21st ANNUAL GENERAL MEETING & Annual Scientific Meeting 2017
http://maoms.org/

Theme: "TMJ-Current Concept and Management"

24-25 MARCH 2017 | BALAI UNGKU AZIZ, UNIVERSITY OF MALAYA

ONE-DAY WORKSHOP ON ENDOSCOPIC
ASSISTED MINIMALLY INVASIVE SURGERY
- APPROACH TO MANAGING CONDYLE FRACTURE AND ORBITAL FLOOR. ALSO INTRODUCTION TO SIALOENDOSCOPY

26 MARCH 2017 BY: PROF. DR. DR. RALF SCHÖN

socius
KARL STORZ - ENDOSKOPE
UMMI Surgical
DePuy Synthes
Welcome

Dear esteemed delegates. It is with great pleasure that we welcome all of you to the 21st Annual Scientific Meeting/Annual General Meeting of the Malaysian Association of Oral Maxillofacial Surgeons. The theme for this year’s meeting is TMJ-Current Concepts and Management. It is one of the areas that poses a challenge to junior surgeons and experienced surgeons alike. It is our hope that this meeting will give an insight and perhaps a tip or two that may help improve our management of the conditions or injuries in this region.

Dr Sharifah Tahirah Alunid, President of MAOMS

PROGRAMME

Date: 24th March 2017 (FRIDAY)
(Moderator Dr Kok TC, Dr Mohd Adzwin)
08.00-09.00am: Registration
09.00-10.30am: Free Paper Presentation
10.30-11.00am: Tea break
11.00-12.30pm: Free Paper Presentation
12.30-02.45pm: Lunch break

(Chairperson Dr Sharifah Tahirah, Moderator Dr Sharifah Munirah)
02.45-03.15pm: TMD: Current Concepts and Initial Therapy (Prof Yoshinobu Shoji)
03.15-04.00pm: Fixing the TMJ brokenness- Revisiting the management of TMD (Prof Khoo Suan Phaik)
04.00-04.45pm: Forum on TMD and management
Date: 25th March 2017 (SATURDAY)
(AM Chairperson Dr Sophia Ann Murray)
08.30-09.00am : Registration
09.00-10.00am : Surgical Management of TMJ Internal Joint Derangement (Dr Thomas Abraham)
10.00-10.40am : The Effectiveness of Intraarticular Hyaluronic Acid injection in Temporomandibular Disorders (Col Dr Ahmad Fahmi)
10.40-11.00am : Teabreak
11.00–01.30pm : AGM
01.30-02.30pm : Lunch break

(PM Chairperson UM PG)
02.30-03.30pm : Surgical versus nonsurgical treatment of condylar fractures (Dr Ralf Schon)
03.30–04.30pm : Modern aspects on the treatment of condylar fracture (Dr Ralf Schon)

PROGRAMME

Date 26th March 2017 (SUNDAY) By PROF RALF SCHON
08.00-08.30am : Registration
08.30-10.00am : Transoral endoscopic assisted treatment of condylar fracture
10.00-10.30am : Tea Break
10.30-01.00pm : Workshop/Hands-on
01.00-02.00pm : Lunch break
02.00-03.30pm : Workshop/Hands-on
03.30-03.45pm : Tea break
03.45-05.00pm : Introduction to Sialoendoscopy & Demo
Committee

Dr Sharifah Tahirah AlJunid       Dr Kok Tuck Choon
Dr Mohd Nury Yusoff                Dr Farah Aliya
Dr Cri Saiful Jordan Melano        Brig Jen Dr Sharifah Azlin Juliana
Dr Norhayati Omar                  Dr Mohamad Adzwin Yahiya

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## Oral Presentation Schedule

### Case Reports Category

**24th March 2017 (FRIDAY); Venue: Dewan Kuliah 1 / Time: 0900 – 1230**

*Remarks: Allocation of 10 minutes for each presentation followed by a 5 minutes questions and answers session.*

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Oral Presentation Schedule

Case Reports Category

24th March 2017 (FRIDAY); Venue: Dewan Kuliah 1 / Time: 0900 – 1245

Remarks: Allocation of 10 minutes for each presentation followed by a 5 minutes questions and answers session.

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Research Reports Category

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TEA BREAK

-END-
CASE REPORT

CR/01

The Novel Use of Customized Rapid Prototype Osteotomy Template in Correction of Severe Mandibular Asymmetry

Syahir Hassan, Kathreena Kadir, P. Shanmuhasuntharam

Department of Oral and Maxillofacial Clinical Sciences, Faculty of Dentistry, University of Malaya, Kuala Lumpur

Severe mandibular asymmetry causes both functional and esthetic disturbance in patient. Managing it can be challenging as the complexity of the bony geometry and other facial structures. Complications such as undercorrection, overcorrection and injury to the inferior dental nerve may arise as it is difficult to control the osteotomy line, shape and amount of osteotomy. Therefore, correct method should be explored to produce the same osteotomy designed cut pre- and post-operatively. In this report, a case of severe mandibular asymmetry which was corrected by using customized rapid prototyped (RP) osteotomy template is described. The measurement of the volume, shape, osteotomy line and distance from inferior dental canal was established by using computer-aided design (3D Slicer and Autodesk Meshmixer Software) and further osteotomy cut was performed using the fabricated osteotomy template. Intra-operatively, the template was fitted well to the contour of the mandible. Post-operative Cone beam Computed Tomography (CBCT) revealed that both lower border of mandible has become symmetric and the results was comparable with pre-operative planning. In addition, inferior dental nerve was preserved and good esthetic result was achieved. This report suggested that customized (RP) osteotomy template could give better accuracy, efficiency and avoid complications in guiding osteotomy in mandibular asymmetry.

CR/02

The Utilization of Buccal Pad of Fat in Replacement of Soft Tissue Defect After Excision of Lichen Planus of the Oral Mucosa

Azrin Kamarulzaman, Kathiravan Perumal, Firdaus Hanapiah

DEMC Specialist Hospital

Lichen planus is a chronic dermatologic disease that often affects the oral mucosa. The Oral Lichen Planus(OLP) is usually treated with medication such as Corticosteroid or vitamins but the treatment of choice may be to fully excise the affected area. Although it is shown to have good result, the outcome may result in raw surface on the operated area which may cause extreme discomfort and post-operative infection.

This case write up describes the utilization of buccal pad of fat as a pedicle graft to cover the defect left from the excision of the OLP and subsequent healing of the oral mucosa.
CR/03

**Carbuncle of the Chin: Healing by Secondary Intention**

Devi Aulia Aidil, Mohammad Adzwin Yahiya, Nur Ikram Hanim, Md Arad Jelon, Shah Kamal Khan

Oral Maxillofacial Surgery Department, Hospital Kuala Lumpur

Non odontogenic origin cutaneous and soft tissue infection in maxillofacial region is uncommon. A carbuncle is a coalescence of several inflamed follicles with multiple purulent drainage which commonly develop at the back of the neck, buttock, axillae and rarely involves the chin. Surgical treatment approach is by thorough debridement of all devitalized tissue either by saucerization or simple incision and drainage.

A 56 year old Malay male presented with gradually increasing swelling over the mandible with multiple punctum draining pus. He had history of poorly controlled diabetes mellitus. Saucerization of carbuncle under general anesthesia was done. He was on intravenous antibiotics for 2 weeks and was discharged on day-15 post-operatively. The wound was initially dressed daily and then every 2-3 days. It healed 8 weeks after his surgery. The culture from the carbuncle yielded Staphylococcus aureus.

Carbuncle wound healing post saucerization by secondary intention provide satisfactory outcome.

CR/04

**Secondary lip reconstruction surgery**


Oral & Maxillofacial Surgery, Hospital Tengku Ampuan Rahimah

Cancer resection surgery to the head and neck region can seriously affect the self-esteem of patients due to disfigurement and loss of function. Reconstructive surgery helps to restore form and function as well as the confidence of patients. We present a case report of a 63 year old Malay lady who underwent wide excision of a squamous cell carcinoma of the left lower lip (T4N0M0) and reconstruction with a nasolabial flap. After surgery, the patient developed anxiety about being seen in public due to her appearance and affected speech. She underwent a second procedure to reconstruct the lower lip with a tongue flap. After the surgery, the patient reported that she was able to achieve oral seal, had improved pronunciation and increased confidence when out in public. This case report highlights the importance of a holistic approach in the management of patients whereby surgeons not only have to manage the disease but also the psychological and social problems that it entails.

CR/05

**Odontogenic Carcinoma of Mandible – A Puzzling Diagnosis**

Farah Hanan Abd Wahid, Mohammad Adzwin Yahiya, Nur Ikram Hanim, Md Arad Jelon, Sutina Kohir, Shah Kamal Khan Jamal Din

Oral Maxillofacial Surgery Department, Hospital Kuala Lumpur

Odontogenic carcinomas are the malignant epithelial odontogenic neoplasms which are very rare. Odontogenic carcinomas comprise ameloblastic carcinoma, primary intraosseous carcinoma, clear cell
odontogenic carcinoma, ghost cell odontogenic carcinoma, and metastasizing ameloblastoma. These tumours are usually locally aggressive with radical surgery being the primary mode of treatment.

A 60 year old Malay male was referred to Department of Oral Maxillofacial Surgery, Hospital Kuala Lumpur for further management of facial swelling. Initial biopsy reported as suggestive of glandular odontogenic cyst which is benign. Clinical and radiological examination shows that the tumour was huge and rapidly growing within 1 year. Segmental mandibulectomy and reconstruction with reconstruction plate and pectoralis major myocutaneous flap was performed. Post-operative recovery was uneventful. HPE report came back as odontogenic carcinoma.

Odontogenic carcinomas are rare and diagnostically challenging. Treatment rendered to the patient is discussed.

CR/06

**Axillary Nodal Metastasis in Patient with Head & Neck Carcinoma – A Case Report**

Juliana Khairi, Aung Lwin Oo

Faculty of Dentistry, University of Malaya, Kuala Lumpur

Distant lymph nodes metastasis to axillary nodes in patient with head and neck squamous cell carcinoma is rare. We report a case of 62 year old gentleman presented with right lateral border of tongue squamous cell carcinoma. Patient was cancer free for 26 years before developed second primary in right parotid. Patient completed chemotherapy & intensity-modulated radiation therapy prior to surgical resection of the tumour with radical neck dissection and reconstruction with pectoralis major myocutaneous flap. In this case report we will discuss regarding possibility of the axillary node metastasis in head and neck carcinoma and current review.

CR/07

**A Rare Case Report: Amelanotic Spindle Cell Melanoma of Maxilla.**

Nasir K, Mahdah S, Gopalan S, Zainal Abidin M.

Oral Maxillofacial Surgery Department, Hospital Queen Elizabeth I

Amelanotic melanoma of the oral mucosa is a rare tumour. Unlike pigmented melanoma, the diagnosis is always a challenge due to the indistinct clinical features which requires immunohistochemical examination. The prognosis is poor as most cases were reported with the presence of distant metastasis. Till date, there is no standard treatment protocol which has been published due to the rarity of the case. However, surgery has been advocated for this lesion as in the management of its pigmented counterpart. The value of radiotherapy and chemotherapy remains unclear but some considers both as palliative measures. Herein, we report a case of an extensive right neck swelling with an asymptomatic mucosal overgrowth of the right maxilla in an advanced clinical stage amelanotic spindle cell melanoma.
A Case Report Of Massive Zygomatic Angiofibroma: Our Clinical Experience

Nor ‘Izzati Mohtar, Zainal Ariff Abdul Rahman

Department of Oro-Maxillofacial Surgical and Medical Sciences, Faculty of Dentistry, University of Malaya, Kuala Lumpur

In this study, we would describe our encounter with a rare and exceptionally massive facial angiofibroma. The diagnostic evaluation and surgical method will be outlined for further discussion. We will also elaborate the importance of strict continuous follow-up in this case.

This is a case report on a 20-year-old male who presented with a large and bony hard swelling on the left zygomatic body. The lesion was incisionally biopsied in outpatient clinic with an eventful result of post-operative bleeding that ended with hospital admission. The histological result was analyzed and the patient is finally treated with an angiography, and left external carotid artery embolization prior to the surgical removal of the lesion. Weber-Ferguson approach was adopted to achieve satisfactory exposure, and the defect on the facial region was restored with a mono-cortical cancellous iliac graft.

The lesion had been successfully removed, and aesthetically acceptable. Currently, 6-month post-operatively, there is minimal scar of the flap incision, normal sensory and motor functions and no signs of recurrence.

The presentation of the lesion is distinct from the conventional facial angiofibroma because of its single rather than multiple and enormous in spite of tiny size. Thus, a differential diagnosis of Juvenile Nasopharyngeal Angiofibroma should not be excluded. The lesion warrants regular follow-up due to inability to surgically remove tumor wholly due to deep invasion of the sphenoid or high tumor growth rate of 10-36%.

Cervicofacial Flap for Reconstruction of Cheek Defect: Case report

Norcahaya Abdillah, Jeremy Lee, Saravanan, Vimahl Dass

Oral and Maxillofacial Surgery Department, Hospital Tawau

Basal cell carcinoma (BCC) is the most common dermatological malignancy. Surgery is usually the preferred BCC treatment. Depending on the volume of tissue lost, flap design must be properly chosen to get the best outcome and appropriate wound healing.

A 70 years old gentleman presented with single rounded raised black pigmented swelling on left cheek with size of 3cm x4cm x1cm started since 12 years ago and gradually increased in size. Wide excision done and closed up using cervicofacial flap.

Flap design with sufficient blood perfusion led to successful reconstruction of the cheek defect. Cervicofacial flap is an appropriate surgical technique for safe and simple closure of cheek defect and also it enables the extended mobilization that required after ablative surgery at the orofacial region.

Every aspect must be considered in planning flap design in reconstructive surgery to get the best outcome for the patient.
A Rare Presentation of Ludwig’s Angina Complicated by Necrotizing Fasciitis

Siaw Yean Na, R. Sundrarajan Naidu, Nurlidiah Md Ghazali

Department of Oral and Maxillofacial Surgery, Hospital Sultan Ismail

Ludwig’s angina is a rapidly progressive cellulitis affecting the posterior oropharynx, submaxillary and sublingual spaces. It usually arises following a dental infection and potentially fatal due to airway obstruction. Cervical Necrotizing fasciitis is a rare soft tissue infection resulting in the death of subcutaneous and fascial tissue. Ludwig’s angina can seldom be complicated by necrotizing fasciitis.

We report here a rare presentation of a case of Ludwig’s angina complicated by necrotizing fasciitis in a 35 year old healthy male. He was referred to our department for further management of left facial swelling resulting in dysphagia, stridor, limited mouth opening. He presented with history of toothache on lower left side for past 1 year. Clinically, there was a gross diffuse swelling extending superiorly from left infraorbital region to supraclavicular region inferiorly and it crossing the midline with erythematous skin changes. Intra-orally, noted swelling on floor of mouth, displacing his tongue supero-posteriorly. Blood investigations showed high creatinine level (191mcmol/L) and WBC (18.03 x 10^3/UL) revealing acute kidney injury secondary to sepsis. Computerised tomography Scan showed diffuse soft tissue thickening in the left sumandibular and parapharyngeal region, extending superiorly to the left infra temporal region and inferiorly to superior mediastinum at the level of left clavicle.

Histopathology confirmed the diagnosis of necrotising fasciitis. This patient has undergone multiple incision and drainage and extensive wound debridement of necrotic tissue under general anaesthesia. His wound healing was further complicated with oral cutaneous fistula formation. This is a case of extreme life threatening Ludwig’s angina with significant morbidity, complicated by cervical necrotising fasciitis illustrating the urgency of prompt diagnosis and management. Innocuous dental caries if left untreated, can potentially be life threatening.

Ameloblastic Carcinoma of Mandible: A case report

Nurul Yasmin Aminuddin, Mohammad Adzwin Yahiya, Nur Ikram Hanim, Md Arad Jelon, Shah Kamal Khan

Oral Maxillofacial Surgery Department, Hospital Kuala Lumpur

Ameloblastic carcinoma is a rare malignant epithelium tumor of the jaw. It is classified as an odontogenic tumor and commonly seen in the mandible. Ameloblastic carcinomas are often aggressive and may metastasize to other parts of the body especially the lungs, potentially causing life-threatening complications. The most common course of the disease is persistent recurrence with local spread. There is no standard treatment protocol for ameloblastic carcinoma but radical surgical excision with or without radiotherapy is reported in the majority of cases.

A 59 years old Malay gentleman was referred to Department of Oral Maxillofacial Surgery, Hospital Kuala Lumpur for management of rapid progress swelling of mandible. Patient presented with firm swelling on right mandible with foul smell discharge for the past 6 years. Histopathology examination (HPE) revealed malignant epithelial neoplasm, an ameloblastic carcinoma should be considered. Following a chest radiograph and CT scan noted bilateral lung nodules. A CT guided lung biopsy
confirmed lung metastatic ameloblastic carcinoma. Treatment rendered was segmental mandibulectomy, reconstruction with reconstruction plate and pectoralis major myocutaneous flap.

Ameloblastic carcinoma is an aggressive neoplasms and locally invasive. Treatment rendered to this patient is discussed.

CR/12

Extranodal B-cell Non-Hodgkin Lymphoma at Posterior Maxilla

Yew Len Young, Mohammad Adzwin Yahiya, Nur Ikram Hanim, Md Arad Jelon, Shah Kamal Khan

Oral Maxillofacial Surgery Department, Hospital Kuala Lumpur

Lymphoma is a malignant neoplasm that affects the lymphoreticular system. It is broadly classified into 2 main groups, namely Hodgkin lymphoma and Non-Hodgkin Lymphoma depending on the presence of Reed- sternberg Cells. Extra-nodal lymphoma is uncommon in oral cavity; accounts for 3.5% of all malignancies.

A 42 year old lady presented to us with a painful growth at left upper back jaw which was noticed since 6 weeks ago. She was HIV positive and asthmatic. Clinically, a 3cm x 4cm, erythematous, soft and tender mass was noted at left posterior maxilla. Panoramic radiograph showed evidence of bony erosion at left posterior maxilla distal to tooth 26. Initial diagnosis was squamous cell carcinoma in view of the suspicious clinical appearance of the lesion and the prevalence of this malignancy at maxillofacial region. Incisional biopsy was done. Out of our expectation, biopsy was reported as malignant lymphoma (B-cell type). Patient was then referred to regional Haematology unit for further management. After completing 6 cycles of chemotherapy, the oral lesion had resolved completely.

Lymphoma can present primarily in oral cavity especially in patient with acquired immunodeficiency. However, clinical presentations of this malignancy is oral cavity is unspecific. Hence, clinician should have high index of suspicion and consider it as a possible differential diagnosis, as early detection is critical in increasing life expectancy in these patients.

CR/13

Distraction Osteogenesis, a Paradigm Shift in Craniofacial Surgery: A Case Series

S. Peter, F. Hariri, ZAA. Rahman, D. Ganesan

University of Malaya, Kuala Lumpur, Malaysia

Distraction osteogenesis (DO) has become a growing adaptable trend in the field of craniofacial surgery in recent years. It has become widely popular and is being used particularly in syndromic craniosynostosis cases. We report a case series of six cases of Crouzon’s syndrome between the ages of 8 months to 6 years, whom presented with increased intracranial pressure, five of which were treated with Monobloc Le Fort III advancement DO and one posterior cranial vault expansion via DO. This technique has shown to provide major clinical as well as functional successful outcomes. However, DO in the field of craniofacial surgery have its complications as most DO applications are still in their infancy level with scarce data available in current literature. Nevertheless, this method has proven to be superior to the conventional technique in the craniofacial skeleton especially when a substantial amount of advancement is required, despite its minor setbacks.
RR/01

Occurrence of Metastases in Level V Lymph Node for Oral Squamous Cell Carcinoma: A 4-year Retrospective Study

Tan YR, Yahiya MA, Abdul Rahim NIH, Jelon MA, Syed Alwi Aljunid ST, Wan Mustafa WM, Abdul Jalil N, Jamal Din SKK

Department of Oral Maxillofacial Surgery, Hospital Kuala Lumpur

Introduction/Background: Radical and modified neck dissection are no longer routinely used for oral squamous cell carcinoma, but are reserved for advanced nodal disease, N3, and for disease extending into level V or invasion of critical structures in the neck.

Purpose of the study: The objective of the study was to determine the presence of metastases in level V lymph nodes and necessity of routine dissection of level V during neck dissection, in patients with oral squamous cell carcinoma.

Materials and Method: Over a four years period (between 2012 and 2015), the records of patients underwent neck dissection for oral squamous cell carcinoma were retrospectively evaluated. A total of 52 modified radical neck dissections and level V lymph nodes were evaluated and the results were recorded.

Results: Out of 52 neck dissections included in the study, 1 case of Level V lymph nodes demonstrated histologic evidence of micrometastases (1.92%).

Conclusions: Routine Dissection of Level V Lymph Nodes for Oral Squamous Cell Carcinoma in our center remains dispute due to small sample size in this study. Therefore, ongoing study is needed to validate the current practice. Caution should be employed when interpreting these results.

RR/02

Microvascular Reconstruction in Oral Maxillofacial Surgery: An OMFS HKL Experience

Regupathy SP, Yahiya MA, Abdul Rahim NIH, Jelon MA, Syed Al Junid ST, Ahmad SA, Wan Mustafa WM, Abdul Jalil N, Jamal Din SKK

Oral Maxillofacial Surgery Department, Hospital Kuala Lumpur

Aim: To determine the frequency of free flaps reconstruction by OMFS team in HKL for head and neck reconstruction and their outcome.

Methods: 19 patients with different head and neck neoplasms who underwent reconstruction with free tissue transfer performed by OMFS team were evaluated. Most of the free flaps performed were for squamous cell carcinoma of the oral cavity and ameloblastoma of the mandible. A total of 19 free flaps were performed in by our team from October 2013 to January 2017, 10 fibula flaps and 9 radial forearm flaps.

Results: The most common free flap performed was fibula flap (52.63%), followed by radial forearm flap (47.37%). Overall there was a total flap survival of 94.74%, and re-exploration was required in
15.79% of patients. 5.26% of patients developed partial failure of the skin paddle perforator with viable main vascular pedicle.

Conclusion: The success rate of free flap reconstruction is promising. Early recognition of flap crisis and its management is paramount.

RR/03

Structural and Actual Distraction Discrepancy Following Monobloc Distraction in Syndromic

Mohd Nazri Azmi, Firdaus Hariri

Department of Oro-maxillofacial Surgical & Medical Sciences, Faculty of Dentistry, University of Malaya, Kuala Lumpur

Purpose of study: The aim of our study is to assess the discrepancy between the total distraction amount achieved from the distractor device and the actual segmental movements amongst 5 paediatric patients with Crouzon syndrome (age: 8 months to 6 years old).

Materials and methods: All patients were identified to have functional issues namely increased intracranial pressure, inability for eyelid closure due to severe exorbitism and obstructive sleep apnea secondary to narrow nasopharyngeal airway thus indicating surgical procedure of monobloc DO. Pre and post-surgical CT scan data and 3D biomodel for each patient were obtained. Pre and post-surgical clinical and functional outcomes were also documented. Measurement of anatomical and reference points from 5 sets of pre and post-surgical 3D biomodel and CT images were performed and analyzed statistically.

Results: Based on Wilcoxon Signed Rank Test, significant discrepancies (p<0.05) between the actual amount of distraction from the device to the biomodel and CT image were focused at the lateral and lower midfacial components whereas the upper central facial segment parameters have no significant discrepancy (p>0.05). Favourable results in all clinical and functional outcomes were demonstrated in 4 out of 5 patients.

Conclusion: Monobloc DO provides reliable alternative in addressing important functional issues presented in severe syndromic craniosynostosis patients but our study demonstrated that discrepancy of actual structural and device advancement should be anticipated thus needing overcorrection for consideration.

Acknowledgement: This study was supported by the Dental Research Management Centre, Faculty of Dentistry, University of Malaya, Grant no: PPP/C1-2015/DGJ/24.

RR/04

Expression of BRAF, EGFR and CD10 in Ameloblastoma: Their Potential Role in Local Tumour Invasiveness

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Background: Ameloblastoma is a slow growing but locally invasive odontogenic tumour. It can recur locally despite adequate wide surgical resection. The most controversial behaviour of ameloblastoma
is its invasiveness into the surrounding bone, despite its benign nature. The exact mechanism of bone resorption remains unclear. Hence, the need for more biomarkers to be identified to aid the prognostication and potential effective targeted therapy.

Purpose of study: The aim of the present study is to investigate the expression of BRAF, EGFR and CD10 in ameloblastoma and determine the impact of these pro-invasive biomarkers on the biological behavior of different ameloblastoma subsets.

Materials and method: BRAF, EGFR and CD10 expression were examined with immunohistochemical techniques in 39 cases of paraffin-embedded ameloblastoma [19 unicystic ameloblastoma (UA) and 20 solid/multicystic ameloblastoma (SMA)]. Semiquantitative score method was used to evaluate the immunoexpression which classified into pre-ameloblast like cells (PA-cells), stellate reticulum-like cells (SR-like) and stromal cells in ameloblastoma. Results: The pro-invasive markers were significantly expressed in all three localization for both UA and SMA (P<0.05). Significant differences in the expression of these markers between either two epithelial components or stromal cells were observed.

Conclusion: BRAF, EGFR and CD10 were significantly expressed in SMA and UA which indicating their active local bone activity in ameloblastoma. These findings suggest their potential roles as prognostic markers of ameloblastoma and targeted therapy could be considered to treat the advanced unresectable ameloblastoma. (Grant: PPPC/C1-2015/DGJ/02).

RR/05

Comparison of Tooth Eruption, Alignment, Incisal level, and Bone Continuity Following Alveolar Bone Grafting (ABG) Between Two Different Surgical Timings

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Objectives: To compare the status of tooth eruption, alignment, incisal level, and bone continuity at the cleft side between two different surgical timings.

Methods: CBCT images of unilateral complete cleft lip and palate patients who had alveolar bone grafts were reviewed. Patients were divided into two groups based on time of grafting, Group 1 (6-8 years old) and Group 2 (9-11 years old).

Results: A total of 16 patients were recruited with 8 patients in each group; age ranging from 12 to 22 years old. Almost all maxillary canines on the cleft side in both groups have made positive progress in eruption. Only 25% of maxillary central incisors on the cleft side, in both groups, were straight. The majority of the maxillary central incisors in both groups are on the occlusal plane, 37.5% in Group 2 failed to reach the occlusal plane. Surprisingly, Group 2 has a better bone continuity compared to Group 1.

Conclusion: There were no striking differences in the dental and bony outcomes between the two groups.
Maxillofacial Trauma of Paediatric Patients: University Malaya Experience

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Introduction/background: Maxillofacial trauma in paediatric patients is infrequent worldwide but the mark increment of reported incidence may be a cause of morbidity and mortality in children.

Aims and Objectives: To determine the incidence, aetiology, type of injury, management and the outcomes of the treatment of maxillofacial trauma among paediatric patients treated in Faculty of Dentistry, University of Malaya.

Methodology: A retrospective study (2005-2015) was carried out which involved retrieving past records (manual/electronic form) of paediatric patients (under 16 years old) who presented with maxillofacial trauma. Data collected was organized using descriptive statistics with SPSS version 12.0.1.

Results: The total number of patients was 120 but only 93 had complete records. The ratio of boys to girls was 2:1. The main cause of injury was falling (54%) followed by motor-vehicle accident (MVA) (42%), assault (3%), and sport (1%). The total count of soft tissue injury only was about 41% while 59% presented with maxillofacial fracture. Midface were the most common fracture occurred followed by mandibular fractures. Both fractures were mostly managed by open reduction and internal fixation (ORIF) using non-resorbable plates except for condylar fractures which were mostly managed conservatively.

Conclusion: The incidence of maxillofacial trauma in children increased within the time frame of this study. The most common aetiology was fall. Hard tissue injury accounting for most of the cases whereby midface was the most common site involved. ORIF was the treatment of choice for most of the fracture cases except for condylar fractures (conservative management). All patients had achieved reasonable outcomes postoperatively.

Survival outcomes of the oral squamous cell carcinoma patients

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Background: Oral cancers possess potentially devastating impact globally and ranked as 21st most common cancer in Malaysia. This retrospective study was aimed to determine the survival outcomes for oral squamous cell carcinoma (OSCC) patients who received treatment or follow-up in University of Malaya in a ten-year period (2002 to 2012).

Materials and methods: One hundred and nine OSCC patients who had undergone treatment or follow-up in Faculty of Dentistry, University of Malaya in the 10-year period were retrospectively analyzed for their socio-demography, clinico-pathology data and treatment undergone. Kaplan-Meier and Log Rank test were used to determine survival outcomes. Univariate and multivariate Cox regression models were used to calculate hazard rate ratios (HRR) for factors associated with patient survival.

Results: Highest incidence occurred among Indian population, with commonest site at buccal mucosa due to betel quid chewing (p=0.000). Presence of skip metastasis and extracapsular spread showed poor survival outcome (p= 0.000). Tumor site at gingiva showed poor survival outcomes (p= 0.0494). Early clinical and pathological staging showed better survival outcomes (p = 0.0193 and 0.0334). Patients who received treatment showed better survival outcomes (p=0.0443), particularly those who had undergone surgery (p = 0.0235).

Conclusions: Early diagnosis of disease improved overall survival of the patients, in concomitant with absence of extracapsular spread and skip metastasis. Skip metastasis was an independent prognostic factor on survival outcome of OSCC patients. Patients receiving treatment, specifically surgery exhibited enhanced overall survival.