

PROCEEDING BOOK OF

The 21st Annual Scientific Meeting and National Congress of Indonesian Association of Plastic Reconstructive and Aesthetic Surgeons (InaPRAS)

2017

*Translating Basic Science to
Novel Technique and Knowledge
Towards Excellent Plastic Surgery Practice*

Chief Editor:
M. Rosadi Seswandhana



PERAPI

**Proceeding Book of the 21st Annual Scientific Meeting and
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PREFACE

Dear Colleagues,

First of all, I would like to express my sincere thanks to all of you for participating in this “The 21st Annual Scientific Meeting of Indonesian Association of Plastic Reconstructive and Aesthetic Surgeons”, the venue for which is Yogyakarta, Indonesia.

In recent years, enormous progress has been made in the field of reconstructive and aesthetic plastic surgery. This meeting will truly serve as our forum where we can share and learn a diverse range of basic and advances studies, techniques and experiences.

Almost one hundred abstracts have been received from participants representing multi centers available in Indonesia. A scientific programme consisting of numerous lectures and 16 symposium has been organized. All of these subjects will provide us with interesting and multidimensional views, knowledge and relevant information that, hopefully, will be helpful for your future work.

Now as the date is approached, we are almost there. I wish you all a warm welcome to Yogyakarta, a highly successful conference, and a most pleasurable stay in Yogyakarta.

Respectfully Yours,

Budiman, MD
President of InaPRAS

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Hypercoagulability State in Burn Patient: Diagnosis, Clinical and Laboratory Findings

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Introduction: Severely burned patients frequently showing hypercoagulability state. It is a normal homeostatic response in trauma patient. The coagulation changes and hypercoagulability state in burn patient not gain much concern in burn management. Hypercoagulation is related to the increased of clot formation and thrombin generation. This state has greater risk of thromboembolism.

Objective: This study aimed to understand the current concept of hypercoagulability as an alteration of coagulation system in burn patients including diagnosis, clinical and laboratory findings.

Method: Literature review of all full text articles on Google Scholar, PubMed and Science Direct databases during the period of January 2013 - December 2010 are retrieved with keywords: *hypercoagulability, burn and thromboembolism*.

Result: There are 10 full text research articles on hypercoagulability in burn patient. Four articles were clinical trial studies in $\geq 20\%$ TBSA burn, with various diagnostic tools in assessing hypercoagulability such as using thromboelastography analysis standard coagulation parameters (APTT, INR, platelet count, and fibrinogen) antithrombin III, D-Dimer and Protein C. Thromboelastography analysis is the most sensitive diagnostic tool. This is supported by one experimental animal study using thromboelastography on acute hypercoagulability following scald injury, showing that hypercoagulability was persists until 1 week after injury. Two studies explained complications of hypercoagulability. One article was a clinical retrospective study, finding that hypercoagulability may lead to thromboembolism with clinical manifestation of deep vein thrombosis (DVT) and pulmonary embolism. The other one was a case report study that explained about pulmonary embolism in hypercoagulability burn patient. Clinical trial comparing Doppler ultrasound (DUS) and D-Dimer as screening tool for DVT in burn patients conclude that DUS has more extremely high sensitivity and specificity than D-Dimer. Two clinical trial studies recommend enoxaparin, non-fractionated calcium heparin (NFH) and low molecular weight heparin as prophylaxis to prevent thromboembolism in burn patients.

Conclusion: The current concept of hypercoagulability state showed that this can be diagnosed by thromboelastography as sensitive tool. Hypercoagulability can lead to DVT that can be diagnosed by DUS and pulmonary embolism. Thromboembolic prophylaxis is useful to prevent complication thromboembolism.

Keyword: *Hypercoagulability, burn patient*

Speech Evaluation of Patients after Non Denude Unilateral Complete Cleft Lip and Palate Palatoplasty: A Proposal

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Introduction: Cleft lip and palate is the most common congenital anomalies treated by plastic surgeons. Patients with cleft palate can have despite feeding difficulties but speech as well. The palatoplasty technique which performed non denuded at the lateral side can increase epithelization which assume to optimize speech function.

Objective: To evaluate speech outcome by analyzing perceptually the speech outcomes and assessing velopharyngeal competence of patients that undergone palatal closure with non-denuded palatoplasty, compared to those treated with denuded palatoplasty technique.

Method: We will evaluate the speech outcome of 11 patients undergone non denuded palatoplasty compared to denuded palatoplasty with healthy children as a control.

Hypothesis: The speech outcomes of patients that undergone palatal closure with non-denuded palatoplasty will show less difference with speech outcomes in normal children, compared to those treated with denuded palatoplasty technique.

Keywords: non denuded palatoplasty, speech outcome

Nd:YAG Laser as optional treatment for keloid and hypertrophic scar (clinical experience)

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Background: Various treatments have been used to treat hypertrophic scar and keloid. Nd:YAG laser is one of modality that is used to treat them. Nd:YAG laser can reach deep dermal region and it acts by suppressing neovascularization in these pathological scars, which are characterized by vessel overgrowth that results in nerve fibers and also collagen in the reticular layer of the dermis. This study to show effect laser based on clinical experience using Nd:YAG laser for 1 year.

Method; Outpatients with hypertrophic scar and keloid who are treated by using Nd: YAG laser with long-pulsed 1064nm Nd:YAG laser (Cutera, Brisbane, Calif) in wound clinic of Paru hospital Jember. Number of treatment depended on clinical evaluation of scar and keloid. Each treatment is given between 2-3 weeks. Post treatment evaluation included induration, elevation, redness, pain and itch. Some cases were previously treated with steroid.

Result: the cause of patient's scar includes trauma, burn and post operative wound. Clinical evaluation exhibits that induration, and elevation for all cases are better than before treatment using laser. Redness or colour of skin reveals various result with starting less redness until clear improvement in redness. Pain and itch also shows various result. Some cases need steroid again to treat the scar.

Conclusion: Nd:YAG laser plays an important role in scar treatment. This study is limited and base on clinical experience. Futher study is needed to evaluate the efficacy of laser and such combination therapy.

Keyword: hypertrophic scar, keloid, Nd:YAG Las