

Abstract submission Guidelines

All abstracts will be published in the Program e-booklet of the conference.
Use the template given below:

- The total abstract should not exceed 250 words excluding those highlighted in red font.
- Use font: Arial, Size 12. File Format: Word document (doc/docx).
- Include the photographs of the presenters.
- Title: Use all capital and bold.
- The name of the presenters must be underlined & not bold.
- Indicate affiliations with superscript numerals.
- No reference, figure or tables

Abstract that do not adhere to the guidelines may require resubmission or may not be considered.

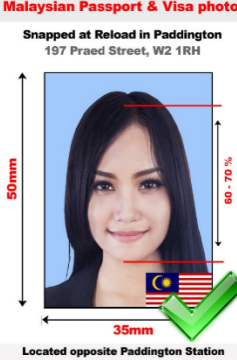
Presenters must indicate whether they wish to join the poster or oral presentation category. However, the final decision will be made by the committee if the number of submissions for each category exceeds the limit.

The Scientific Committee reserves the right to edit abstracts for publication purposes.

Submit the abstract on or before **15th (Tuesday) April 2025 12 am (Malaysian time)** by email to agdcum@um.edu.my . **EXTENDED TO 30th April 2025**

Acceptance notifications will be announced **between 15 March to 7 May 2025.**

If you have any further enquiries kindly direct it to agdcum@um.edu.my.

<p>Presentation No. (Official Use)</p>	<p>Type of presentation preferred: Oral or poster presentation, (please delete the option that does not apply)</p> <p>If poster, would you like to participate in the Scientific Competition? Yes / No (please delete the option that does not apply)</p>	 <p>Malaysian Passport & Visa photo Snapped at Reload in Paddington 197 Praed Street, W2 1RH 50mm 35mm 60 - 70% Located opposite Paddington Station</p>
<p style="text-align: center;">EFFECT OF ENVIRONMENTAL XXXXXXXXXXXXXXX <u>Mun Xi Chua¹, Hamid Ismail Suffian¹, Bala Ramanathan²</u> ¹Department of Restorative Dentistry, Universiti Malaya, 50603, Kuala Lumpur, Malaysia ²Department of Paediatric Dentistry & Orthodontics, Universiti Malaya, 50603, Kuala Lumpur, Malaysia</p> <p>Background: The amount of incisor decompensation during pre-surgical orthodontics may affect the outcome of Class III orthognathic cases. Objective: The purpose of this study was to assess the lower incisor changes post-orthodontic decompensation in Class III surgical cases and to investigate the amount of crowding as a predictive factor. Materials and methods: This was a retrospective study reporting on 22 Class III orthognathic cases. The lower incisor angulation (LIA) and distance of the lower incisor edge to the A-Pogonion line (Li-APo) were measured on pre-treatment and pre-surgical lateral cephalograms whereas crowding was measured on digitised pre-treatment study models. Pearson’s correlation ($p < 0.05$) was used to assess the correlation of crowding with LIA and Li-APo changes, and prediction of the lower incisor decompensation was conducted using linear regression analysis. Results: Results showed lower incisors were retroclined at $79.84^\circ \pm 7.08^\circ$ and positioned ahead of APo line by $6.52 \text{ mm} \pm 2.97 \text{ mm}$ at the start of treatment. Pre-surgical LIA and Li-APo were found to increase following orthodontic decompensation to $90.43^\circ \pm 5.96^\circ$ and $10.34 \text{ mm} \pm 3.25 \text{ mm}$, respectively. There was a moderate positive correlation ($r = 0.592$) between crowding and Li-APo changes which was statistically significant, $p \text{ value} = 0.004$, and had a strong predictor with 31.8% predictability. However, LIA showed a weak correlation ($r = 0.329$) with crowding and was not statistically significant ($p = 0.135$). Conclusion: Li-APo changes during orthodontic decompensation can be predicted with 31.8% predictability using the formula; $\text{Li-APo change} = 2.064 + 0.503 (\text{crowding})$.</p>		

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<p style="text-align: center;">COMPREHENSIVE DENTAL MANAGEMENT OF A MEDICALLY COMPLEX GERIATRIC PATIENT WITH PARKINSON'S DISEASE</p> <p style="text-align: center;"><u>Mun Xi Chua¹, Hamid Ismail Suffian¹, Bala Ramanathan²</u></p> <p style="text-align: center;">¹Department of Restorative Dentistry, Universiti Malaya, 50603, Kuala Lumpur, Malaysia</p> <p style="text-align: center;">²Department of Geriatric Medicine, Universiti Malaya, 50603, Kuala Lumpur, Malaysia</p> <p>Background: Managing oral health in elderly patients with neurodegenerative conditions presents unique challenges, particularly when compounded by systemic medical issues and functional limitations. This case highlights a multidisciplinary approach in managing a geriatric patient with advanced Parkinson's disease. Case Description: A 72-year-old male with stage 4 Parkinson's disease was referred for dental care due to difficulty in chewing and poor oral hygiene. The patient had multiple comorbidities including hypertension, type 2 diabetes, and mild cognitive impairment. Initial examination revealed generalized chronic periodontitis, multiple carious lesions, and reduced masticatory function. A tailored treatment plan was developed in collaboration with the patient's neurologist, physiotherapist, and caregiver. Dental interventions included non-surgical periodontal therapy, extractions of non-restorable teeth, and the fabrication of a simplified removable partial denture. Appointments were scheduled during optimal "on" periods of his medication cycle to minimize tremors. Discussion: The case illustrates the importance of adapting dental care to the functional capacity of medically complex geriatric patients. Considerations included minimizing chair time, involving caregivers, and timing procedures around the patient's motor fluctuations. The interdisciplinary team approach was critical in ensuring safe and effective care. Conclusion: Effective dental management of geriatric patients with Parkinson's disease requires clinical flexibility, close medical collaboration, and a patient-centered approach. This case demonstrates how strategic planning and teamwork can significantly improve oral health outcomes in medically complex elderly individuals.</p>		

