

SEMINAR BOOK

Faculty of Dental Medicine Universitas Airlangga Surabaya

7th TIMNAS
4th JSMiD

2017



The 7th Temu Ilmiah Nasional
The 4th Joint Scientific Meeting In Dentistry

Hotel Shangri-La Surabaya, October 5th-7th 2017

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Committee

- Person In Charge (Dean)** : DR. R. Darmawan Setijanto, drg., M.Kes
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2nd Advisory (Vice Dean II) : Dr. Agung Sosiawan, drg., M.Kes
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1st Treasurer : Dr. Rini Devijanti Ridwan, drg., M.Kes
2nd Treasurer : Deny Saputra, drg., M.Kes

Scientific Team

Main Lecture:

- Dr. Desiana Radithia, drg., SpPM
- Ervina Restiwulan Winoto, drg., SpOrt., M.Kes.
- Reiska Kumala Bhakti, drg.
- Adya Pramusita, drg., M.Si

Short Lecture:

- Dr. Ni Putu Mira Sumarta, drg., SpBM(K).
- Alida, drg., Sp.Ort., M.Kes.
- Fatma Yasmin Mahdani, drg., M.Kes
- Saka Winias, drg., M.Kes

Hands On:

- Tania Saskianti, drg., SpKGA., M.Kes.
- Ardianti Maartrina Dewi, drg., SpKGA., M.Kes.
- Mefina Kuntjoro, drg., SpPros., M.Kes.

Proseding:

- Maretaningtias Dwi Ariani, drg, M.Kes., Ph.D.
- Dr. Pratiwi Soesilawati, drg., M.Kes.
- Eric Priyo Prasetyo, drg., SpKG., M.Kes
- Nadia Kartikasari, drg., M.Kes

Award :

- Nurina Febriyanti Ayuningtyas, drg., M.Kes., Ph.D.
- Andra Rizqian., drg., Ph.D., SpBM(K).
- Alhidayati Asymal, drg.

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- Harry Laksono, drg., SpPros., M.Kes
- Dr. Michael Josef Kridanto K., drg., M.Kes., SpPros(K).

Event and Welcome Dinner Team

- Irma Josefina Savitri, drg., SpPerio(K), Ph.I
- Dr. Sindy Cornelia N., drg., SpKGA(K)
- Mega Moeharyono, drg., SpKGA., Ph.D.

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- Eka Fitria Agustuna, drg., SpPerio., M.Kes.

Food and Beverages Team

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- Dr. Shafira Kurnia S., drg., SpPerio(K).
- Devi Eka Juniarti, drg., SpKG., M.Kes

Equipment, Accomodation, and Transportation Team

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- Dr. Muhammad Luthfi, drg., M.Kes.
- Imam Safari Azhar, drg.
- Lambang Bargowo, drg., SpPerio., M.Kes

Security Team

- Dr. Taufan Bramantoro, drg., M.Kes
- Betadion Rizki Sinaredi, drg., SpKGA., M.Kes.
- Indra Mulyawan, drg., SpBM
- Ananda Firman Putranto, drg., M.Kes.

Technology Team

- Aqsa Sjuhada Oki, drg., M.Kes.

General Information

Seminar Status	: International Seminar
Day, Date	: Thursday-Saturday, October 5 th -7 th 2017
Place	: Shangri-La Hotel Surabaya
Theme	: Holistic Oral Health Achievement Through Basic Medical and Dental Clinical Science

Schedule

THE BIG REUNION OF FKG UNAIR (Wednesday, October 4th 2017)
At FKG UNAIR Surabaya

FKG UNAIR AWARD 2017 AND OUT LOOK 2018 (Wednesday October 4th 2017)
18.30 WIB at Ballroom Shangri-La Hotel Surabaya

OPENING CEREMONY OF 7th TIMNAS AND 4th JSMid (Thursday, October 5th 2017)

Time	Schedule	Venue
08.15 - 08.20	Safety briefing	Ballroom Shangri-La Hotel Surabaya
08.20 - 08.25	Opening the stage	
08.25 - 08.35	Singing Indonesia Raya	
	Singing Hymne Airlangga	
08.35 - 08.50	Traditional dance : Saman from DENTARI	
08.50 - 09.00	Speech from the chairman: Bambang Agustono, drg.,M.Kes.,SpPros	
09.00 - 09.10	Speech from the dean: DR. R. Darmawan Setijanto, drg., M.Kes	
09.10 - 09.25	Speech from the Major: Tri Rismaharini	
09.25 - 09.35	MOU on cooperation between FKG UNAIR and National intitution	
09.35 - 09.45	Prayer	
09.45 - 09.50	Opening remarks of event and dental expo	

NETWORK AND PARTNERSHIP MEETING (Friday, October 6th 2017)

Time	Keterangan	Invitation	Venue
16.00 - 18.00	MOU on cooperation between FKG UNAIR and International intitution	Kagoshima Univ. Hirohsima Univ. Niigata Univ. Tohoku Univ. Osaka Univ.	VIP room Shangri-La Hotel Surabaya

WELCOME DINNER WITH THE SPEAKERS (Friday, October 6th 2017)
Casual Dinner at Portofino

AWARD ANNOUNCEMENT (Saturday, October 7th 2017)
11.15 WIB at Ballroom Shangri-La Hotel Surabaya

CLOSING CEREMONY OF 7th TIMNAS AND 4th JSMid (Saturday, October 7th 2017)
15.30 -17.00 WIB at Ballroom Shangri-La Hotel Surabaya

RESEARCH REPORT

The effects of high pressure oxygen therapy in osteocytes alveolar bone of diabetes mellitus wistar rat induced by *Porphyromonas gingivalis*

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Background: Periodontitis is one of oral complication that commonly found in patients with Diabetes Mellitus. One of the bacteria that causing this disease is *Porphyromonas gingivalis* (Pg). Handling periodontitis with Diabetes Mellitus does not include local factors only, but also systemic factors such as handling of blood sugar because therapy of periodontitis in patients with systemic disease also has the potential to improve overall general conditions. Mechanical periodontitis therapy can be carried out by scaling and root planing (SRP) but the healing it does not indicate the new connective tissue attachment. High pressure oxygen therapy (HBOT), therapy with breathing using 100% oxygen in high pressure chamber (more than 1 ATA), can accelerate alveolar bone healing as part of health tissue regeneration **Purpose:** To prove the effects of high pressure oxygen therapy in the increasing of alveolar bone osteocytes of rat with DM induced by Pg. **Methods:** This research adopts posttest only control group design. Fifteen male wistar rats are divided into three groups. K- (negative control group), K1: induced by Pg and Streptozotocin, and K2: induced by Pg, Streptozotocin, high pressure oxygen therapy 2,4 ATA 100% O₂ 3x30 minutes with five minute interval of air inhalation for five consecutive days. **Results:** Kruskal-Wallis test ($p < 0,05$) and Mann-Whitney U ($p > 0,05$) shows decreasing of osteocytes of alveolar bone significantly in K1 ($3,55 \pm 0,93$) that compared with K0 ($5,33 \pm 2,32$), increasing significantly in K2 ($5,40 \pm 1,51$) that compared with K1 ($3,55 \pm 0,93$), and no main changes between K2 ($5,40 \pm 1,51$) and K0 ($5,33 \pm 2,32$). **Conclusion:** HBOT 2,4 ATA 100% O₂ 3x30' with 5' interval of air inhalation for five consecutive days can increase of alveolar bone osteocytes of rat with DM induced by Pg.

Key words: Hyperbaric oxygen; DM; periodontitis; osteocytes

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CASE REPORT

Perawatan bedah flap bone graft pada penderita periodontal abses dengan kondisi SGPT dan SGOT tinggi

Adhyatmakasukha, Poernomo Agoes Wibisono

Background: periodontal abscess is a disease in the periodontal tissues that must be treated, because it often leads to complaints of pain in patients. Periodontal abscess can occur in any patient. This disorder can be treated with flap surgery, with or without bone graft to replace bone lost due to abscess. **Case:** A 42-year-old male was referred to periodontic clinic for the treatment of an acute abscess with pus, severe pain, bleeding on probing, and 8 mm of pocket depth at the mandibular right canine. Bone loss was also detected by periapical x-ray. Patients with high levels of SGOT and SGPT. Flap surgery was performed to overcome this periodontal abscess. **Case management:** The first visit, we do SRP and the administration of antibiotics and analgesics. The next visit we do periodontal flap surgery treatment with GTR technique using a bone graft and pericardium membrane. Then the flap sutured using 4-0 black silk with interrupted sutures. The area was covered with a periodontal pack. The pack and the sutures were removed 1 week post-operatively. **Result:** The first control, periodontal pack is released, then irrigation using 3% H₂O₂ in the area of flap. Intra-oral examination found no inflammation and exudate. **Conclusion:** Periodontal flap surgery with GTR technique using bone graft and pericardium membrane can be done for patient with periodontal abscess and high SGOT and SGPT.

Key words: Periodontal abscess; flap bone graft; SGPT and SGOT.

CASE REPORT

Preserving the socket dimensions after extraction using demineralized freeze-dried bone xenograft and resorbable membrane: a clinical case report

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Background: Loss of vertical dimension because of tooth removal can be prevented and repaired by a procedure called socket preservation. The aim is to preserve the original bone dimensional contours by limiting the normal post extraction resorptive process. **Case:** A 53-year-old female patient visited to Periodontics Clinic with the chief complain of fracture the crown of tooth. From periapical radiograph examination revealed gangrene radix on 36 (FDI notation). The patient wanted to get an extraction on teeth 36 for this case. **Case Management:** After tooth was carefully removed with forceps technique, the extraction site was grafted with bone graft (DFBX). A resorbable collagen membrane was placed on the buccal aspect of the extraction socket and get sutured. **Discussion:** Socket preservation procedure following tooth extracting will reduce the need for any further ridge augmentation technique prior to implant placement and will conserve the existing bone. The aim is to preserve the alveolar bone dimensional contours by limiting the normal post extraction resorptive process. **Conclusion:** Preservation of bone volume through socket preservation technique is of major importance in order to insure the proper implant, better mastication, and esthetic rehabilitations.

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