

Fig 1: Sample abstract for case report

Adhesive Retained Facial Prosthesis Facilitated Via Permanent Indian Ink

¹Aiameeza Rajali, ²Fadzlina Abd Karim

¹Lecturer and Prosthodontist, Centre for Restorative Dentistry Studies, Faculty of Dentistry, UiTM Sungai Buloh Campus, Jalan Hospital, 47000 Sungai Buloh, Selangor, Malaysia.

²Maxillofacial Prosthodontist, Department of Oral and Maxillofacial Surgery, UKM Medical Centre, Malaysia.

Introduction: Surgical reconstruction of an ear is always challenging due to the unique anatomical structure of an auricle. Rehabilitation using adhesive-retained silicone prosthesis provides reversible conservative treatment for patients with surgical scar, guided by anatomical undercuts and tissue remnants. **Case description:** This was a case report of a 60 year-old gentleman referred for the construction of right auricular prosthesis. He had a history of surgical correction of congenital microtia and canal atresia with Medpor pinnaplasty and transposition of lobule 7 years ago. Due to failure, total auricectomy was performed 6 months prior to referral. He presented with right total auricular defect with remnant of soft tissue skinfold at tragus and hard fibrous band scar at the middle of defect. Slight erythema surrounding the defect was observed. In view of patient's clinical presentation, fabrication of adhesive-retained auricular prosthesis was opted. Orientation for placement was marked with Indian ink. Biocompatibility test was performed to check for potential allergic reaction to prosthesis and the ink. **Discussion:** Technical difficulty encountered in cases of total ear excision is profound as this procedure offers inferior opportunity for prosthesis retention. In addition, repeatable proper re-positioning and re-orientation the auricular prosthesis may be hindered due to lost remnant of natural anatomical landmarks. Therefore, marking of placement borders is the key step to prevent rotation during placement. The marking should be permanent and visible to patient during placement yet not too thick or wears off later. **Conclusion:** This technique could simplify the orientation when placing the adhesive-retained prosthesis and might lead to better acceptance by the patient.

Fig 2: Sample abstract for original study

Occlusal Analysis Of Mandibular Implant Prosthesis Using Computerized T-Scan III System

Tameem Kuder, Norsiah Yunus, Eshamsul Sulaiman

Department of Restorative Dentistry, Faculty of Dentistry, University Malaya, Kuala Lumpur, Malaysia.

Aims: To compare the relative occlusal force (OF) distribution and occlusal time (OT) in edentulous patients wearing conventional complete dentures (CD) and mandibular implant overdentures (IOD). **Materials and methods:** Ethical reference number was DF CO1513/0074(P). In this cross-sectional study, 23 patients were selected in each group; with mean age of 65.0 ± 9.7 years for CD (12 males; 11 females), while IOD was 66.2 ± 8.5 years (6 males, 17 females). The mean age of patients' prostheses in both groups was 1.8 ± 1.0 years. The mandibular overdenture prosthesis was retained by two unsplinted implant attachments. The % OF distribution in the anterior and posterior regions of the arch and the OT in seconds were recorded using T-scan III (Tekscan Inc., South Boston, MA, USA). Patients were instructed to close in maximal intercuspal position (MIP), on 3 occasions on a U-shaped electronic sensor and the movies were recorded and analyzed. Mann-Whitney test was used for statistical analysis, at ($P < 0.05$). **Results:** The IOD group recorded significantly different OF distribution at the anterior (8%) and posterior (2%) compared to the CD group (18% anterior; 32% posterior) at $P = 0.002$. The OT in IOD group was 1.9 ± 1.4 seconds, while the later was 2.5 ± 1.8 seconds, with no significant difference between them ($P = 0.272$). **Conclusions:** There were differences in the occlusal force distribution between IOD and CD wearers, however the time taken from initial contact to MIP were similar.