



# PANFACIAL TRAUMA- MANAGING SEPARATED NASAL CARTILAGE AND EXTENSIVE DEGLOVING FACIAL-A CASE REPORT

Ulfa Elfiah, Diastri Nur Suprobo Dewi

Medical Faculty, University of Jember-Dr. Soebandi Hospital Jember, East Java

## Introduction

In the road traffic accident, seven out of ten victims underwent facial trauma, mostly in the form of laceratum and bruising. Panfacial fractures are fractures that involve two of the three areas of the face: the frontal bone, midface, and mandible.

## Method

case presentation and some literature reviews. informed consent were obtained.

## Case Report

A 22-year-old male pick-up driver carrying material had trauma associated with a truck. He sustained facial trauma and was transferred to our hospital with severe facial trauma, followed by laceratum from the superior inferior dextra palpebra extending to the nasal and maxilla dextra et sinistra, as well as decrease of consciousness and malocclusion.

## Discussion

Nasal cartilage was found to be separated from midface. This was quite rare in facial trauma. It is extensive facial surgery with inside out sequencing. The patient was discharged after 13 days treated together with neurosurgeon and general surgeon. Ptosis as a sequele was observed in the post operative period and then need a second correction.

## Conclusion

This case underscores the importance of prompt and comprehensive management involving multidisciplinary approach.

Higher FISS score= longer stay of hospitalization.

## Before surgery



## Durante surgery



## After surgery



## One Year After surgery



Keywords: Panfacial, trauma, degloving, nasal, cartilage

## Reference

- [1] Sjamsuhidajat, De Jong. Buku Ajar Ilmu Bedah Edisi 4 Vol.2, Jakarta: SGC: 2017.
- [2] Fellmar, Keith E, DeBrujin, Marklieke MS, Alessio, Bruno, Anthony D, Mukundan, Srinivasan, Erdmann, Detlev, Marcus, Jeffrey R. Concomitant Injuries in Patients with Panfacial Fractures. *The Journal of Trauma: Injury, Infection, and Critical Care*. 2007; 63(4): 831-835. DOI: 10.1097/TA.0b013e3181492f41
- [3] Asnani U, Soravane S, Bolg F, Natrajan S. Panfacial Trauma - A Case Report. *International Journal of Dental Clinics*. 2010; 2 (2): 35-38. ISSN: 0975-8437.
- [4] Juncar, M, Teot, P.A., Juncar, K.J. et al. An epidemiological analysis of maxillofacial fractures: a 10-year cross-sectional cohort retrospective study of 1007 patients. *BMC Oral Health*. 2021; 21: 128. <https://doi.org/10.1186/s12903-021-01503-5>
- [5] Tambayong EF, Atmadjaya NK, Golden N, Wiargitha K, Mahadewa TGB, Sudiasa K. Facial Injury Severity Scale Score as a Predictor of Length of Stay for Maxillofacial Fracture at Sanglah General Hospital, Denpasar, Bali, Indonesia. *Open Access Maced J Med Sci*. 2020 Apr 20; 8(B): 291-294.
- [6] Lili C, Wu J, Yang C, Zhang C, Xu B, Zhang Y, Zhang S. Classifying and standardizing panfacial trauma according to anatomic categories and Facial Injury Severity Scale: a 10-year retrospective study. *BMC Oral Health*. 2021; 21: 557. <https://doi.org/10.1186/s12903-021-01900-w>
- [7] Putri SNV, Fauzi AR, Paramita DK, Dachlan I, Sewardhana R. Maxillofacial Trauma Severity Effects in Patients with Head Injury in a Tertiary Care Center in Yogyakarta, Indonesia. 2021. <https://doi.org/10.1007/s00228-021-01904-3>



**PANFACIAL TRAUMA-MANAGING SEPARATED NASAL CARTILAGE AND  
EXTENSIVE DEGLOVING FACIAL-  
A CASE REPORT**

Ulfa Elfiah, Diastri Nur Suprobo Dewi

Medical Faculty, University of Jember-Dr. Soebandi Hospital Jember, East Java

**Abstract**

Seven out of ten victims of trauma in many road traffic accidents are those with facial trauma, who not only experience fractures but mostly also experience soft tissue damage, including lacerations or bruising. Wounds on the face generally heal quickly because of the excellent vascularization of the facial area. Therefore, it is necessary to pay careful attention to the neatness and adaptation of the wound edges during suturing, especially in the area of the nose, lip, and eyes. Panfacial fractures are fractures that involve two of the three areas of the face: the frontal bone, midface, and mandible. This method is a case presentation and some literature reviews of one patient who presented with panfacial trauma to our hospital. This case underscores the importance of prompt and comprehensive management of panfacial trauma, involving a multidisciplinary approach. As a man in the 20–29 life decade, this patient had a high risk of undergoing panfacial trauma in a road traffic accident. Early recognition, stabilization, and specialized surgical intervention contribute to optimal outcomes in this case. The extensive degloving with separated nasal cartilage of the midface was managed by “inside out” sequencing. The high FISS score of this patient is in line with the length of stay in the hospital. The outcome of this case in 3 months was a sequelae of the right eye in the form of ptosis. The nasal and sense-of-smell functions are normal. The results show that after one year of the correction, the patient is feeling better about the appearance of the scar and ptosis correction. The quality of life becomes better.

## Introduction

In the road traffic accident, seven out of ten victims underwent facial trauma, mostly in the form of laceratum and bruising [1]. Besides skin, soft tissue, and bone damage, special attention needs to be paid to sensory and motor nerve injuries, as well as injuries to the salivary glands and ducts. Facial injuries have the potential to cause problems with speech, chewing, swallowing, breathing, and vision. One of the long-term impacts of facial injuries is the retraction of scars on the lips, nose, and eyelids, so management of facial wounds must consider cosmetic aspects [1].

Panfacial fractures are fractures that involve two of the three areas of the face: the frontal bone, midface, and mandible. With a 3-dimensional CT scan, the severity and pattern of the panfacial fracture can be determined carefully so that reconstruction can be planned properly [1]. Patients with panfacial fractures comprise a small portion of the overall facial fracture patient population [2].

Wounds on the face generally heal quickly *per primam intentionem* because of the excellent vascularization of the facial area. Therefore, it is necessary to pay careful attention to the neatness and wound edge adaptation during suturing, especially in the nose, lip, and eye areas. The needle and sewing thread used must be fine. In debridement, tissue needs to be spared to prevent unnecessary defects [1].

The incision that is often used is a coronal incision because it makes the upper third of the facial area clearly visible. This facilitation repairs various types of fractures, including fractures of the frontal bone and sinus, supraorbital area, zygomatic arch, NOE area, frontal

*processus* of the zygoma, and lateral orbit. If necessary, a neurosurgical procedure is performed at the same time [1]. Nevertheless, despite aggressive treatment, some residual post-traumatic deformities may persist, which may warrant a second correction surgery [3].

## Method

This method is a case presentation and some literature reviews of one patient who presented with panfacial trauma to our hospital. We have obtained informed consent from the patient and his family. This study was approved by the Research Ethics Committee Hospital Area dr. Soebandi Jember Number 440/642/610/2024.

## Case Report

A 22-year-old male pick-up driver carrying material had trauma associated with a truck. He was sleepy at that time. The pick-up car hit the truck from the front, so he sustained facial trauma and was transferred to our hospital with severe facial trauma, followed by laceratum from the superior inferior dextra palpebra extending to the nasal and maxilla dextra et sinistra, as well as malocclusion.

History of Present Illness: The patient complained of intense pain, swelling, and difficulty swallowing.

Physical Examination:

- patent airway, no gargle.
- breathing, respiration rate 26, SpO2 100% non-rebreathing mask.
- blood pressure 110/70, heart rate 111,
- decrease of consciousness, Glasgow coma scale EVM 355.
- temperature 36,8.
- severe swelling and wounds of the face, especially around the nose and eyes.

- lacerations on the forehead, right palpebra superior inferior, nose, and cheeks.
- limited jaw movement.



Fig 1. Patient at emergency room

Imaging:

The CT scan revealed fractures involving the maxilla, nasal bones, and orbital floor. Soft-tissue injuries were also observed. There is right and left hematosinus maxilla, as well as edema cerebri.

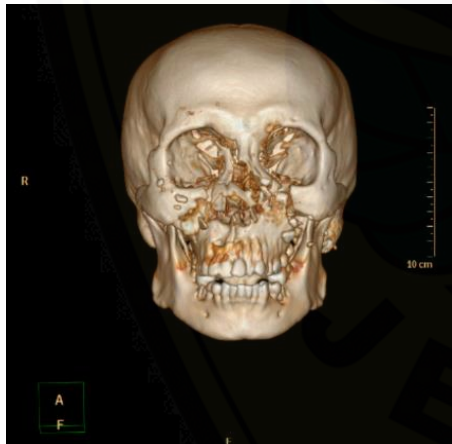
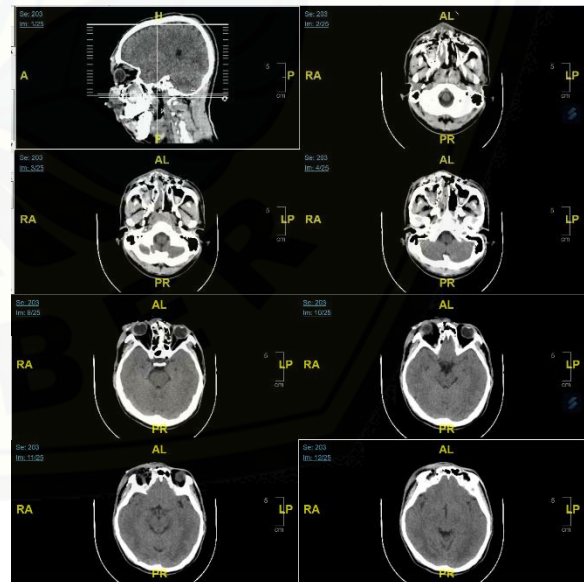


Fig 2. CT scan imaging before surgical intervention





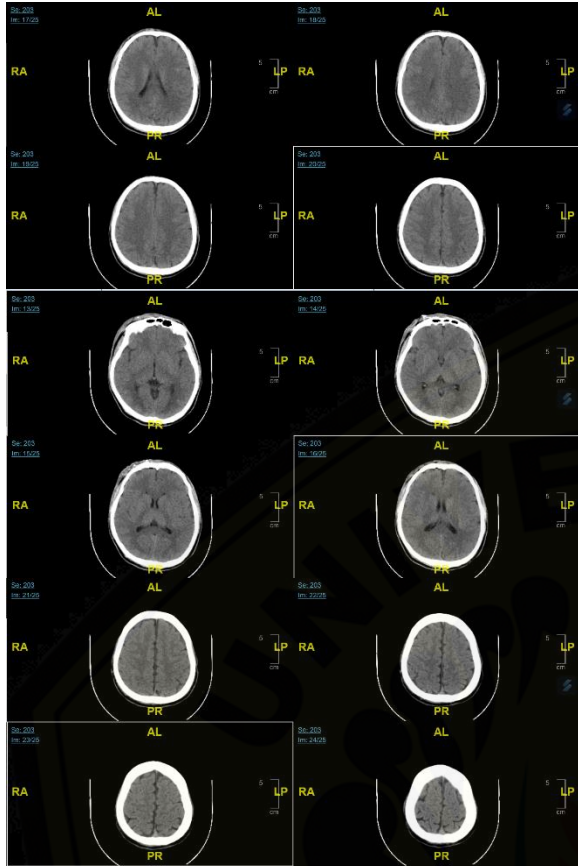


Fig 3. CT scan imaging, brain window

|                 |           |
|-----------------|-----------|
| Nasal           | 1 point   |
| Over 10 cm long | 1 point   |
| Total           | 12 points |

**Management:**

- Immediate stabilization of the airway, breathing, and circulation (ABCs)
- Control of bleeding through sutures and hemostatic agents
- Pain management, antitetanus, and antibiotics to prevent infection

**Surgical Intervention:**

There was extensive degloving from under the right eye, slanting towards the left cheek. In the nasal part, nasal cartilage was found to be separated from the midface.

The patient underwent craniotomy debridement by neurosurgery, tracheostomy by a surgeon, and extensive facial surgery with inside-out sequencing by a plastic surgeon, including:

- Open reduction and internal fixation (ORIF) of nasal and maxillary fractures.
- Nasal bone reduction
- Repair of soft tissue injuries
- insert tampon

**Table 1** Facial Injury Severity Scale (FISS)

|                   |   |          |
|-------------------|---|----------|
| Mandible          | Dento-alveolar  | 1 point  |
|                   | Each fracture of body/ramus/symphysis                                   | 2 points |
|                   | Each fracture: condyle/coronoid   | 1 point  |
|                   | Each midfacial fracture is assigned one point, unless part of a complex |          |
| Mid-face          | Dento-alveolar  | 1 point  |
|                   | Le Fort I   | 2 points |
|                   | Le Fort II  | 4 points |
|                   | Le Fort III   | 6 points |
|                   | Naso-orbital ethmoid (NOE)  | 3 points |
|                   | Zygomatico maxillary complex (ZMC)                                      | 1 point  |
| Upper face        | Nasal   | 1 point  |
|                   | Orbital roof/rim  | 1 point  |
|                   | Displaced frontal sinus or bone fractures                               | 5 points |
|                   | Non-displaced fractures   | 1 point  |
| Facial laceration | Over 10 cm long   | 1 point  |



Fig. 4. before surgery, at surgery room

Putri, et al (2021)

From this case it was found:

|            |          |
|------------|----------|
| Le Fort I  | 2 points |
| Le Fort II | 4 points |
| (NOE)      | 3 points |
| (ZMC)      | 1 point  |



Fig 5. When the operation going



Fig. 6 shortly after the surgery

### Postoperative Course:

The patient experienced prolong ventilator. But around two days after operative course, the patient showed improvement in consciousness, then expected postoperative pain and swelling, managed with analgesics

painless 3x400 mg, hemostatic tranexamic acid 3x500 mg, and antiemetic metoclopramide 3x10 mg, antibiotic fosmycin 2x1 g medications. Follow-up CT scans showed proper alignment of fractures, and the patient was gradually weaned off a liquid diet. After that, the patient had discharged from the hospital after 13-days of treatment.

### Outcome:

After several weeks of healing and rehabilitation, the patient showed significant improvement. Regular right palpebra ptosis and maxillofacial follow-ups were scheduled for long-term monitoring and potential secondary interventions. After one year, the patient considered to blepharoplasty intervention as a second correction.



Fig. 7 after correction

### Discussion

In this case, the patient is 21 years old, which is in accordance with the result reported by Juncar et al. Juncar et al evidences a high incidence of maxillofacial fracture in the 20-29 age group. This finding can be due to the fact that during this life decade, individuals are more socially, professionally and physically active, being more exposed to trauma [4]. With respect to daily activities,



men are more frequently involved in physical work, for example in construction works, being more predisposed to work accidents [4]. In this case, patient is pick-up driver carrying materials had an accident with a truck.

There was extensive degloving from under the right eye, slanting towards the left cheek. in the nasal part, nasal cartilage was found to be separated from midface. This was quite rare in facial trauma. extensive facial surgery with inside out sequencing by plastic surgeon including:

- Open reduction and internal fixation (ORIF) of nasal and maxillary fractures.
- Nasal bone reduction
- Repair of soft tissue injuries
- insert tampon.

According to Asnani, et al, "inside out" management is one of the major approaches to optimized the treatment of panfacial trauma [3].

According to Tambayong, et al, the patient with a high FISS score, impact to the length of stay in the hospital. It is estimated that maxillofacial trauma patients with FISS score  $> 3$  have a longer length of stay 5.3 times higher compared to patients with FISS score  $\leq 3$  [5]. Lin et al. revealed that PFs with  $FISS \geq 11$  were significantly correlated with multiple concomitant injuries and complications, requiring involvement of other specialties. This finding is also of great value to prompt communication within multidisciplinary teams. Patients with  $FISS > 11$  had an obviously higher proportion of the need for multiprofessional treatment [6]. Patients with  $FISS > 5$  presented 18 times the chance of needing surgical intervention in the OR and a greater possibility of

hospitalization longer than 3 days [6]. This patient had a high FISS score, that is 12, and 13-days hospitalization, treated together with neurosurgeon and general surgeon. This patient's problems while in the hospital were prolonged ventilation, bleeding and discharge from the tracheostomy tube.

This patient had a brain edema as a traumatic craniocerebral injury, treated together with neurosurgeon. This concomitant injury is according to Lin et al. Traumatic craniocerebral injury was the most common concomitant injury, accounting for 46.3% of the patients in their cohort [6].

According to Lin et al, ptosis has a moderate risk of FUL panfacial trauma [6]. In this case, the patient underwent regular right palpebra ptosis and maxillofacial follow-ups that were scheduled for long-term monitoring and potential secondary interventions. After one year, the patient considered to blepharoplasty intervention as a second correction

## Conclusion

This case underscores the importance of prompt and comprehensive management of panfacial trauma, involving a multidisciplinary approach. As a male and in the 20-29 life decade, this patient has a high risk to undergoing panfacial trauma cause of road traffic accident. Early recognition, stabilization, and specialized surgical intervention contribute to optimal outcomes in such cases. The extensive degloving with separated cartilage of midface was

managed by “inside out” sequencing. High FISS score of this patient is in line with length of stay in hospital. Then, there is a sequel issue about right palpebra that patient want to make it more perfect in its closing function and aesthetic. So, he had considered to second correction.

## Daftar Pustaka

- [1] Sjamsuhidajat, De Jong. Buku Ajar Ilmu Bedah Edisi 4 Vol.2. Jakarta: EGC; 2017.
- [2] Follmar, Keith E, DeBrujin, Marklieke MS, Alessio, Bruno, Anthony D, Mukundan, Srinivasan, Erdmann, Detlev, Marcus, Jeffrey R. Concomitant Injuries in Patients with Panfacial Fractures. *The Journal of Trauma: Injury, Infection, and Critical Care*. 2007; 63(4): 831-835. DOI: 10.1097/TA.0b013e3181492f41
- [3] Asnani U, Sonavane S, Baig F, Natrajan S. Panfacial Trauma – A Case Report. *International Journal of Dental Clinics*. 2010; 2 (2): 35-38. ISSN: 0975-8437.
- [4] Juncar, M., Tent, P.A., Juncar, R.I. *et al.* An epidemiological analysis of maxillofacial fractures: a 10-year cross-sectional cohort retrospective study of 1007 patients. *BMC Oral Health*. 2021; 21: 128. <https://doi.org/10.1186/s12903-021-01503-5>
- [5] Tambayong EF, Atmadjaya NK, Golden N, Wiargitha K, Mahadewa TGB, Sudiasa K. Facial Injury Severity Scale Score as a Predictor of Length of Stay for Maxillofacil Fracture at Sanglah General Hospital, Denpasar, Bali, Indonesia. *Open Access Maced J Med Sci*: 2020 Apr 20; 8(B): 291-294.
- [6] Lin C, Wu J, Yang C, Zhang C, Xu B, Zhang Y, Zhang S. Classifying and standardizing panfacial trauma according to anatomic categories and Facial Injury Severity Scale: a 10-year retrospective study. *BMC Oral Health*. 2021; 21: 557. <https://doi.org/10.1186/s12903-021-01900-w>
- [7] Putri SNV, Fauzi AR, Paramita DK, Dachlan I, Seswandhana R. Maxillofacial Trauma Severity Effects in Patients with Head Injury in a Tertiary Care Center in Yogyakarta, Indonesia. 2021. <https://doi.org/10.1007/s00238-021-01904-3>





## POSTER & FULL-TEXT ARTICLE SUBMISSION GUIDELINES

Jl. Waliboko



**MAKE SURE YOU ARE REGISTERED**

<https://tiketseminar.com/JCF2024>

### POSTER ACCEPTED

All of the accepted poster will be displayed on the LCD screen during the day of symposium.

### E-POSTER & FULL-TEXT REQUIRED

- E-Poster format .JPEG or .PNG in the size ratio 16:9 or 39 wide x70 tall, in the portrait format. The poster will be displayed on the LCD screen TV 32 inches and the maximum size to upload in email is 5MB.
- The Full-Text must be on the format of .pdf without locked and the maximum size to upload is 5MB. Full-Text format should be prepared in English, using .Pdf format, font Arial, font size 12 point with single line spacing, typeface, with the title in bold face.



### E-Poster & Full-Text submission

Please send via email with attached .JPEG or .PNG for E-Poster .pdf for Full-Text Article

File Name Format  
E-Poster\_name\_ArticleTittle  
Full-Text\_name\_ArticleTittle

send it before **21st April 2024**  
[joglosemarcf@gmail.com](mailto:joglosemarcf@gmail.com)

with email subject  
**your name\_Article Tittle**



Contact Person

**Lilyana**

+6289668666933

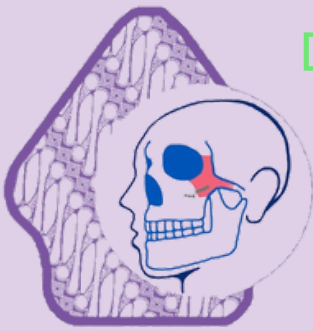
The top 10 selected e-poster will continue to the posters presentation in front of the judges.  
The announcement of the Top 10 is on the **1st May 2024** by email.  
the selected top 10 should **print out** the poster in **A0 paper size**.

supported by



Cahaya Senyum  
Nusantara





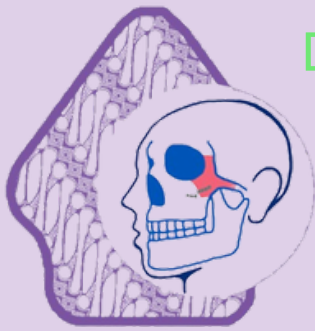
PERAPI JATENG DIY

## PROPOSAL

**SYMPOSIUM AND WORKSHOP**  
**THE 6TH JOGLOSEMAR CRANIOFACIAL FORUM**  
**THE 3RD CRANIOMAXILLOFACIAL JOGJA WEEK**  
**SHAPING THE FUTURE OF**  
**CRANIOMAXILLOFACIAL SURGERY:**  
**MANAGING CONGENITAL**  
**ANOMALIES WITH EMERGING**  
**TECHNOLOGIES**

Saturday - Sunday, 4 - 5 May, 2024  
Sheraton Mustika Yogyakarta Resort & Spa





PERAPI JATENG DIY

## PARTICIPANT BOOKLET

# SYMPOSIUM AND WORKSHOP THE 6TH JOGLOSEMAR CRANIOFACIAL FORUM THE 3RD CRANIOMAXILLOFACIAL JOGJA WEEK **SHAPING THE FUTURE OF CRANIOMAXILLOFACIAL SURGERY: MANAGING CONGENITAL ANOMALIES WITH EMERGING TECHNOLOGIES**

Saturday - Sunday, 4 - 5 May, 2024  
Sheraton Mustika Yogyakarta Resort & Spa



# WELCOME MESSAGE

Siti Isya Wahdini, MD

Dear colleagues, Best wishes to all of us. It is my great pleasure to invite you to join us at the **6th JOGLOSEMAR CRANIOFACIAL FORUM Symposium and Workshop** with the theme "**Shaping the Future of Craniomaxillofacial Surgery: Managing Congenital Anomalies with Emerging Technologies**" in Yogyakarta, Indonesia on 4 - 5 May, 2024.

The event promotes the current understanding and management of craniofacial disorders through advance technology, genetic analysis, and high-tech instrumentation. By bringing together various medical disciplines, this event creates a space for experts, researchers, and healthcare practitioners to collaborate and share their knowledges. This interdisciplinary collaboration is essential in addressing the complex challenges involving the face and skull, shaping the future of craniofacial care. Our meeting venue will be at the Sheraton Mustika Yogyakarta Resort in the centre of Yogyakarta which also known as cultural city with its Javanese heritage. The sophisticated Yogyakarta is "the home of students", where education and technology have become the focus for decades. We hope that you will take advantage of this wonderful opportunity to share new ideas and knowledge with your overseas colleagues as well as to establish new friendship and catch up with old friends !



# COMMITTEE

## Chairperson of the Organizing Committee

Siti Isya Wahdini, MD

## Advisor

Chairman of PP Perapi

Chairperson of InaPRAS Central

Java-DIY

Ishandono Dachlan, MD.

## Committee

M. Rosadi Seswandhana, MD

Bayu Suhartadi, MD

Nurardhilah Vityadewi, MD

Amru Sungkar, MD

Ahmad Fawzy, MD

Erythrina Permata Sari, MD

Dewi Haryanti Kurniasih, MD

Pujisriyani, MD

Caroline Fiona, MD

Rianto Noviady Ramli, MD

Gina Yunita Joice Sitorus MD

Muhammad Aulia ul Hakim, MD

Affandi Wiramur, MD

Galuh Aretnaningtyas Septiani, MD

Thomas Eduardus Sudrajat W N, MD

Yaura Syifanie, MD

Wandira lalitya, MD

Monica Witono, MD

Lilyana Ulfa Wulandari, MD

**Symposium with the theme:**  
**“Shaping the Future of Craniomaxillofacial Surgery: Managing  
Congenital Anomalies with Emerging Technologies”**

**Workshop with topics:**

- Soft Tissue Trauma in Craniofacial (General Practitioners)
- Plating & Wiring (General Surgeons/General Surgery Residents/Plastic Surgery Residents)
- Cleft Lip Surgery (General Surgeons/General Surgery Residents/Plastic Surgery Residents)

**Scientific Poster Competition**

- Theme : Maxillofacial Trauma, Congenital Maxillofacial Deformity, Maxillofacial Reconstruction

**Participant**

- General Practitioners, General Surgery Residents, Plastic Surgery Residents (workshop).
- General Practitioners, General Surgery Residents, Plastic Surgery Residents, Neurosurgery Residents, Pediatric Surgery Residents, Pediatrician Residents, Anesthesiology Residents, and Medical Rehabilitation Residents, ENT Residents, General Surgeons, and Plastic Surgeons (symposium and scientific poster competition).
- General Practitioners, Junior Doctors and Medical Students from the Faculty of Medicine (symposium).

**Place**

Sheraton Mustika Yogyakarta Resort & Spa  
Mataram Ballroom

Jl. Laksda Adisucipto No.KM.8, RW.7, Nayan, Maguwoharjo, Kec. Depok,  
Kabupaten Sleman, Daerah Istimewa Yogyakarta 55282



### Accreditation

This event is accredited by The Indonesian Medical Association (IDI)

### Registration

Online : <https://tiketseminar.com/JCF2024>

Email : [joglosemarcf@gmail.com](mailto:joglosemarcf@gmail.com)

Contact person : Wandira (+6282132666929), Yaura (+6281357550601)



## FACULTY MEETING AND DINNER

Friday, May 3, 2024

- For committee only

## WORKSHOP

Saturday, May 4, 2024

- Soft Tissue Trauma in Craniofacial (General Practitioners)
- Plating & Wiring (General Surgeons/General Surgery Residents/Plastic Surgery Residents)
- Cleft Lip Surgery (General Surgeons/General Surgery Residents/Plastic Surgery Residents)

## POSTER PRESENTATION (\*)

Saturday, May 4, 2024

- **Theme : Congenital, Trauma and Non-Trauma in Craniofacial**
- For General Practitioners, General Surgery Residents, Plastic Surgery Residents, Neurosurgery Residents, Pediatric Surgery Residents, Pediatrician Residents, Anesthesiology Residents, and Medical Rehabilitation Residents Residents
  - Abstract is to be written in English
  - The abstract is typed on A4 paper, maximum 1 page in 300 words or less, Times New Roman font size 12 pt, 1 spacing, margins top, bottom, left, and right 2.54 cm.
  - **Abstract to be submitted with symposium receipt to [joglosemarcf@gmail.com](mailto:joglosemarcf@gmail.com)**
  - The abstract includes
    1. The title, is written in CAPITAL letters and bold, brief, and specific
    2. The author's name, is written in full with an underline
    3. Supervisor's name
    4. Institution
    5. The overall purpose of the study and the research problem investigated
    6. The basic design of the study
    7. Major findings or trends found as a result of your analysis
    8. Brief summary of your interpretations and conclusions.



- The abstract should clearly articulate the issues and objectives of the research, how the research was conducted, prominent results, and the author's conclusions drawn from the research.
- **The deadline for abstract submission is March 15, 2024.**
- The poster guidelines will be provided to participants who pass the abstract selection.

## **ARCHBAR - IMW COMPETITION (\*)**

**Saturday, May 4, 2024**

- For General Surgery Residents, Plastic Surgery Residents
- Team consists of 2 participants, General Surgery Residents or Plastic Surgery Residents who did not participate in the poster competition

## **CRANIOMAXILLOFACIAL MEETING AND DINNER**

**Saturday, May 4, 2024**

- For Craniofacial Surgeons and Committee

**(\*) Archbar - IMW Competition will be held simultaneously with Poster Presentation**

## SYMPOSIUM

**Sunday, May 5, 2024**

- Ethics and Patient Safety in Surgical Procedures for Craniofacial Disfigurement in Pediatric
- Early Detection Craniofacial Disease in Pregnancy
- Psychological Preparation of Parents with Craniofacial Disease (from Birth to Preparation for Surgery)
- Anesthesia in Operative Management Craniofacial Disease
- Radiology in Craniofacial
- Genetics for Precision Medicine in Craniofacial Disease
- Growth Development and other Abnormality in Craniofacial Disease
- Craniosynostosis Surgery Update From Cleft Craniofacial Center Dr. Ciptomangunkusumo Hospital / FKUI
- Craniosynostosis Surgery Update From Craniofacial Center Dr. Soetomo Hospital / FKUA
- Craniosynostosis Surgery Update From Craniofacial Center Airlangga University Hospital / FKUA
- Neurosugeon Contribution on Craniosynostosis surgery
- Update in Cleft Surgery
- Primary Cleft Lip Repair
- Gingivoperiosteoplasty
- Predicting Outcome in Cleft Patient
- VPI and Secondary Speech Surgery
- Treatment in Microtia
- Criptotia Repair
- Hearing assessment in Microtia Patient
- Fronto Ethmoid Encephalocele-Meningocele surgery with Chula-technique
- Infant Mandibular Distraction in Pierre-Robin Sequence
- Vascular Malformation in Craniofacial Region
- Hemangioma
- Bosma Arhinea
- Speech Therapy and other Medical Rehabilitation in Pediatric Craniofacial Surgery
- Orthodontic Treatment in Pediatric Craniofacial Surgery

### Keynote Topics :

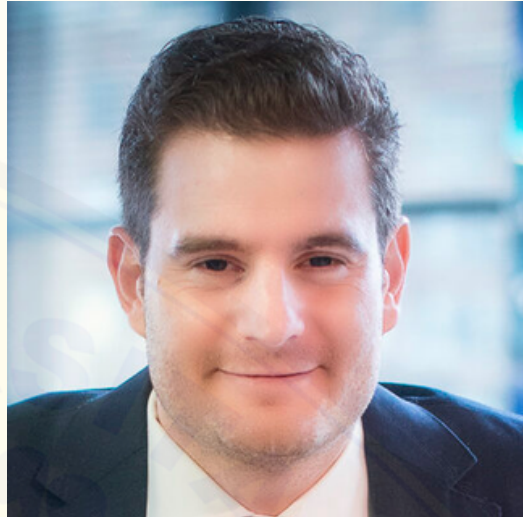
Genetics in Craniofacial Disease  
Virtual Planning for Pediatric Craniofacial Surgery  
Endoscopic approach in Craniosynostosis Surgery  
Cleft Palate Repair  
Treatment of Pediatric Craniofacial Microsomia



# KEYNOTE SPEAKERS



**Karen Wong, MD**  
(Canada)



**Dale Podolsky, MD**  
(Canada)



**Thomas Mon-Hsian Hsieh, MD**  
(Taiwan)



**Peter Anderson, MD**  
(Australia)

# SCHEDULE

# Saturday, May 4, 2024

| Program and Topic  |  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
|--|--|--|---|-----------------|-----------------|-----------|-----------|------------|------------|---------------|--|---------------------------------|--|-------|-----------|-------|------------|-------|---------------|-------|---------------------------------|-------|---------------------------------------|
| <b>WORKSHOP A : SOFT TISSUE TRAUMA IN CRANIOFACIAL</b><br>Attendance: General Practitioner, Residents General Surgery  | <b>WORKSHOP B : PLATING &amp; WIRING</b><br>Attendance: General Surgeon, Plastic Surgeon, Residents of Plastic or General Surgery  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| <b>WORKSHOP C : CLEFT (LABIOPLASTY)</b><br>Attendance: General Surgeon, Plastic Surgeon, Residents of Plastic or General Surgery                                 |  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 07.00  | Registration   |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 07.30  | Pre Test   |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 07.45  | Opening Session  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| <b>SESSION 1 – TUTORIAL</b>  |  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 08.00  | Dewi Haryanti Kurniasih, MD  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 08.15  | Ruby Riana Asparini, MD  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 08.30  | Herman Yosef, MD   |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 08.45  | Amru Sungkar, MD   |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 09.00  | COFFEE BREAK   |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| <b>SESSION 2 – PRACTICAL SESSION</b>   |  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 09.15  | <table border="1"> <tr> <td> <ol style="list-style-type: none"> <li>Rianto Noviadny, MD</li> <li>Pujisriyani, MD</li> <li>Bayu Suhartadi, MD</li> <li>Gina Yunita Joice Sitoru, MD</li> </ol> </td> <td> <ol style="list-style-type: none"> <li>Siti Isya Wahdini, MD</li> <li>Muhammad Aulia ul Hakim, MD</li> <li>Afiandi Wiramur, MD</li> <li>Galuh Aretnangingtyas Septiani, MD</li> <li>Thomas Eduardus Sudrajat W,N, MD</li> </ol> </td> </tr> <tr> <td><b>PRACTICE</b></td> <td><b>PRACTICE</b></td> </tr> <tr> <td>Post test</td> <td>Post test</td> </tr> <tr> <td>Discussion</td> <td>Discussion</td> </tr> <tr> <td colspan="2">Photo Session</td> </tr> <tr> <td colspan="2"><b>LUNCH &amp; PRAYER BREAK</b></td> </tr> <tr> <td>11.15</td> <td>Post test</td> </tr> <tr> <td>11.30</td> <td>Discussion</td> </tr> <tr> <td>11.45</td> <td>Photo Session</td> </tr> <tr> <td>12.00</td> <td><b>LUNCH &amp; PRAYER BREAK</b></td> </tr> <tr> <td>13.00</td> <td>Poster and Archbarr + IMW Competition</td> </tr> </table> | <ol style="list-style-type: none"> <li>Rianto Noviadny, MD</li> <li>Pujisriyani, MD</li> <li>Bayu Suhartadi, MD</li> <li>Gina Yunita Joice Sitoru, MD</li> </ol> | <ol style="list-style-type: none"> <li>Siti Isya Wahdini, MD</li> <li>Muhammad Aulia ul Hakim, MD</li> <li>Afiandi Wiramur, MD</li> <li>Galuh Aretnangingtyas Septiani, MD</li> <li>Thomas Eduardus Sudrajat W,N, MD</li> </ol> | <b>PRACTICE</b> | <b>PRACTICE</b> | Post test | Post test | Discussion | Discussion | Photo Session |  | <b>LUNCH &amp; PRAYER BREAK</b> |  | 11.15 | Post test | 11.30 | Discussion | 11.45 | Photo Session | 12.00 | <b>LUNCH &amp; PRAYER BREAK</b> | 13.00 | Poster and Archbarr + IMW Competition |
| <ol style="list-style-type: none"> <li>Rianto Noviadny, MD</li> <li>Pujisriyani, MD</li> <li>Bayu Suhartadi, MD</li> <li>Gina Yunita Joice Sitoru, MD</li> </ol> | <ol style="list-style-type: none"> <li>Siti Isya Wahdini, MD</li> <li>Muhammad Aulia ul Hakim, MD</li> <li>Afiandi Wiramur, MD</li> <li>Galuh Aretnangingtyas Septiani, MD</li> <li>Thomas Eduardus Sudrajat W,N, MD</li> </ol>  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| <b>PRACTICE</b>  | <b>PRACTICE</b>  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| Post test  | Post test  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| Discussion   | Discussion   |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| Photo Session  |  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| <b>LUNCH &amp; PRAYER BREAK</b>  |  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 11.15  | Post test  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 11.30  | Discussion   |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 11.45  | Photo Session  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 12.00  | <b>LUNCH &amp; PRAYER BREAK</b>  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |
| 13.00  | Poster and Archbarr + IMW Competition  |  |   |                 |                 |           |           |            |            |               |  |                                 |  |       |           |       |            |       |               |       |                                 |       |                                       |



# SCHEDULE

| Time  | Program and Topic   | Speaker                    |
|---|---|----------------------------|
| <b>Saturday, May 5<sup>th</sup> 2023 - SYMPOSIUM</b>  |   |                            |
| <b>Attendance: General Practitioner, General Surgeon, Plastic Surgeon, Residents of Plastic/General Surgery, Other Specialist</b> |   |                            |
| 07.00   | <b>Registration</b>   |                            |
| 08.00   | <b>Opening Session</b>  |                            |
| 08.02   | <b>Singing national anthem (Indonesia Raya)</b>   |                            |
| 08.05   | <b>Opening remark from <i>Chairman of Organizing Committee</i></b>  | Siti Isya Wahdini, MD      |
| 08.10   | <b>Opening remark from <i>Chairman of INAPRAS- Central Java - Yogyakarta</i></b>                              | M. Rizqy Setyanto, MD      |
| 08.15   | <b>Ceremonial opening by <i>Chairman of INAPRAS (gong)</i></b>  | Najatullah, MD             |
| 08.20   | Chanting prayers  |                            |
| <b>SESSION 1 – ETHICS</b>   |   |                            |
| 08.20   | <b>Ethics and Patient Safety in Surgical Procedures for Craniofacial Disfigurement in Pediatric</b>           | Ishandono Dachlan, MD      |
| <b>SESSION 2 – EARLY MANAGEMENT AND PERIOPERATIVE PREPARATION</b>   |   |                            |
| <b>Moderator : Pujiariyani, MD</b>  |   |                            |
| 08.30   | <b>Early Detection Craniofacial Disease in Pregnancy</b>  | Irwan Taufiqur Rachman, MD |
| 08.40   | <b>Psychological Preparation of Parents with Craniofacial Disease (from Birth to Preparation for Surgery)</b> | Santi Yuliani, MD          |
| 08.50   | <b>Anesthesia in Operative Management Craniofacial Disease</b>  | Yunita Widyastuti, MD      |
| 09.00   | <b>Radiology in Craniofacial</b>  | Hesti Gunarti, MD          |
| 09.10   | <b>Discussion</b>   |                            |
| 09.15   | <b>COFFEE BREAK</b>   |                            |

**Sunday, May 5, 2024**

# SCHEDULE

| <b>SESSION 3 – PERIOPERATIVE MANAGEMENT IN CRANIOFACIAL DISEASE</b><br>Moderator : Siti Isya Wahdini, MD |   |  |
|--|---|--|
| 09.30  | <b>Genetics in Craniofacial Disease</b>   | <i>Keynote Speaker: Prof. Peter Anderson, MD (Australia)</i>     |
| 09.45  | <b>Genetics for Precision Medicine in Craniofacial Disease</b>  | Prof. Gunadi, MD   |
| 09.55  | <b>Growth Development and other Abnormality in Craniofacial Disease</b>                                     | Kristy Iskandar, MD  |
| 10.05  | <b>The Role of CAD/CAM Technology in the Treatment of Congenital Craniofacial Anomalies</b>                 | <i>Keynote Speaker: Thomas Mon-Hsian Hsieh, MD (NTUH Taiwan)</i> |
| 10.25  | <b>Discussion</b>   |  |
| <b>SESSION 4 – CRANIOSYNOSTOSIS UPDATE – PANEL DISCUSSION</b><br>Moderator : Nurardhilah Vityadewi, MD   |   |  |
| 10.35  | <b>Endoscopic approach in Craniosynostosis Surgery</b>  | <i>Keynote Speaker: Dale Podolsky, MD (Canada)</i>               |
| 10.50  | <b>Craniosynostosis Surgery Update from Cleft Craniofacial Center Dr. Ciptomangunkusumo Hospital / FKUI</b> | Vika Tania, MD   |
| 11.00  | <b>Craniosynostosis Surgery Update From Craniofacial Center Dr. Soetomo Hospital / FKUA</b>                 | Magda Rosalina Hutagalung, MD                                    |
| 11.10  | <b>Craniosynostosis Surgery Update From Craniofacial Center Airlangga University Hospital / FKUA</b>        | Indri Lakhsmi Putri, MD  |
| 11.20  | <b>Neurosugeon Perspective on Craniosynostosis Surgery</b>  | Tedy Apriawan, MD  |
| 11.30  | <b>Discussion</b>   |  |

**Sunday, May 5, 2024**

# SCHEDULE

|   |   |  |
|---|---|--|
| <b>SESSION 5 – CLEFT</b><br>Moderator : Ahmad Fawzy, MD   |   |  |
| 11:35   | Cleft Palate Repair   | <i>Keynote Speaker: Karen Wong, MD (Canada)</i>                  |
| 11:50   | Update in Cleft Surgery   | Ali Sundoro, MD  |
| 12:00   | A New Technique of Primary Cleft Lip Repair                                       | Bambang Wicaksono, MD  |
| 12:10   | Ginggivoperiosteoplasty   | Siti Isya Wahdini, MD  |
| 12:30   | Treatment Modalities for Surgical Management of Palatal Fistule                   | Kristantia Bangun, MD  |
| 12:40   | VPI and Secondary Speech Surgery  | Lobredia Zarasade, MD  |
| 12:50   | Discussion  |  |
| 12:55   | LUNCH & PRAYER BREAK  |  |
| <b>SESSION 6 – EAR DEFORMITY</b><br>Moderator : Dewi Haryanti Kurniasih, MD   |   |  |
| 13:20   | Congenital Ear Deformity, Introduction and Rational Approach                      | <i>Keynote Speaker: Thomas Mon-Hsian Hsieh, MD (NTUH Taiwan)</i> |
| 13:40   | Prominent Ear Correction  | Indri Lakhsmi Putri, MD  |
| 13:50   | Hearing assessment in Microtia Patient  | Luh Putu Lusy Indrawati, MD                                      |
| 14:00   | Discussion  |  |
| <b>SESSION 7 – CRANIOFACIAL MICROSOMIA, FEEM, PIERRE ROBIN SEQUENCE AND HEMANGIOMA/MALFORMASI VASCULAR</b><br>Moderator : Nurardhilah Vityadewi, MD |   |  |
| 14:05   | Fronto Ethmoid Encephalocele-Meningocele surgery with Chula-technique             | Ruby Riana Asparini, MD  |
| 14:15   | Infant Mandibular Distraction in Pierre-Robin Sequence                            | Alki Andana, MD  |
| 14:25   | Malformasi Vascular in Craniofacial Region  | Herman Yosef, MD   |
| 14:35   | Hemangioma  | <i>Keynote Speaker: Peter Anderson (Australia)</i>               |
| 15:00   | Discussion  |  |
| 15:05   | COFFEE BREAK  |  |
| <b>SESSION 8 – POSTOPERATIVE MANAGEMENT</b><br>Moderator : Affandi Wiramur, MD  |   |  |
| 15:20   | Speech Therapy and other Medical Rehabilitation in Pediatric Craniofacial Surgery | Lulus Hardiyanti, MD   |
| 15:30   | Orthodontic Treatment in Pediatric Craniofacial Surgery                           | Cendrawasih, DMD   |
| 15:40   | Awaiting for Confirmation   | Amru Sungkar, MD   |
| 15:50   | Discussion  |  |
| 15:55   | Competition Announcements   |  |
| 16:10   | Photo Session   |  |

## Sunday, May 5, 2024



Digital Repository Universitas Jember

# REGISTRATION PAYMENT

## ONLINE REGISTRATION



<https://tiketseminar.com/JCF2024>

### REGISTRATION FEE INCLUDE

- Symposium / Workshop Goodie bag
- Name Tag
- Certificate of Attendance with IDI Accreditation

# REGISTRATION AND ACCOMODATION

| SYMPOSIUM            |              |
|----------------------|--------------|
| SPECIALIST           | Rp 1.750.000 |
| TRAINEE/RESIDENT     | Rp 1.250.000 |
| GENERAL PRACTITIONER | Rp 1.000.000 |

| SYMPOSIUM + WORKSHOP (SOFT TISSUE TRAUMA) + FREE INSTRUMENT |              |
|---|--------------|
| SPECIALIST  | Rp 4.000.000 |
| TRAINEE/RESIDENT  | Rp 3.500.000 |
| GENERAL PRACTITIONER  | Rp 3.000.000 |

| SYMPOSIUM + WORKSHOP (PLATING & WIRING) |              |
|---|--------------|
| SPECIALIST                              | Rp 3.500.000 |
| TRAINEE/RESIDENT                        | Rp 2.500.000 |

| SYMPOSIUM + WORKSHOP (CLEFT LIP SURGERY) + FREE INSTRUMENT |              |
|--|--------------|
| SPECIALIST   | Rp 4.000.000 |
| TRAINEE/RESIDENT   | Rp 3.500.000 |

## WORKSHOP TOPICS

- Soft Tissue Trauma in Craniofacial (General Practitioners)
- Plating and Wiring (General Surgeons/General Surgery Residents/Plastic Surgery Residents)
- Cleft Lip Surgery (General Surgeons/General Surgery Residents/Plastic Surgery Residents)\*

\* simulation with cleft lip model & free surgical instruments

# REGISTRATION AND ACCOMODATION

| ARCHBAR - IMW COMPETITION |             |
|---------------------------|-------------|
| PER TEAM                  | Rp. 300.000 |

## COMPETITION

- Team consists of 2 participants, General Surgery Residents or Plastic Surgery Residents who will not be presenting in the poster competition
- Archbar - IMW competitor will compete for total prize of 5 million IDR
- Competition and symposium receipt submitted to [joglosemarcf@gmail.com](mailto:joglosemarcf@gmail.com)

## REGISTRATION FORM

<https://tiketseminar.com/JCF2024>



# REGISTRATION AND ACCOMODATION

| RATE PER ROOM |               |
|---------------|---------------|
| PER NIGHT     | Rp. 1.099.900 |

**For Reservations Contact  
Vivi (+6282198182673)**

# SUPPORT AND SPONSORSHIP

## MAIN SPONSOR

**Rp 100.000.000**

- Logo on all promotional materials and workshop/symposium kits, including welcome banners, backdrops, flyers, and video teasers.
- One exhibition booth measuring 3 x 3 m<sup>2</sup> at booth numbers 1 and 2, standard booth design, the company name displayed at the booth, standard table, and 2 folding chairs.
- Banners displayed during the sessions.
- Product and company promotion will be featured during discussion sessions, and audio-visual equipment is the responsibility of the organizing committee.
- Instructor fee costs are covered by the company, including transportation and accommodation.
- Facilities provided during the duration of the Workshop and Symposium (3 days).

## SYMPOSIUM SPONSOR

**Rp 50.000.000**

- One exhibition booth measuring 3 x 3 m<sup>2</sup>, standard design, company name displayed at the booth, standard table, and 2 folding chairs.
- Banner displayed at the company booth during the session.
- Product and company promotion will be featured during discussion sessions, and audio-visual equipment is the responsibility of the organizing committee.
- Speaker and moderator fees are covered by the company, including transportation and accommodation.
- A 2-minute company profile video presentation during the break.
- Facilities provided during the Symposium and Workshop duration (3 days).
- Refreshments for 2 persons.

# SUPPORT AND SPONSORSHIP

## WORKSHOP SPONSOR

**Rp 50.000.000**

- One exhibition booth measuring 3 x 3 m<sup>2</sup>, standard design, company name displayed at the booth, standard table, and 2 folding chairs.
- Banner displayed during the sessions.
- Product and company promotion will be featured during discussion sessions, and audio-visual equipment is the responsibility of the organizing committee.
- Instructor fee costs are covered by the company, including transportation and accommodation.
- Workshop kit procurement costs (covered by the company).
- Facilities provided during the Workshop and Symposium duration (3 days).
- A 10-minute time slot for product presentation during the Workshop.
- Refreshments for 2 persons per day.

## BOOTH EXHIBITION

**Rp 30.000.000**

- One exhibition booth measuring 3 x 3 m<sup>2</sup>, standard design, with the company name displayed at the booth, a standard table, and 2 folding chairs.
- Banner displayed during the sessions.
- Facilities provided during the Workshop and Symposium duration (3 days).
- Refreshments for 2 persons per day.

## EQUIPMENT SPONSOR

**Rp 30.000.000**

- Company logo on the goodie bag.
- Promotional items (ballpoint pens, notebooks, pencils) and brochures inside the goodie bag.
- 500 goodie bags in total.

\*All prices stated in this proposal are net for the organizing committee. There are no deductions for VAT or other taxes by the company.



# SUPPORT AND SPONSORSHIP

## WORKSHOP SPONSOR

**Rp 50.000.000**

- One exhibition booth measuring 3 x 3 m<sup>2</sup>, standard design, company name displayed at the booth, standard table, and 2 folding chairs.
- Banner displayed during the sessions.
- Product and company promotion will be featured during discussion sessions, and audio-visual equipment is the responsibility of the organizing committee.
- Instructor fee costs are covered by the company, including transportation and accommodation.
- Workshop kit procurement costs (covered by the company).
- Facilities provided during the Workshop and Symposium duration (3 days).
- A 10-minute time slot for product presentation during the Workshop.
- Refreshments for 2 persons per day.

## BOOTH EXHIBITION

**Rp 30.000.000**

- One exhibition booth measuring 3 x 3 m<sup>2</sup>, standard design, with the company name displayed at the booth, a standard table, and 2 folding chairs.
- Banner displayed during the sessions.
- Facilities provided during the Workshop and Symposium duration (3 days).
- Refreshments for 2 persons per day.

## EQUIPMENT SPONSOR

**Rp 30.000.000**

- Company logo on the goodie bag.
- Promotional items (ballpoint pens, notebooks, pencils) and brochures inside the goodie bag.
- 500 goodie bags in total.

\*All prices stated in this proposal are net for the organizing committee. There are no deductions for VAT or other taxes by the company.

# SUPPORT AND SPONSORSHIP

## Payment via Bank

**Bank Name** : Mandiri Branch Office RSUP Dr. Kariadi  
**Account** : PERAPI Cab. Jawa Tengah  
**Account Number** : 135.00.8443443.8

**\*Interbank transfer fees and government taxes will be borne by the company.**

**\*Payment deadline: 29 February 2024**

**Email :**

**plasticsurgeons.fkkmk@ugm.ac.id**

**Contact person :**

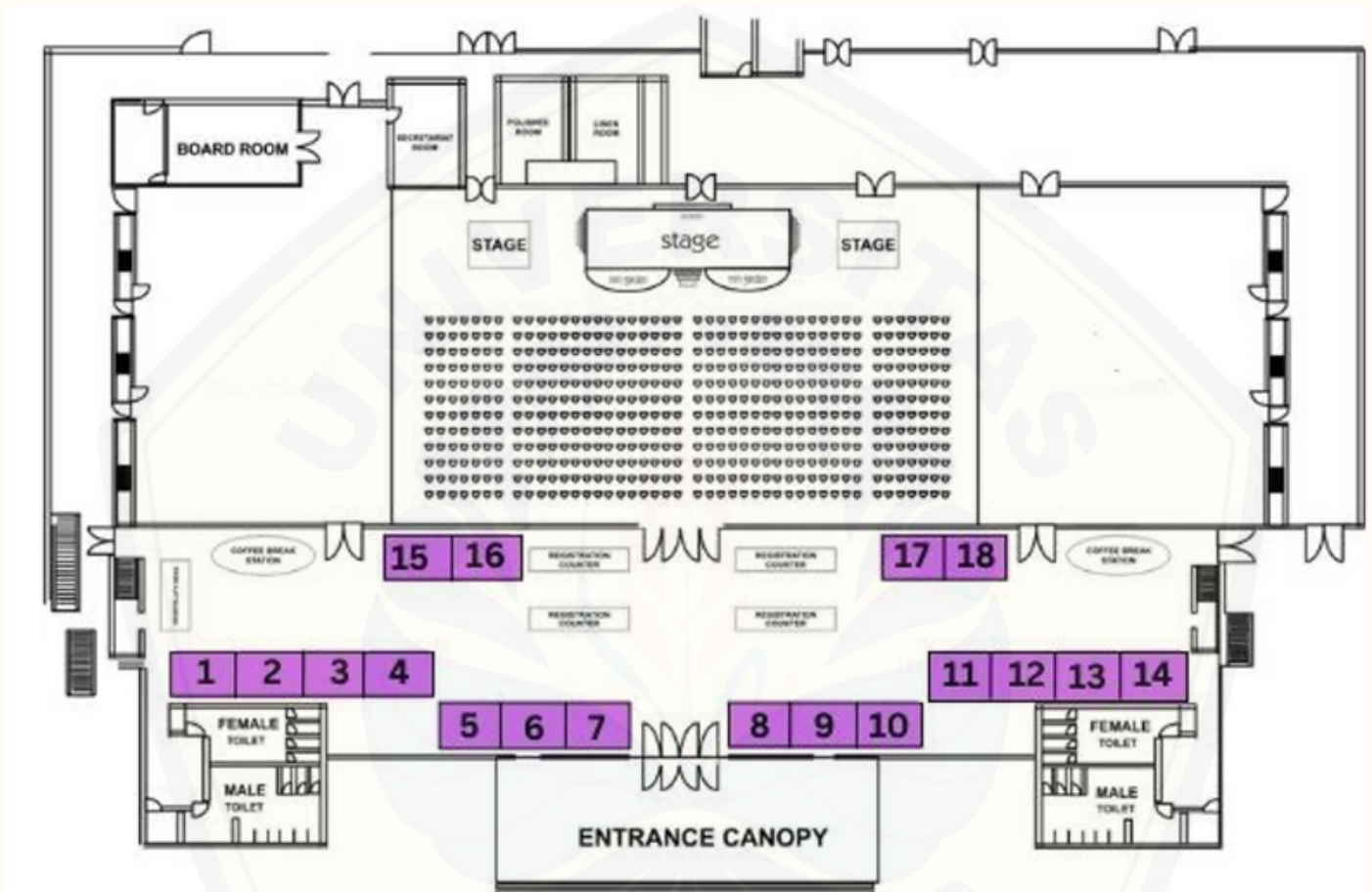
**Wandira Lalitya, MD (+6282132666929)**

**Yaura Syifanie, MD (+6281357550601)**

**Bayu Suhartadi, MD (+6281392123482)**

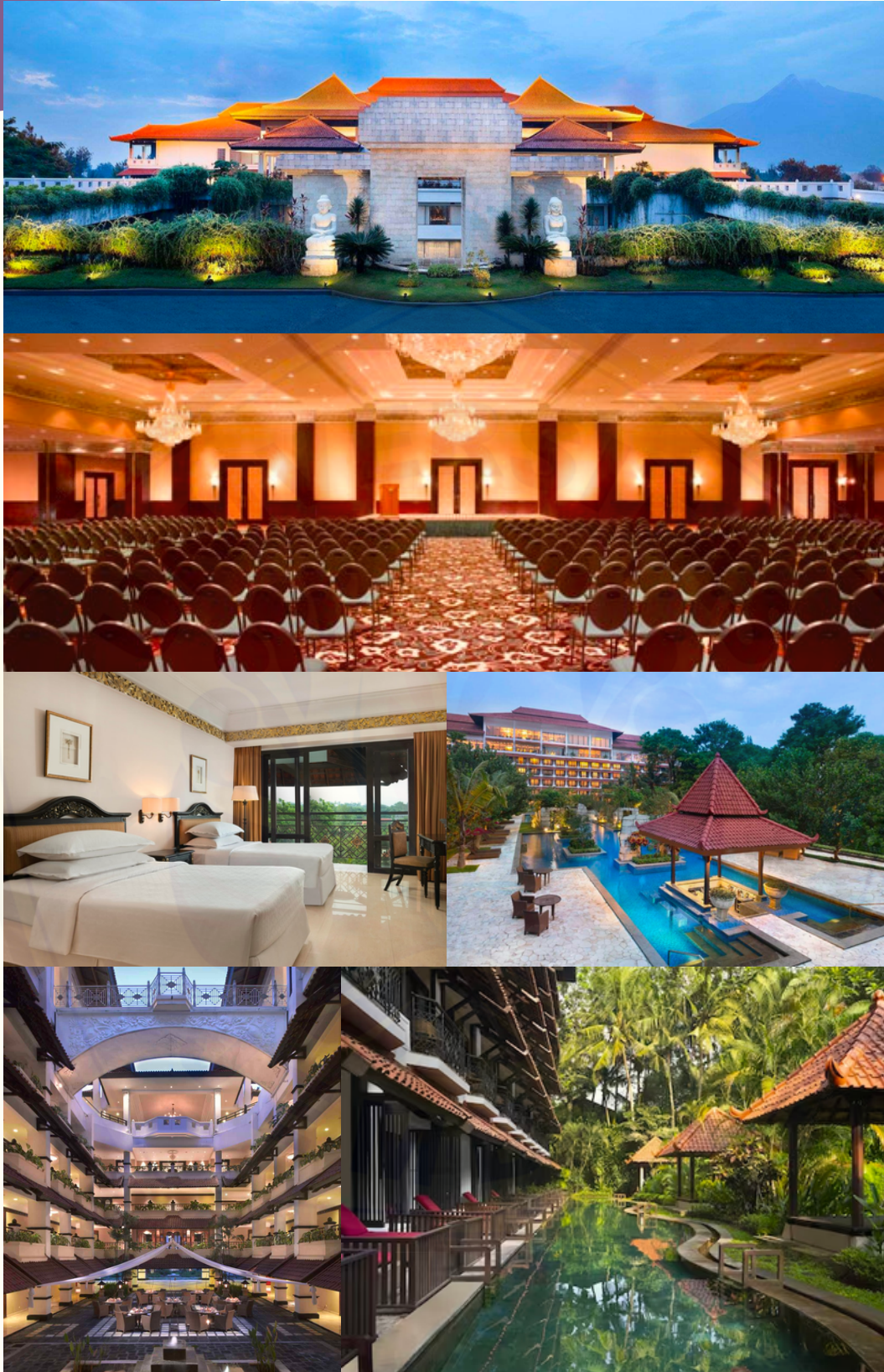
# FLOOR PLAN

## MATARAM BALLROOM





# VENUE



## **Sheraton Mustika Yogyakarta Resort & Spa**

Jl. Laksda Adisucipto No.KM.8, RW.7, Nayan, Maguwoharjo, Kec. Depok,  
Kabupaten Sleman, Daerah Istimewa Yogyakarta 55282

# OUR SPONSORS



See you soon  
in Yogyakarta





Jadwal Presentasi

SATURDAY, MAY 4 2024

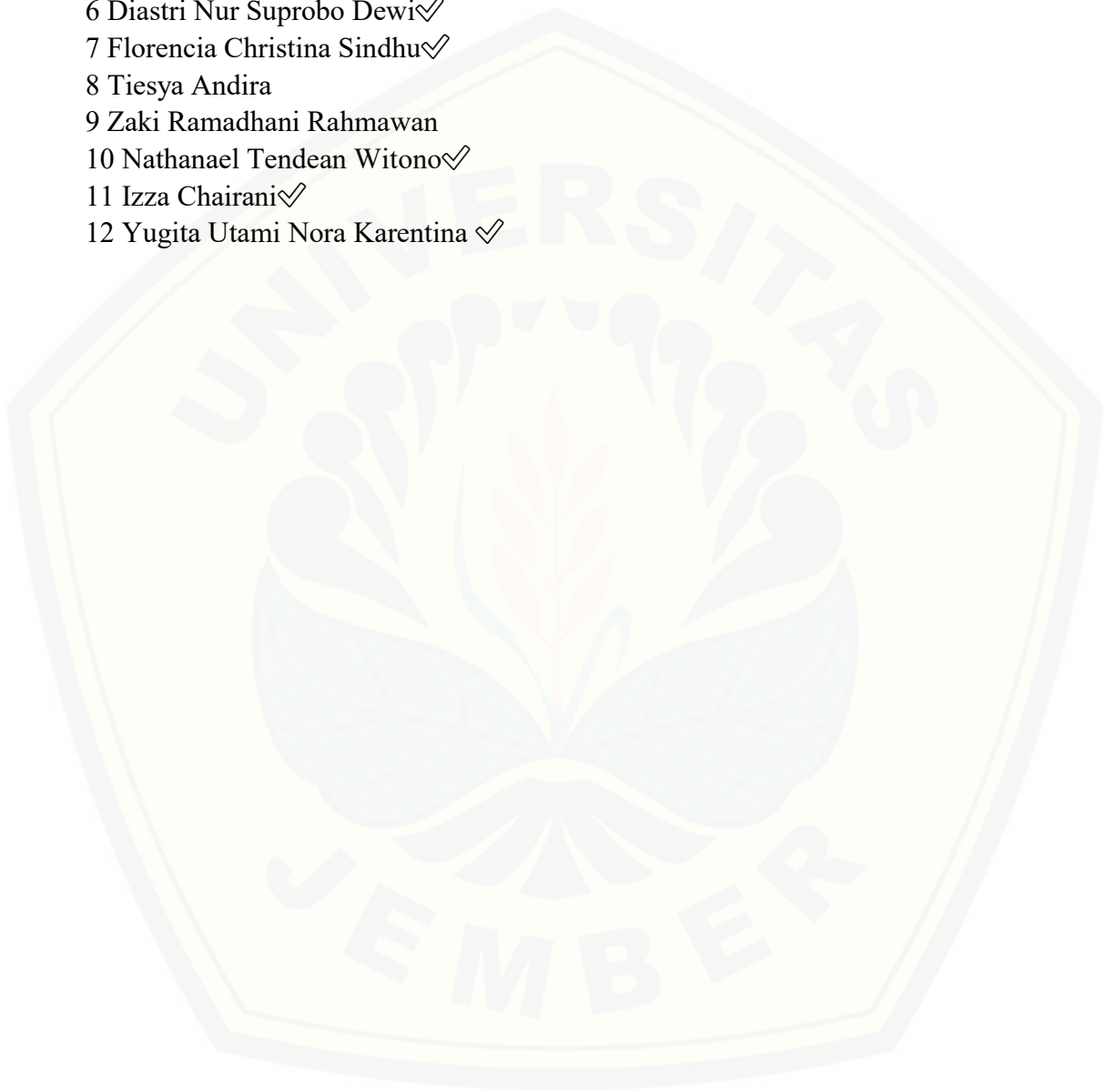
POSTER PRESENTATION (09.00 – 12.00)

- 1 Nida' Fahima Amatullah ✓
- 2 Mohammad R. Pratama
- 3 Angela Djunaedi ✓
- 4 Dominic Melino Tjokrovonco
- 5 Irfan Hadi Wijaya
- 6 Achmad Hanif ✓
- 7 Raden Ratu Kania
- 8 Jessica Novia Hadikhosuma ✓
- 9 Ryan Reinhart
- 10 Ines Hadianesti Rodjani ✓
- 11 Meivita Sarah Devianti ✓
- 12 Maruli Liasna ✓
- 13 Hastomo Wiranto ✓
- 14 Fina Idamatussilmi ✓
- 15 Wing Wisesa Wierawan
- 16 Vita Alfia Shafadilla ✓
- 17 Belinda Sentosa
- 18 Melati Purnama Sari
- 19 Febe Alodia Widjaja ✓
- 20 Anisa Sarah Utami
- 21 Ida Ayu Cempaka Dewi Yatindra ✓
- 22 Hiszom Asyhari
- 23 Naufal Aminur Rahman
- 24 Williams Imanuel Mesang ✓
- 25 Michy Anggun Malvika ✓
- 26 Aryunidya Asmaradianti ✓
- 27 Clara Menna ✓
- 28 Rizka Uswatun Hasanah ✓
- 29 Paulus Erick Djuanda ✓
- 30 Shinta Cesarani ✓
- 31 Kusuma Islami ✓
- 32 Alam Nirbita
- 33 Ratna Luffi Anny
- 34 Anak Agung Gede Arisena Asmara ✓
- 35 Rizka Khairiza ✓
- 36 Ocly Davira Putri Laisnima ✓
- 37 Pradina Paramita
- 38 Ahmad Shafa Hanif
- 39 Ponti Herjuno
- 40 Nadhila Atsari
- 41 Zulqaidandy Rahman
- 42 Agnesia Alyssa ✓

SATURDAY, MAY 4 2024

POSTER PRESENTATION (13.00 – 14.00)

- 1 Siti Miftahul Jannah ✓
- 2 Wirasmita Paripih ✓
- 3 Metaudina Chandra Pratiwi ✓
- 4 Firyal Soraya Nurhidayati ✓
- 5 Christabela Dwiutami Tanto ✓
- 6 Diastri Nur Suprobo Dewi ✓
- 7 Florencia Christina Sindhu ✓
- 8 Tiesya Andira
- 9 Zaki Ramadhani Rahmawan
- 10 Nathanael Tendean Witono ✓
- 11 Izza Chairani ✓
- 12 Yugita Utami Nora Karentina ✓





Dear dr. Diastri Nur Suprobo Dewi,

Thank you for submitting the below Abstract Symposium and Workshop of 6<sup>th</sup> Joglosemar Craniofacial Forum and 3<sup>rd</sup> Craniomaxillofacial Jogja Week which is taking place in Yogyakarta from the, 4<sup>rd</sup> - 5<sup>th</sup> May 2024.

Title : PANFACIAL TRAUMA-MANAGING SEPARATED NASAL CARTILAGE AND EXTENSIVE DEGLOVING FACIAL- A CASE REPORT

Paper Status : Accepted  
Poster

Presenting Author : dr. Diastri Nur Suprobo Dewi

***Congratulation ! Your Poster are accepted !***

Please read this email carefully as it informs you of the information needed to prepare before and at the 6<sup>th</sup> JCF and 3<sup>rd</sup> CJW 2024 Symposium and Workshop event.

***\*\*If you are not the presenting author of the abstract below, please inform us immediately\*\****

### **Poster Preparation**

- Your e-poster will be displayed for the duration of the symposium. There are no dedicated poster sessions built into the programme but the Welcome Reception, the refreshment breaks and the lunch break each day will provide you with an