Guest of Honour:
Y B Datuk Seri Dr. Dzulkefly Ahmad,
Minister of Health Malaysia

20 CPD Points
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6 CPD Points

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TWO CONDITIONS
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SENSITIVE TEETH?

GUM PROBLEMS?

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CHMY/CHSENO/0046/19
Greetings from Malaysian Dental Association (MDA)! Malaysia – International Dental Exhibition and Conference (MIDEC), the very much awaited largest dental meet in Malaysia is now here, from 11th – 14th July 2019. After much deliberation and consideration, the MDA Council has taken the bold step to secure Kuala Lumpur Convention Centre (KLCC) as the event venue for the next 3 consecutive years beginning in 2019. What’s even more exciting is that MIDEC 2019 has the privilege to be second event in Malaysia to be utilising the spanking new expansion building of KLCC. We trust that this will bring MIDEC to a higher level of event management, to cater for the demanding need to propel MIDEC to be more global and recognised as an internationally awaited meet in this region of the globe on the calendar. Indeed, MDA is proud to unveil the largest ever Dental Trade Exhibition in Malaysia with over 200 exhibition booths. A successful trade show is equally important as a well-planned scientific program. Hence, apart from this, 3 parallel scientific sessions packed with top notched speakers both locally and internationally will definitely feed your hunger for up to date information and knowledge. As for our foreign delegates, we sincerely hope that you will extend your stay to enjoy our fascinating country, Malaysia.

Thank you.

Kei Joe LEONG
President of MDA
Greetings from Malaysian Dental Association (MDA)! Malaysia – International Dental Exhibition and Conference (MIDEC), the very much awaited largest dental meet in Malaysia is now here, from 11th – 14th July 2019. After much deliberation and consideration, the MDA Council has taken the bold step to secure Kuala Lumpur Convention Centre (KLCC) as the event venue for the next 3 consecutive years beginning in 2019. What's even more exciting is that MIDEC 2019 has the privilege to be second event in Malaysia to be utilising the spanking new expansion building of KLCC. We trust that this will bring MIDEC to a higher level of event management, to cater for the demanding need to propel MIDEC to be more global and be recognised as an internationally awaited meet in this region of the globe on the calendar. Indeed, MDA is proud to unveil the largest ever Dental Trade Exhibition in Malaysia with over 200 exhibition booths. A successful trade show is equally important as a well-planned scientific program. Hence, apart from this, 3 parallel scientific sessions packed with top notched speakers both locally and internationally will definitely feed your hunger for up to date information and knowledge. As for our foreign delegates, we sincerely hope that you will extend your stay to enjoy our fascinating country, Malaysia. Thank you.

Kei Joe LEONG
President of MDA

MESSAGE FROM THE MINISTER OF HEALTH MALAYSIA

Dear distinguished guests and delegates of MIDEC 2019,

Warmest greetings from the Ministry of Health Malaysia. I am extremely delighted that once again, the Malaysian Dental Association (MDA) has proven its impeccable capabilities to organise conferences of international standards. Truly, such an event of this magnitude would not have been possible without the commitment of a hard working team and months of preparation. My heartiest congratulations to the Organizing Chairman, Dr Leong Kei Joe and his line-up of well capable committee consisting of members from both private and public sectors, for putting a top notch meeting like this right at the heart of the city of Kuala Lumpur. Truly an achievement that Malaysia could be proud of.

The demand for state-of-the-art care by today’s patients and even dental practitioners goes in line with the theme “Tomorrow’s Dentistry Today”. Such demands should be looked at from a positive perspective as it continuously drives practitioners to always keep abreast of the latest knowledge and appropriate technology. Hence, the Ministry of Health Malaysia has always been supportive in continuing professional development programs for oral healthcare providers, not only for dental practitioners but also for dental auxiliaries. Though knowledge is never cheap, it is always a good investment, not only for personal development but in the provision of satisfactory patient care that will ultimately build up ones practice. Dental practitioners should always maintain professionalism in their daily practice to ensure patients continuously receives at all times, safe and quality treatment that inadvertently will increase public confidence to the profession as a whole.

It is my sincere hope that everyone will enjoy this conference as much as the organising committee has meticulously arranged for all of you. For our foreign delegates, we extend our warmest welcome and truly wish that you would take some time off after the event to explore the bustling and melting pot of the city of Kuala Lumpur and beautiful Malaysia.

Yours sincerely,

YB DATUK SERI DR DZULKEFLY AHMAD
Greetings from Malaysian Dental Association (MDA)! Malaysia – International Dental Exhibition and Conference (MIDEC), the very much awaited largest dental meet in Malaysia is now here, from 11th – 14th July 2019. After much deliberation and consideration, the MDA Council has taken the bold step to secure Kuala Lumpur Convention Centre (KLCC) as the event venue for the next 3 consecutive years beginning in 2019. What’s even more exciting is that MIDEC 2019 has the privilege to be second event in Malaysia to be utilising the spanking new expansion building of KLCC. We trust that this will bring MIDEC to a higher level of event management, to cater for the demanding need to propel MIDEC to be more global and be recognised as an internationally awaited meet in this region of the globe on the calendar. Indeed, MDA is proud to unveil the largest ever Dental Trade Exhibition in Malaysia with over 220 exhibition booths. A successful trade show is equally important as a well-planned scientific program. Hence, apart from this, 3 parallel scientific sessions packed with top notched speakers both locally and internationally will definitely feed your hunger for up to date information and knowledge. As for our foreign delegates, we sincerely hope that you will extend your stay to enjoy our fascinating country, Malaysia.

Thank you.

DR KEI JOE LEONG
President of MDA
Chief Executive

Advisor
Dr Ng Woan Tyng

Advisor
Dr John Ting Sii Ong

Organising Chairperson
Dr Leong Kei Joe

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Dr Maisara Binti Mhd Zain

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Kuala Lumpur Convention Centre

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Prof Dr Ngeow Wei Cheong

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Committee
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Chairperson
Dr Darren Yap

Committee
Dr Mary Soo
Dr Chow Kai Foo
Former President Malaysian Dental Association
BDS Singapore
FDSRCS England
Certificate of Oral Implantology University of Frankfurt Germany
Member of the Academy of Medicine Malaysia
FICD
MDA Operation Zero Sugar SCATE2017
Author of: A Review of Excessive Sugar Metabolism on Oral and General Health

Lecture Title:
Sugar And Its Impact On You, Your Patient, Dentistry And The Cost Of Healthcare To A Nation

Which is worse, tobacco or sugar?
Sugar:
1. Low level addictive.
2. Embedded in almost all food and drinks.
3. The fall out hits almost every major organ of the body, resulting in chronic debilitating diseases towards the latter part of life.

The common practice of adding refined sugar to our food and drink began only about a century ago together with the industrial revolution which made refined sugar abundant and cheap. Before that, sugar was available only to the rich who only took it occasionally and in small quantities because of the high cost. Since then the sugar industry has grown tremendously to the extent that there is enough sugar produced annually to provide 25kg of sugar to every man, woman and child on the planet. The world annual production of sugar is worth USD200 billion.

Today, people both in the developed and developing world take an average of 20 to 30 teaspoons of sugar a day, hidden in their food and drinks. The WHO (World Health Organisation) has already come out with an advisory posted on their website stating that a person should take added sugar for only 5% or less of their daily caloric needs. This spells out to be about 5 teaspoons of sugar a day. One can of soft drink or soda contains about 10 teaspoons of sugar. There is ein the consumption of refined sugar has been shown to be in tandem with the rise in obesity, diabetes, strokes, heart disease, fatty liver disease, kidney disease and many other diseases which were not common before.

This talk is to alert us to the impact of the excessive consumption of sugar on ourselves, our patients, dentistry and the cost of health care to an nation. Various facts and data will be given. The talk will also cover briefly what are some solutions to this increasingly recognised global problem of excessive consumption of sugar.
Dr Alexandre Aalam
Dr Aalam graduated with a DDS degree from the University of Nice Sophia Antipolis, Nice (France). He, subsequently, specialized in Advanced Periodontics at the University of Southern California, Los Angeles (USA). Dr. Aalam is a Diplomate of the American Board of Periodontology and a Diplomate of the American Board of Oral Implantology. The French Society and the California Society of Periodontology awarded Dr. Aalam for his contribution to clinical research in the field of implant dentistry. Dr. Aalam is a Clinical Associate Professor at the USC School of Dentistry in the department of Advanced Periodontics. In 2012, Dr. Aalam was appointed as the USC dental school representative on the Board of Governor and in 2019 as a member of the Board of Counselor. He maintains a private practice in Los Angeles limited to Periodontics and Reconstructive Implant Dentistry. Dr. Aalam lectures and publishes in the field of dental implant and site development procedures

Lecture Title:
Contemporary Surgical And Restorative Treatment Of The Maxillary Anterior Sextant
The maxillary anterior tooth implantation is a challenging treatment modality. Multiple treatment protocols are available to the practitioner to assist him in making a rational decision. A successful treatment outcome is largely dependent on the integration of prosthodontic concept and peri-implant soft tissue manipulation.

The purpose of this presentation is to discuss treatment algorithm for the rehabilitation of the maxillary anterior sextant for the single and multiple tooth replacement.

After this course the participants should be able to:
- Understand the negative impact of tooth extraction in the esthetic zone
- Evaluate the limitation of vertical bone augmentation
- Value the incorporation of hard and soft tissue grafting techniques in the routine procedures
- Discuss treatment algorithm for the single and multiple anterior tooth replacement

Workshop:
Advanced Bone Grafting and Site Development in Implant Dentistry
Once a tooth is extracted, the natural wound-healing cascade paired with irreversible alteration occurs. Grafting techniques (hard and soft tissue) and prosthetic manipulations are required to attempt reestablishing the proper hand and soft tissue loses and proper emergence profile. Multiples grafting materials and surgical techniques (hard and soft tissue) compounded with biological driven implant abutment designs (Platform switch and conical abutment connection) have been proposed to reduce and repair the amount of ridge deformation.

After this course the participants should be able to:
- Discuss the decision tree making of bone graft selection
- Understand the mechanism of bone graft incorporation
- Understand the biological benefits benefit of platform switched implant and conical connection in the esthetic zone
- Show the utilization of Titanium mesh, membranes, tenting screws and Biological modifier to enhance the clinical outcome of bone grafting
- Techniques and case presentations
A/P Dr Pong Pongprueksa

- Graduated Doctor of Dental Surgery, Mahidol University, THAILAND in 2002.
- Working in the Department of Operative Dentistry and Endodontics, Mahidol University from 2005.
- Finished Master of Sciences in Operative Dentistry, Mahidol University in 2006.
- Received Thaiboard in Operative Dentistry in 2015.
- Finished Doctor of Philosophy in Biomedical Sciences BIOMAT - KU Leuven, BELGIUM in 2016

Lecture Title:
Current Approaches for Luting CAD/ CAM Materials (FDI)

CAD/CAM technologies have been developed and involving for treating in modern restorative dentistry. Recently, indirect restorative treatment has been shifted from the traditional preparation to minimally invasive treatment. The indirect restorations, such as inlays, onlays and crown are fabricated from the variety of CAD/CAM materials (Composite, hybrid composite, Lithium (di)silicate and Zirconia). Therefore, the clinical success of minimally invasive treatment is not only depending on the materials reliability but the adhesive luting approaches to the materials individually are important as well.

Learning objectives:
The minimal invasive treatment for indirect restoration. The modern CAD/CAM block materials. The various types of luting cement. The adhesive approaches for CAD/CAM materials

Keywords: Minimal invasive, Luting cement, CAD/CAM blocks, Adhesive, Indirect restoration

Dr Ng Ben Chuan

Completed Advanced Course Surgical/Prosthetics in ITI Implant System in 1996 in Waldenburg, Switzerland.
Completed Advanced Course on Osstem Implant System in Korea in 2005.
A Faculty member of Straumann Asian Pacific Speaker Development Program since 2009.
Conferred Fellow of International College of Dentist (F.I.C.D.) in 2012.
A Member of International Academy of Facial Aesthetics in 2014.
Completed Advanced training on Cadaver course for Facial aesthetics treatments in Las Vegas , 2015.
Founding Member/Council Member of Malaysian Oral Implant Association.
Council Member of Malaysian Dental Association Member of I.C.D. since 2011.
Lecture Title:
Venturing Beyond the Orbicularis Oris - “Facial Therapeutics & Enhancement Using Neurotoxin & Dermal Fillers by Dental Practitioners

Venturing Beyond the Orbicularis Oris -‘Facial Therapeutics & Enhancement’ Using Neurotoxin & Dermal Fillers by Dental Practitioners

Dentistry is at its pinnacle; we are into the next century looking forward to provide our patients an overall patient-care beyond the orbicularis oris.

As an adjunct treatment modalities to patients from the normal dental procedures, dentists in general can now have the opportunity to provide an additional care and services, recognizes practical applications and tap into our creative outlet for professional growth. The Next Level in Cosmetic and Therapeutic Dentistry is within our reach. Dentists can provide the most comprehensive diagnosis and treatment for lip and oral/facial augmentation sand enhancement and it has metastasized like wild-fire in the west and also our near neighbours.

This comprehensive introduction presentation will provide interested dentists with the knowledge and guidelines on how Botox & Dermal Fillers’ can be applied to their patients and increased their self-esteem, at the same time propelling dentists into the new frontier of Fortifying the Future of Dentistry.

Dr Nur Hashima Abdul Rashid

ACADEMIC QUALIFICATIONS
-MBBS University of London (King’s College), United Kingdom, 2002
-A Levels, Abacus College, Oxford, United Kingdom, 1997

SPECIALTY CERTIFICATION
-Sleep Surgery Visiting Scholar, Stanford University, California, USA, 2016
-National Specialist Register, Academy of Medicine of Malaysia, 2015
-Registered Polysomnographic Technologist (RPSGT), Board of Registered Polysomnographic Technologist, Virginia, USA, 2014

PREVIOUS EMPLOYMENT
-University Putra Malaysia: Medical Lecturer, Surgery, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia (Jul 2017-Dec 2019)

Lecture Title:
Sleep Apnea: What Dentists Need to Know

Sequelae of undiagnosed and untreated obstructive sleep apnea syndrome results in significant economic burden. They include increased cardiovascular disease,stroke, metabolic disease, excessive daytime sleepiness, work-place errors, traffic accidents and death.

This talk will outline
- The mechanisms of obstructive sleep apnea
- What signs and symptoms of obstructive sleep apnea that dentists can pick up in their practice
- Why tooth extraction during dental braces application can predispose a patient to develop obstructive sleep apnea
- The relationship between temporomandibular joint syndrome and sleep apnea
Nguyễn Hiếu Nhân, DDS
- Founder of Saigon Young Dentists club
- Lecturer Dental photography, Dsd, Veneer in Viet Nam
- Practicing Digital in dentistry

Dr Nguyen Thai Cong, DDS
- Doctor of dental surgery: University of medicine and pharmacy, Ho chi minh city (2002-2008)
- Founder of Saigon Young Dentists club-Director of ERA dental
- Intensive practice in Esthetic veneer and DSD
- Lecturer on Esthetic veneer and DSD in Vietnam

Dr Ho Le Bao An
- 2015, Degree of Doctor of Dental Medicine in Can Tho University of Medicine and Pharmacy (Vietnam).
- Former Professional Service of Ivoclar Vivadent SEA.
- Medical Director of A&K Dental Clinic (Ho Chi Minh City, Vietnam).
- Speaker of Smile Design and Aesthetic Veneer courses (Vietnam).
- Certificates of attendance of Personalized Smile Design of Galip Gurel (Hamburg, Germany), DSD (Taiwan).

Lecture Title: Aesthetic Digital Veneers
Nowadays, cosmetic dentistry treatment has become routine in daily work of the dentists. The following report describes the steps of photographing, planning and trial smile to help dentists achieve optimal success in the treatment.

Dr Puvanendran Balasingham
Dr Puvan obtained his Bachelor of Dental Surgery (BDS) in 2004 from the University of Malaya. He later graduated with distinction in the Master in Clinical Dentistry (MClinDent) Orthodontics from the University of Edinburgh in 2010. He has been a member of Royal College of Surgeons of Edinburgh since 2011 having been awarded the Membership in Orthodontics. He works as a full time consultant orthodontist at Pristine Dental Centre.

Lecture Title: Challenges in Orthodontic Treatment Finishing
Advances in modern orthodontics, prescription brackets and customized orthodontic appliances has all made providing orthodontic treatment more accessible to the masses. The ease of use has even encouraged non-dental professionals to try their hands at this discipline resulting in devastating consequences. Despite seeming as a straight forwards dental treatment to commence, finishing a treatment with excellent results is a huge challenge in its entirety. The aim of this presentation would be to introduce observations and solutions towards achieving success and an excellent finishing in an orthodontic treatment cases.
**Dr Tan Kian Meng**
Dental Specialist in Prosthodontics, Specialist Dental Group®BDS (Singapore), MS (Maryland), Cert Prosthodontics (Maryland) Diplomate, American Board of Prosthodontics.

Dr Tan Kian Meng is a Dental Specialist in Prosthodontics (Teeth Replacement & Cosmetic Dentistry) with Specialist Dental Group®. He is also an Adjunct Lecturer with the National University of Singapore, a Visiting Consultant at Singapore’s Khoo Teck Puat Hospital and serving as the Vice President of Prosthodontic Society Singapore.

Dr Tan Kian Meng received his dental training from National University of Singapore and his speciality training in Prosthodontics from University of Maryland, USA. He also received numerous academic awards including the Lee Kuan Yew Medal for being the best overall graduating student in dental class and Tratman Medal, for being the most distinguished graduate.

Prior to joining Specialist Dental Group®, Dr Tan was with Khoo Teck Puat Hospital as a Consultant and Fellow at University of Texas MD Anderson Cancer Center’s Maxillofacial Prosthetics and Oncologic Dentistry. He is a Fellow of the Academy of Medicine, Singapore and American College of Prosthodontists. He is also a Diplomate of the American Board of Prosthodontics. Dr Tan has a special interest in prosthetic and implant restorative dentistry.

**Lecture Title:**
The Important of Hygiene Management for Denture Patients
For most denture wearers, advanced age, presence of multiple medical comorbidities, reduced dexterity as well as limited physical and financial access to dental care may often result in inadequate oral and denture hygiene. Factors related to the prosthesis itself may further impair overall hygiene status. Similar observations were made for implant overdentures too. Proper hygiene maintenance is necessary to prevent early prosthesis failure, prevent dental disease and minimize failure of supporting teeth or implants. In recent years, evidence-based guidelines for the care and maintenance of removable dental prostheses (both partial and complete dentures as well as conventional and implant-retained prosthesis) are being developed by various taskforce. In this lecture, the salient information from these guidelines will be presented and highlighted with the use of some clinical cases.

**Dr Kathiravan Purmal**
BDS (Malaya), DGDP (UK), MFDSRCS (London), MOrth (Malaya), MOrthRCS (Edinburgh), FRACDS(Australia), MOMSurg(USM)

Dr Kathiravan graduated from the dental faculty University Malaya and has been in private practice for more than 20 years. He is well known for his interest in education, research and publications in international journals. He has postgraduate education in orthodontics and oral maxillofacial surgery. He is the founding president of the Malaysian Orthodontic Practitioners Association.

**Lecture Title:**
Aligners the Clear Choice
Aligners have become a new tool in the hands of dental practitioners who want to align the teeth. This lecture will cover the treatment planning and biomechanics of this treatment modality. The limitation and problems also will be highlighted with the various cases.
Professor Dato’ Dr Zainal Ariff Abdul Rahman
DPSK.BDS(Dhaka), MSc(Lond), FFDRCS(Ire), FDSRCS(Eng).

Prof Dato’ Dr Zainal Ariff Abdul Rahman is a professor at the Department of Oral & Maxillofacial Clinical Sciences, University of Malaya, and a Senior Consultant Maxillofacial Surgeon at University of Malaya Medical Centre (UMMC). He obtained his first degree in Bachelor of Dental Surgery (BDS) in 1987 from University of Dhaka before pursuing Master of Science degree (MSc) in Oral Surgery at London University in 1993. He has held various positions in many influential professional bodies such as the Faculty of Dental Surgery Royal College of Surgeons of England, Malaysian Association of Oral and Maxillofacial Surgeons and the International Association of Oral and Maxillofacial Surgeons. Dato Zainal is also a life member of Eastman Academy International Chapter. In terms of publications, he has to his credit numerous articles published in refereed journals. His recent research was on oral squamous cell carcinoma, which have been published in ISI-indexed journals.He has received many awards for his outstanding contributions including fromMOSTI for “Saintis Cemerlang” Award, Gold Medal Geneva in 2005 and Best Research Award (Gold Medal) at the Malaysia Technology Expo in 2012. In 2012, he received a prestigious royal award Dato’ Paduka from Sultan of Kelantan State.

Lecture Title:
Management of Craniofacial Syndromes: The UM Experience

Syndromes involving craniofacial region may manifest as complex facial deformities with apparent disturbances function. They are commonly associated with intracranial pressure, feeding, airway and orbital issues. Management of these patients can be very challenging due to the complexity of the craniofacial problems and also the general patient status. The correction of facial deformity demand a thorough analysis and identification of the problems prior to finalising the surgical planning. The distorted morphology of the craniofacial skeleton in this patient may pose difficulties in the surgical procedure. Various issues pertaining to perioperative care of this patient were discussed and the need of a comprehensive multidisciplinary team were also emphasised.

The author highlighted the challenges that had been encountered in general management of these patient and shared the solution to rise above the problems. The development of management protocol of craniofacial syndromes and the application of virtual surgery in surgical planning were also emphasised.
Dr Steve Wang
Dr Steve Wang, D.D.S.Dr. Wang received his dental degree from Taiwan Yang-Ming University College of Dentistry in 1999. After 10-year service as a general practitioner. He decided to have the specialty training in the Periodontal department of Taipei Medical University Hospital in 2009. Followed by a 2-year specialty training in the department of Esthetic dentistry of the National Taiwan University Hospital. After Training, he had the certificate of specialty in Operative dentistry, Esthetic dentistry and Implantology. He is now an active council member of Taiwan Academy of Aesthetic Dentistry and Japan Society of Aesthetic Dentistry. He is also a clinical instructor of the National Taiwan University Hospital and the chief of a private dental clinic in Taipei.

Lecture Title:
Provisionals: Prototype for Long Term Success
Fixed prosthodontic treatment, whether involving complete or partial coverage and natural tooth or dental implant abutments, commonly relies on indirect fabrication of definitive prostheses in the dental laboratory. During the fabrication period of final restorations, the customized provisionals should be made to protect the abutments, maintain the function and esthetics, keep the periodontal health, evaluate the treatment result. Nowadays, although we have kinds of materials used in making provisionals. Each of them has its own advantages and disadvantages. Are there possibilities for us to find a new way of making better provisionals? A new technique, named as “The Mixed Provisionals”, will be introduced in this lecture. It can help us to overcome the shortcomings caused by certain materials.

Learning objectives:
1. Compare different provisional materials in their nature
2. To understand the benefits of this technique
3. Different making processes and characterizations of the Mixed Provisionals
4. Different clinical applications
DAY 2

Professor Dr Yi Liu
D.D.S, Ph.D
Clinical Professor, Peking University School and Hospital of Stomatology.
Director, International communication of Chinese Stomatological Association.
• 1996 Bachelor, School of Stomatology, Beijing Medical School
• 2002 Ph.D from Peking University School of Stomatology 2008 Visiting Professor, Department of orthodontics, University of Southern California
• 2010-present, Clinical Professor at Peking University School and Hospital of Stomatology
• 2012-present Director of International Communication of Chinese Stomatological Association.
• 2010-present International Membership of American Association of Orthodontists (AAO) and World Federal of Orthodontics (WFO).

Lecture Title:
How Much We Can Do for Class II Malocclusion?
Class II is a very common classification of malocclusion. It is not only the dental diagnosis, skeletal class II has even more incidence. From human evolutionary background, human face has more vertical growth than width and length, and all facial pattern is developed from skeletal class II to Class I or even Class III. Epidemiological data shows skeletal class II is the most common malocclusion compare with Class I and Class III. Cephalometric analysis can be the used to differentiate the malocclusion, orthodontists should learn effective cephalometric methods apt to use in clinic everyday. Besides static diagnosis, mandible position should be checked for Class II patients. Mandible retruded position can be physiological or pathological, different prognosis should be taken into account. Treatment of Skeletal Class II is comprehensive based on age, skeletal pattern, development, TMJ and so on. Mandible rotation derived from vertical control is essential for improving skeletal discrepancy. Mandible rotation happens in occlusal plane, occlusion establishment is always orthodontic target from the very beginning of treatment. Indifferent dental age, we have different strategy to deal with occlusion based on function period. For most skeletal discrepancy, we can improve most skeletal relationship in late deciduous dentition, since the dental development is very suitable for fixed appliance, growth and development spur is near peak, and psychologically recognition is very cooperative for a long treatment. Mandible rotation could extend to adult treatment.

Key Words:Skeletal discrepancy Mandible rotation Occlusion development Function period.

Learning Objectives:
1 Evolutionary background of skeletal discrepancy.
2 Classification of Skeletal Class II.
3 Function period of dental development.
4 Diagnosis of mandible position and key points of mandible rotation.
Dr Mario Zuolo

DDS graduated at Faculdade de Odontologia de Ribeirão Preto – USP (University of São Paulo) - 1981
- Specialist in Endodontics graduated at APCD
- Preceptorship Course in Endodontics at UHSC - San Antonio (Texas) – USA
- Teaching Fellow in Endodontics at University of Iowa – College of Dentistry in 1990 - 1991
- MSc in Molecular Biology at UNIFESP/EPM
- PhD in Clínica Odontológica- Endodontics at FOP/UNICAMP
- Professor of Endodontics at FOA, São Paulo Dental Association (APCD)
- Author of the Book: Reintervention in Endodontics, Quintessence Editora, São Paulo, 2017
- Private practice limited to Endodontics in São Paulo – Brasil.

Lecture Title:
Apical Root Canal Preparation: Large or Minimally Invasive?

Worship: 13th Jul 2019 (Sat) 2pm-5pm
Achieving Predictable Non Surgical Endodontic Treatment: The Reciprocating Era
Innovative NiTi technologies and endodontic instrumentation concepts. The impact of the reciprocating movement in Endodontics. The Reciproc Blue system Mechanical and manual glide path: when and how to do it Obturation concepts and techniques Obturation of round and oval canals Clinical protocols using cold and warm gutta-percha techniques.

Dr Peter Neil Galgut

PhD (LMU), MPhil(Lond), MSc(Lond), BDS(Rand), MRD RCS(Eng). LDS RCS(Eng), MFGDP(UK), MF Hom. Dent., FHEA, CUEW

Lecture Title:
What’s New in Periodontics: Modern Techniques and Specialist Products to Enhance Healing after Periodontal Treatment.
With better understanding of the aetiology and pathogenesis of Periodontal diseases, our clinical management of the disease has changed completely. Last year the publication of the new classification of periodontal diseases, the increasing trend away from periodontal surgery and prescription of systemic antibiotics with greater emphasis on non-surgical root surface debridement, made possible by the development of new instruments, and topical products such as Gengigel to manage the sub-gingival bacterial contamination and promote healing of the affected tissues has resulted in better clinical results of treatment and more effective long term management of our periodontal patients.
**Dr Stefani Cheung**  
Stefani L. Cheung, DMD, MDS (Implant Dentistry)  
- Adjunct Faculty in Periodontics, University of Pennsylvania School of Dental Medicine  
- Honorary Assistant Professor, University of Hong Kong Faculty of Dentistry  
- Young Clinicians’ Committee Member, Academy of Osseointegration  
- Member, International Team for Implantology  
- General Dentist, Dr. William Cheung & Associates, Hong Kong

**Lecture Title:**  
*Contemporary Biologically - Based Treatment Planning for Long Term Success*  
With the prevalence of implant therapy, our patients have come to demand more from us - they want fewer surgeries, higher success rates, less invasive procedures, and more esthetic outcomes. To improve our surgical results, we must begin by appropriately managing cases from the start, when the tooth is still present in the patient's mouth. This lecture aims to address various techniques with which we can manage extraction sockets to achieve our treatment goals as clinicians, while respecting our patient’s wishes.

**Learning Objectives:**  
- Treatment planning  
- Timing of implant placement  
- Minimally invasive extractions  
- Bone grafting-Soft tissue grafting

**Keywords:**  
- Implant therapy  
- Minimally invasive  
- Esthetics

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**Mr Japhire Gopi**  
Japhire Gopi is the Founder and CEO of JA Assure. A Singaporean who started his career in the insurance industry 20 years ago, he has developed his expertise from the ground up and learnt first hand about how to meet and exceed clients’ expectations and deliver superior insurance solutions. Over the last decade, he has led JA Assure through an Insurtech transformation that has now simplified the once-complicated Insurer-client relationship. Catch him in person to learn about how JA Assure and Chubb have now collaborated to simplify the entire process of protecting yourself with Medical Professional Indemnity Insurance in mere minutes via The DoctorShield. ([www.thedoctorshield.com](http://www.thedoctorshield.com))

**Lecture Title:**  
*Truth, Lies and Consequences: Why Do Dental Professional Need Medical Indemnity Insurance? An Informative Talk That Will Empower All Dental Professionals*  
Dental malpractice arises when an injury occurs due to a lapse on the part of the dental professional and unfortunately, this occurs from time to time. Professionals like dentists are held to a high standard by their patients (and themselves) but human error will always be an inherent risk. The main element of DMI is to provide dental professionals with coverage and protection in the event of a lawsuit. Without DMI, the dental professional runs the risk of having to pay for damages ruled by the court from their own pocket. These orders may be for a large amount of money and may ultimately affect whether the dental practice can even continue after settling this amount.

Dental Malpractice Insurance (DMI) is an insurance solution that can protect dentists against suffering such liability during the course of their work.

This session offers the opportunity for dental professionals to understand the benefits and limitations of typical DMI policies. This understanding will help you make an informed decision when it comes to choosing the appropriate coverage and will help ensure that you are not under-covered and also not paying too much in premium costs.
Professor Stanley F. Malamed

Stanley F. Malamed is a dentist anesthesiologist and emeritus professor of dentistry at the Herman Ostrow School of Dentistry, located in Los Angeles, California, USA. Dr Malamed graduated from the New York University College of Dentistry in 1969 and then completed a residency in anesthesiology at Montefiore Hospital and Medical Center in the Bronx, New York before serving for 2 years as a captain in the U.S. Army Dental Corps at Ft. Knox, Kentucky. In 1973, he joined the faculty of the University of Southern California School of Dentistry (now the Herman Ostrow School of Dentistry of U.S.C). Dr malamed retired from full-time teaching at the university in 2013.

Dr Malamed is a Diplomate of the American Dental Board of Anesthesiology, is a recipient of the Heidebrink Award (1996) from the American Dental Society of Anesthesiology and the Horace Wells Award from the International Federation of Dental Anesthesia Societies, 1997 (IFDAS), and received the Leonard M. Monheim Distinguished Service Award from the American Society of Dentist Anesthesiologists (2015).

Dr Malamed has authored more than 160 scientific papers and 17 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia.


In his spare time, Dr Malamed is an avid runner, exercise enthusiast, and admits an addiction to the New York Times crossword puzzle, which he has done daily since his freshman year in dental school.

Lecture Title 1:  
Medical Emergencies in Dentistry: Back-to-Basics
Medical emergencies can, and do, happen in the dental office environment. In this program Professor Malamed will discuss the incidence of emergency situations, and the recommended steps to prepare the office for such situations.

Lecture Title 2:  
Dental Local Anaesthesia: Dentistry’s Shield Against Pain
Local anesthesia forms the backbone of pain control techniques in dentistry. In this program Professor Malamed will review the drugs and techniques currently used, as well as providing a glimpse into the future of pain control in dentistry.

13.7.2019 (Sat) 2pm-5pm  
Masterclass on Emergency Medicine
In this master class on emergency medicine, Professor Malamed will discuss – in greater depth – the prevention, recognition and management of common medical emergency situations, including loss of consciousness, seizures, chest pain, and allergy.
Dr Minas Leventis

Dr Leventis holds a PhD (2010) and a MSc (2004) in Oral Surgery from the Dental School of University of Athens, Greece. In 2008 he also attended a post-graduate program in Periodontics and Implantology at the University of Heidelberg, Germany.

From 2002 to 2014 he was a Clinical Fellow at the University Department of Oral & Maxillofacial Surgery, Children’s Hospital of Athens “P. & A. Kyriakou”, Athens, Greece. Dr Leventis is currently on the Faculty of the Dental School, University of Athens as a Visiting Clinical Instructor and Researcher, where he teaches under and post-graduate students Exodontia, Oral Surgery, Bone Grafting and Implantology, while undertaking extensive experimental research.

Dr Leventis has been invited to lecture extensively throughout the world on a variety of scientific topics in Oral Surgery. He is the author of numerous scientific articles published in international peer reviewed journals like Journal of Cranio-Maxillofacial Surgery, TripleO, Implant Dentistry, Compendium and EDI Journal. Based in central London his private work and clinical research are focused on Oral Surgery, Tissue Engineering and Implant Dentistry. He is a member of many prestigious International and British scientific societies, in 2012 he earned the Diplomate status of the International Congress of Oral Implantologists (ICOI), is an active member of ADI (UK), a member of Leading Implant Centers and a founding member of ICOI-Hellas (Greece).

Lecture Title:

In modern Implantology, like in Orthopedics and Regenerative Medicine, our aim is to restore the form and function of the lost bone, so that we can give back to our patients exactly the same tissue, a healthy bone tissue which can remodel and adapt to the transmitting occlusal forces.

The new generations of the novel alloplastic materials may elicit a controlled action and reaction to the host tissue environment, whilst exhibiting controlled chemical breakdown and resorption with an ultimate replacement by new bone. As surgeons, if bone regeneration is the aim of our treatment, a fully resorbable material should be used so that the newly formed bone will be in all ways identical to the lost host bone and no residual graft should be present in the long term. Long-term incorporation of non-resorbable graft particles in the augmented bone leads to incomplete regeneration, so in these cases repair or bone augmentation are more appropriate terms.

Novel synthetic biomaterials are designed to be not only osteoconductive but also osteoinductive, i.e. to stimulate the differentiation of multipotent cells towards osteoblasts capable of depositing bone matrix, and there are currently numerous medical research papers showing this. All this medical research can teach us how to engineer functional bone in Dentistry and Implantology, we can learn and understand the role of periosteum, the importance of angiogenesis and biomechanics, so that we translate this knowledge into clinical applications for the benefit of our patients.

The aim of this course is to discuss these concepts and developments, and to present new minimally invasive protocols in order to optimize the host regeneration.

Learning Objectives:
• To understand the importance of bone as the foundation for successful implant restorations.
• To be aware of the various types of bone grafting materials and the modern techniques available for alveolar ridge preservation and augmentation in everyday clinical practice.
• To discuss the key role of bone quality on the long-term stability and function of dental implants.
Dr David Lim Guang Xu
BDS (’s’pore), MSc Special Care Dentistry (UCL), PG Dip Conscious Sedation Dent (KCL), MFDS RCS (Edin)
Others: AmusTCL, ATCL, CHt (NGH, US) CHt (IMDHA)

Education:
Primary School Education (January 1993 to December 1998):
- Attended Catholic High Primary School.
- Completed Primary School Leaving Examination (PSLE) with a score of 266/300.
- Participated in the Edward Bachelor’s Choir of the school.
- Took part in Ai Tong School WeiQi (GO) chess club and Ai Tong School Chinese Martial Arts group.

Career Research, Speaking Experience, and Community Involvement:

Lecture Title:
How Does Its Benefits and Safety Weigh Up
Nitrous oxide has come a long way since it was first used for dentistry in the 1840s. Current international guidelines on inhalation sedation outlines its versatility, need for adequate training and awareness of patient safety. With modernisation of techniques and equipments, nitrous oxide’s use has expanded beyond anxiety management.

This talk covers:
- What is nitrous oxide and what is it used for?
- How does it compare to other sedation techniques or GA?
- How can complex patients be managed with it?
- What should we know if we would like to add this to our dental practise
Dr Stephen Wallace

Dr Wallace received his dental degree from New York University College of Dentistry. He is also a graduate of Boston University School of Graduate Dentistry where he received his Certificate in Periodontics in 1971. He is an Associate Professor in the Department of Periodontics at Columbia University. Dr Wallace is also a visiting professor at the University of Maryland Dental College in the Department of Periodontics.

He is a Diplomate of the International Congress of Oral Implantologists and a Fellow of the Academy of Osseointegration. Dr Wallace lectures on subjects relating to implant dentistry both in the United States and abroad. He has authored over 40 peer-reviewed papers relating to implant dentistry, contributed numerous text book chapters, and has co-edited a textbook on maxillary sinus elevation surgery. He has helped develop the world’s largest database on maxillary sinus elevation.

Dr Wallace has recently received the 2013 American Academy of Periodontology Master Clinician’s Award for outstanding service and level of practice. He maintains a private practice, specializing in periodontics and implant dentistry, in Waterbury, Connecticut.

Dr Wallace lives in Cheshire, CT with his wife, Bonnie and his cat, Alley. His son, Eric, is an oral surgeon in Santa Barbara, CA and his daughter is an attorney living in Martha’s Vineyard.

Lecture Title: Sinus Augmentation Debate: Lateral vs crestal Approach

Patients with an edentulous posterior maxilla frequently lack adequate bone volume to support dental implants. This challenge has been historically addressed by two approaches; the lateral (window) approach and the transcrestal (osteotome + other techniques) approach. The latter approach usually achieves more modest bone height gains, hence it may not be suitable for patients with markedly reduced residual crestal bone heights. Both approaches can be complicated by membrane perforations, which can be significantly reduced by good surgical technique combined with dedicated instrumentation. Sinus elevation outcomes can be affected by surgical and post surgical complications including membrane perforation, bleeding, infection, and sinusitis. Postoperative morbidity specifically swelling and discomfort are also of concern when considering outcomes. In order to reduce trauma, minimally invasive transcrestal procedures have evolved achieving successful outcomes while reducing patient morbidity. This presentation will describe state-of-the-art sinus augmentation approaches in terms of clinical procedures, procedural success, and implant survival outcomes.

14th Jul 2019 (Sun) 9am-12pm

Workshop : Sinus Elevation

This hands-on workshop presents you a simple surgical procedure for accessing the maxillary sinus via lateral and crestal approaches, which reduces the potential for sinus membrane perforation and subsequent complications when graft materials and dental implants are placed into the sinus. Due to visual limitations, perforations and associated complications can jeopardize the success rate of the graft and the implants.

The techniques involve the utilize of specially designed rotary instruments that plane away the bone in thinner layers, with less chances of excess bone removal and membrane perforation, and at the same time, decrease surgery time.
Mr Sim Bock San

Sim’s passion for excellence in HRD training & consulting led him to set up SIM Consulting, providing solutions in areas such as Talent Selection & Assessment, Leadership Development, and Performance Management Consulting & Training. Prior to setting up his own practice, Sim was Principal Consultant with a leading international consulting firm, Development Dimensions International (DDI). In his 8 years at DDI, he had gained extensive experience and exposure in the field of human performance, managing large engagements with key clients and developing human resource development systems for local and global MNCs including some of the leading Fortune 500 companies.

EDUCATION, CREDENTIALS AND AWARDS
1. DDI-certified Master Trainer for a. Skills for an Empowered Workforce (Leadership & Workforce Training) b. Targeted Selection (Selection and Assessment) c. Maximizing Performance (Performance Management)
4. Represented Malaysia in the 2013 Semi-finals of the World Championship of Public Speaking in Cincinnati, Ohio, USA.
5. Peninsular Malaysia Champion for the 2017 Toastmasters International Speech Contest
6. Peninsular Malaysia Champion for the 2012 Toastmasters Humorous Speech Contest
7. B. Commerce in Finance & Economics (University of Toronto, Canada)
8. Educational Recognition. Sim was designated as Ontario Scholar (Ministry of Education, Ontario, Canada) and the recipient of Mrs. TJ Meek Award (University of Toronto)

Lecture Title: Selecting and Retaining the Right Talent in Your Dental Practice

Selecting and retaining the right talent should not be a hit-or-miss experience if we desire to realize “Tomorrow’s Dentistry Today”. We need a more accurate and consistent approach in selecting and retaining the right talent.

This talk will help you:
- use the right criteria to select the right talent for the right job in your dental practice
- understand why behaviors are good predictors of performance
- identify the key factors that help to retain talent
- know the competencies for success in the digital era
Dr Ang Chee Wan
BDS (Singapore), MDS (Periodontology) (Singapore), MRD RCS (Edinburgh, UK)
Dental Specialist in Periodontology
Adjunct Senior Lecturer, National University of Singapore
Clinical Director, T32 Dental Centre

Dr Ang Chee Wan graduated with a Bachelor of Dental Surgery degree from the National University of Singapore. He received specialist training in periodontology and graduated with a Master of Dental Surgery degree. In the same year, he obtained his fellowship in periodontology from the Royal College of Surgeons of Edinburgh (United Kingdom). Dr Ang is an accredited Specialist in Periodontology registered with the Singapore Dental Council. He also teaches the undergraduate and postgraduate students in the National University of Singapore.

Dr Ang lectures overseas frequently in numerous countries including Switzerland, China, Japan, Indonesia, Malaysia and Vietnam. He was invited by Asian Academy of Prosthodontics to speak in Shanghai, China and by Asian Academy of Aesthetic Dentistry to speak in Sapporo, Japan. Dr Ang was also invited to teach in postgraduate programs in the University of Washington, USA and the University of California Los Angeles, USA. Dr Ang is an active member in several professional organizations, including the Society of Periodontology (Singapore), the Aesthetic Dentistry Society of Singapore and the International Team for Implantology (ITI). As a periodontist, Dr Ang provides a comprehensive range of periodontal therapy. These include gum treatment, bone and gum grafting procedures, aesthetic gum surgery and a full range of dental implant procedures. He has special interests in implant dentistry, periodontal plastic surgery, minimally invasive surgeries and bone regenerative procedures.

Lecture Title:
Periodontal Regeneration: A Microsurgical Approach

Two areas of dentistry have received significant attention in recent years. Advances in implant dentistry and aesthetic dentistry have changed the way dentists practise over the past two decades. Consequently, periodontology has evolved from conventional scaling and root planing to advanced microsurgical techniques. Such techniques have been applied successfully to improve treatment outcomes in both implant dentistry and aesthetic dentistry. Microsurgical techniques are also used to enhance the outcome in periodontal regeneration. This lecture will discuss the application of microsurgical techniques in periodontal regeneration, with illustrations from clinical examples.
DAY 2

Dr Afidah binti Ali

Dr. Afidah binti Ali serves at present as the Deputy Director of Private Medical Practice Control Section, Medical Practice Division, Ministry of Health since 2011. She obtained her MD degree from University Sains Malaysia (USM) in 1994 and Master in Public Health in 2002. Her working experiences include internship at USM Hospital, where she also served as a medical officer. After her postgraduate degree, she was attached to Malaysian Medical Council, Public Health Division of the Ministry of Health and then, joined the Private Medical Practice Control Section from 2004 until now.

She is directly involved and now supervising the preparation, implementation and enforcement of the Private Healthcare Facilities and Services Act 1998 [Act 586] on 13 types of private healthcare facilities and services, including in the registration and licensing processes, handling complaints, monitoring and surveillance, grievance mechanisms, quality improvement and as well as the enforcement activities on private healthcare facilities and services in Malaysia.

She is also involved in many committees related to legislations and enforcement of the Medical and Health laws established under the Ministry of Health. She has been invited as a speaker and participates in panels for dialogue, meetings and discussions between Ministry of Health and private sector or relevant professional bodies related to implementation and enforcement of Act 586, Act 615 and their Regulations especially on issues related to the private healthcare facilities or services such as private hospitals, private medical clinics, private dental clinics, private haemodialysis centres, private hospital charges, etc. and also on managed care organisations.

Lecture Title: Implications of PHFSA (Act 586) on Dental Practicess

The Private Medical Practice Control Section, Medical Practice Division has been formed under the Ministry of Health and supervised by the Director General of Health. Medical Practice Division is to control and regulate healthcare facilities or services in Malaysia in accordance to the Private Healthcare Facilities and Services Act 1998 [Act 586] and its Regulations. The Act 586 imposes and ensures minimum standards in the private healthcare facilities and services (PHFS), integrity among healthcare professionals and professionalism among all healthcare professionals. Act 586 controls and regulates 13 types of healthcare facilities and services.

IN relation to dental practices, Act 586 also regulates and controls private dental clinics, private ambulatory care centres, private hospitals etc. Actions on illegal practices i.e. contravening Act 586 or its regulations have been taken toward facilities/premises such as providing dental services without approval (neither registration nor license) from the Ministry of Health, or services being provided by unqualified persons, etc.

In conclusion, it is emphasised that the laws for controlling and regulating the healthcare providers is important. Currently, laws have been laid down and implemented with good intention. As there is a potential occurrence of medico-legal cases in both public and private sectors, all healthcare providers including the medical practitioners and all personnel involved have no excuse to be ignorant of the laws and its consequences. It is now the time to make it compulsory for all healthcare providers including the dental practitioners to understand the relevant laws.
Dr James Lee Tsung Lin
Dr James Lee received his Doctorate of Dental Medicine Degree, Magna Cum Laude from Boston University, followed by one year training in the Prosthodontics Department at University of Illinois at Chicago. He achieved a PhD in Prosthodontics from the Tokyo Medical and Dental University. He jointed a CAD/CAM CEREC material research group led by Dr Russell A. Giordano from 2004, and represented Boston University at national level in the United States. Throughout his career, he has put a large emphasis on the application of research and technology in surgeries and restorations. This has been recognized internationally at the International Association of Dental Research Annual Meeting, winning the prestigious IADR Arthur Frechette New Investigator Award in 2013. Dr James Lee currently maintains a full-time private practice in Singapore.

Lecture Title:
Comprehensive Digital Implantology: Scan, Plan, Place, Restore - Putting It All Together!
Effectivity, efficiency and Ease in daily clinical practice has become the key reasons for dentists to incorporate Digital Dentistry into their clinics. Patients are becoming more specific and demanding on their prosthodontic solutions that mimic the beauty of nature and provide long-term functional success. Various digital 3D tools can help us Scan the edentulous area (Intraoral scanner) and assess the bone (CBCT diagnostics), plan implant positions (software), place implants (guided surgery) and restore them (CAD/CAM prosthodontics). This lecture will focus on the implantology workflow with our CAD/CAM chairside System and show how these requirements are met with ease and reliability.

Learning Objectives
- To understand the benefits of In-house digital implantology in dental practice
- Benefits of same day restoration after immediate implant placement (post extraction) as custom-made healing abutment
- Key Factors in a Successful Implant surgery followed by a Prosthetic Rehabilitation

DAY 3
Dr Asfand Ali Khan
- ROYAL COLLEGE OF SURGEONS OF EDINBURGH UK Membership in Endodontics (M Endo RCSEd)
- UNIVERSITY OF MALAYA Malaysia, Master of Clinical Dentistry
- ROYAL COLLEGE OF SURGEONS OF EDINBURGH UK Membership of Faculty of Dental Surgery (MFDS RCSEd)
- KHYBER COLLEGE OF DENTISTRY Pakistan Bachelor of Dental Surgery(B.D.S.)

Lecture Title:
Understanding The Mechanics of Endodontic Instrument Fracture And Its Management
Background: The introduction of endodontic files made of Ni-Ti opened a new perspective in root canal preparation due to their property of super-elasticity. However, despite improvements in metal alloys and file designs, fracture of rotary instruments during endodontic treatment still represents a problematic and frustrating complication. Ni-Ti file fracture is a significant concern amongst clinicians and can occur without visible signs of previous permanent deformation, even when used within the elastic limit of the instrument. This can complicate root canal procedures and affect the results of treatment. Ni-Ti rotary instruments appear to have a high risk of fracture with incidences of 1.3% -14.0% being reported in the literature(Cheung et al., 2007; Knowles et al., 2006).Therefore, it is necessary to understand defects in files after usage to prevent instrument separation as well as be able to formulate a suitable treatment plan when such an event inevitably occurs.

Learning outcome:
1. Understand the defects in files after use and mechanism of instrument separation
2. Formulate an appropriate treatment plan by deciding whether the separated file should be removed
3. Recognise different levels of difficulty in separated instrument retrieval
4. Understand the management of separated instrument
Dr Nigel Pong

Dr Pong Loong Sean, BDS, MSc

Dr Nigel Pong received his BDS degree in 2008 from University of Malaya. He served in the HQ Putrajaya for 3 years upon graduation. In 2016 after receiving his FICD, he decided to advance his education and chose endodontics as his career pathway. He earned his Master of Science degree in 2019 from Kings College London.

He is an active council member of MAAD since 2010, member of MES since 2017. He currently own a private practice in Petaling jaya and routinely does endodontic procedures under operating microscope.

Lecture Title: Why Cracks? What You Need to Know About It

The main goals of endodontic treatment are to remove bacteria from the root canal system to promote healing and repair of the periapical tissues and to prevent most bacteria from re-entering the canals.

There are many ways for bacteria to penetrate into the root canal system—such as caries, fractures, cracks and breakdown of restorations. In order to have a successful endodontic treatment outcomes, it is important to identify the causes of the pulp and periapical diseases—that is, the pathways of bacterial penetration into the root canal system. This is necessary so that the causes can be removed as part of the treatment.

Cracks is a pathway for bacterial penetration into the root canal system. Cracks in teeth are one of the major causes of pulp and periapical diseases.

Cracks may be detected during the clinical examination under the normal dental operating light by light deflection, change in tooth colour, shadow, staining or when the crack is large enough to be felt using a sharp dental probe. Another commonly used instrument is a selective occlusal force applicator. However, it is often difficult to find cracks when they are small and there is no associated pulp response.

There are no typical symptoms with cracked teeth. The teeth with cracks have various symptoms depending on the status of the pulp; from clinically normal, reversible or irreversible pulpitis to necrotic or pulpless root canal system. Therefore, the treatments for cracked teeth also should have various approaches depending on the status of the pulp.

This lecture will discuss the advantages and disadvantages of different methods of detecting cracks during dental examination as well as management strategies of cracked teeth.
**Day 3**

**Dr Chris Chang**
Dr Chris Chang received his PhD in bone physiology and Certification in Orthodontics from Indiana University in 1996, and is a Diplomate of American Board of Orthodontics (ABO). Dr Chang lectures frequently worldwide on a wide range of topics, including impaction treatment, gummy smile, mini-screw and implant-orthodontic combined treatment. As a private instructor since 2006, he has taught over 2,000 doctors from more than 21 countries. In addition to teaching and publishing, he also founded Newton’s A. Inc and Beethoven Orthodontic and Implant Group.

**Lecture Title:**
**A Perspective on Digital Orthodontics**
Digital orthodontics has seen tremendous progress in recent years when clinicians now have easy access to precise digital data of roots and crowns from 3D and intra-oral scans. With the aid of digital simulation and software programming, doctors can have a thorough planning of an ideal result for each case even before beginning treatment. Together with customized brackets, precise indirect bonding and pre-fitted arch wires, digital orthodontics has significantly elevated treatment efficiency and consistency in treatment quality. This lecture will demonstrate a wide range of clinical cases to argue that "All things digital" is the new frontier of modern orthodontics.

**14.7.2019 (Sunday) 2pm-5.15pm**
**Masterclass : Clinical Trouble Shooting Tips in Orthodontics**
This lecture aims to provide practical tips based on extensive clinical experiences to achieve excellent treatment results without wasted time and efforts by clinicians and patients. Common diagnostic and treatment planning errors and challenges will be presented. Corresponding coping strategies will also be discussed to help YOU avoid unwanted tooth movement, reduce archwire changes and increase treatment efficiency.

**Dr Ho Ting Khee**
DDS(USM), MSc in ClinDent (Fixed & Removable Prosthodontics) (Manchester), MFDSRCS (Edin)

Dr Ho Ting Khee received her dental degree from Universiti Sains Malaysia in 2007. She has completed her postgraduate training in the field of fixed and removable prosthodontics with distinction from the University of Manchester in 2014. Dr Ho possesses a wide knowledge and hands on experiences in prosthodontics, aesthetic dentistry, restorative dentistry and dental materials. Dr Ho Ting Khee appointed as lecturer and prostodontist at the Faculty of Dentistry, Universiti Kebangsaan Malaysia (UKM) in 2014. She actively involved in teaching of dental undergraduates and postgraduates in DClinDent (Restorative Dentistry) course. Currently Dr Ho is coordinator for Laboratory Technology Division in Clinical Services in UKM. She is an active member of Malaysia Dental Association, Malaysian Association for Prosthodontics (MAP) and being elected as council member in MAP since 2015 and currently hold position as Honorary Secretary of MAP from term 2017-2019.

**Lecture Title:**
**Updates On Adhesives in Restorative Dentistry: A Guide for Clinical Practice**
Adhesive dentistry is key factors to minimally invasive, aesthetic, and tooth preserving dental restorations. Current adhesive systems have improved properties through the evolution of components and their mechanism of action, and also regarding the reduction of the application operative time of each one of them, thus providing acceptable and predictable clinical efficacy. This lecture will outline the different types of adhesive systems used in dental practice provide the necessary information and sequence of application so that dentists can properly select and use a given system according to each clinical situation.
Mr Stephen Peter Challinor
An effective clinical manager with proven organisational and communication skills offering a flexible approach with experience in dynamic and demanding environments, sound understanding of unit strategies with in the UK National Health Service, Australia Royal Perth Hospital, and Singapore National Kidney Foundation. At present leading the clinical education department for Cantel Medical Pte Ltd with a commitment to clinical education, personal development and patient care.

2010 to current Regional Clinical Manager covering APAC and EMEA for Cantel Medical Pte Ltd


Lecture Title 1:
Infectious Diseases in Dentistry: Agents and Routes of Transmission and Methods for Preventing Cross Infection
General Hygiene Dental clinic based largely on the CDC criteria:
- Client assessment
- Immunizations for HCW and Patients
- Exposure incident prevention and management
- Universal Precautions/ Standard Precautions
- Personal Protective Equipment
- Instrument Processing and Sterility Assurance of Patient Care Items
- Environmental Management of Clinical Contact Surfaces
- Hazard communication

Lecture Title 1:
Waterline Management on Dental Units: What’s Lurking Inside Your Waterline and Ways to Manage It
Standards in dental clinic CDC
- Water standards
- What is the water like actually like
- How do we treat the risk issues
- What are available to treat these issues
- Assessing the water quality frequency
Professor Dr Richard Welbury

BDS (Hons) University of Newcastle 1978
MB BS University of Newcastle 1984
PhD University of Newcastle 1989

Richard Welbury graduated from Newcastle University with BDS (Hons) in 1978 and MB BS in 1984. He then received a Ph.D. from Newcastle University on ‘An evaluation of composite resins and glass polyalkenoate cements in Paediatric Dentistry’. He gained FDSRCS England in 1986, FDSRCPS Glasgow in 2000, FRCPCH in 2007 and FF GDP in 2015. In 1988 he was appointed Lecturer in Paediatric Dentistry at the University of Newcastle upon Tyne and in 1991 Regional Consultant / Honorary Senior Lecturer in Paediatric Dentistry at Newcastle Dental Hospital. In 2001 he was appointed to the Chair of Paediatric Dentistry at the University of Glasgow Dental School where he was also Deputy Head of the Undergraduate Dental School and Director of Postgraduate Education. In 2001-2002 he was President of the British Society of Paediatric Dentistry and 2006-2008 President of the European Academy of Paediatric Dentistry. Between 2003-2006 he was Chairman of the Standing Advisory Committee in Paediatric Dentistry of the combined Royal Colleges and between 2013-2016 he was Vice –President and Dean of the Dental Faculty, Royal College of Physicians and Surgeons of Glasgow.

Richard Welbury has three main longstanding translational clinical research interests:
1. Safeguarding of children and the role of the dental team in child protection. He has worked in this field for over 30 years and is one of the original authors of the UK guidelines in this area. He also works collaboratively with colleagues in Norway, Denmark Greece, Italy and Croatia to help them build and establish their national policies in safeguarding.
2. Anxiety management in children in the dental surgery and the effects of the drugs used for anxiety management techniques on normal function. Randomised controlled trials have been completed investigating oral, submucosal and intravenous administration of midazolam and nitrous oxide in children and adolescents. Later research in collaboration with the Departments of Psychology and Anaesthesia focused on the cognitive effects to the child and adolescent of general anaesthesia and sedation.
3. Treatment and prevention of traumatic dental injuries to children and adolescents including recent work with the Scottish Rugby Union to ensure mouthguard usage for both training and playing in all Junior Rugby Union clubs in Scotland.

Lecture Title 1: Management of Dento-Alveolar Trauma in Children And Adolescents

The lecture will discuss the importance of dental practitioners having access to evidence based guidelines for the diagnosis and management of dental traumatic injuries (DTI). Regenerative endodontic technique protocols will be discussed and alternatives for root end closure in non-vital immature apices presented.

Learning outcomes:
· Management of non-vital immature apices
· Diagnosis and emergency treatment in periodontal injuries
· Pulpal and periodontal prognosis in periodontal injuries
· Primary prevention in dento-alveolar trauma
Lecture Title 2:  
Role of The Dental Team in Child Safeguarding

Following the death of Victoria Climbié in London in 2000, current National Guidance for Child Protection and assessment frameworks were developed. The General Dental Council in the UK ruled in 2005 that child protection be included in all undergraduate curricula and in 2006 the first national dental guidelines ‘Child protection and the dental team’ were published and ‘dental neglect’ in the UK was defined for the first time.

Learning outcomes:
- Be alert to a child and a family in need of help
- Know where to go for advice about safeguarding
- Recognise types of physical injuries to the head, neck and face
- Recognise the impact of dental neglect as part of general neglect

Lunch masterclass : 14th Jul 2019 (Sun) 1pm-3pm  
Masterclass : Treatment Planning in Dento-alveolar Trauma

Interactive masterclass with case based discussions including short and long term sequelae:
- Luxation injuries in primary incisors
- Luxation and avulsion injuries in permanent incisors
- Splinting methods in periodontal ligament injuries
- Participant cases

Dr Ahmad Faisal
BDS(Malaya), MDS(PaediatrDent)(Hong Kong), MPaedDent RCS(Edinburgh), MPaedDent RCPS(Glasgow), AM (Malaysia)

Dr Ahmad Faisal Ismail graduated with BDS from Faculty of Dentistry, University of Malaya in 2008 and served the Ministry of Health from 2008 until 2011. He then pursued his postgraduate training in paediatric dentistry at Faculty of Dentistry, The University of Hong Kong from 2011 –2014. During his 3 years in Hong Kong, he was trained at the Prince Philip Dental Hospital, Queen Mary Hospital and Duchess of Kent Children Hospital at Sandy Bay, Hong Kong. Dr Faisal was awarded the Tri-collegiate Membership in Paediatric Dentistry from Royal College of Surgeons of Edinburgh in 2016 and Royal College of Physician and Surgeons of Glasgow in 2017. He is also a member of Academy of Medicine, Malaysia. Dr. Faisal is currently the Head, Unit of Paediatric Dentistry and Assistant Professor in Paediatric Dentistry at Kulliyyah of Dentistry, IIUM Kuantan Campus.

Lecture Title:  
Oral impalement Injuries in Children

Impalement injuries of the oropharynx are not uncommon in children. Young children, particularly less than 5 years of age, are most involved in these types of injuries. Although most of these injuries can be managed in an outpatient setting with uneventful healing and minimal scarring, some may develop rare, critical complications. In this lecture, Dr Faisal will revisit the management protocol for oral impalement injuries in children and share his experience in management of the cases.
Dr Michael Ong Ah Hup
Consultant Dental Specialist in Oral & Maxillofacial Surgery / Oral Implantologist
NSR no: 128524
BDS (S’pore) MSc (OMS London, UK) Cert. IAOMS, AM (Malaysia)
Fellow, Diplomate ICOI, Diplomate APAID
FICD, FADI, FICCDE

Dr Michael Ong Ah Hup is currently a Consultant Dental Specialist in Oral and Maxillofacial Surgery and an Oral Implantologist in Sunway Medical Centre and Assunta Hospital. Presently, he is also a Diplomate and a Member of Board of Directors of the Asia Pacific Academy of Implant Dentistry (APAID). He was awarded a Fellow and a Diplomate of the International Congress of Oral Implantologists (ICOI) in 2007.

• Dr Ong was a Former Professor of Oral and Maxillofacial Surgery (OMS) in the University of Malaya, Kuala Lumpur, Malaysia.
• President and Founder Member of the Malaysian Association of Oral and Maxillofacial Surgeons 2000
• Founding President of Malaysian Oral Implant Association (MOIA) 2004
• Member of Board of Directors of APAID 2019
• Founder and Editor of Malaysian Journal of OMS 2000
• Editorial Board of Asian Journal of OMS, International and Asian Councilor for OMS.

Awards including the Gold Medal Award in Geneva, Switzerland as a team in animal research implants study with Macaca Fascicularis and Excellent Award from the Ministry of Higher Education in Malaysia

Lecture Title:
Hyaluronic Acid: Clinical Use in Dentistry and Experimental Research on Bone Healing

Hyaluronic acid (HA) is widely used in many branches of medicine. In dentistry, it is used clinically for tissue repair and to improve wound healing after common operative procedures such as extractions and oral surgery. It is also commonly used as an adjunct treatment for chronic inflammatory diseases of patients and for those who have oral ulcers, gingivitis and/or periodontitis resulting in a significant improvement in their quality of life.

Clinically, there are still many challenges when using HA for soft and hard tissue defects, dysplasia, and implants procedures in strategic sites for functional and aesthetic success.

Our basic experimental animal study on the effects of high-molecular-weight hyaluronic acid with beta tricalcium phosphate on bone healing in rabbit tibial defects indicated positive results. This presentation is to show successful clinical applications with HA as an adjuvant treatment that can be used in dentistry and to share our local basic research on bone healing with hyaluronic acid.
Ms Gooi Yong Wei

BDS(Malaya), MDS(PaediatrDent)(Hong Kong), MPaedDent RCS(Edinburgh), MPaedDent
Deloitte Southeast Asia

Yong Wei is FSI tax specialist in Malaysia, guiding tax engagement teams on all tax related matters. Yong Wei has 20 years of experience in tax, specialising in the asset management, trust, insurance and banking industries. Yong Wei spent the early part of her career with two of the Big 4 firms and has served asset management, insurance and banking clients in both conventional and Islamic businesses in all tax related matters, including tax compliance, dispute resolutions, tax advisory on financial structures including structures in investment management and trusts.

Prior to joining Deloitte, she held senior tax positions at a major Malaysian banking group which has core businesses in retail and wholesale banking, trustee and real estate investment trusts, asset management and insurance businesses both locally as well as around SEA region and Hong Kong. There, Yong Wei amassed in depth understanding of existing as well as new and innovative financial products, and developed extensive experience advising private and investment bankers on various banking products and structures and unique insights into these products and their implications to specific clients and investors.

Yong Wei was the Chairperson of the Malaysian Investment Banking Association’s Tax Committee and was also part of the Working Group for all tax issues in the Association of Banks in Malaysia and tax representative at insurance and fund management associations. Yong Wei graduated with a Bachelor of Commerce (majoring in Accounting and Finance) from the University of Melbourne and is a member of CPA Australia.

Lecture Title:
Tax Considerations for Wealth Management of the Dental Practitioner

In this briefing, we will discuss important considerations affecting the taxation of an individual, whether in business or as an investor. Topics will include:

• CRS Reporting and its Effects
• The Special Voluntary Disclosure Programme
• Considerations in Passing Down Your Wealth (lifetime gift, inheritance, trusts)
• Taxation of Your Business
• Taxation of Investment Income
Ms Mas Marlena Mohamad
Certified Professional Trainer B(Hons) Psychology
Certified Professional Trainer IPMA (UK)

Marlena is a Public Speaker and Trainer for more than 9 years and a coach and mentor for numerous developing public speakers.

Marlena has coached, and trained members from organizations like HELP University students, Prudential, Philip Mutual, SJMC, Quest CorpGlobal, HCK Group, Belle and Russel and many more.

Marlena is a believer of learning is best taught, when lessons are fun and immediately applicable.

Lecture Title:
Body Language: The Importance of Non-verbal Communication

Key learning points:
• Importance of Non-Verbal Communication
• Identify the different types of Non-Verbal Communication
• Relevant and Purposeful gestures when communicating
• Applying purposeful gestures when communicating
• Using more than hands gestures

Mr Joshua Chong
Mr Joshua Chong is currently the Vice President, Portfolio Management of Libra Invest Bhd based in Kuala Lumpur. He has researched extensively in managing assets of various clients from all walks of life. He has four years of working experience in portfolio management. He is a former ASEAN equity market analyst.

He holds a Masters of Finance and Marketing & Bachelor of Economics and Finance from the Royal Melbourne Institute of Technology

Lecture Title:
Preserving Wealth Efficiently

The dental profession is well respected and rewarding. After many years of hard work and building your business, it would be great to explore some of the methods used by the corporate world to efficiently manage the cash.

In this talk, you will learn:
How to manage cash at a corporate level, comparing current account, fixed deposits and other traditional saving methods. What are money market funds? What is the structure and key benefits of such funds? What are the underlying investments of such funds. Are they in Fixed Deposits, Commercial Papers or Bonds? How risky are these funds? What are the types of Money Market Funds? What are Shariah versus Conventional funds? And comparing Wholesale versus Retail Funds. And what are the Regulations set by Security Commission and Bank Negara regarding such funds.
### DAY 1 12.07.2019 (FRIDAY)

<table>
<thead>
<tr>
<th>TIME</th>
<th>HALL 6 A</th>
<th>HALL 6C</th>
<th>PLENARY HALL</th>
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<tbody>
<tr>
<td>08:30AM – 09:30AM</td>
<td><strong>Dr Chow Kai Foo</strong> Sugar and its impact on you, your patient, dentistry and the cost of healthcare to a nation</td>
<td></td>
<td><strong>Dr Alexandre Aalam</strong> Contemporary surgical and restorative treatment of the maxillary anterior sextant</td>
</tr>
<tr>
<td>09:30AM – 10:30AM</td>
<td><strong>TEA BREAK &amp; TRADE EXHIBITION</strong> (Exhibition Hall 1 &amp; 2, Ground Floor)</td>
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<td><strong>TEA BREAK &amp; TRADE EXHIBITION</strong> (Exhibition Hall 1 &amp; 2, Ground Floor)</td>
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<tr>
<td>10:30AM – 11:30AM</td>
<td><strong>A/P Dr Pong Pongprueksa</strong> Current approaches for luting CAD/CAM materials (FDI)</td>
<td><strong>Dr Ng Ben Chuan</strong> Venturing beyond the orbicularis oris – “Facial therapeutics &amp; enhancement using neurotoxin &amp; dermal fillers by dental practitioners</td>
<td><strong>Dr Nguyen Hieu Nhan, Dr Nguyen Thai Cong, Dr Ho Le Bao An</strong> Some aspects contributing to the success of esthetic veneer treatment</td>
</tr>
<tr>
<td>11:30AM – 12:30PM</td>
<td><strong>Dr Nur Hashima Abdul Rashid</strong> Sleep Apnea: What dentists need to know</td>
<td></td>
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<tr>
<td>12:30PM – 02:30PM</td>
<td><strong>LUNCH (Conference Hall 1,2 &amp; 3, Level 3) &amp; TRADE EXHIBITION</strong></td>
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</tr>
<tr>
<td>02:30PM – 03:30PM</td>
<td><strong>Dr Tan Kian Meng</strong> The importance of hygiene management for denture patients</td>
<td><strong>Dr Puvanendran Balasingham</strong> Challenges in Orthodontic Treatment</td>
<td><strong>Dr Steve Wang</strong> Provisionals: Prototype for Long Term Success</td>
</tr>
<tr>
<td>03:30PM – 04:30PM</td>
<td><strong>Professor Dato’ Dr Zainal Ariff</strong> Management of Craniofacial Syndromes: The UM Experience</td>
<td><strong>Dr Kathiravan Purmal</strong> Aligners the clear choice</td>
<td></td>
</tr>
<tr>
<td>04:30PM – 06:00PM</td>
<td><strong>TEA BREAK &amp; TRADE EXHIBITION</strong> (Exhibition Hall 1 &amp; 2, Ground Floor)</td>
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### DAY 2 13.07.2019 (SATURDAY)

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<tr>
<th>TIME</th>
<th>HALL 6 A</th>
<th>HALL 6C</th>
<th>PLENARY HALL</th>
<th>MEETING ROOM</th>
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</thead>
<tbody>
<tr>
<td>08:30AM – 09:30AM</td>
<td><strong>Professor Dr Yi Liu</strong>&lt;br&gt;How much we can do for Class II malocclusion?</td>
<td><strong>Mr Japhire Gopi</strong>&lt;br&gt;Truth, lies and the consequences: Why do Dental professionals need professional Indemnity?</td>
<td><strong>Dr Mario Zuolo</strong>&lt;br&gt;Apical root canal preparation: large or minimally invasive?</td>
<td><strong>TEA BREAK &amp; TRADE OPENING CEREMONY (Exhibition Hall 1 &amp; 2, Ground Floor)</strong></td>
</tr>
<tr>
<td>09:30AM – 10:30AM</td>
<td><strong>TEA BREAK &amp; TRADE OPENING CEREMONY</strong>&lt;br&gt;(Exhibition Hall 1 &amp; 2, Ground Floor)</td>
<td></td>
<td><strong>TEA BREAK</strong>&lt;br&gt;(Exhibition Hall 1 &amp; 2, Ground Floor)</td>
<td><strong>MAD-CVE Award presentation</strong>&lt;br&gt;10:30AM – 12:30PM&lt;br&gt;(ROOM 304,305)</td>
</tr>
<tr>
<td>10:30AM – 11:30AM</td>
<td><strong>Dr Peter Neil Galgut</strong>&lt;br&gt;What's new in periodontics: Modern techniques and specialist products to enhance healing after periodontal treatment?</td>
<td><strong>Dr Stanley F. Malamed</strong>&lt;br&gt;Emergency Medicine – Back to Basics</td>
<td></td>
<td><strong>TEA BREAK</strong>&lt;br&gt;(Exhibition Hall 1 &amp; 2, Ground Floor)</td>
</tr>
<tr>
<td>11:30AM – 12:30PM</td>
<td><strong>Dr Minas Leventis</strong>&lt;br&gt;True Bone regeneration: what the body needs. Translating biology into successful implant dentistry.</td>
<td><strong>Dr Stanley F. Malamed</strong>&lt;br&gt;Local Anesthesia – Dentistry’s shield against pain</td>
<td><strong>Dr Stefani Cheung</strong>&lt;br&gt;Contemporary biologically-based treatment planning for long-term success (FDI)</td>
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<tr>
<td>12:30PM – 02:30PM</td>
<td><strong>LUNCH</strong>&lt;br&gt;(Foyer Exhibition Hall 1 &amp; 2, inside Exhibition Hall 2, Ground Floor) &amp; <strong>TRADE EXHIBITION</strong></td>
<td></td>
<td><strong>Oral Scientific Presentation</strong>&lt;br&gt;02:30PM – 06.00PM&lt;br&gt;(ROOM 305)</td>
<td><strong>Poster Scientific Presentation</strong>&lt;br&gt;02:30PM-06.00PM&lt;br&gt;(Inside Trade Exhibition Hall 2, Ground Floor)</td>
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<tr>
<td>02:30PM – 03:30PM</td>
<td><strong>Dr Ang Chee Wan</strong>&lt;br&gt;Periodontal Regeneration: A Microsurgical Approach</td>
<td><strong>Dr David Lim Guang Xu</strong>&lt;br&gt;Nitrous oxide – how does its benefits and safety weigh up?</td>
<td><strong>Dr Stephen S. Wallace</strong>&lt;br&gt;Maxillary sinus elevation: lateral window vs trans-crestal using short implants.</td>
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<tr>
<td>03:30PM – 04:30PM</td>
<td><strong>Mr Sim Bock San</strong>&lt;br&gt;Selecting and Retaining the Right Talent in Your Dental Practice</td>
<td><strong>Dr Afidah binti Ali</strong>&lt;br&gt;Implications of PHFSA (Act 586) on Dental Practice</td>
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<tr>
<td>04:30PM – 06:00PM</td>
<td><strong>TEA BREAK &amp; TRADE EXHIBITION</strong>&lt;br&gt;(Exhibition Hall 1 &amp; 2, Ground Floor)</td>
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<tr>
<td>07:30PM – 10:30PM</td>
<td><strong>OPENING CEREMONY CUM GALA DINNER CUM MDA PRESIDENT INSTALLATION NIGHT</strong>&lt;br&gt;CONFERENCE HALL 2, LEVEL 3, KLCC</td>
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### DAY 3 14.07.2019 (SUNDAY)

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<thead>
<tr>
<th>TIME</th>
<th>HALL 6 A</th>
<th>HALL 6C</th>
<th>PLENARY HALL</th>
<th>MEETING ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30AM – 09:30AM</td>
<td>Dr Nigel Pong</td>
<td>Dr James Lee Tsung Lin</td>
<td>09:00AM – 10:30AM</td>
<td>Dr Chris Chang</td>
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<tr>
<td></td>
<td>Why cracks? What you need to know about it</td>
<td>Comprehensive Digital Implantology: Scan, Plan, Place, Restore – Putting it all together!</td>
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<tr>
<td>09:30AM – 10:30AM</td>
<td>TEA BREAK &amp; TRADE EXHIBITION (Exhibition Hall 1 &amp; 2, Ground Floor)</td>
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<tr>
<td>10:30AM – 11:30AM</td>
<td>Dr Asfand Ali Khan</td>
<td>Dr James Lee Tsung Lin</td>
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<tr>
<td></td>
<td>Understanding the mechanics of endodontic instrument fracture and its management</td>
<td>Comprehensive Digital Implantology: Scan, Plan, Place, Restore – Putting it all together!</td>
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<tr>
<td>11:30AM – 12:30PM</td>
<td>Dr Ho Ting Khee</td>
<td>Mr Stephen Peter Challinor</td>
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<td></td>
<td>Updates on adhesives in Restorative Dentistry: a guide for clinical practice</td>
<td>Infectious diseases in dentistry: agents and routes of transmission and methods for preventing cross infection.</td>
<td></td>
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<tr>
<td>12:30PM – 02:30PM</td>
<td>LUNCH (Grand Ballroom 1 &amp; 2, Level 3) &amp; TRADE EXHIBITION</td>
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<tr>
<td>02:30PM – 03:30PM</td>
<td>Dr Ahmad Faisal</td>
<td>Mr Stephen Peter Challinor</td>
<td>Ms Mas Marlena Mohamad</td>
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<td></td>
<td>Oral impalement injuries in children</td>
<td>Waterline Management on Dental Units: What’s lurking inside your waterline and ways to manage it</td>
<td>Body language: The importance of non-verbal communication</td>
<td></td>
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<tr>
<td>03:30PM – 04:30PM</td>
<td>Dr Michael Ong</td>
<td>Ms Gooi Yong Wei</td>
<td>Professor Dr Richard Welbury</td>
<td></td>
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<tr>
<td></td>
<td>Hyaluronic Acid: Clinical use in Dentistry and experimental research on bone healing</td>
<td>Tax considerations for wealth management of the dental practitioner. Mr Joshua Chong</td>
<td>Role of the dental team in child safeguarding</td>
<td></td>
</tr>
<tr>
<td>04:30PM – 06:00PM</td>
<td>TEA BREAK &amp; TRADE EXHIBITION (Exhibition Hall 1 &amp; 2, Ground Floor)</td>
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## PRE-CONGRESS WORKSHOP

### 11/7/2019 (Thursday)

**Advanced Bone Grafting and Site Development in Implant Dentistry (WORKSHOP).**
- **Speaker:** Dr Alexandre Aalam
- **Venue:** The Dental Academy
- **Time:** 9am - 5pm

## CONGRESS WORKSHOP & MASTERCLASS

### 13/7/2019 (Saturday)

**Achieving Predicatble Non-surgical Endodontic Treatment: The Reciprocating Era (WORKSHOP).**
- **Speaker:** Dr Mario Zuolo
- **Venue:** Room 303, KLCC
- **Time:** 2pm - 5pm

**Masterclass on Emergency Medicine.**
- **Speaker:** Professor Stanley Malamed
- **Venue:** Room 304, KLCC
- **Time:** 2pm - 5pm

### 14/7/2019 (Sunday)

**Sinus Elevation Workshop.**
- **Speaker:** Dr Stephen Wallace
- **Venue:** Room 303, KLCC
- **Time:** 9am - 12pm

**Treatment Planning in Dento-alveolar Trauma (LUNCH MASTERCLASS).**
- **Speaker:** Professor Richard Welbury
- **Venue:** Room 303, KLCC
- **Time:** 1pm - 3pm

**Clinical Trouble Shooting Tips in Orthodontics Masterclass.**
- **Speaker:** Dr Chris Chang
- **Venue:** Room 304, 305, KLCC
- **Time:** 2pm - 5.15pm

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**MIDEC Opening Ceremony cum President Installation Gala Dinner**

- **Date:** 13th July, 2019 (Saturday)
- **Time:** 6.30pm-10.30pm
- **Venue:** Conference Hall 2, Kuala Lumpur Convention Centre
- **Dress code:** Formal - Simply Red

**Theme:** Scarlet Fever
<table>
<thead>
<tr>
<th>NO</th>
<th>Presenter</th>
<th>Title of Poster Presentation</th>
<th>Time of Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1</td>
<td>DR NURULHUDA MOHD. THIYAHUDDIN</td>
<td>YEAST SPECIES IN THE ORAL CAVITIES OF OLDER PEOPLE: A COMPARISON BETWEEN PEOPLE LIVING IN THEIR OWN HOMES TO THOSE IN REST HOMES.</td>
<td>2.30pm - 2.40pm</td>
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<tr>
<td>O2</td>
<td>DR VINESH RAJ A/L SAVUMTHARARAJ</td>
<td>CASE REPORT: RARE CASE OF BLACK HAIRY TONGUE IN ACUTE MYELOID LEUKAEMIA(AML)</td>
<td>2.45pm - 2.55pm</td>
</tr>
<tr>
<td>O3</td>
<td>DR MOHMED ISAAQALI KAROBARI</td>
<td>CHARACTERIZATION OF ROOT AND CANAL MORPHOLOGY OF PERMANENT ANTEERIORS IN MALAYSIAN SUB-PopULATION USING NEW CLASSIFICATION SYSTEM: A CBCT STUDY</td>
<td>3.00pm - 3.10pm</td>
</tr>
<tr>
<td>O4</td>
<td>DR IHAB MAHMOUD MOUSSA</td>
<td>MICRO-CT EVALUATION OF ADAPTATION AT TOOTH/RESTORATION INTERFACE USING THREE RESIN COMPOSITE RESTORATIONS PLACED WITH DIFFERENT FILLING TECHNIQUES</td>
<td>3.15pm - 3.25pm</td>
</tr>
<tr>
<td>O5</td>
<td>DR SELVA MALAR MUNUSAMY</td>
<td>INFLUENCE OF DIETARY SOLVENTS ON SURFACE ROUGHNESS BETWEEN COMPOSITE TYPES</td>
<td>3.30pm - 3.40pm</td>
</tr>
<tr>
<td>O6</td>
<td>DR CHEW WEI SHENG</td>
<td>EPIDERMOID CYST AND LYMPHANGIOMA OF THE UPPER LIP: A CASE REPORT OF A COMMON LESION IN AN UNCOMMON SITE</td>
<td>3.45pm - 3.55pm</td>
</tr>
<tr>
<td>O7</td>
<td>DR CHU CHIN SIN</td>
<td>BOND FAILURE RATE OF INDIRECT BONDING, A COHORT STUDY</td>
<td>4.00pm - 4.10pm</td>
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<tr>
<td>O8</td>
<td>DR PADMINI HARI</td>
<td>EVALUATION OF ROOT SURFACE CHANGES ON PERIODONTALLY INVOLVED TEETH AND PAIN PERCEPTION AFTER INSTRUMENTATION WITH NOVEL PIEZOELECTRIC SCALER WITH TITANIUM TIPS</td>
<td>4.15pm - 4.25pm</td>
</tr>
<tr>
<td>O9</td>
<td>DR LIM SING YING</td>
<td>OUTCOME OF AUTOTRANSPLANT OF 33 ECTOPIC IMPACTED ANTERIOR PERMANENT TEETH WITH FOLLOW UP PERIOD OF 24 MONTHS</td>
<td>4.30pm - 4.40pm</td>
</tr>
<tr>
<td>O10</td>
<td>MR TAN JUN HONG</td>
<td>EVALUATION OF NANOLEAKAGE AND DEGREE OF CONVERSION OF THREE DIFFERENT DENTINE BONDING SYSTEMS</td>
<td>4.45pm - 4.55pm</td>
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</table>

* Note: 7min Presentation, 3min Q&A, 5 mins to change presenter, judges marking (total 15 mins)
** Oral & Poster Prizes Presentation for winners @ 5.30pm, Meeting Room 305
Aim: Oral candidiasis is prevalent among older people due to predisposing factors such as impaired immune defenses, use of xerogenic medications and dentures. An increasing number of older people live in rest home facilities and it is unclear how this institutionalized living affects the quantity and type of fungi colonizing these people’s oral cavities.

Material and Methods: Smears and swabs of the palate and tongue and saliva samples were taken from participants residing in rest homes (RH; n = 20) and older people living in their own homes (OH; n = 20). Yeast in samples were quantified and identified by culturing on CHROMagar Candida and sequencing the ITS2 region of rDNA.

Results: A higher proportion of RH residents had Candida hyphae present in smears compared to OH participants (35% vs 30%). RH residents had, on average, 23 times as many yeasts per ml saliva as OH participants. Seven yeast species were identified in OH samples and only five in RH samples, with Candida albicans and Candida glabrata being the most common species isolated from both participant groups.

Conclusion: The results indicate that older people living in aged-care facilities are more likely to have candidiasis and have a higher yeast carriage rate than similarly aged people living at home. This may be due to morbidities which led to the need for residential care and/or related to the rest home environment.

A CBCT STUDY
CHARACTERIZATION OF ROOT AND CANAL MORPHOLOGY OF PERMANENT ANTERIORS IN MALAYSIAN SUB-POPULATION USING NEW CLASSIFICATION SYSTEM: A CBC STUDY

Mohamed Isaqali Karobari, Tahir Yusuf Noorani, Mohamad Syahrizal Halim, Hany Mohamed Aly Ahmed
1School of Dental Sciences, Universiti Sains Malaysia, Kubang Kerian 16150, Kelantan, Malaysia.
2Department of Restorative Dentistry, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia.

Aim: To evaluate the root and canal morphology in permanent anteriors (MA) in Malaysian subpopulation using cone beam computed tomography (CBCT) interpreted using two classification systems.

Material and Methods: CBCT images of 856 patients with age ranging from 14 to 70 years, having 10080 anteriors were examined. The number of roots and canal configuration types were classified using two classification systems (the new system compared to Vertucci). Pearson Chi-square/Fisher’s exact tests were used for statistical analysis (P=0.05).

Results: According to the new system and Vertucci’s classification, code 1MA1 and Type I were the most common in maxillary anteriors (98.2%), mandibular central incisors (64.7%) and canines (90.5%) respectively, whereas code 1MA1-2-1 and Type III were the most common in mandibular lateral incisors (51%). A number of Vertucci’s non-classifiable variations were identified which were classified using the new system. These include codes 1MA2-1-2-1 (2.1%), and 1MA2-1-2-1-2-1 (0.1%). The prevalence of root canal variations in mandibular incisors was higher in males compared to females (P<0.001), Malay followed by Chinese and Indians (P<0.001), and in 20-30 age group compared to other age groups (P<0.001). No significant difference was found in maxillary anteriors. Two-rooted mandibular canines were identified in six samples.

Conclusions: Mandibular anteriors show a wide range of root and canal anatomical variations. The complexity of the root canal configuration is significantly affected by sex, ethnicity and age. The new classification system provides a simplified and accurate presentation of the root canal morphology, especially when complex variations are present.
**ORAL 04**

**MICRO-CT EVALUATION OF ADAPTATION AT TOOTH/RESTORATION INTERFACE USING THREE RESIN COMPOSITE RESTORATIONS PLACED WITH DIFFERENT FILLING TECHNIQUES**

Ihab Mahmoud Moussa  
King Saud University, Faculty of Dentistry

**Aim of the study:** This study aimed at evaluating the internal adaptation in terms of percentage of contact using micro-CT (μCT) for three resin-based composite restorations placed with different filling techniques.

**Materials and methods:** Three resin-based composites were investigated:
- Conventional resin-based composite applied incrementally FiltekTM P90, Bulk-fill resin-based composite Tetric EvoCeram® Bulk Fill and Sonic Fill (Kerr corp. USA).
- Fifteen maxillary 1st premolars were collected. A Class II mesio-occluso-distal cavity was prepared on each tooth. After a matrix was applied, all resin composites were used according to their manufacturers’ instructions then light cured. Scanning of the specimens was performed using a μCT machine.
- The percentage of contact (%) was done by measuring the length of restoration margin and dividing it by the entire length cavity walls.

**Results:**
- Percentage of contact of P90 to their cavities’ walls was significantly higher than that of TEC BE which was in turn significantly higher than that of SF. Adaptation of P90 to different parts of their cavities was significantly higher than adaptation of SF to the corresponding parts.

**Conclusions:**
- Bulk fill TEC BF and SF composites did not improve percentage of contact compared to silorane based incrementally placed P90 composite. No difference in adaptation of P90 and TEC BF composites to different parts of cavities, however, adaptation of the SF to the occlusal parts of cavities was much better than to gingival parts.

**Key words:** Micro-CT, adaptation, resin composites, filling techniques

**ORAL 05**

**INFLUENCE OF DIETARY SOLVENTS ON SURFACE ROUGHNESS BETWEEN COMPOSITE TYPES**


1. Department of Restorative Dentistry, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia
2. Department of Dentistry, Ng Teng Fong General Hospital, National University Health System, Singapore
3. Biomaterials Research Laboratory, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia
4. Department of Restorative Dentistry, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia

**Aim:** To compare the effects of dietary solvents on surface roughness (Ra) of CAD/CAM composites with direct and indirect dental composites.

**Material and Methods:**
- Specimens (12 x 14 x 1.5mm) of one direct composite (FiltekTM Z350 XT [FZ]), one indirect composite (Shofu Ceramage [CM]) and four CAD/CAM composites (Lava Ultimate [LU], Shofu Block HC [HC], Cerasmart [CS] and Vita Enamic [VE]) were prepared, measured for baseline Ra, ranked and divided into 6 groups (n=12). They were conditioned in dietary solvents for 1 week at 37 °C: air (control), distilled water, 0.02 N citric acid, 0.02 N lactic acid, heptane and 50% ethanol-water solution before subjected to post-conditioning surface roughness testing using the optical 3D surface analyzer (G4e, Alicona Imaging GmbH, Raaba, Austria). SEM examination was done on representative post-conditioning samples with the highest mean Ra values. Inter-medium and inter-material comparisons were performed with one-way ANOVA / Bonferroni’s test at a significance level p<0.05.

**Results:**
- Mean Ra values ranged from 0.086±0.004µm to 0.153±0.005µm. For all composites, exposure to air and distilled water resulted in significantly lower mean Ra than other dietary solvents. Conditioning in following dietary solvents presented the roughest surfaces in respective materials: citric acid (FZ, CM and CS); lactic acid (LU); heptane (HC) and ethanol solution (VE). Regardless of mediums, FZ had the highest whilst VE the lowest mean Ra.

**Conclusions:**
- Despite industrial polymerization, the surface roughness of CAD/CAM composites remained susceptible to significant degradation by dietary solvents with exception to distilled water. The solvent influence between composite types was material dependent.
**ORAL 06**

**EPIDERMOID CYST AND LYMPHANGIOMA OF THE UPPER LIP: A CASE REPORT OF A COMMON LESION IN AN UNCOMMON SITE**

1Wei Sheng Chew, 2Nabihah Dziazaruddin, 3Sumathy Perumal

1Department of Paediatric Dentistry, Teluk Intan Hospital, Teluk Intan, Perak, Malaysia; 2Department of Paediatric Dentistry, Raja Permaisuri Bainun Hospital, Ipoh, Perak, Malaysia

**Introduction:** Epidermoid cysts are benign lesions characterized by cornified epithelium lined cystic spaces containing lamellated keratin without calcifications. They are uncommon in the head-neck region (6.9%) and are rarely found in the oral cavity (1.6%), with 0.01% incidence of all oral cavity cysts. Lymphangioma are benign tumours resulting from congenital malformation of the lymphatic system that show a marked predilection for the head-neck region (50-70%). They are usually diagnosed in at birth or during early childhood but rarely in adults.

**Case Report:** We report an intriguing case of a 5-year-old boy who presented to us in 2018 with multiple swellings on his upper lip since birth. The swellings were initially small but gradually increased in size and involved his whole upper left lip. He has multiple round rubbery lobulated mass on his upper lip giving him an unpleasant asymmetry appearance, thus he underwent excisional biopsy of the swellings under general anesthesia and histopathological examination came suggestive of epidermoid cyst with cystic/cavernous lymphangioma. Postoperatively, wound healing was uneventful with no signs of recurrence.

**Conclusion:** Epidermoid cysts of the head-neck regions are rare hence easily misdiagnosed. Meanwhile, lymphangioma of the head-neck regions are easily identifiable. Surgical intervention remains as the treatment of choice for both pathologies and having a high index of suspicion is mandatory for early detection and establishment of diagnosis.

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**ORAL 07**

**BOND FAILURE RATE OF INDIRECT BONDING, A COHORT STUDY**

Chin Sin Chu1, Jaapar Mustaffa2, Jye Yen Sia3

1Pegawai Pergigian, Unit Ortodontik, Klinik Pergigian Raub, Pahang 2Ketua Penolong Pengarah Kanan, Unit Perundangan dan Penguatkuasaan, Kementerian Kesihatan Malaysia 3Pakar Ortodontik, Unit Ortodontik, Klinik Pergigian Seremban 2, Negeri Sembilan

**Aim:** The objective of this 2 arm parallel, prospective randomized controlled trial was to determine the bond failure rate of indirect bonding compared to direct bonding method.

**Methods:** Forty patients from Orthodontic Unit, Raub Dental Clinic that were planned for upper and lower orthodontic fixed appliances treatment were invited to participate in the study. They were randomly assigned to have the brackets placed indirectly on either Maxilla (Group G1) or Mandible (Group G2) and direct bonding would be the opposing arch. During the bond up appointment, a coin was flipped to determine whether the patient will have the maxilla or mandible bonded first. Brackets that were debonded within 6 months were recorded. Statistical analysis was performed by means of chi-square test.

**Results:** No statistical significance was found in the bond failure rate of both direct and indirect bonding method (P value>0.5). When comparing maxilla and mandible, 71.43% of all the debonded brackets were from the maxilla. 50% of all debonded brackets were upper second premolars.

**Conclusion:** There is no difference in bond failure rate of indirect versus direct bonding within the first 6 months of bond up. Maxilla brackets are more likely to debond and especially upper second premolars.

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**ORAL 08**

**EVALUATION OF ROOT SURFACE CHANGES ON PERIODONTALLY INVOLVED TEETH AND PAIN PERCEPTION AFTER INSTRUMENTATION WITH NOVEL PIEZOELECTRIC SCALER WITH TITANIUM TIPS**

Padmini Hari1, Tara Bai Tayeib Ali1, Hong Zhang Wong2

1Department of Periodontology, Faculty of Dentistry, MAHSA University, Jenjarom, Selangor, Malaysia 2Dental officer, Taman Medan Dental clinic, Taman Dato’ Hurun, Petaling jaya Selangor, Malaysia

**Aims:** To evaluate root surface roughness and residual calculus deposits after debridement using new piezoelectric scaler with titanium tip (PTS) against conventional scaler with stainless steel tip and Gracey curettes in vitro. To evaluate pain perception using PTS and conventional scaler in patients after scaling in vivo.

**Material and Methods:** An in vitro pilot study was completed on 40 freshly extracted periodontally compromised single rooted teeth with subgingival calculus. All teeth were mounted, 5x5 mm2 area was marked from cementoenamel junction on mesial root surface, and then randomly divided into 4 groups of 10 for instrumentation by Gracey curette, conventional scaler, PTS, or control group. Samples were coded and later analyzed for root surface roughness (3D Alicona surface analyzer) and residual calculus deposits (residual calculus index, RCI) by another operator blinded of the group allocation. To evaluate pain perception; a single-blind split-mouth study was designed and scaling was done on 40 patients with conventional scaler and titanium scaler on randomly allocated right or left sides. Procedure duration and pain perception using visual analogue score (VAS) were recorded. All results were tabulated; statistical analysis and inter-group comparisons of data were done.

**Results:** There was no statistically significant difference in surface roughness and RCI between instrumented groups. For RCI, no statistically significant difference between curette versus control; while statistically significant difference was found between PTS versus curette at p<0.05. VAS was significantly lower in PTS group than conventional scaler at p ≤0.05.

**Conclusions:** PTS with titanium tip showed comparable efficacy in root debridement and surface roughness as conventional scaler, while improving patient comfort.

Key words: Ultrasonic scaler, Titanium scaler tips, Pain perception, Root surface roughness, Root debridement.
OUTCOME OF AUTOTRANSPANT OF 33 ECTOPIC IMPACTED ANTERIOR PERMANENT TEETH WITH FOLLOW UP PERIOD OF 24 MONTHS.

Sarimah Mohd Mokhtar¹, Sing Ying Lim¹
1Department of Paediatric Dentistry, Tuanku Jaafar Seremban Hospital, Malaysia)

Aims: To evaluate the treatment outcome of autotransplant procedure on ectopic impacted anterior permanent teeth (EIAPT).

Materials and method: All EIAPT of healthy children which were unable to be corrected with ortho traction, were treated by means of a standardized autotransplantation protocol from year 2013 to 2018. All samples with a minimum period of 12 months review were included in the study. All teeth were assessed clinically and radiographically. Vitality tests were carried out by using EPT and cold test. The data obtained were analyzed statistically using descriptive analysis and Chi-square test.

Result: Out of the 42 cases, 33 EIAPT of 30 children with a mean age of 12.41 (SD ±3) fulfilled the inclusion criteria. They were followed up periodically for an average of 24 months (range of 12 to 48 months). 26 (78.8%) cases showed complete success with signs of bone deposition, absence of periodontal pocket and positive response to sensibility test with 1 case being electively treated with root canal treatment. 2 (6.1%) cases demonstrated acceptable success with absence of sensibility test but fulfilled the other criteria of complete success. 5 (15.2%) cases had signs of treatment failure, needing further treatment but these did not reduce the survival rate (100%). There was no significant association of treatment outcome and root formation stage of EIAPT as well as age (p > 0.05).

Conclusion: This study confirmed that autotransplantation is an effective treatment modality in treating ectopic impacted anterior permanent teeth with favorable clinical outcome of bone deposition, normal periodontal ligament space and maintain vitality.

EVALUATION OF NANOLEAKAGE AND DEGREE OF CONVERSION OF THREE DIFFERENT DENTINE BONDING SYSTEMS

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Aim: The objective of the study is to compare nanoleakage and the degree of conversion (DC) between total-etch (TE), self-etch (SE) and universal dentine adhesives into dentine layer in class V cavities restored with composite-resin.

Materials and methods: Class V cavities were prepared on the buccal and lingual surfaces of nine sound premolars. TE, SE and universal (used in SE mode) adhesives were applied as per manufacturer's instructions within the cavities restored with composite-resin. Restored teeth were sectioned to create resin-dentine specimens of 1 mm thickness. For nanoleakage analysis, specimens were stored in ammoniacal silver nitrate. After storage, the specimens were examined using scanning electron microscopy (SEM). The DC of the adhesives were measured using micro-Raman spectroscopy (MRS), focusing on the DC of carbon-carbon double bond before and after curing. Data were analysed using ANOVA and Tukey’s test (p < 0.05).

Results: TE group demonstrated the least amount of silver particles deposited along the hybrid layer interface. TE adhesive demonstrated the highest DC which is 82.53% while universal adhesive has the lowest DC which is 70.86%.
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(Poster presenters please proceed to Room 305, Level 3 for winner’s announcement).
**POSTER 02**

**ANESTHETIC EFFICACY IN IRREVERSIBLE PULPITIS: A NETWORK META-ANALYSIS**

Amy Kia Cheen Liew, Yi-Chun Yeh, Dalia Abdullah, Yu-Kang Tu

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**Aim:** To evaluate the efficacy of various local anesthetics (LAs) in achieving pulpal anesthesia for teeth with symptomatic irreversible pulpitis, when administered via maxillary infiltration or inferior alveolar nerve block (IANB).

**Material and Methods:** Electronic search of databases, relevant journals, and reference lists was conducted. Two investigators screened and appraised the articles. Network meta-analysis was conducted, utilizing both direct and indirect comparisons within a frequentist setting. Loop-specific approach, side-splitting model and design-by-treatment interaction model were used to examine for inconsistency. The LAs were ranked, and the surface under the cumulative ranking (SUCRA) line was plotted. Funnel plots and Egger's graphs were used to assess small-study bias and publication bias.

**Results:** Three networks were plotted: maxillary infiltration (trials = 3, n = 159), IANB with one cartridge of LA (trials = 5, n = 429), and IANB with two cartridges of LA (trials = 4, n = 208). When used in maxillary infiltration, articaine 4% with 1:100,000 epinephrine was more effective than lidocaine 2% with 1:100,000 epinephrine (OR = 12.86, 95% CI = 1.42–116.02). The same LA was also ranked best when used as a single cartridge in IANB. When two cartridges were used for IANB, mepivacaine 2% with 1:100,000 epinephrine was more effective than lidocaine 2% with 1:100,000 epinephrine (OR = 3.49, 95% CI = 1.30–9.38). Conclusions: Articaine was superior when used in a single cartridge via maxillary infiltration and IANB. Mepivacaine could be considered when expecting additional time or volume to complete the IANB.

**POSTER 03**

**DEMOGRAPHIC FEATURES OF PATIENTS WITH ODONTOGENIC TUMOURS SEEN IN JOHOR**

Hans Prakash Sathasivam

Cancer Research Centre, Institute for Medical Research, National Institute of Health, Setia Alam, Selangor

**Aim:** To investigate the demographic features of patients with odontogenic tumours diagnosed at the Johor state Oral Pathology Unit. This study hopes to address the lack of local data with regard to odontogenic tumours.

**Material and Methods:** This was a descriptive, cross-sectional study of odontogenic tumours diagnosed from January 2012 to December 2014 at the Oral Pathology & Oral Medicine Unit of Sultan Ismail Hospital Johor. The odontogenic tumours were classified using both the 2005 & 2017 World Health Organization classification systems. Data were analysed using IBM SPSS Statistics for Windows, version 22.

**Results:** From 1,351 biopsies, only 54 cases were odontogenic tumours (4.0%). Mean age at diagnosis was 32.7 (± 14.7) years; ranging from 10 to 60 years of age. Odontogenic tumours were seen more frequently in males (63.0%). The ethnic distribution of patients appeared to reflect the distribution of the Malaysian population with the majority of patients being Malay (66.7%), followed by Chinese (24.1%), Indians (7.4%) and other minorities (1.9%). The most frequently diagnosed tumour was the ameloblastoma (n=28; 51.9%). There were only two cases (3.7%) of malignant odontogenic tumours. Only 5.6% of cases were diagnosed as odontomas.

**Conclusions:** Findings from this study are similar to other regional studies, whereby the most frequently encountered odontogenic tumour in the Asian setting is the ameloblastoma. This differs from studies arising from the Americas, where odontomas predominate. However, the frequency of odontomas may be underestimated as odontomas are frequently diagnosed on routine radiographic images and not biopsied.
A RETROSPECTIVE STUDY OF FACIAL FRACTURES IN ADULTS.

Apphia Ooi Wei Shuen¹, Cosmas Yong Liong Hong¹, Hanishah binti Ismail¹, Ting Ting Low¹, Nithia Susan George¹, Nur Sulwana Hanipi², Shah Kamal bin Jamal Din³, Wan Mahadzir Wan Mustafa⁴.

¹ Final Year Students in Doctor of Dental Surgery, MAHSA University.
² Statistician MAHSA University.
³ Department of Oral Maxillofacial Surgery, Hospital Kuala Lumpur.
⁴ Department of Oral Maxillofacial Surgery, MAHSA University.

**Aim:** To record and describe a demographic and etiological pattern for facial fractures presenting in adult patients to Hospital Kuala Lumpur, Malaysia.

**Material and Methods:** Relevant data comprising of patient details were collected through clinical records from the Oral and Maxillofacial Surgery Department, Hospital Kuala Lumpur using forms in a retrospective manner from 2010-2015. The data was collected and analysed using SPSS v.23.

**Results:** A total of 1044 cases were recorded, of which 904 (86.6%) were male. Predominance is seen in the 21-30 years age group (40.3%) and Malay ethnicity (50.9%). Road traffic accidents (702 cases, 67.2%) were the leading cause, with 570 cases (81.2%) involving motorcycles, of these 70.4% occurred in ages below 30 years. Mandible was involved in 624 cases (59.8%), zygoma in 269 cases (25.8%) and maxilla in 191 cases (18.3%). 805 (77.1%) cases sustained single bone fractures while 239 (22.9%) had fractures in multiple bones. There is a significant association between GCS less than 8/15 with sustaining multiple fractures (p<0.01).

**Conclusion:** Highest involvement were seen in the 21-30 age group males. Road traffic accidents were a significant risk predictor. Most commonly affected bones were the mandible, zygoma and maxilla respectively. Further education and prevention efforts targeted at risk groups are needed to prevent and reduce facial fractures.

INCIDENCE OF DENTAL CARIES DURING FIXED ORTHODONTIC TREATMENT IN PETRAJAYA DENTAL CLINIC: A RETROSPECTIVE STUDY.

Dr Milton Hongli Tsai¹, Dr Nes Nawi²

¹ Dental officer, Urban Transformation Centre (UTC) Dental Clinic, Kuching, Malaysia.
² Orthodontist, Petrajaya Orthodontic Specialist Clinic, Kuching, Malaysia.

**Objectives:** The purpose of the present study was to investigate the incidence of dental caries during fixed orthodontic treatment and the effect of gender, ethnicity, age at start of treatment, duration of treatment and frequency of oral hygiene instructions on the incidence of dental caries.

**Materials and Methods:** This retrospective study was conducted using selected orthodontic patient records (n=115) from 2017-2018. Records of new carious lesions which developed during the treatment process were identified. Number of caries and the teeth they are located were recorded. Independent variables were collected by chart abstraction.

**Results:** The incidence of patients who developed at least 1 new carious lesion during treatment was 34.8%. Frequency of oral hygiene instructions given was significantly associated with new dental caries development (P=0.017). Gender, age at the start of treatment, ethnicity and duration of treatment were not associated with caries development. The maxillary right first molars were the most affected teeth.

**Conclusions:** The incidence of dental caries in patients treated with fixed orthodontic appliances was moderately high. This problem warrants significant attention from both patients and providers that should result in increased emphasis on oral hygiene reinforcement and effective caries preventive measures. The risk of developing caries lesions during orthodontic treatment should not be underestimated by both orthodontists and patients.

MANAGEMENT OF PERIODONTAL-ENDODONTIC LESION BY REGENERATIVE APPROACH IN A YOUNG PATIENT WITH AGGRESSIVE PERIODONTITIS: A CASE REPORT.

Zi Hui Cheng¹, Norhayati Abas²

¹ Unit Pakar Periodontik, Klinik Pergigian Bandar Jerantut, Pahang
² Unit Pakar Periodontik, Klinik Pergigian Paya Besar, Kuantan, Pahang

Combined periodontal-endodontic lesion has always been a clinical dilemma and challenge because clinicians often have difficulties in the diagnosis and treatment of the disease along with deciding a prognosis for the tooth involved. This case report aims to illustrate a significant clinical case and a suggested evidence-based treatment protocol for periodontal-endodontic lesions, which allows for maintaining teeth that may be considered hopeless. We report a case of combined periodontal-endodontic lesion on a left mandibular first molar in a 19-year-old lady with aggressive periodontitis. A concerted approach was carried out including oral prophylaxis session, conventional endodontic therapy, nonsurgical periodontal therapy with systemic antibiotics as an adjunct, and finally, periodontal regenerative therapy was performed by using guided tissue regeneration (GTR) technique combined with natural bovine bone graft to allow regeneration of lost periodontal structures on the mesial aspect. In spite of the anticipated poor prognosis, the tooth lesion healed. This combined treatment resulted in minimum probing depth of 3mm, clinical attachment gain of 9mm, as well as radiographic evidence of alveolar bone gain. This case report demonstrates that with proper diagnosis, followed by a comprehensive treatment protocol that integrates both endodontic and periodontic specialties and utilising the guided tissue regeneration technique combined with osseous grafting, will help to restore the health and function of a tooth with severe attachment loss caused by a periodontal-endodontic lesion. Further research is needed to evaluate the suggested treatment approach or alternative options for the disease.
PLEOMORPHIC ADENOMA IN BUCCAL MINOR SALIVARY GLANDS: A CASE REPORT.

NK Dewi¹, JJK Lee¹
¹Oral & Maxillofacial Surgery Department, Duchess of Kent Hospital, Sandakan, Sabah, Malaysia

Pleomorphic adenoma is a well-known benign neoplasm which commonly occurs in the parotid glands. It also affects other major glands such as the submandibular and sublingual glands. Minor salivary glands may also be affected by this type of neoplasm, but the phenomenon is very rare. The incidence of pleomorphic adenoma in parotid glands has a higher potential to become malignant. A case of a 28 year old male with clinical presentation of right cheek swelling for 10 years is discussed. Computed Tomography shows a non-aggressive subcutaneous right maxillary soft tissue lesion, with normal parotid gland and no bony invasion. Histopathological examination revealed a well circumscribed and encapsulated benign salivary gland tumour of epithelial and myoepithelial cells which has been interpreted as pleomorphic adenoma on right buccal mucosa. The palate is the most widely reported site for pleomorphic adenoma in minor glands. Risk of recurrence of pleomorphic adenoma is high, depending on many factors. A well excised tumour is generally associated with a low recurrence rate. The most common clinical differential diagnosis of this lesion are a dermoid or epidermoid cyst and pleomorphic adenoma of the parotid gland. Pleomorphic adenoma of an accessory parotid gland may also be included; however, it is atypical. This report serves to emphasize the importance of including pleomorphic adenoma of buccal minor salivary glands in the differential diagnosis of buccal or cheek swellings.

RARE PRESENTATIONS OF CONGENITALLY MISSING TEETH (CMT): CASE SERIES.

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¹Department of Paediatric Dentistry, Kajang Hospital, Selangor, Malaysia

Aim: The aim of this paper is to document five cases of rare CMT which involving missing permanent teeth.

Introduction: CMT describe development failure of teeth. It is one of the most prevalent craniofacial malformations in human. It can be divided into three types, which are hypodontia, oligodontia and anodontia. The occurrence of CMT, excluding third molar ranges between 3.5% to 6.5% in secondary dentition. The most commonly missing teeth were mandibular second premolars, followed by maxillary lateral incisors, and maxillary first premolars. The least common missing teeth were mandibular canines, first molars and maxillary incisors.

Case presentation: A compilation of five rare cases which involve congenitally missing secondary incisors and canines seen at clinic. Cases presented were absence of non associated trauma and family history. General examination of all patients did not suggest any syndromic features. Imaging investigation was carried out to confirm the absence of the teeth.

Conclusion: Any abnormal presentation warrants thorough examination and further investigation. A timely multidisciplinary intervention is essential to restore oral health to ensure good aesthetic and functional outcome.
1 DENTURE FOR THE NEEDY AT CHOW KIT

Amiruzehan Kassim

Introduction: They might be homeless, but they should not be toothless. Denture For The Needy at Chow Kit (DFTN@ChowKit) is an affiliate group of Dentistry for The Needy, Islamic Dental Association of Malaysia (IDAM). The project is well supported by the Faculty of Dentistry Universiti Sains Islam Malaysia (USIM) and Feed the Needy (FTN).

Aim: It aims to provide free dental prosthesis for the edentulous patient in the urban-poor and homeless group at the heart of Kuala Lumpur.

Brief description of activities: Edentulous patients were identified by FTN. They were arranged to meet DFTN@ChowKit team for denture construction in once a month mobile clinic. The stages involved in the denture construction in this project is the same as in the clinic setting. The laboratory works for the denture were sent to the private dental laboratory. To date, DFTN@ChowKit had been seeing approximately 60 patients. DFTN@ChowKit successfully delivered 30 units of the denture to the needy.

Conclusions: Collaboration effort from volunteers, universities, government agencies, non-profit organisations and public support are important for the sustainability of DFTN@ChowKit.

2 HAVE YOU EVER HEARD ABOUT THE HIGHLANDERS INDIGENOUS IN BARIO SARAWAK?

NORASMATUL AKMA AHMAD & ZAHRA NAIMIE

Aim: To educate and to instil good oral hygiene and habits amongst teachers and students of Bario (Sarawak) towards achieving their optimum growth, development and quality of life.

Brief description of activities: Understanding the perceptions and way of life of the indigenous people is a formidable task. As for their unique characteristics of cultural, language and geographical disparities, indigenous people commonly faced the dilemma of utilising modern health care facilities. Researchers travelled to Bario to do the need analysis and also collect data on the Kelabit community oral health need and preferences. Once back, based on their finding, two program was prepared by researchers. One for SK and one for SMK to educate them on their oral health and to our surprise the community was very welcoming to the program. To ensure the program was sustainable, researchers prepared the trilingual oral health booklet (English, Malay and Kelabit) for them and currently is under publication.

Other activity that was arranged during the visit to Bario was to deliver the donation that were collected (items and toys) for the NOMAD people (Penan) and was delivered after the programs was settled. Seeing the spark in those eyes when they received the donation was all needed to fade away our tiredness.

3 TO INSPIRE THE YOUNG ORANG ASLI’S.

Venkates Rao, YouthCorp Malaysia

In 2013, YouthCorp Malaysia was founded as a NGO among group of friends to be the rallying beacon for Malaysian youth to work together in creating a better Malaysia. This will be achieved through inclusive engagement, solution oriented input and the active promotion of nation building.

Among our main projects are such as, Project Inspire Orang Asli, Project Inspire the Special Kids, Project ‘Make my wish’, Project Inspire Young Malaysians and Issue based Forums & Dialogues.

In 2014, we launched the Project ‘Inspire Orang Asli’ to empower the indigenous group of people to empower them focusing on education as well as to focus on their health care and to create more awareness among them to understand the issues they are facing. We identified a few nearest Orang Asli villages, together with Kementerian Kesihatan Malaysia, Jabatan Kesihatan Pergigian, we run programs to raise awareness on oral cancer prevention, which is usually followed by a clinical session to examine the oral cavity of the residence in the village. They were also provided with necessary treatment. This programs are very well received as parents and children of the community understands the adverse consequences of betel nut chewing, smoking as well as consuming moonshine to their health, particularly oral health.

To ensure a high turn out of residents, we have designed the program to be associated with career fair providing them exposure to various different careers that are out there, motivational programs to put greater emphasis on the importance of tertiary education.

To further drive home our point we sourced computers to be distributed and placed in these community as well as computer training sessions for them to be able to explore the world in search for knowledge beyond what we manage to cascade down in the few hours we had with them. We want to play an essential role in educating, empowering and of course to ensure that, they stay healthy as well to shape them up for a better future.

Youthcorp aspires to continue playing an important role in community engagement be it health or education.
**ORAL HEALTH CARE TO THE UNDERPRIVILEGED PEOPLE IN RURAL AREAS OF EAST AND WEST MALAYSIA**

Dr Amirtashini Mariappan  
Klinik Pergigian Fernandez & Peter, Petaling Jaya, Malaysia

**Aim:** To Render Dental Screening and Treatment to the Underprivileged People in Rural Areas of the East and West Malaysia.  
**Brief description of activities:** Oral health care is the underlying factor of a person's overall health and so, every children and youth should be given the preventive and treatment-based dental care. However, a multitude from the rural areas does not have the access to get at least a basic dental care for many months sometimes years.

In 2012, I started my journey of volunteerism after being placed in Sarawak to complete my Government Service as Dental Officer. What was supposed to be an adventurous outing to the longhouse in rural Sarawak, immediately turned out to be an eye opener for a new destiny and objective in my career. I felt an immense responsibility to reach out to the underprivileged people who continue to be deprived of basic dental care in this modern era.

Upon returning from the first community outreach, from 2012 till 2015, I independently collaborated with a NGO (Non-Profitable Organisation) medical team where I had great opportunity to enthusiastically dedicate my time and effort for dental camps, screening and treating over 200 people each night at the longhouses. I choose the rural villages that has no road access where a 2 hours boat ride and 7 hours hiking is needed. My aim is to provide free dental screening and treatment such as extractions, medications and teaching on oral health education. Besides dental care, we were able to furnish them with other basic facilities such as toilets, drinking water source and install a solar panel with the help of local collaboration of the state.

At the end of 2015, I completed my service in Sarawak and returned to West Malaysia. However, I continued my Sarawak longhouse community outreach biannually covering from Kuching to Min.

In 2017, I’ve devoted myself to a solo dental care camps where I reached out to Pahang which has the highest indigenous ethnic groups in Malaysia. To date, I have visited and treated almost 22 Kampung Orang Asli for oral care, medical and other facilities. As I am a person with an adventurous spirit, the distance and time is never grueling for me for I believe the need of these underprivileged people is greater than my mere comfort. I have used different modes of transportation such as, rough off-road in a 4x4 drive, long boat rides by the river under the rain and shine and hiking fierce forest for hours only to know that I will be reaching a destiny to see the faces of the underprivileged waiting in expectation for aid.

Aside from the community outreach at the rural areas, I have religiously allocated one weekend of every month at my clinic inviting various local orphanages, physically challenged, Old folks homes for their oral care, i.e. orthodontic treatment, implants, dentures, restorations and annual check ups. This is done on a cycle to ensure that these patients receive continuous oral care and not just once. I have established a policy at my private clinic to give complimentary dental treatment to the underprivileged and the special needs patients regardless of their background.

**Conclusion:** Healthy oral care is crucial to ensure the quality of life for the community and in giving we truly receive!

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**DENTAL HEALTH EMPOWERMENT FOR UNDERPRIVILEGED CHILDREN COMMUNITY IN TAMBISAN, LAHAD DATU, SABAH**

Ahmad Badruddin Ghazali*, Nur Imanina Abdullah Thaidi*

*International Islamic University Malaysia, Pahang, Malaysia

**Aim:** To describe and report the activities done at PPMI (Pusat Pembangunan Minda Insan) in Tambisan, Lahad Datu, Sabah.  
**Brief description of activities:** Tambisan, located in the eastern tip of Sabah, is a controversial area among Malaysians due to Lahad Datu intrusion and a series of abduction. The village was previously given grants under KKLW to empower the local communities economically and it was done with the collaboration of local NGO, HALUAN MALAYSIA. While the KKLW grant mainly used for economy-based activities, HALUAN MALAYSIA took the initiative to set up a volunteer school to cater to local underprivileged children, which many of them did not have proper identification and cannot receive the education, medical and dental coverage from the government facilities. In 2014, the first medical and dental camp was organized by Kelab Kesihatan HALUAN, a healthcare voluntary wing under HALUAN MALAYSIA. A second mini dental mission was organized with help from Pejabat Pergigian Lahad Datu in 2016, both with a military escort by ESSCOM.

**Conclusion:** The biggest obstacles for organizing medical and dental camps in these rural areas were money, logistic, and safety. Therefore, we believe that proper and continuous education combined with strategic cooperation with many agencies to empower an underprivileged community.
SUSTAINABLE ORAL HEALTH AWARENESS AND CHARITY FOR UNDER-PRIVILEGED COMMUNITY IN SK LANAI, KG.PANTOS, KUALA LIPIS, PAHANG

ZAHRA NAIMIE¹, NORASMATUL AKMA AHMAD¹, ROSLAN SAUB¹, LILY AZURA SHOAIB¹
¹ Faculty of Dentistry, University of Malaya

Aim: To enhance the oral health awareness as well as extending a helping hand to reach those in need. Indigenous people are example of under privileged populations with poor oral health. Lack of knowledge, practice and facilities are among the contributing factor to their poor oral health condition. First exposure to this community was a charity convoy with students to send the donated items for them over the weekend.

It was observed that the community need more than donation, thus the team collaborate with Dental Faculty lecturers and plan a program based on situational analysis to ensure the oral health is sustainable within that community. A program was conducted in SK LANAI to assist the oral health carer including the teachers by enhancing the oral health awareness and knowledge. The strengths of the program was to use the tribe own language (Semai) to prepare some oral health booklet for the community. The booklet is aim to empower the community to always care for the oral health while the social visit will act as community work/ charity and kind reminder for them to look after their oral health.

In addition, an ongoing annual UMHAKCS Ramadan Charity, a collaboration between Department of Community Oral Health & Clinical Prevention, Faculty of Dentistry have started since 2018 with increased participation noted yearly.

Conclusions: 
Use your gifts to teach and help others (Beth Bunchman)

ORAL HEALTH CARE AWARENESS FOR PARENTS ,GUARDIANS, TEACHERS OF SPECIAL NEED COMMUNITY IN BATANG PADANG,PERAK.

VINESH RAJ¹
¹Persatuan Kebajikan Orang Kurang Upaya Daerah Batang Padang,Perak.

Aim: To give awareness for care parents, guardians, teachers for special need community in Batang Padang,Perak.

Brief description of activities: Special need community are known to have poor oral care, this is due to either their physical or mental condition. They might need a helping hand from their care taker but lack of knowledge on oral health care leads to poor oral condition of special need community. Thus I joined hand with Persatuan Kebajikan Orang Kurang Upaya Daerah Batang Padang,Perak and conduct yearly oral health care awareness program to the parents, guardians, teachers as well the special need community.

I basically give talk on the importance of oral health care, different technique of brushings, the facilities provided for special need community and we maintain a support group as well.

Conclusion: Giving awareness and information on facilities provided for special need community will help to give them a better life for them.

SUSTAINABILITY OF ORAL HEALTH LITERACY AMONG COMMUNITY ORANG ASLI LOJING ON ORAL CANCER AWARENESS THROUGH VOLUNTARISM PROJECT.

Muhammad Azuan Bin Mohd Zain
Klinik Pergigian Gua Musang, Kelantan, Malaysia. 2Pejabat Kesihatan Pergigian Negeri Kelantan, Malaysia.

Oral health literacy can be defined as “the degree to which individuals have the capacity to obtain, process, and understand basic oral health information and services needed to make appropriate health decisions” (US Department of Health and Human Services 2003). Limited literacy has been identified as the main reason why community Orang Asli, Lojing in Gua Musang, Kelantan had inadequate knowledge on oral cancer awareness. Orang Asli is the underprivileged communities which contribute about 0.5% of total Malaysian’s population based on (Wok 2015) while Gua Musang is the biggest district in Kelantan with large community Orang Asli about 15,380 people based on data on 2018 by JAKOA. The aim of our project called ‘The Lojing Attack’ is to sustain awareness on oral cancer among Orang Asli in Lojing by providing free dental check-up, oral cancer examination, home visit and provided oral cancer self-examination mirror under theme ‘Satu rumah satu cermin masa depan”. We had conducted 2 series of programme from 2018 till 2019, about 50 patients every programme had been screened for oral cancer. Our next mission is to provide more oral cancer self-examination mirror and more coverage of oral cancer screening among Orang Asli Gua Musang provided with financial and human resources support from local or global partnership. In conclusion due to inadequate oral cancer awareness and some risk habits of oral cancer we need to expand this project in order to sustain Oral Health Literacy of oral cancer awareness among this underprivileged community through global partnership.
HEALTHY SMILE 2019: CAMBODIA

Dr Hin Kei Century TSANG
Hong Kong Dental Association, HKSAR

Aim: HEALTHY SMILE is a sustainable dental outreach service project to provide oral health education and basic dental care for the underprivileged groups in developing countries. In 2019, our team of 60 dental professionals and auxillaries was established to serve primary and secondary school students in cambodia. A comprehensive overview of this project, and details of implementation, will be presented.

Brief Description: In 2018, more than 1000 high school children screened, treated and educated in the this volunteer work project, HEALTHY SMILE CAMBODIA was not only a meaningful and a fond memory for fellow workers, but also an excellent precursor for future dental outreach programs internationally.

In 2019, our team works together for betterment of this volunteer service project. We make changes for the best benefit of our recipients. The background, objectives and logistics of this service trip will first be discussed. We shall look at the collaboration between Hong Kong Dental Association and Cambodian Dental Association. The recruitment and composition of our team, involving both dentists, final year dental students, dental surgery assistants, hygienists and secondary school students, are mentioned with objectives for aiming to work towards our goal. As one of the forerunners in organizing international dental outreach, our team were facing unexpected challenges in our mission. These obstacles will be shared in the presentation and ways of improvement will be proposed for future services in developing countries.

Last but not least, the reflection from our fellow dentists and students will be shared, in the hope of inspiring and encouraging more professionals in the dental field to care for the community wellbeing, be that locally, and be that globally.

Conclusion: In this forum presentation, we hope to share how our team established, we shall look at both the past and the future. As far as the dental service trip is concerned, what we have done, what we could have done, and what we shall be doing.

KIDS OF THE HOPE : INSTILLING ORAL HEALTH KNOWLEDGE AMONG REFUGEES

Khan AYH1*, Thyng OK1, Zainal MKM1, Jawami AA1, Chia TM2, Ashar A1
1 Faculty of Dentistry, Universiti Kebangsaan Malaysia
2 E-Illuminate Malaysia

Refugee children strive to live and adapt in their new adopted country. This is a result of persistent conflict occurring in their country of origin, forcing them to seek refuge elsewhere. Quite often, the country where they are settling in or staying in transit can be intimidating in terms of language, culture, and life experience. These barriers hamper them from getting the life lessons that are essential for their growth. Especially that most of these kids fled their country at a very young age. Which is a crucial time to engage in new knowledge. Due to the refugee status of these children, access to healthcare particularly to oral care incurs a great financial burden, not only the cost of the treatment itself but also the cost to travel towards getting the service. Minimizing the high cost of treatment is the key to ensuring all these children were not left behind from our health services. In order to achieve this, a set of preventative measures needs to be implemented. While there are many Social organizations and charitable groups in Malaysia, the key to successful oral health promotion is sustainability. Dental students are often exposed to various kinds of community service to instill the empathetic characteristics required for a health practitioner. By training and highlighting the importance of sustainability in organizing any oral health programs, students and target groups along with their co-organizers, will benefit greatly from the program. One of the many such annual events is the “Bakti Siswa” organized by the UKM Dental Students Association aimed at exactly this. This particular program jointly organized with E-Illuminate Malaysia targeting refugee children at Matu Social Organisation School aims to highlight and improve oral health knowledge to kids from Myanmar. Oral health promotion activities targeting this group was conducted based on basic information about their oral health, including empowering them through the “Young dentist program.” Future plan includes identifying interested UKM Alumni Private Dental Clinics who are willing to give pro-bono dental work for these kids to ensure the sustainability of the program. Every one of us is a citizen of the world, little seeds that we plant today will hopefully be beneficial in the future. And in this case, empowering oral health knowledge among refugee kids.
CSR (CORPORATE SOCIAL RESPONSIBILITY) THROUGH PIDC: SHARING EXPERIENCE

Clarence Chuah Seng Hee, Rachel Siow, Loh Ying Jing
4th Year BDS, Penang International Dental College, Penang, Malaysia

Social responsibility refers to one’s sense of duty to the society and is believed to enhance relationship within communities. Who is responsible for Health? Is it society as a whole, or individual’s responsibility? That is a broad question, to which the answer can only be, “Some of both”. We see our social responsibilities as a professional obligation and having the privilege of self-governance, we are accountable to provide health for all. Encouraging healthy lifestyle, healthful settings and modifying unhealthy behavior is our primary goal for Corporate Social Responsibility (CSR). It is our duty to serve the welfare of everyone and in particular, the marginalized group.

In PIDC, various CSR activities are initiated by students in year 2018 such as, Community Dental Camps (67 Dental camps, screened 2562 people), Mouth Cancer Awareness Event (screened 470 people), World Oral Health Day Awareness (screened 106 people) and International Charity Work. Through these activities we have promoted the importance of oral health and awareness among the community and public.

These initiatives by PIDC have successfully empowered individuals as their level of awareness towards good oral health increases and is evident as more of them are attending our clinics regularly.

“We solve far more problems by saying ‘we should do something’ rather than something must be done”.

VOLUNTEERISM BEYOND BOUNDARIES; INSPIRING THE FUTURE GENERATION

Dr Anis Nadia Ismail
Yalla Charity Organisation, Malaysia.

Aim: Our aim is to inspire the youth to involve in providing healthcare through sustainable volunteerism and to become a global partner for volunteers across the region.

Activities: Beginning in 2012, we began with providing oral health education to orphans at Dar el Afaf orphanage in Alexandria, Egypt.

In Malaysia, we are based in Sungai Petani Kedah, where we have carried out Project Orked providing medical and dental checkups for the Rohingya refugees community.

We work closely with Rumah Penyayang Wadi Sakinah orphanage in Merbok where we provide medical and dental check up and oral hygiene education.

We are on a continuous learning process by joining other NGOs such as Dentistry for the Needy where we have joined projects in the rural areas of Sarawak, Kelantan, and Orang Asli settlements in Perak.

In February 2019, we have carried out our first international project in Phnom Penh, Cambodia in collaboration with Hospitals Beyond Boundaries where we carried out Atraumatic Restorative Treatment.

I personally believe in inspiring the youth to engage in volunteerism. I share about my volunteering experience in my book “Notes from the Heart” and strive to spread the message across by public speaking where I was a speaker for TEDxUUM “Volunteerism, Literature, and Everything in Between”. I have also participated in IMAM Annual Scientific Conference 2018 to highlight the importance of volunteerism.

Conclusion: Through our efforts, we hope to create awareness on the need of healthcare for these marginalised communities and to inspire the future generation to engage in volunteerism.
LAYOUT PLAN

MALAYSIA - INTERNATIONAL DENTAL EXHIBITION & CONFERENCE
12 - 14 JULY 2019 | KUALA LUMPUR CONVENTION CENTRE (KLCC)
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# FLOOR PLAN & BOOTH INFORMATION

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State-of-the-art technology including digital radiography and cone beam CT is also available in our Oral Health Centre.

**INTRA-ORAL 2D X-RAY**

**Bite-wing**
Provide details of the upper and lower teeth in one area of the mouth. Shows a tooth from its crown (the exposed surface) to the level of the supporting bone.

**Periapical**
Provide details of the upper and lower teeth in one area of the mouth. Show the whole tooth from the crown, to beyond the root where the tooth attaches into the jaw.

**Occlusal**
Track the development and placement of an entire arch of teeth in either the upper or lower jaw.

**EXTRA-ORAL 2D X-RAY**

**OPG**
Provide view of the entire mouth area; all the teeth in both the upper and lower jaws as well as lateral view on a single x-ray

**Lateral Cephalometric**
Provide view of an entire side of the head. This x-ray looks at the teeth in relation to the jaw and profile of the individual.

**EXTRA-ORAL 3D X-RAY**

**Cone Beam CT (CBCT)**
Creates 3D images of dental structures, soft tissue, nerves, and bone. This information is useful in assisting to guide tooth implant placement and evaluates cysts and tumour in the mouth and face.

**ADDITIONAL IMAGING SERVICES**

- Comprehensive Radiographic reporting services for all types of radiographs.
- Lateral cephalometric analysis.
- Specific site analysis
  - Impacted tooth analysis eg. Inferior dental nerve tracing and level of impaction.
  - Implant site analysis eg. bone height, width and density.
  - Airway analysis eg. volume and constriction.

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- Aphthous stomatitis
- Recurrent ulcerous lesions of the oral cavity (recurrent ulcers and lichen planus) and irritations of the oral cavity

*Avoid food and drinks for 30 minutes after application*

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- Accelerates tissue proliferation and healing of gum injury.²
- Maintains healthy gingival tissue.²
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*Percentage improvement in Schiff score vs fluoride-only toothpaste after 8 weeks, test 0.454% w/w stannous fluoride toothpaste vs. control fluoride-only toothpaste. The difference for tactile threshold for test toothpaste compared to fluoride-only toothpaste were 7.5 g after 4 weeks and 27.2 g after 8 weeks.

†Study conducted using 0.454% w/w stannous fluoride toothpaste; measuring Schiff score and DHEQ questionnaire.

‡Percentage improvement in Bleeding Index after 24 weeks, test 0.454% w/w stannous fluoride toothpaste vs. control fluoride-only toothpaste. Study also showed 19% improvement in Modified Gingival Index with the test toothpaste vs. control at Week 24. Both these measures are indicative of improvements in gum health.


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