Dear Colleagues,

On behalf of the organizing committee of the Asian Oral Health Care (AOHC) and 2nd Asian Meeting on Dental Public Health (AMDPH), it is my great pleasure to all colleagues and participants to attend the AOHC & 2nd AMDPH in Jakarta, from December 20-22 November 2008.

The theme of AOHC and 2nd AMDPH is Future Directions on Asian Oral Health Care. The scientific meeting will include a variety of presentations covering a wide range of interesting topics related with the theme. I hope this proceeding can benefit us to improve our knowledge.

I would like to especially thank to the speakers, participants and companies who have participate in this event.

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Chairman of AOHC & 2nd AMDPH
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candidiasis and other systemic adverse effect such as moon face, buffalo hump, etc. The patient is also interviewed about any incidence of mood changes or insomnia.

CONCLUSION
In summary, prednisone 5 mg as mouth rinse was effective to control erosive lichen planus on the buccal mucosa lesions, and the application of clotobetol propionate 0.05% in custom tray appears to be effective for erosive lichen planus on gingival (desquamative gingivitis). The key factors that determine the successful of topical corticosteroid use depends upon an appropriate diagnosis, the choice of types and dosage of drugs, the specific formulations, and treatment regimen.

REFERENCES
immune complex which result in tissue damage. The SLE specific etiology is still unknown, but according to the scientist, SLE is caused by multifactor. Genetic as predisposing factor, hormonal factor, intrinsic abnormalities of immune system and environmental factor can be involved in pathogenesis of SLE.

The occurrence of SLE is high enough. According to June F. Klinghoffer, in a large number of clinics in San Fransisco, new case of SLE was 7.6% per 100,000 people with entire prevalence was 1 case from 1969 people. Systemic Lupus Erythematosus occurs ten times more frequently in females and has a higher incidence among black people. The peak incidence being in the age range of 20 to 40 years.

In Indonesia, there is no certain number of SLE occurrence. However, there is a phenomenon increasing number of SLE occurrence at government hospital. In Department of Pathology in Faculty Of Medicine, University of Indonesia in RSCH Jakarta, there is an increasing incidence of patients with SLE. By time of year 1988-1990, mean incident was 37.69 per 10,000 treatments. The number was fold two and a half which has been reported in range of time 1972-1976 that was 15.02 per 10,000 treatment.

The incidence of SLE that happened in Hasan Sadikin Hospital Bandung is quite high. Based on data, until June 2003, total number of patients with SLE Lupus Clinic in Hasan Sadikin Hospital is 162 patients. So far, the number of patients with SLE in 2007 is the highest number, 63 patients or 38.88% from the overall total of patient of SLE at clinic of lupus in Hasan Sadikin Hospital Bandung.

Systemic Lupus Erythematosus has no typical pattern of presentation, small vessel vasculitis occurs as result of immune-complex deposition and leads to renal, cardiac, hematologic, mucocutaneous and central nervous system destruction. SLE also can be manifested in oral cavity. According to Rhodos and Johnson (1990) have reported high incidence (81.3 to 87.5%) of various oral lesions including ulcers, angular cheilitis, mucositis and glositis and high incidence (75.0 to 87.5%) of subjective oral conditions includes glossodynia, dysgeusia, dysphagia and dry mouth. Oral mucosal lesions can be found as annular leukoplakia areas and/or involve palate, purpuric lesions such ecchymosis and petechiae may also occur. The lesions usually affect the palate, buccal mucosa and gingiva. Sometimes they appear as lichenoid, but they may also look nonspecific or even granulomatous.

One of SLE manifestations is hematologic disorders such as anemia, leukopenia and thrombocytopenia. Anemia have few etiologies, which includes secondary to chronic inflammatory disease, renal insufficiency, blood loss, or drug use. Acute autoimmune hemolytic anemia resulting from autoantibodies directed against red blood cell. Oral manifestation of anemia can seen in changes of membrane of oral mucosa. The tongue will be seen

turn anemic with filiform papilla flatten. The continuing atrophy can make the tongue look slippery, run dry and gleam. The patient possibly will suffer pain in the tongue (glossodynia) or burning sensation (glossoprosis). The lips will also be seen strained and attenuated, and looked tight and thin, besides, and also the width of the mouth is narrow. Others oral manifestation are appearance of angular cheilitis, aphtous ulcerations, erythema and mucosal erosion.

Leukopenia also often occurred, with white blood cell counts ranging between 2500/mm³ to 4000/mm³ and often associated with active disease. It is considered caused by other causes such as drug use and infections. In active SLE, white blood cell rarely falls below 1500/mm³. Leukopenia increased the consequences of bacterial infection, in some cases, ulcer in mouth and oropharynx is the lead as oral manifestation of leukopenia.

Thrombocytopenia have other etiologies such as infection or drug use. Patients with thrombocytopenia, follows a course of acute SLE and responds to treatment of the disease. The patients may also have platelet count of around 50,000/mm³ but have no serious bleeding. Thrombocytopenia can be manifested in oral cavity. It is purpuric lesions, which may appear in skin or mucosa.

Thrombocytopenia happened when platelet count is 100,000/mm³ or below. Petechiae and ecchymosis appears when the platelet count decreased significantly, about 10,000-30,000/mm³. Spontan hemorrhages can happened if platelet count less than 5000/mm³.

The aim of this research is to identify hematologic disease as a risk factors of oral disorders in patients with SLE at Hasan Sadikin Hospital Bandung.

MATERIAL AND METHOD
This research material base on the medical records of patients who have been diagnosed SLE at clinic lupus of Hasan Sadikin Hospital on January 1st to December 31st, 2007 and base on secondary data which appropriate with research variable, show that hematologic disease can cause oral disorders in patients with SLE, these includes anemia, leukopenia and thrombocytopenia.

RESULT
The research shows that characteristics of patient with SLE at Lupus Clinic of Hasan Sadikin Hospital Bandung in 2007 are mostly women. The number of female patients is 61 patients (96.83%). The mostly ages are between 22 and 28 years old.
It shows that the number of patients who have experienced leukopenia (Leukocyt count < 5000/mm3) is 12 patients (19.0%).

Table 2. The Percentage of Patients with SLE Experienced Leukopenia

<table>
<thead>
<tr>
<th>Hematologic Disorders</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Blood Cell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leukopenia</td>
<td>12</td>
<td>19.0%</td>
</tr>
<tr>
<td>No leukopenia</td>
<td>51</td>
<td>81.0%</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 5 shows that there were only 5 people or 7.9% patients who have had thrombocytopenia (Platelete count < 100,000/)

Table 3. The Percentage of Patients with SLE Experienced Thrombocytopenia

<table>
<thead>
<tr>
<th>Hematologic Disorders</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platelet count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>5</td>
<td>7.9%</td>
</tr>
<tr>
<td>No thrombocytopenia</td>
<td>58</td>
<td>92.1%</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

These hematologic disease including anemia, leucopenia and thrombocytopenia are frequent in patients with SLE. It is about 49.2% of overall patients, while some other no hematologic disorders and unknown data.

DISSCUTION

The result of this observation shows that the number of female patients is higher than male. The epidemiology phenomenon of SLE often happened in women. This is related to hormone of sex. The level of estrogen is found increased in female patients with SLE.

Systemic Lupus Erythematosus is found mostly happened at age of 22-28 years reaching the percentage up to 30.16%. The youngest patient is 15 years old and the eldest is 57 years old. According to epidemiology, SLE mostly happened in women at productive ages, with the highest incidence between 20 until 40-years.

The highest percentage of hematologic disorders which have been experienced by patients with SLE is anemia. Autoimmune hemolytic anemia...
often happened in patient with SLE. Hemolytic anemia is related to existence of autoantibody which effect erythrocyte. 27 Angular cheilitis can occur in patients with anemia and appears in the form of localized white fissure and bilateral in angle of the mouth. The appearance of Angular cheilitis is the result of deficiencies of vitamn B (Riboflavin B₂ and of Cynocobalamin B₁₂), deficiencies of iron, existence of secondary infection of Candida albicans. 12 Other oral manifestation of anemia is a change in membrane of oral mucosa and tongue will be seen turn anemic with filiformis papilla flatten. The continuing atrophy can effect the tongue looked slippery, run dry and gleam. Patient will possibly suffer pain in the tongue (glossodynia) or burning sensation (glossopriosis) and lip will be seen strained and attenuate. 8

Leukopenia is one of hematologic manifestations of SLE. According to table 4, there were 12 patients with SLE suffered leukopenia. Leukopenia usually reflects lymhopenia and can also caused by immunosuppressive therapy for SLE patients. 3 In condition of severe leukopenia, susceptibility to bacterial infections and ulceration of the mouth and throat as the initial manifestation is high. 8

Other hematologic disease which also often happened in SLE patients is trombocytopenia. 3 According to (table 5) there were only 5 patients who suffered trombocytopenia. Trombocytopenia (platelets count <100.000/mm³) could happen as result of increasing phagocytosis of autoantibody-coated platelets by spleen, liver, bone marrow and lymph node macrophages. 3 The decreasing of platelets count can cause haemorrhages. In platelets count ranging about 30.000 to 50.000/mm³ may cause excessive bruising with minor trauma and those with 10.000 to 30.000/mm³ may develop spontaneous purpuric lesions as petechiae and ecchymosis. In patients with platelets counts below 10.000/mm³ are at risk of internal bleeding. 11

It can be known that hematologic diseases are found quite often and also have risk of causing oral disorders in patients with SLE. And, it is important to figure out the clinical signs which may appear in oral cavity of the patients with SLE who have hematologic disease.

CONCLUSION

According to the result, the patients with SLE at Lupus Clinic of Hasan Sadikin Hospital Bandung in 2007 who have hematologic disease such as anemia, leukopenia nd trombocytopenia are risk factors of oral disorders. These conditions need to be considered as factors that can affect oral health. The dentist should have more consideration in SLE patients with hematologic disorders to avoid the complications after dental procedures as well.

REFERENCES


