PROGRAMS & ABSTRACTS
WELCOME REMARKS FROM
THE DEAN OF FACULTY OF DENTISTRY UNIVERSITAS INDONESIA

It is with my great pleasure and honour to announce the upcoming 16th Scientific Meeting and Refresher Course in Dentistry 2013 (KPPIKG 2013) of the Faculty of Dentistry Universitas Indonesia. The KPPIKG has become our tri-annual continuing dental education event for our faculty as part of obligation as an academic institution to foster advancement in dental service for the improvement of dental health care, especially in Indonesia. The meeting itself has a far-reaching influence, both nationally and internationally, as we invite high-caliber international and national speakers to update our knowledge.

This time, we have selected “Shaping the Future of Oral Health: Bridging Science, Competence and Clinical Practice” as our theme of the meeting. Our main objectives are to provide our dental professionals, from academicians, researchers and clinicians, with the most adequate and update knowledge in dentistry, and not just merely skills. This is the occasion where academicians and researchers are challenged to undertake more scientific research in order to employ new technology or paradigm in the dental field to meet clinical challenges. As for clinicians, it has been a global paradigm to undertake dental procedures following the “evidence-based” dental practice; hence updated knowledge is of utmost importance for the advancement of dental care in our community according to their ethical and professional competence.

Therefore, I am inviting all of you to attend and participate in this event and it is my sincerest wish that we would all benefited from the sharing of knowledge, partnership, networking and friendship; and strengthen an intertwining communications amongst academicians, researchers, dentists, dental specialists, dental auxiliaries, students and industries to promote better dental health care for the community in Indonesia.

Warm regards,

Prof. Bambang Irawan, drg., PhD
Dean of Faculty of Dentistry, Universitas Indonesia
Dear Honored Colleagues,

It is with my great pleasure and honour to welcome all delegates to the "The 16th International Scientific Meeting in Dentistry (KPPIKG2013)" organized by the Faculty of Dentistry Universitas Indonesia. The main purpose of conducting such meeting is to provide an event, where academicians, clinicians and dental industries, could share the latest development within dentistry. Henceforth, it is expected that better quality dental service could be provided for the community, thus the selected theme for this event is "Shaping the Future of Oral Health: Bridging Science, Competence and Clinical Practice" will be relevant. Dental practice could not be separated from the competence of dental professionals who are going to be at the frontier that directly meet the community. It is expected that this event could serve as part of the Continuing Dental Education (CDE), which is mandatory for all dental professionals. Numerous high-caliber speakers, both overseas and national, would share their expertise, experience and updates for all of us to serve the purpose of "bridging science, competence and clinical practice". Hundreds of dental exhibitors as part of dental industries will showcase their latest development in dental equipment which form an integral part of a dental practice.

Please allow me to express my sincerest gratitude to the Dean of the Faculty and all Faculty staffs for their continuous support. Also to all speakers, especially our invited overseas speakers who have been kindly willing to participate in our event. To the dental industries, I sincerely wish that this warm and inter-twining network that we have developed to this day could be strengthened in the future. Thank you very much for your support and contribution. Last but not least, my sincere gratitude and appreciation to the committee who have given an "all-out" effort in preparing this event. This meeting could not have been made without their continuous hardwork.

Prof. Armasastra Bahar, drg., PhD
KPPIKG2013 Chairperson
Result: No significant difference between enamel-methacrylate and enamel-siloxane groups (p = 1,000), but there is significant difference between dentin-methacrylate and dentin-siloxane groups (p = 0,009). Conclusion: On the enamel, the shear bond strength of siloxane composite is comparable with methacrylate composite. On the dentin, the shear bond strength of siloxane composite is higher than methacrylate composite.

Key words: Dentin, enamel, methacrylate composite, shear bond strength, siloxane composite

---

THE COLOUR CHANGE OF NANO COMPOSITE IN THE IMMERSION OF BLACK TEA AND COFFEE

Wasilah, Niswatun Chasanah

Education Staff of Dentistry of Institut Ilmu Kesehatan, Kediri, Indonesia

Introduction: Composite resin for restoration is currently providing aesthetic satisfaction and a natural result with the use of nanoparticles filler, variation of color and new restoration techniques such as layering technique. Discoloration of resin composite for restoration can be caused by some intrinsic and extrinsic factors. The extrinsic factor involves the dye absorption as the result in contaminating from many exogenous resources as drinking coffee and black tea. Objective: The aim of this study is to determine the differences of nano composite color changes in the immersion of black tea and coffee. Material and Method: This research experimental study was held in laboratory using 15 samples of resin nano composite plates sized 5mmx5mmx2mm, immerse in sterile aquadest for 2 x 24 hours, and were devided in 3 groups: sterile sterile aquadest as a control group, black tea, and coffee infusion, which is obtained by brewing 10 grams of black tea in 500 ml boiling distilled water for 5 minutes, and 10 grams of coffee powder in 500 ml of boiling distilled water for 5 minutes. Those samples were immersed for 7 x 24 hours. Then the color changes in nano composite resin samples are measured by using the optical spectrometer and digital microwatt. Result: There are significant differences between sterile aquadest, coffee infusion and black tea infusion groups after 7 x 24 hours immersion which is indicated by p <0.05. Conclusion: The value of the color changes that occur in nano composite resin materials which soaked in coffee is higher than in black tea and distilled water.

Key words: Nano composites soaking, black tea, coffee, color changes

---

EFFECT OF ONE-STEP AND MULTI-STEP POLISHING SYSTEM ON ENAMEL ROUGHNESS AFTER ORTHODONTIC BRACKET DEBONDING

Cynthia Sumali 1, Adi Hidayat2, Joko Kusno3, Widijanto Sudhana4

1Postgraduate Program of Dental Sciences, Faculty of Dentistry, Trisakti University, Jakarta, Indonesia
2Department of Public Health, Faculty of Medicine Trisakti University, Jakarta, Indonesia
3Department of Orthodontic t, Faculty of Dentistry Trisakti University, Jakarta, Indonesia
4Department of Public Health, Faculty of Dentistry Trisakti University, Jakarta, Indonesia

Introduction: At the end of orthodontic treatment, the final procedure is bracket debonding and cleaning the remaining adhesive. The most common method in cleaning remaining adhesive is using some stages of polishing which is known as multi-step polishing system. The disadvantage of that system is long working time, because of the stages that should be done. Therefore, dental material manufacturer make an improvement to the system, they try to reduce those stages into one stage only. This new system is known as one-step polishing system. Objective: to compare the effect of one-step and multi-step polishing system on enamel roughness after orthodontic bracket debonding. Material and methods: Randomized control trial was conducted included twenty eight maxillary premolar teeth, they were randomized into two polishing system; one-step OptraPol (Ivoclar, Vivadent) and multi-step Astropol (Ivoclar, Vivadent). After bracket debonding, the remaining adhesive on each group was cleaned by subjective polishing system for ninety seconds using slow speed handpiece. The enamel roughness were subjected to profilimeter, registering two roughness parameters (Ra, Rz). Independent t-test was used to analyze the mean score of enamel roughness in each group. Result: There is no significant difference of enamel roughness between one-step and multi-step polishing system for Ra and Rz parameters (P > .005). Conclusions: One-step polishing system can produce a similar enamel roughness to multi-step polishing system after bracket debonding and adhesive cleaning.

Key words: one-step polishing system, multi-step polishing system, enamel surface roughness

---

ORAL HEALTH STATUS, MEDICAL HISTORY, XEROSTOMIA DAN QUALITY OF LIFE OF ELDERLY IN LUWU TIMUR, SULAWESI SELATAN

Rasmidar Samad

Department of Public Dental Health, Faculty of Dentistry, Universitas Hasanuddin, Makassar, Indonesia

Introduction: Xerostomia is a common condition in elderly people which may result in permanent impairment that would be one risk factor for decreased quality of life. Objective: The aim of this study is to determine the relationship of sociodemographic status, medical history, xerostomia, tooth loss, and caries status with quality of life of elderly. Material and Methods: This study was performed in Luwu Timur, Sulawesi Selatan, Indonesia, in elderly people aged >65 years. Results: The findings revealed that elderly people with xerostomia had lower quality of life compared to those without xerostomia. Conclusions: Xerostomia is associated with decreased quality of life in elderly people.
Material and Method: This study is a packet pathfinder survey with cross sectional study. Data were collected from 269 elderly using Summated Xerostomia Inventory-Dutch (XSI) and Oral Health Impact Profile-14 (OHIP-14) to measure the subjects’ quality of life. Caries status was measured with DMFT index. Data analysis by using SPSS version 16.0 (p<0.05). Pearson test was used to find correlation among xerostomia, tooth loss, and caries status, with quality of life. T-test and Anova were used to compare sociodemographic factor and medical status with xerostomia. Result: Increased medication intake, number of medication, and systemic disease have significantly correlated with xerostomia (p<0.005). The result showed a significant relationship between tooth loss and xerostomia (r = 0.143; p<0.0001) and also xerostomia and quality of life (p=0.000). Conclusion: Sociodemographic factor has significant relationship with medical history, xerostomia, tooth loss, caries status, and quality of life.

Key words: oral health status, xerostomia, medical history, quality of life, elderly

SL 64
EARLY IDENTIFICATION AND MANAGEMENT ORAL LESION OF BEHÇET'S DISEASE

Marica1, Febrina Rahmayanti2

1Postgraduate Program, Department of Oral Medicine, Faculty of Dentistry, Universitas Indonesia, Jakarta, Indonesia
2Department of Oral Medicine, Faculty of Dentistry, Universitas Indonesia, Jakarta, Indonesia

Variations of oral lesions were commonly found in dental office and they might appear as oral manifestation of systemic diseases such as Behçet’s disease (BD). It is a multi-system inflammatory disorder which generates vasculitis and characterized by recurrent oral and genital ulcers, and ocular inflammation, which may involve articular, neurologic, gastrointestinal, urogenital, pulmonary and others manifestation. Recurrent oral ulcers are a very important sign as the initial clinical feature of BD. This case report will describe a case of 35-year-old man presenting a multiple recurrent oral (aphthous-like) ulcerations, skin lesions, genital lesions, eyes disorder and joint pain. Based on clinical features and patient’s history, those conditions were suspected as BD. Thus, he was referred to dermatologist, internist and ophthalmologist in order to verify the diagnosis. After several examinations by each department, the diagnosis was confirmed as a BD. Oral ulceration was treated by chlorhexidine rinse and topical triamcinolone acetonide in orabase. Long term immunosuppressant was administrated by the physicians to control the BD. There is no recurrent oral ulcer or other systemic symptoms on two years follow up. The dental professional should be aware that the presence of recurrent oral ulcers could be the first symptom of BD. Early identification is important since early treatment can delay the onset of or prevent serious multi-organ complications.

Key words: Behçet’s disease, oral ulcers, early identification

SL 65
CHLORHEXIDINE AND TETRACYCLINE MOUTHWASH SUCCESSFULLY REDUCED OF PAIN AND SEVERITY OF RECURRENT APHTHOUS STOMATITIS

Surya Nelsi1, Gus Permana Subita2

1Postgraduate Program, Department of Oral Medicine, Faculty of Dentistry, Universitas Indonesia, Jakarta, Indonesia
2Department of Oral Medicine, Faculty of Dentistry, Universitas Indonesia, Jakarta, Indonesia

Recurrent aphthous stomatitis (RAS) is a common, painful, and ulcerative disorder of the oral cavity with unknown etiology. The ulcerations may lead to difficulty in speaking, eating and swallowing. Treatment of RAS is symptomatc and base mainly on empirical evidences. The primary goals of therapy are relief of pain, reduction in the number of ulcer, their size and duration, and restore normal oral function. Chlorhexidine and tetracycline mouthwash use in RAS is intended to control microbial contamination and secondary infection. This case report is aim to describe a case of minor RAS successfully treated with chlorhexidine and tetracycline mouthwash. A thirty one years old-female suffered from recurrent ulceration on the oral mucosa since 18 months ago. She had consulted medical and dental practitioner and has been given systemic antibiotic, analgesic, multivitamin, immunostimulant, triamcinolone acetonide ointment, chlorhexidine mouthwash and scaling procedure, but the ulcers recurred and required two weeks to heal. Currently, the ulcers persisted for 2 months. Oral examination showed there were multiple, regular and irregular ulcers on almost the overall of oral mucosa, including the tonsillar areas and oropharynx. This patient was treated with chlorhexidine and tetracycline mouthwash for one week. The next visit, anamnesis revealed that the pain subsides significantly after two days. The lesions still present but reduced the number and their size, and did not elicit pain anymore. In this case, chlorhexidine and tetracycline mouthwash provided a good improvement as the alleviation of pain and accelerating ulcer healing.

Key words: recurrent aphthous stomatitis, chlorhexidine, tetracycline, mouthwash