

ABSTRACT GUIDELINES

To all postgraduate students who will be presenting, please submit your abstract by **20 Julai 2017**

Abstract preparation instructions:

In order to achieve a uniform style, authors are requested to conform to the following:

About the author:

Title: Limit your title to ten or less

Authors: Starting after the title, list each author's name in capital letters. The name should include the first and middle initials followed by surname. Underline the name of the presenting author.

Name of supervisor is compulsory.

Institution: The name of the institution (Faculty of Dentistry, UM) must follow the last author's name.

Content of the abstract

Authors are required to use clear typeface of minimum size 10 pitches. All text of abstract should be fitted within the box of the abstract form. The content of the abstract must also contain the following:

Objectives: The content of abstract must contain a brief statement of the objectives of the investigation.

Methods: The content of the abstract must also contain a brief description of the experimental methods used.

Results: Essential results including data and, where appropriate, statistics should be clearly stated in the abstract content.

Conclusions: Should not be underlined. DO limit the number of words in the abstract to 300 or less. Larger abstracts will not be accepted.

Example of abstract:

Epidemiology of Traumatic Dental Injuries Among Adolescents.

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Objectives: Is to measure the prevalence of traumatic dental injuries (TDI) to permanent anterior teeth in adolescents to determine the causes of TDI, to identify reasons for the untreated injured teeth and the impact of untreated injured teeth on Quality of Life among 13 and 16-year-old schoolchildren in Klang district. **Methods:** A cross-sectional study was carried out in a sample of 4602 schoolchildren. The children were clinically examined and children with TDI were given a self-administered questionnaire. **Results:** The prevalence of traumatic dental injury was 5.0%. Males (6.8%) had TDI levels approximately twice as high as females. Indians experienced a higher TDI levels than other ethnicity. Maxillary central incisors were the most common teeth with TDI. Most of the affected children (77.2%) had trauma to 1 tooth. Enamel fracture (42.4%) was the major type of TDI. The main cause of injury reported was fall (67.2%). Most of the TDI occurred at home (52.2%). A total of 288 teeth were traumatised with 84.4% of the traumatised teeth not treated. About half the participants “do not care” about the appearance of their untreated traumatised teeth. The impact of untreated traumatised teeth on Quality of Life among adolescents in Klang was found to be between low to moderate. **Conclusions:** The prevalence of untreated traumatised teeth was high with most of the participants reported “do not care” as reason for not seeking treatment.