating and speaking. She was fully edentulous with upper and lower complete dentures. The occlusion was significantly altered and non-functional but she was able to move her lower jaw. The computer tomography (CT) scan showed left anterosuperior and right anterolateral dislocation of the mandibular condyle. The patient ultimately

required reduction via open joint surgery after management with non-surgical techniques proved unsuccessful. She was placed in intermaxillary fixation (IMF) utilizing her dentures to establish proper jaw relations. **CONCLUSION:** Often, failure to diagnose or inappropriate treatment in the initial stage results in prolonged malposition of an acutely displaced condyle leading to chronic protracted dislocation. At this juncture, it is difficult, if not impossible, to reduce the dislocation manually without resorting to direct surgical intervention around the joint.

#### POSTER 29

**TITLE:** An Insight of a Multidisciplinary Dental Anomalies Clinic in Negeri Sembilan, Malaysia

**Authors:** Adelene Agos, Sarimah Mohd Mokhtar, Laila Abd Jalil

**Affiliation Details:** Paediatric Dentistry Department, Tuanku Jaafar Hospital, Seremban Malaysia

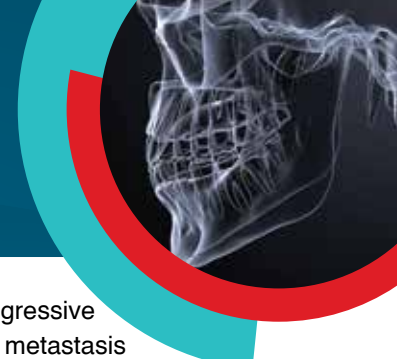
**PURPOSE OF STUDY:** To identify the types of dental anomalies cases observed and treatment modalities that were considered, and also to gather information about hypodontia cases observed at the multidisciplinary dental anomalies clinic.

**STUDY DESIGN:** Retrospective cross-sectional study of patients attending the clinic from December 2012 to October 2017 in Negeri Sembilan Malaysia.

**MATERIALS & METHOD:** Multidisciplinary dental anomalies clinic's database was assessed and analysed statistically in a descriptive manner for patients' demographics, diagnoses drawn, type of congenitally absent permanent teeth, and the treatment modalities considered during the clinical sessions.

**RESULTS:** 183 patients attended the clinic with the mean age of 14 (range of 9 to 27 years old). The patients observed had presented with various types of diagnoses, whilst most of them had multiple overlapping diagnoses. Most common type observed was dental anomalies (89%), followed by malocclusion (40%). Within dental anomalies, hypodontia (46%) was the most commonly reported, followed by impaction (33%). Out of 240 permanent teeth reported to be congenitally absent, 27% were upper lateral incisors, 13% upper second premolars, 10% lower second premolars and 9% lower lateral incisors. Fixed orthodontic treatment (72%) were the most frequent treatment modality considered, followed by prosthetic treatments (27%). Interestingly, 11% of the cases observed require autotransplantation of teeth (n=20) and 11% needing advance restorative treatments (n=21), which are complex treatment modalities that require multidisciplinary management.

**CONCLUSION:** The most common dental anomalies observed was hypodontia and the most commonly absent teeth were upper lateral incisors. Aside from orthodontic



treatments that were most frequently considered, complex treatment modalities were also considered as part of holistic patient management at the multidisciplinary clinic.

#### POSTER 30

**TITLE:** Clinico-pathologic and Immunohistochemical Profiles of Malignant and Potentially Malignant Verrucopapillary Lesions of the Oral Cavity

**Authors:** Syahir Hassan<sup>1</sup>, Kathreena Kadir<sup>1</sup>, Thomas George Kallarakal<sup>1,2</sup>, Mannil Thomas Abraham<sup>4</sup>, Rosnah Binti Zain<sup>2,3</sup>

**Affiliation Details:** <sup>1</sup>Dept of Oral & Maxillofacial Clinical Sciences, Faculty of Dentistry, University of Malaya, KL; <sup>2</sup>Oral Cancer Research & Coordinating Centre, Faculty of Dentistry, University of Malaya, KL; <sup>3</sup>Department of Oral Pathology and Oral Medicine, Faculty of Dentistry, MAHSA University; <sup>4</sup>Jabatan Bedah Mulut & Maksilofasial, Hospital Tuanku Ampuan Rahimah, Klang

**INTRODUCTION:** Verruco-papillary lesion (VPL) and non-VPL may be clinically and histologically similar. Issues differentiating these 2 are due to biopsies failing to include lesional margin and poorly oriented tissue sections.

**OBJECTIVES:** To determine the clinico-pathologic and immunohistochemical (IHC) profiles of VPL and non-VPL using 4 IHC panel [p53, Ki67, matrix metalloproteinase-1 (MMP-1) and E-cadherin]. These selected panels were further evaluated as potential markers for differentiating between VPL and non-VPL.

**METHODS:** 24 cases of VPL and 29 cases of non-VPL were studied. Formalin-fixed, paraffin-embedded archival tissues of these cases were used for immunohistochemistry of p53, ki-67, e-cadherin and MMP-1.

**RESULTS:** Patients with VPL are generally aged above 60 years old whereas non-VPL patients were from the younger group, with both having higher tendency towards female population. Indian ethnic appeared highest in both VPL and non-VPL cases and most are associated with betel-quid chewing habit. VPL were predominantly located on gingiva, palate and buccal mucosa (83.3%) while most (75.9%) of non-VPL cases were located on the tongue and floor of the mouth ( $p=0.001$ ). There was significant higher lymph node positivity in non-VPL (85.7%) compared to VPL (36%) cases ( $p=0.001$ ). There is nuclear staining of p53 and Ki-67 in a majority of VPL compared to non-VPL cases. A slightly lower combined percentage and intensity scores of membranous staining for E-cadherin in non-VPL (96.6%) compared to VPL (100%) cases was observed. The combined percentage and intensity score of MMP-1 in VPL (91.7%) was significantly higher compared to non-VPL (62.1%) cases ( $p=0.013$ ). **CONCLUSION:** VPL cases mostly occur on gingiva, palate and buccal mucosa. Non-

VPL cases seemed to be more aggressive with a significantly higher regional metastasis than the VPL cases. Only MMP-1 demonstrated a significantly higher expression for VPL compared to non-VPL, which may be further investigated as potential markers in differentiating the two clinico-pathologic subtypes.

#### POSTER 31

**TITLE:** Leontiasis Ossea, A Rare Manifestation of Renal Osteodystrophy - A Case Report

**Authors:** SS Sivamuni, KM Yuen, CC Yew

**Affiliation Details:**

**INTRODUCTION:** Leontiasis Ossea (LO) is a term used to describe the appearance of patients with enlarged facial bones, giving a leonine appearance. It is a rare presentation in patients with renal osteodystrophy (RO). **CASE REPORT:** A 40-year-old female patient presented with enlarging maxillary bone and palate. She had a significant medical history of hypertension, end stage renal failure on haemodialysis and tertiary hyperparathyroidism. OPG, CT face, bone biopsy and blood investigations were done, which led to the diagnosis of renal osteodystrophy. Post parathyroidectomy, there was improvement in her facial appearance.

**DISCUSSION:** RO is a disorder of bone metabolism due to hyperparathyroidism in patients with chronic kidney disease. It is unclear why it causes enlargement of the facial bones. Diagnosis can be challenging due to similar findings in other diseases as well. Severe cases can lead to aesthetic and functional complications.

**CONCLUSION:** Although LO in RO is rare, early diagnosis incorporating clinical, radiological, biochemical and histopathological findings is crucial to allow for appropriate management and avoid complications.

#### POSTER 32

**TITLE:** Static Positioning of a Tooth Displaced into the Submandibular Space: A Case Report

**Authors:** Umar Kamali, Wei Cheong Ngeow

**Affiliation Details:** Department of Oral & Maxillofacial Clinical Sciences, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia

**INTRODUCTION:** Accidental displacement of tooth or tooth structure into sinus or fascial spaces during dental extraction or dentoalveolar surgery is a rare but serious complication. The common sites involved are the maxillary sinus, the infratemporal space and the sublingual, submandibular, or pterygomandibular spaces. Unlike the maxillary sinus, retrieval of a displaced tooth into these spaces may be

difficult due to poor visualization and limited access.

**CASE REPORT:** We report a case of mandibular third molar displacement that results from an unsuccessful surgery, with tooth 48 being lost beneath the floor of the mouth. Cone-beam computed tomography (CBCT) imaging revealed a displacement into the right submandibular space via a perforated lingual bone plate. A course of antibiotic for 1 week was given with a scheduled retrieval planned in 3 weeks' time. A CBCT was repeated with a hypodermic needle inserted into the lingual gingiva to help relate the tooth position's against the needle, one day before the operation. The displaced tooth was found to remain static in its original position, just below the tip of the hypodermic needle. Under general anaesthesia, it was successfully retrieved through intraoral approach with uneventful recovery.

**CONCLUSION:** This case report tries to explain why this tooth remained static in its displaced position, in contrast to cases of displaced tooth into the maxillary sinus that may change in position.

#### POSTER 33

**TITLE:** Frenal Attachments : Reducing the interference . How we did it.

**Authors:** Norhani AR, Siti Nurul Aini I

**Affiliation Details:** Periodontic Unit, Main Dental Clinic, Kota Bahru

**INTRODUCTION:** Frenum is a fold of mucous membrane that attaches the lips and cheeks to the alveolar mucosa, gingiva and the underlying periosteum. It may be attached in an abnormal position causing problems to the gingival and periodontal health due to the interference with plaque control or due to the muscle pull. Previous dento-alveolar surgery could lead to scarring and formation of an aberrant frenum which obliterates the labial sulcus. An inter-disciplinary (Periodontics-Orthodontics- Restorative specialists) management of cases with aberrant frenum is reported.

**CASE REPORT:** 1) A case of previous dento-alveolar surgery to expose a dilacerated anterior tooth resulted in a thick scar and limited lip movement. A two-staged frenotomy was done to release and increase the labial sulcus depth and enable final restoration of the tooth. 2) Another case report is of anterior cross-bite correction with fixed orthodontic appliance. Gingival recession on the lower incisor was worsened by a frenal pull. Frenotomy resulted in an increase in the keratinised gingiva.

**CONCLUSION:** Abberant frenum in complex situations may require an interdisciplinary management for the best possible outcomes.

#### POSTER 34

**TITLE:** Full Mouth Rehabilitation in Children: There's A Simple Way

**Authors:** Siti Nursyifa' Qistina Suhaimi, Juanna Bahadun

**Affiliation Details:** Department of Pediatric Dentistry, Hospital Shah Alam, Selangor

**INTRODUCTION:** Children affected by generalized enamel defects; for example amelogenesis imperfecta or chronological hypoplasia, require full mouth rehabilitation to restore functions and aesthetics. However, construction of individual composite crowns are tedious, time-consuming, technique-sensitive and poorly tolerated in young children. This paper presents two cases that describes a simple technique to do full mouth rehabilitation in children, by using thermoformed templates.

**CASE REPORT:** The cases are, a nine year-old girl affected by amelogenesis imperfecta associated with anterior open bite, and a pair of non-identical nine year-olds male twins affected by chronological hypoplasia. In both cases, stone casts models were constructed and the defective teeth surfaces were built-up with wax. Impression of the reconstructed models were then taken with polyvinylsiloxane and poured with stones. A thermoformed templates were fabricated from the models. For the child with amelogenesis imperfect, composite crowns were constructed in the laboratory while for the twins composite crowns were constructed on chair side. In both cases, the thermoformed templates become a mould in recreating the anatomy of the affected teeth and allows a simple and quick construction of multiple composite crowns in one sitting. **DISCUSSION:** Management of dentition of children with generalized enamel defects are difficult because most times they are unable to tolerate long clinical procedures required in constructing composite crowns. By means of this simple and low-cost technique of using thermoformed templates, it allows the construction of multiple composite crowns in a single visit, accurate anatomy of the affected teeth and shorten the chair-side time making it well-tolerated in young children.

#### POSTER 35

**TITLE:** Copy Number of Changes in Oral Squamous Cell Carcinoma

**Authors:** Nur Fauziani Zainul Abidin, Nor Idayu Abd Samad, Shafikah Nadirah Mohamed Shamsudin, Zuraiza Mohamad Zaini

**Affiliation Details:** Department of Oral & Maxillofacial Clinical Sciences, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia





**PURPOSE OF STUDY:** The aim of this study was to assess the patterns and relationship between Cyclin D1, Epidermal Growth Factor Receptor genes amplification and protein over expression and clinical parameters in patients with Oral Squamous Cell Carcinoma in our population. **MATERIALS & METHODS:** We performed fluorescence in situ hybridization on paraffin sample from 13 patients with OSCC who had undergone surgery as the primary treatment modality. Copy number changes of EGFR and CCND1 genes were evaluated and each sample was classified either as FISH positive or FISH negative. **RESULTS:** There were 5 cases with low-level gain status (50%) and 5 cases with high-level gain status (50%) for CCND1. For EGFR, there were 4 cases with low-level gain status (40%) and 6 cases with high-level gain status (60%). The survival curves of patients with high gain were shorter than those of patients with low gain. However both were not significant with EGFR (log rank  $P=0.954$ ) and CCND1 (log rank  $P=0.613$ ). The correlation between EGFR and CCND1 high gain and low gain were not significant with all clinicopathologic parameters using Fisher's Exact Test.

**CONCLUSION:** Both CCND1 and EGFR copy number changes were found in all OSCC sample. However, there were no significant association between these markers and clinical parameters in OSCC involving Malaysian population in this study.

**ACKNOWLEDGEMENT:** This study was supported by Oral Cancer Research and Coordinating Centre University Malaya, Grant number: RP044-15HTM.

#### POSTER 36

**TITLE:** Tumour Mimicking Dental Infection: Do Not Be Deceived

**Authors:** Nor Fathiah Mohd Radzuan, Juanna Bahadun

**Affiliation Details:** Department of Pediatric Dentistry, Hospital Shah Alam, Selangor

**INTRODUCTION:** Burkitt's lymphoma is a malignant, highly aggressive form of non-Hodgkin's lymphoma which develops from B-cell type lymphocytes. Generally, this tumour may presents in the oral region as a rapidly growing mass, which is usually misdiagnosed as odontogenic infection. The usual clinical presentation is swelling of the mandible or maxilla and presence of altered tooth mobility.

**CASE REPORT:** A 6 year-old boy with no underlying comorbidity was referred to us for management of right cheek swelling of two weeks duration, intermittent pain and mobile right molar teeth. Child had been brought to medical and dental practitioners, both had suggested the possibility of a dentoalveolar abscess, and had started antibiotic

therapy. Extra oral examination revealed a large firm cheek mass. Intra-oral examination showed raised buccal sulcus and mobile, non-carious right deciduous molars and first permanent molar teeth. CT scan of mandible revealed a large ill-defined enhancing radiolucency lesion with cortical thinning and bony erosion over the right mandible. An incisional biopsy under general anaesthesia was done, leading to a histopathological diagnosis of Burkitt's lymphoma. The Ki67 showed nuclear positivity in almost 100% of the tumour cells. The patient then was referred to the Paediatric Oncology Clinic in University Malaya Medical Centre for further management of his tumour.

**DISCUSSION:** The purpose of this paper was to report a case of Burkitt's lymphoma in a child, who was first diagnosed as odontogenic infection. As a clinician, it is imperative that we should maintain a high degree of suspicion and act promptly in lesions with unusual presentation and behaviour.

#### POSTER 37

**TITLE:** Anterior Sliding Hemitongue Flap : A Treatment Option for Postero-Lateral Tongue Defect.

**Authors:** Siti Nur Hidayah Yahya<sup>a</sup>, Aezy Noorazah Omar<sup>a</sup>, Mohammad Adzwin Yahya<sup>b</sup>, Sharifah Munirah Al-Idrus<sup>a</sup>.

**Affiliation Details:** <sup>a</sup> Department Of Oral And Maxillofacial Surgery Hospital Kajang; <sup>b</sup> Department Of Oral And Maxillofacial Surgery Hospital Kuala Lumpur

**INTRODUCTION:** Oral tongue cancer is one of the common malignancy in the oral cavity worldwide. Reconstruction of the posterior oral tongue defect following posterior hemiglossectomy poses a challenge to the surgeon. Various options of reconstruction often result in distortion and impaired function of the tongue.

**CASE REPORT:** This is a case of an anterior sliding hemitongue flap which was performed on a 70-year-old lady who suffered a squamous cell carcinoma of the right postero-lateral oral tongue. The tumor measured 2.5 cm x 1.5 cm, was indurated and had everted margins. Wide tumour resection and a selective bilateral neck dissection was performed concomitantly and the tongue defect was reconstructed with an anterior sliding hemitongue flap.

**CONCLUSION:** The reconstructions of a postero-lateral oral tongue defect which resulted from resection of a T2 tongue tumor with the anterior sliding hemitongue flap provided a near normal functional and aesthetic outcome. Speech is intelligible and articulate. Patient is able to have normal control of swallowing and the tongue is normal in appearance. The technique was reliable without the need for bulky regional flap or technically demanding free tissue transfers.

### POSTER 38

#### TITLE: Pure Maxillofacial Trauma and Its Correlation with Neurobehavioural Alteration amongst Malaysian

**Authors:** Nor 'Izzati Mohtar \*, Vairavan Narayanan Vigneswaran Veeramuthu, Firdaus Hariri \*

**Affiliation Details:** \*Department of Oro-maxillofacial Clinical Sciences, Faculty of Dentistry, University of Malaya; Department of Surgery, Medical Faculty, University of Malaya

**PURPOSE OF THE STUDY:** There is lacking of evidences supporting the impact of maxillofacial trauma (MT) to the brain. This study was done to demonstrate the affiliation between MT and brain white matter (WM) via diffusion tensor imaging (DTI); also to the neurobehavioural status.

**MATERIAL & METHODS:** A prospective observational study was commenced. Thirty-two (32) subjects were allocated to two groups: those with MT and without MT. The subjects underwent magnetic resonance imaging (MRI) DTI, and only MT subjects were assessed using Neurobehavioural Symptom Inventory (NSI) and The Hamilton Rating Scale for Depression (HAM-D) questionnaire.

**RESULTS:** The result showed the subjects were mainly male, adult (mean age  $28.8 \pm 6.45$ ) with  $11.94 \pm 1.39$  years of education. The MT involved were mostly combination of soft and hard tissue injuries ( $n=12$ ) with 82.9% fracture involving middle third area. There was no significant difference between MT to neurobehavioural scores. These DTI values had significant impact to the neurobehavioural performance ( $p<0.005$ ).

**CONCLUSIONS:** The MT injury was shown to cause microstructural brain changes and alter the neurobehaviour presentation at acute stage. The need not only to produce periodically systematic follow-up in regards to MT injury but also the emotional and mental status during clinical assessment. The funding of this study is supported by Postgraduate Research Scheme Grant, University of Malaya [Reference number: PPPC/C1-2016/DGJ/01].

### POSTER 39

#### TITLE: The Effect of Photofunctionalization on the Tissue Contour at the Peri-implant Tissue Interface

**Authors:** <sup>1</sup>Masfueh Razali, <sup>2</sup>Ngeow Wei Cheong, <sup>3</sup>Ros Anita Omar, <sup>3</sup>Chai Wen Lin

**Affiliation Details:** <sup>1</sup>Department of Periodontology, Faculty of Dentistry UKM; <sup>2</sup>Department of Oral & Maxillofacial Clinical Sciences, Faculty of Dentistry UM; <sup>3</sup>Department of Restorative Dentistry, Faculty of Dentistry UM

**PURPOSE:** The aim of this study was to examine the effect of UV-light treatment of different dental implant materials

on the contour formed by soft tissue as evaluated using 3-dimensional oral mucosal model.

**MATERIALS & METHODS:** The yttria-stabilized zirconia was used as test material in this study, while titanium and commercially available zirconia implant were used as controls. The surface topography of all test materials was standardized. The test materials were divided into non-treated group and UV-treated group prior the experiment. The degree of wettability of specimens in each group were measured. The 3-dimensional mucosal model was constructed, grown for 4 days before punch biopsy made in the center for insertion of the test materials. After 14 days of culture, it was duplicated into a silicone model with two different colored silicone impression material. The silicone model was cut to exposed the contour formed at the tissue-disc interface were measured using stereomicroscope.

**RESULTS:** All surfaces of the materials were smooth (Sa value  $< 0.5 \mu\text{m}$ ). The difference in degree of wettability of materials in each group was significant. The contour formed by the tissue was divided into two types, pocket (Score 1,  $< 450$ ) and non-pocket types (Score 2,  $450 < d < 900$  and score 3  $> 900$ ). There was significant different between pocket and non-pocket tissue form amongst non-treated and UV-treated groups ( $p$  value  $< 0.05$ ), but no different when the comparison made between the scores.

**CONCLUSION:** The results showed that UV light pre-treatment of all test materials enhanced the hydrophilicity of the surface, thus promote cell-tissue attachment onto the surface of all materials.

**ACKNOWLEDGEMENT:** This study was supported by a Ministry of Higher Education High Impact Research Grant (UM.C/625/HIR/MOHE/DENT/05)

### POSTER 40

#### TITLE: Case Report: A Rare Case of Kimura's Disease

**Authors:** Vijainthimalar sukumaniam, Sharifah Tahirah Aljunid, Mohd Nury Yusoff

**Affiliation Details:** Department of Oral Surgery, Hospital Shah Alam

**INTRODUCTION:** Kimura disease is a rare chronic inflammatory condition of uncertain etiology which has affinity for the Asian population. It primarily involves the head and neck region, presenting as deep subcutaneous masses and it is often accompanied by regional lymphadenopathy and salivary gland involvement.

**CASE REPORT:** We report a case of Kimura's disease in a 34 years old kadazan male who presented with bilateral cheek swelling and lymphadenopathy. Clinical presentation was suggestive of Kimura's disease and microscopic examination following biopsy of the lesion and peripheral

blood eosinophilia and elevated serum immunoglobulin E (IgE) levels allowed us to make a definitive diagnosis.

**DISCUSSION:** Peripheral blood eosinophilia and elevated serum immunoglobulin E (IgE) levels are characteristic features and the microscopic picture reveals lymphoid proliferation with eosinophilic infiltration. Histological characteristics of Kimura's disease help to differentiate it from angiolymphoid hyperplasia with eosinophilia and help to recognize from hypersensitivity and drug reaction and bacterial infection. Nevertheless, treatment of Kimura disease often sought for symptomatic relief and cosmetic concerns. Therapeutic modalities for KD include surgical excision, radiotherapy and various immunomodulation agents. Most cases have favorable initial responses to treatment, but relapse occurs at high rate as 60%-100%.

#### POSTER 41

**TITLE:** The Antero-Posterior Location of the Mental Foramen in Subjects with Different Skeletal Pattern

**Authors:** Juliana Khairi, Zakiah Ripen, Ngeow Wei Cheong

**Affiliation Details:** Faculty of Dentistry, University of Malaya, Kuala Lumpur

**INTRODUCTION:** The mental foramen is an important landmark. Previous studies in Malays and Chinese indicated that its most common location is in line with the longitudinal axis of the second premolar. However, these studies did not differentiate between gender and the effect of different (prognathic, retrognathic, or normal) skeletal pattern. This study was to find relationship between mental foramen and skeletal pattern.

**METHODS:** In this study, we used retrospective cohort to look into the antero-posterior locations of the mental foramina in relation to the dentition of 64 patients with different skeletal patterns. These subjects must have a dentopantomograph with the mental foramina clearly seen on both sides of the mandible, and a lateral cephalic radiograph that enables the determination of their skeletal pattern.

**RESULTS:** Radiographs of 27 Malay and 37 Chinese patients were reviewed. More than seventy percent (70.3%) of subjects were female, with the remaining being male. More than half of them have a Class I skeletal pattern (51.6%), followed by Class III (28.1%) and Class II (20.3%). The mental foramen can be found anywhere from anterior to the first premolar to being in line with the first molar. The most common antero-posterior location of mental foramen was in line with the longitudinal axis of the second premolar. This finding remains constant irrespective of the gender, site and skeletal pattern of the patients. The second most common location for the mental foramen was between the first and second premolars.

**CONCLUSIONS:** The gender, site and skeletal pattern of patients did not influence the antero-posterior location of the mental foramen in relation to the dentition.

#### POSTER 42

**TITLE:** Posterior Lingual Mandibular Bone Depression: Will It Progress or Regress in Size?

**Authors:** <sup>1</sup>Ngeow WC, <sup>1,2</sup>Abdullah MF

**Affiliation Details:** <sup>1</sup>Department of Oral and Maxillofacial Clinical Sciences, Faculty of Dentistry, University of Malaya, 50603 Kuala Lumpur, Malaysia; <sup>1,2</sup> Oral and Maxillofacial Surgery Department, School of Dental Science, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia

**INTRODUCTION:** The introduction of orthopantomogram results in incidental findings of cysts and tumours in the jawbone during routine dental examination. The recent development of three-dimensional (3D) imaging permits clear and overall visualization of these lesions. One lesion that is usually discovered incidentally is the posterior lingual mandibular bone depression (PL-MBD) concavity. Previously a diagnosis of PL-MBD can be presumed by its characteristic features of being located below the mandibular canal when viewed on panoramic radiographs. This rare lesion, also termed Stafne bone defects, represents non-progressive bone cavities where clinical and imaging control is preferred to invasive treatment. The evidence of a concavity with a lingual opening as defined by an intact compact cortical excludes most other differential diagnoses of bone lesions for which surgical treatment is needed. Having said so, no literature describes the eventual outcome of this pseudocyst; whether it progress or regress in size over a period of time.

**CASE REPORT:** This case report presents a case of a PL-MBD in a middle age Chinese female that regress spontaneously over a period of 19 months, as evidenced using 3D imaging. **CONCLUSION:** This case is believed to be the first case of spontaneous regression of a PL-MBD.

#### POSTER 43

**TITLE:** A Modified Conservative Management of Mandibular Ameloblastoma and Its Outcomes

**Authors:** Chew Ya Yin, Yew Ching Ching, Mazida Najwa Md Zin, Rohaizar Ismail, Shah Kamal Khan Jamal Din

**Affiliation Details:** Oral & Maxillofacial Surgery Department, Hospital Sultanah Bahiyah, Kedah

**PURPOSE OF STUDY:** Mandibular ameloblastoma is a rare, benign lesion with aggressive local invasion and a high recurrence rate, and hence is highly recommended to be resected by the existing literature. However, resection

could potentially result in unacceptable complications, both cosmetic and functional. This has led to the development and use of a modified conservative management (MCM), which involved surgical enucleation, peripheral ostectomy and chemical cauterization with the Carnoy's solution, in the Sultanah Bahiyah Hospital. The aim of this study was to describe the demographic and clinical profiles of mandibular ameloblastoma cases managed by such a technique, and to determine the treatment outcomes.

**MATERIALS & METHOD:** All the patients, who were diagnosed with ameloblastoma and treated with the MCM between 2006 and 2016, were included. The information needed, including their demographic and clinical characteristics; the radiological findings; the clinicopathological subtypes of ameloblastoma; and the recurrence of ameloblastoma, was obtained from their medical records. **RESULTS:** Thirteen patients with a mean age of 35 years were identified. The peak incidence of ameloblastoma was found to be in the age range of 30 to 39 years. The majority of them were diagnosed with solid/multicystic ameloblastoma (SMA) (85%), while only two of the patients had unicystic ameloblastoma (UA) (15%). Following the MCM, no recurrence was observed in both the UA cases, and only two recurrence cases (18.2%) were recorded for SMA.

**CONCLUSION:** The results suggest that the MCM has a great potential to be used as the standard treatment for ameloblastoma. Nevertheless, an experimental study with a control group, bigger sample size and longer follow-up duration is warranted to verify the findings.

#### POSTER 44

**TITLE:** Carcinoma ex Pleomorphic Adenoma of the Parotid Gland : A Case Report

**Authors:** Nur Salsabila Saadon\*, Sharifah Tahirah Aljunid\*, Zainal Arif Abdul Rahman\*\*

**Affiliation Details:** \*Department Of Oral And Maxillofacial Surgery, Hospital Shah Alam; \*\* Department Of Oro-maxillofacial Surgical & Medical Sciences. Faculty Of Dentistry, University Malaya

**INTRODUCTION:** Pleomorphic adenoma is the most common benign salivary tumor which mainly involves the parotid gland by an incidence of 85%. The high incidence of recurrence may be due to partial excision of tumor which is lying on the facial nerve and 6% of all pleomorphic adenomas reported transform into malignancy. Carcinoma ex pleomorphic adenoma (CaexPA) is an uncommon malignant tumor arising from a primary or recurrent benign pleomorphic adenoma which is aggressive in behavior with poor prognosis.

**CASE REPORT:** : In this study, we present a case of a 72 year old Malay lady who was initially diagnosed with pleomorphic adenoma of the right parotid gland in 2014. She developed recurrence after several months of undergoing superficial parotidectomy. Following the third recurrence she again underwent surgery to excise the lesion. Surprisingly the histopathological examination was reported as CaexPA.

**DISCUSSION:** Ideally, the management for Ca exPA focuses on wide margin surgical resection and radiotherapy. However this patient presented early and due to high morbidity which may affect patient's quality of life, a more conservative approach towards treatment was selected for her. She is placed under close tumor surveillance and any new lesions was surgically excised as required.

**CONCLUSION:** In this case report the different treatment options and outcomes is discussed further.

#### POSTER 45

**TITLE:** A Patient with Dental Phobia - Can Hypnosis Help?

**Authors:** Erni Noor, Rohaida Abdul Halim, Fara Azwin, Fatima Al-Khateeb

**Affiliation Details:** Faculty of Dentistry, Universiti Teknologi MARA, Malaysia

**INTRODUCTION:** Dental phobia is considered as one of the limiting factors for patients in seeking appropriate dental treatment. All the pharmacological methods to manage the anxiety or phobia in patients have some disadvantages, such as side effects and extra cost for rehabilitation or therapy. Therefore, in some cases alternative treatment modalities are considered, such as hypnosis in dentistry. The use of hypnosis as a non-pharmaceutical method of managing dental anxiety and phobia has been described in many clinical publications.

**CASE REPORT:** This case report describes a case of a 46-year-old female with phobia of dental treatment, who has been completely avoiding seeing a dentist despite of having periodontal problem. Her inability to tolerate dental treatment is linked to the inability to tolerate pain and needle. Management by hypnotherapy has allowed for extraction of tooth and reduction in the anxiety level.

**DISCUSSION:** Emergency hypnosis as an adjunct to dental treatment has successfully facilitated the removal of the problematic tooth. Successful outcome of the hypnotic intervention allowed the patient to feel more relaxed and confident about accepting future dental treatment without the need for pharmacological intervention.

**CONCLUSION:** In this case, the use of hypnosis as adjunct has successfully facilitated the patient to overcome her needle phobia and reduces her anxiety which resulted in a successful dental treatment.



#### POSTER 46

**TITLE:** Effectiveness of Vitamin B Complex in Reducing Chronic TMD Pain – Randomized Clinical Trial

**Authors:** Jothi Raamahlingam Rajaran, Choi WS

**Affiliation Details:** University Kebangsaan Malaysia, The University of Hong Kong

**BACKGROUND:** Chronic TMD pain management has always been challenging and usually requires long term analgesics. Commonly used analgesics have a potential for adverse effects in long term usage, thus there is a need to look for a safer alternative analgesic option. Objectives: To evaluate efficacy of Vitamin B complex (VBC) (B1,B6,B12) in reducing chronic TMD pain.

**METHODS:** Twenty-six patients with chronic TMD pain secondary to arthralgia, osteoarthritis and disc-displacement were included. The patients were allocated randomly into two groups and received either VBC tablet (B1:242.5mg,B6:250mg,B12:1mg) or Placebo once per day for six weeks. Clinical measurements were recorded at week0 and week2, week4, and week6 to evaluate the efficacy of the treatment. Pain intensity was measured by visual analogue score (VAS) and mandibular range of movement was measured by maximal comfortable mandibular opening and lateral excursion. Adverse effects and compliance rate towards treatment were also assessed. **FINDINGS:** In this 6 weeks clinical trial, both groups showed significant VAS pain reduction (VBC  $2.49 \pm 1.71$ ; Placebo  $1.41 \pm 1.53$ ;  $p < 0.05$ ). The amount of VAS pain reduction in the VBC group was significantly more than in the Placebo group at week 2 ( $1.19 \pm 1.28$  vs  $0.23 \pm 0.90$ ) and week4 ( $2.32 \pm 1.42$  vs  $1.25 \pm 0.75$ ) ( $p < 0.05$ ). No statistically significant difference noted in mouth opening improvement. Both VBC and placebo medications were well tolerated with minimal adverse effects.

**CONCLUSION:** In this study a dose of VBC (B1:242.5mg,B6:250mg,B12:1mg) was significantly better than placebo in reducing chronic TMD pain at week2 and week4.

#### POSTER 47

**TITLE:** A Case Report: Oromandibular Dystonia Following Dental Extraction

**Authors:** Phoon Kheng Yoke, Atika Farrah Yahya, Rohana Sujak

**Affiliation Details:** Oral and Maxillofacial Surgery, Hospital Pakar Sultanah Fatimah Muar

**INTRODUCTION:** Oromandibular dystonia (OMD) is a neurological muscle disorder rarely seen by oral and maxillofacial surgeons. It is characterized by involuntary muscle spasms causing a repetitive, uncontrolled movement of face, mouth or tongue.

**CASE REPORT:** We report a case of 58 years old lady whom presented to us with repetitive, uncontrolled sideways and closing movements of mandible after extraction of her upper anterior teeth. The problem has been ongoing for almost a month until she went for further medical attention. She has been subconsciously avoiding biting on her extraction site due to pain after the procedure which subsequently cause this uncontrolled movements, affecting her speech and mastication. Diagnosis was made and case was referred to Neuromedical team and botulinum toxin injection therapy was given along with other oral medications. Patient was found to be responding with the treatment and noted the symptoms resolving partially with no adverse reactions.

**DISCUSSION/CONCLUSION:** Dystonia is generally considered part of the spectrum of dyskinesia. It can be classified in many ways and OMD is classified under focal dystonia which involves the masticatory muscles, muscles of facial expression, tongue and pharynx. The pathophysiology of dystonia is unclear but the theory proposed for this peripherally induced dystonia, as illustrated by OMD is based on the theory of sensory pathway disruption at the level of the basal ganglia. Traumatic situations in the mouth, such as poorly aligned dentures or multiple extractions (in our patient) may cause an impairment of the proprioception of the oral cavity, leading to the subsequent development of dystonia. Symptoms of OMD may worsen over the years hence diagnosis and referrals should be done promptly.



#### POSTER 48

**TITLE:** A 5 Year Review of Mandibular Condyle Fractures in Hospital Kajang

**Authors:** Muhammad Amir Firdaus, Noor Nadia Mohd Sahar, Alia Nek Mohd Juhari, Sharifah Munirah Al-Idrus, Aezy Noorazah Omar

**Affiliation Details:** Department of Oral Maxillofacial Surgery, Hospital Kajang

**PURPOSE OF THE STUDY:** This study was done to investigate the etiology, incidence, pattern, management and outcome of mandibular condyle fractures treated in Hospital Kajang. **MATERIALS & METHOD:** This was a retrospective and descriptive study over a period of 5 years between January 2013 and December 2017. A total of 1,845 patient's records for oral maxillofacial trauma were reviewed and mandibular fractures were found in 189 patients. From those, 75 patients had mandibular condyle fractures. **RESULTS:** From our data, the mandibular condyle fractures seen in Hospital Kajang were mainly caused by motor-vehicle accidents. Data also showed that incidence occurred higher in males than females. Patients were mostly aged 16 to 40 years old. The management of these fractures were influenced by patient preference, financial situation, pattern and the presence of occlusal derangement. **CONCLUSION:** The mandibular condyle fracture is one of the commonest mandibular fractures seen in Hospital Kajang. Most of the cases were treated with closed reduction and the rest were either treated conservatively or via open reduction and internal fixation. Majority of the cases treated here had good outcome while a few presented with temporomandibular joint dysfunction and pain.

#### POSTER 49

**TITLE:** Fibula Free Flaps – Failure Can Be the Best Teacher

**Authors:** Tan YR, Lee CW, Yahiya MA, Abdul Rahim NIH, Jelou MA, Wan Mustafa WM, Abdul Jalil N, Jamal Din SKK

**Affiliation Details:** Department of Oral Surgery, Hospital Kuala Lumpur.

**PURPOSE OF THE STUDY:** The purpose of this case series is to study and discuss the reasons for the failure of 3 Fibula Free Flaps cases in Oral and Maxillofacial Surgery Department, Kuala Lumpur Hospital. **MATERIALS & METHOD:** In this case series, 3 cases of Fibula Free Flap failures in Oral and Maxillofacial Surgery Department, Kuala Lumpur Hospital, are studied and discussed. The factors which caused the flaps to fail are carefully studied. **RESULTS:** This case series showed that the status of the patient's blood vessels prior to anastomoses, the manipulation of the fibular periosteum intra-operatively and the condition of the patient post-operatively affects the outcome of the Fibula Free Flap. Any errors which occur during these phases may cause the Fibula Free Flaps to fail. **CONCLUSION:** The outcome of this case series showed that failure of Fibula Free Flaps is not completely affected by operators (surgeons) alone, but patients as well. By understanding the factors which cause failures of Fibula Free Flaps, improvements such as improved operating skills, better pre-operative patient assessment and post-operative patient management can be made. These improvements will be helpful and beneficial in managing and preventing failures of Fibula Free Flap in future. **ACKNOWLEDGEMENT:** This study was supported by the Department of Oral and Maxillofacial Surgery, Hospital Kuala Lumpur.

## Booth 1



Malaysian Association of Oral &  
Maxillofacial Surgeons



Malaysian Association of  
Dental Public Health

## Booth 2



Malaysian Society of  
Periodontology



Malaysian Association  
for Prosthodontics

## Booth 3



Malaysian Association  
of Paediatric Dentistry



Malaysian Association  
For Orofacial Diseases

## Booth 4

### INDRA SARI TRADING

*We are well established company, serving in the dental industry since 1999. We have been supplying materials, instruments, burs, loupes through out the government and private sector in peninsular Malaysia and West Malaysia. We provide only quality products. Our products are imported from Australia, Germany, Finland and Italy. Our Major Brand, Sdi Australia, Schwert Germany, D&Z Drendel + Zweiling Germany, Major Italy and Salli Saddle Chair Finland.*

#### Address Of Company:

19-A, Jalan Teraju 25/67, Seksyen 25  
Taman Sri Muda, 40400 Shah Alam, Selangor

#### Contact Details:

Tel.: 603 – 5121 7193 Fax: 603 – 5121 7194  
Mobile: 012 – 200 2486  
Email: Admin@Istdental.com  
Web Site: [www.istdental.com.my](http://www.istdental.com.my)  
Contact Person: Margaret

## Booth 5

### AR DENTAL SUPPLIES SDN BHD

#### Address Of Company:

No. 28 Jalan Kartunis U1/47, Temasya Industrial Park,  
Seksyen U1, 40150 Shah Alam

#### Contact Details:

Tel.: 603 – 5567 0606 / 0707 / 0808  
Fax: 603 – 5567 0909

## Booth 6

### PHARMANIAGA MARKETING SDN BHD

*Pharmaniaga, one of the biggest pharmaceutical Malaysian Company, has a specialized team for innovator products. One of the focus specialty for the innovator products is in oral care – Gengigel and Aftamed. Gengigel is a high molecular weight hyaluronic acid, indicated for inflammatory conditions and traumatic conditions of gingival, lichen planus and those disease condition where the gingival mucous requires increased concentration of hyaluronic acid. Gengigel reduces inflammation, performs tissue repairing and accelerates wound healing. The recent launched Gengigel Professional Range includes Prof Fluid and Prof Syringe. Aftamed, also high molecular weight hyaluronic acid, is formulated for oral ulcers including*

*recurrent aphthous ulcers. It provides immediate pain relief and rapid oral ulcer healing.*

#### **Address Of Company:**

No.7, Lorong Keluli 1B, Kawasan Perindustrian Bukit Raja Selatan, Seksyen 7, 40000 Shah Alam, Selangor Darul Ehsan.

#### **Contact Details:**

Mobile: 016 – 908 7889  
Email: Liwei.kow@Pharmaniaga.com  
Web Site: [www.orthotech.asia](http://www.orthotech.asia)  
Contact Person: Kow Li Wei

## Booth 7

### MY MEGAGEN SDN BHD

*MY MEGAGEN SDN BHD is Malaysia sole distribution of dental implant system from Korea.*

#### **Address Of Company:**

D-15-3, Sunway Nexis, No.1, Jalan Pju 5/1  
47810 Petaling Jaya, Selangor

#### **Contact Details:**

Tel.: 012-4085510  
Email: [doreen@myimegagen.com](mailto:doreen@myimegagen.com)  
Contact Person: Doreen

## Booth 8

### SOCIUS (M) SDN BHD

*Established in June 2007, Socius (M) Sdn Bhd imports and distributes quality medical and surgical products for the health care industry.*

*Our mission is to develop and maintain strong connections with our clients in order to anticipate and fulfil the changing needs of our clients.*

*Socius (M) Sdn Bhd specialises in the following market segments:*

- Craniomaxillofacial
- Dental Surgery
- Orthopaedics

#### **Address Of Company:**

16 Jalan Sungai Burung W32/W, Bukit Rimau 40460  
Shah Alam, Selangor Darul Ehsan, Malaysia

#### **Contact Details:**

Tel.: 03-5121 3166 Fax: 03-5121 3177  
Mobile: 012-391 3282  
Email: [Teresa.khoo@Socius.com.my](mailto:Teresa.khoo@Socius.com.my)  
Web Site: [www.socius.com.my](http://www.socius.com.my)  
Contact Person: Teresa Khoo



## Booth 9

### UG MEDICAL SERVICES SDN BHD

*UG MEDICAL is a distributor company that carries surgical item as such Peter Surgical Suture, Peter Surgical Vitalitec Clips, Peter Surgical Meshes, Peter Surgical Ifabond Glue, PFM Medical Sterile Packaging and AnsCareLeniscar Silicon Stick and etc.*

#### Contact Details:

Tel.: 03-7728 8124 Fax: 03-7727 4912  
Mobile: 014-645 5903  
Email: Shammini@Ugmedical.com  
Web Site: www.ugmedical.com  
contact Person: Shammini

## Booth 10

### ORTHO TECH

*Ortho Tech – The 1st 3Shape ready lab in Malaysia, with more than 20 years in-house experience, dedicated team of technicians and ceramists who use fundamental techniques, digital processes and state of the art equipments to ensure each products is created with an unparalleled degree of precision.*

*Products that we provide :*

- Crown & Bridge (Zirconia / Build Up / Porcelain Fused to Metal)
- B&B Implant (from Italy)
- OrthoAlign (Clear Aligners – Planned by Italian Orthodontists, handcrafted by Ortho Tech)

#### Address Of Company:

A-3-3 Vantage, Jalan Desiran Tanjung  
10470 Tanjung Bungah, Penang

#### Contact Details:

Tel.: 04 – 899 4861  
Mobile: +6 012 – 511 2152  
Email: Mandha@Orthotech.asia  
Web Site: www.orthotech.asia  
Contact Person: Mandha Lee

## Booth 11

## Booth 12

### QS DENTAL SUPPLY SDN BHD

*QS Dental Supply Sdn Bhd was founded by Mr Tiew Soon Shin. He has more than 20 year's experiences in dental supplier market. He being assists by team of experience and competence staffs.*  
*We QS Dental are committed to working and growing as the best specialist in supplying superior dental products and services at the highest quality possible.*  
*Our products are selected through an excellent and careful selection on the quality of the dental instrument, material and equipment. Thus, we only supply products with the highest standard of quality. To ensure a variety of quality product available for our customers, we currently imported our products from all over the world.*  
*We constantly strive to reduce our costs in order to maintain reasonable prices.*  
*Our commitment and dedication to the well being of dentist, medical practitioners as well as their patients has earned us a reputation for providing excellent customer service. We are continuing to improve the quality of our customer service as well as the*

*performance of our products, so that we can be the most active and most sensitive to the demands of an increasingly specialist market.*

#### We supply:

*Dental Materials  
Dental Instruments and Equipments  
Dental Disposable Items  
Laboratory Materials and Equipments*

#### Our Mission

*To provide quality services & quality supplier to our customer*

#### Address Of Company:

No 253, Jalan Bunga Pekan, 42700 Banting, Selangor

#### Contact Details:

Fax: 03 – 3187 9917 Mobile: 014-232 9917  
Email: Qsdentalsupply@Gmail.com  
Web Site: www.qsdental.com.my  
Contact Person: Joyce Ong

## **Booth 13**

### **RAF SYNERGY SDN BHD**

*RAF SYNERGY SDN BHD will great effort to get the successful local supplier in Malaysia & SEA fo dental products. We are qualified team and local manufacturer specializing in supplying dental Equipment as well as support after Sales in Services and Applications. Our Portfolio includes a wide range of dental equipment and consumables products.*

- Local Manufacturer of Dental Equipment
- Co-Joint with Oversea Principle on Manufacturing of Dental Equipment (OEM)
- Dental Equipment Planner
- Import and Export Dental Equipment

*We believe that dream of yesterday are today's reality*

#### **Address Of Company:**

No 10. Jalan Tp3/1, Taman Perindustrian Sime Uep,  
47620 Subang Jaya, Selangor Darul Ehsan.

#### **Contact Details:**

Tel.: 03-8011 3768 Fax: 03-8024 9196

Mobile: 012 – 367 4866

Email: rafsynergy@gmail.com

Contact Person: Jocelyn Tan

## **Booth 14**

### **WORLDWIDE MEDIVEST SDN BHD**

*WORLDWIDE MEDIVEST SDN BHD can be cinsidered one of the newest companies in medical device and healthcare sector in Malaysia. A subsidiary of WORLDWIDE HOLDINGS BERHAD, our main product is suture, both absorbable &non absorbable. Despite being a young company, WORLDWIDE MEDIVEST SDN BHD has been supplying suture to more than 60 hospital in Malaysia, including government & private sector for the past years. Starting this year WORLDWIDE MEDIVEST is going to expand their product list by including several more products as they are looking to penetrate new markets & establish the company as a major player in the field.*

#### **Address Of Company:**

No.2, Jalan Karyawan 4/Ku7, Lorong Sg Puluh,  
Taman Kapar Bestari, 42200 Kapar, Selangor, Malaysia

#### **Contact Details:**

Tel.: 03-3291 2625 Fax: 03-3291 2725

Mobile: 019-458 3196 (Norfazila)

Email: sales@wmsb.com.my

Web Site: www.wmsb.com.my

Contact Person: Norfatiha – Sales Assistant  
(norfatiha@wmsb.com.my) ,

Norfazila – S&M Manager  
(norfazila@wmsb.com.my)

## **Booth 15**

### **JOHNSON & JOHNSON SDN BHD**

*For more than 100 years, we've focused on advancing technologies, products and services to enhance patient care and bring greater precision to every aspect of surgery. Through the training, research and innovative products we provide, we are working to enable better outcomes in all the surgeries. From creating the first sutures, to revolutionizing surgery with minimally invasive procedures, Ethicon\* has made significant contributions to surgery for more than 60 years. Our continuing dedication to Shape the Future of Surgery is built on our commitment to help address the world's most pressing healthcare issues, and improve and save more lives.*

#### **Address Of Company:**

Level 8 , Pinangle , Persiaran Lagoon ,  
Bandar Sunway 46150 , Petaling Jaya, Selangor

#### **Contact Details:**

Tel.: 03 7661 4500

Mobile: 016 977 5890

Email: kgangath@its.jnj.com

Web Site: www.jnj.com

Contact Person: Kavithra



## **Booth 16 / Booth 17**

### **GALLA DENTAL CORP SDN BHD**

Galla Dental Corporation Sdn Bhd began business in January 2016 with the aim of supplying the dental profession with World Class Quality Products. We do this by representing many of the biggest names in dental equipment and consumable products. We also aim to be a convenient One-Stop Shop for doctors. To achieve this, we have the widest product offering from dental chairs, imaging systems, autoclaves and small dental equipment to restorative, prosthodontic, endodontic, orthodontic and implant dentistry products. Additionally, we have infection control and disposable products as well as injectable and oral local anaesthesia. Last but not least, we have the No. 1 brand in teeth whitening and a premium range of Swiss Oral Care products. Please check out our World Class product portfolio below:

Takara Belmont  
KavoKerr  
Instrumentarium  
Melag  
Mectron  
Zolar Laser  
Coltene  
Dentsply GAC

Dentsply Raintree Essix  
Ortho Classic  
eCligner  
Nobel Biocare  
Botiss Biomaterials  
Schulke  
SafeQuest Disposable Products  
Novocol Pharma  
Arcoxia  
Philips ZOOM  
Philips Sonicare  
Curaprox

#### **Address of company :**

40-1, Jalan Rimbunan Raya, Laman Rimbunan,  
Kepong, 52100 Kuala Lumpur, Malaysia.

#### **Contact details:**

Tel : 03-62593800  
Fax : 03-62593808  
Mobile : 018-2083830  
Contact person : Elaine Tan  
Email: info@galladental.com

## **Booth 18**

### **JUBLI MEDIK SDN BHD**

Jubli Medik Sdn Bhd is a wholly owned local company established in year 2000. We belong to a group of companies the "JM" trademark. Spearheaded by a dedicated team of professionals, Jubli Medik Sdn Bhd has carved its' name as a Responsice, Reliable and Reasonable (3Rs) Distributor for Medical Device Authority of Malaysia. Our business partner include ISO, CE, FDA certified companies from the United States of America and Europe:

#### **ZIMMER BIOMET CMF & THORACIC**

Titanium plating for facial fractures and reconstruction,  
Total Mandibular Joint replacement (TMJ)  
Pectus Excavatum Correction

Titanium plating for Rib Fracture and Sternum Closure

#### **TRINON TITANIUM GMBH**

Q Dental implants

#### **HONBURG GMBH**

surgical instruments

#### **OSCIMED SWITZERLAND**

cast cutters and mandibular device for sleep apnea  
Autoclaves/Sterilisers

#### **Address Of Company:**

No.6, Jalan Astana 1E, Bandar Bukit Raja,  
41050 Klang, Selangor Darul Ehsan.

#### **Contact Details:**

Tel.: 03-3359 5238 Fax: 03-3359 5128  
Mobile: 012-330 9139  
Email: Sales@Jublimedik.com.my  
Web Site: www.jublimedik.com.my  
Contact Person: Wong Su Ling

## **Booth 19**

### **OSSTEM SDN**

**Address Of Company:**

B-07-12, Gateway Kiaramas,  
Corporate Suite,  
No.1, Jalan Desa Mont Kiara,  
50480 Kuala Lumpur

**Contact Details:**

Tel.: 03 - 8211 0585 Fax: 03 - 6206 1865  
Mobile: 016 – 343 2256  
Email: osstemjinny@gmail.com  
Web Site: my.osstem.com  
Contact Person: Jinny

---

## **Booth 20**

### **ALTIS-PRO MARKETING SDN BHD**

*Altis-Pro incorporated in November 2001 and commenced operation in 2002. We supply dental material, instruments, surgical appliances, equipment, dental loupes, air purifier & laboratory*

**Address Of Company:**

No 36. Jalan 6/3 Taman Commercial Pandan Indah  
55100 Kuala Lumpur

**Contact Details:**

Tel.: 03-4291 1897 Fax: 03-4291 1879  
Mobile: 014-212 1593  
Email: Altisprom@Gmail.com  
Web Site: www.altis-pro.com.my  
Contact Person: Jeffrey Teh

---

## **Booth 21**

### **OCEANWEALTH HORIZON SDN BHD**

**Address Of Company:**

47, 47-1, 47-2, Jalan Danau Lumayan,  
Pusat Perniagaan Danau Lumayan,  
Bandar Tasik Permaisuri, 56000 Cheras, Kuala Lumpur

**Contact Details:**

Tel.: 03 – 9171 6686 Fax: 03 – 9171 7686  
Mobile: 012 – 341 8037  
Email: kelly@owh.com.my  
Contact Person: Tan Kelly

---

## **Booth 22**





## **Booth 23 & 24** (Silver Sponsor) **COLGATE – PALMOLIVE MARKETING SDN BHD**

*Colgate – Palmolive is a leading global consumer products company, tightly focussed on oral care: delivering scientific proven solutions to address different oral indications to improve the oral health condition and well being of consumers in Malaysia. Visit [www.colgateprofessional.com.my](http://www.colgateprofessional.com.my)*

### **Address Of Company:**

Jalan Semangat / Jalan Bersatu, Section 13  
46200 Petaling Jaya, Selangor Darul Ehsan.

### **Contact Details:**

Tel.: 017 – 886 9718  
Mobile: 017 – 886 9718  
Email: [soowai\\_ying@colpal.com](mailto:soowai_ying@colpal.com)  
Web Site: [www.colgateprofessional.com.my](http://www.colgateprofessional.com.my)  
Contact Person: Ying Soo Wai

---

## **Booth 25** **TITLERAY DENTAL IMPLANTS**

*Titleray Dental Implants represent The World Leader in Implant Dentistry, Institut Straumann AG since April 2004. TDI have since then emerged as the biggest dental implant company in Malaysia following the establishment of Straumann Dental Implant System in the country. We are Sole Distributor for Malaysia, Brunei and Cambodia. Today, TDI represents some top companies in the dental field ranging from Institut Straumann AG Switzerland, Geistlich Pharma AG Switzerland in Bone Material, ARC Laser Germany and Nouvag AG Switzerland, and KLIRICH by Itena Clinical France. TDI is committed and continue to introduce revolutionary products for benefit of our dental industry in Malaysia.*

*Over the Years, TDI has won numerous awards from Straumann Asia Pacific,*

- 2009 Most Creative Event, The Joint Harvard-Straumann Course in USA
- 2010 The Highest SLActive Implants Share in Asia,
- 2013 The AAA(Awesome Achievement Award) for imports over CHF1.0 Million.

### **Our Mission**

- Committed to improve the dental industry by introducing revolutionary solutions for Dentists.
- Committed to provide continuing Education in the field of dentistry.

### **Address Of Company:**

A-5-28, Penthouse Suite, IOI Boulevard, Jalan Kenari 5,  
Bandar Puchong Jaya, 47171 Puchong,  
Selangor, Malaysia.

### **Contact Details:**

Tel.: 03-8075 4644, 8075 8644 Fax: 03-8075 0995  
Mobile: 012-232 5979  
Email: [terence@tdidenmedik.com.my](mailto:terence@tdidenmedik.com.my)  
web Site: [www.tdidenmedik.com.my](http://www.tdidenmedik.com.my)  
Contact Person: Mr. Terence Yun

# Acknowledgment

The Organizing Committee of the First Joint Specialist Meeting 2018 would like to extend their deepest gratitude and appreciation to:

## MASTER OF THE ACADEMY OF MEDICINE MALAYSIA

Professor Dr Rosmawati Mohamed

## CHIEF EXECUTIVE OFFICER OF MALAYSIAN PALM OIL COUNCIL

Datuk Dr. Kalyana Sundram

## ORAL HEALTH DIVISION

Datuk Dr. Noor Aliyah Binti Ismail

*Principal Director of Oral Health, Ministry of Health Malaysia*

## CODS COUNCIL

Prof Dato' Dr Lian Chin Boon

Datin Paduka Dato' Dr. Nooral Zeila Junid

Dr Ahmad Sharifuddin Asari

Prof Dr Noraini Nun Nahar Yunus

Prof Dr Rosnah Zain

Dr Lam Jac Meng

Prof Dr David Ngeow

Dr M. Thomas Abraham

## ORGANISING COMMITTEE MEMBERS

Prof Dr Khoo Suan Paik

Assoc Prof Dr Badiah Baharin

Dr Annapurny Venkiteswaran

Dr Juanna Bahadun

Dr. Asfizahrasby Mohd Rasoul

## PRESIDENTS OF SPECIALIST ASSOCIATIONS:

MAOMS: Dr Sharifah Tahirah Bt Al Junid

MAOFD: Prof Dr Rosnah Zain

MADPH: Prof Datin Dr Rashidah Esa

MAPD: Dr Saadah Atan

MSP : Assoc Prof Dr Badiah Baharin

MAP: Dr Siti Mariam Abd Ghani

MES: Dr Afzan Adilah Ayoub

## JUDGES

Prof Dr Noorliza Mastura Ismail

Prof Dr Roszalina Ramli

Assoc Prof Firdaus Hariri

Assoc Prof Deepak GS Pateel

Dr Raja Zarina Raja Shahardim

Dr Natifah Che Saleh

Dr Kamarul Hisham Kamaruddin

Dr Siti Zaleha Hamzah

Dr Mohd Yusmiadil Putra Mohd Yusof

Dr Kok Tuck Chun

## SPEAKERS

A Prof Angus Cameron

Dr Chan Yoong Kian

A Prof. Dr Chew Hooi Pin

A Prof Eshamsul Sulaiman

Dr Goh Pik Pin

Prof Dr Gunaseelan Rajan

Datuk Dr Kalyana Sundram

Dr Khairil Aznan Bin Mohamed Khan

Prof Khoo Suan Phaik

Dr Marhazlinda Jamaludin

Dr Maria Angela G Gonzalez

Prof Mario Esquillo

Dr Rapeah Binti Mohd Yassin

Professor Dr Rosmawati Mohamed

Dr Salleh Zakaria

Brig Gen Dr Sharifah Azlin Juliana Syed Zainal

Dr Sharon Kaur

Emeritus Dato' Dr Wan Mohamad Nasir bin Wan Othman

A Prof. Dr Wendell Evans

Prof Yoshihiro Tsukiyama

## CHAIRPERSONS

Kol Dr Ahmad Fahmi Ahmad Bustaman

Dr Ahmad Faisal Ismail

Dr. Asfizahrasby Mohd Rasoul

Dr Atika Farrah Yahya

Assoc Prof Dr Badiah Baharin

Dr Balkis Ghazali

Prof Dr David Ngeow

Dr Farah Aliya Mohamed Azahar

Dr Ganasalingam Sockalingam

Dr Juanna Bahadun

Dr Leslie Geoffrey

Datin Paduka Dato' Dr. Nooral Zeila Junid

Dr Norhayati Omar

Assoc. Prof. Dr Normastura Abd Rahman

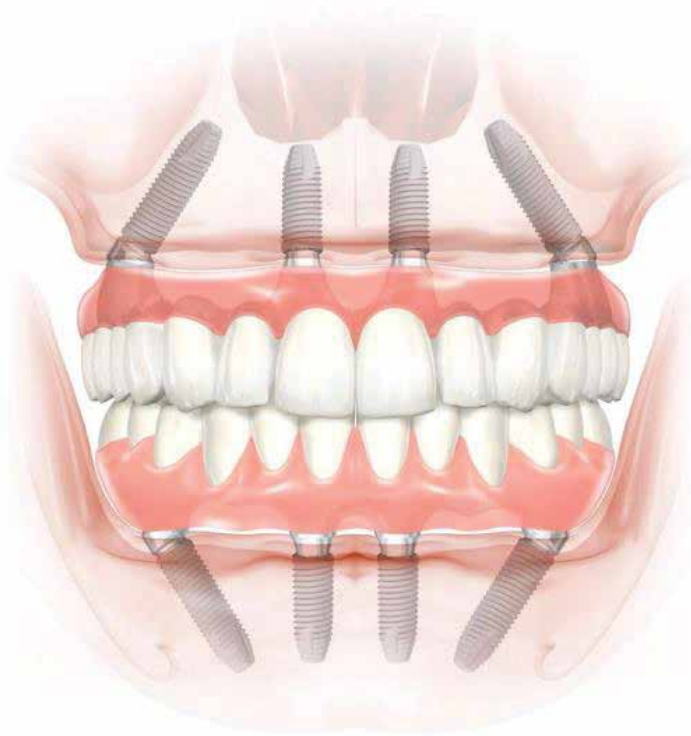
Dr Nurshaline Pauline Hj Kipli

Prof Dr Rahimah Abdul Kadir

Datin Dr Rashidah Esa

Prof Dr Rosnah Zain

Dr Saadah Atan



The All-on-4® treatment concept is a cost-efficient, graftless solution that provides patients with a fixed full-arch prosthesis on the day of surgery.

1. **Full-arch rehabilitation with only four implants:** Two axial anterior implants and two implants tilted up to 45° in the posterior.
2. **Immediate Function:** Ready fixed acrylic bridge for immediate loading after implant placement. This gives immediate function to patients.
3. **Graftless procedure:** Tilting of the posterior implants avoids the need for time-consuming bone grafting procedures, while immediate loading shortens time-to-teeth.



Why recommend patients the All-on-4® treatment concept?

## Rapid improvement in quality of life

A fixed full-arch prosthesis on the day of surgery quickly leads to improved patient satisfaction – with regards to function, esthetics, sense, speech and self-esteem.

**Colgate®**

# Duraphat® Varnish

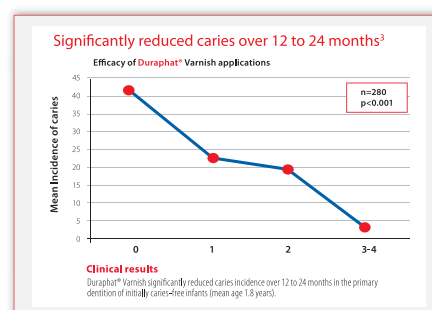
High Fluoride Protection – **Locked Fast**



**Dual Protection:**  
Caries Prevention & Dentinal Hypersensitivity

**Duraphat® Varnish: a recognized and trusted name in fluoride therapy for over 40 years**

- A single application of Duraphat® Varnish can increase enamel fluoride by **77%**<sup>1</sup>
- Up to **73%** caries reduction can be achieved with semi-annual applications of fluoride varnish.<sup>2</sup>
- Clinically proven chairside treatment for:  
**Caries Prevention**<sup>2-4</sup> and **Dentinal Hypersensitivity**<sup>5,6</sup>



**References:**

1. Grobler SR, Ogaard B, Rolla G. Fluoride uptake by sound enamel after in vivo Duraphat application. *J Dent Assoc S Afr* 1983;38:55-58. 2. Tewari A, Chawla HS, Utreja A. Caries preventive effect of three topical fluorides (1.5 years clinical trial in Chandigarh school children of north India). *J Int Assoc Dent Child* 1984;15:71-81. 3. Weintraub JA, Ramos-Gomez F, Jue B, Shain S, Hoover CI, Featherstone JDB, Gansky SA. Fluoride varnish efficacy in preventing early childhood caries. *J Dent Res* 2006;85:172-176. 4. Skold UM, Petersson LG, Lith A, Birkhed D. Effect of school-based fluoride varnish programmes on approximal caries in adolescents from different caries risk areas. *Caries Res* 2005;39:273-279. 5. Papas AS, Clark RE. Accrued desensitization with repeated Duraphat treatment of hypersensitivity. *J Dent Res* 1992;71:628. 6. Gaffar A. Treating hypersensitivity with fluoride varnishes. *Compend Contin Dent Educ* 1998;19:1089-97.

**Colgate®**

**YOUR PARTNER IN ORAL HEALTH**

Intended for dental professionals/academia only.